

# Recommendations for the Prevention & Control



## of Communicable Diseases in Schools & Child Care Facilities

Washoe County



Health District

**WASHOE COUNTY HEALTH DISTRICT**  
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# Prevention & Control of Communicable Diseases in Schools & Child Care Facilities

## To minimize the spread of communicable diseases:

- ★ Encourage children and adults to wash their hands frequently, especially after wiping noses, diapering, or using toilets, and before and after touching food. Sinks, liquid soap, and disposable towels should be easy for children to use. Sinks in diapering areas should be within arm's reach for convenient handwashing.
- ★ Have plenty of facial tissue readily available. Dispose of soiled tissues in covered containers and immediately wash hands.
- ★ Routinely clean and sanitize all food service utensils, toys, and other items used by children. Discourage the use of stuffed toys, which cannot be sanitized.
- ★ Diapering and food preparation areas should be physically separate from one another, and their surfaces should be kept clean, uncluttered, and dry.
- ★ Discourage children and adults from sharing items such as combs, brushes, jackets, hats, and bedding. Maintain a separate container for clothing and other personal items. If possible, provide a separate sleeping area for each child.
- ★ Wash bedding frequently. Keep changes of clothing on hand and store soiled items in a non-absorbent container that can be sanitized or discarded after use.
- ★ Diapering children and preparing food contributes to the spread of illness, especially diarrheal illnesses. Therefore, it is recommended that the same staff members do not perform both tasks. Handwashing after diapering is essential to prevent disease.
- ★ Isolate the ill child from well children at the facility until he/she can be taken home.

## When a communicable disease is diagnosed or suspected:

Follow the exclusion and readmission recommendations provided on the enclosed chart.

### Children should be excluded from the child care setting for the following reasons:

- 1. Fever:** Axillary (armpit): 100°F or higher OR Oral: 101°F or higher
  - ★ When behavior changes, stiff neck, difficulty breathing, rash, sore throat, and/or other signs or symptoms of illness are present; or if the child is unable to participate in normal activities. Use temperature measurement before fever reducing medications are given.
- 2. Signs/symptoms of possible severe illness:**
  - ★ Unusually tired, uncontrolled coughing, irritability, persistent crying, difficulty breathing, or wheezing should be evaluated by the health care provider to rule out severe illness.
- 3. Diarrhea:**
  - ★ Until diarrhea stops for 24 hours or a medical exam indicates that it is not contagious. Diarrhea is defined as having 6 or more loose stools in a 24-hour period, one uncontained stool, or one bout of bloody diarrhea.
- 4. Vomiting:**
  - ◆ Until vomiting stops, in no danger of dehydration, and determined not to be contagious. Vomiting is two or more episodes in the previous 24 hours or one projectile episode.
- 5. Rash with fever or behavior change:**
  - ◆ Until a medical exam indicates these symptoms are not contagious. Exclude until 24hrs after treatment if contagious skin infection. Children or adults with fever should not be readmitted until fever has been gone for 24 hours (without the use of fever-reducing medication).

### Communicating with parents and reporting:

- ★ Inform all parents of exposed children about the illness; ask parents to watch their children for signs and symptoms of the disease.
- ★ Observe the appearance and behavior of exposed children and be alert to the onset of the disease. Let parents know immediately so that medical advice and treatment can be sought.
- ★ If the disease is reportable (see enclosed chart), contact the Washoe County Health District by calling 328-2447.



# Communicable Disease Recommendations for Schools and Child Care Centers

Condition	Incubation Period	Early Signs of Illness	*Exclude from Attendance	Readmission Criteria	**Report to Health Dept.	Notes for Prevention
<b>Chickentox</b> (Varicella-Zoster)	10-21 days, usually 14-16 days	Fever, runny nose, cough, and rash consisting of blisters that appear in crops with greatest concentration on trunk. Crops of new blisters occur over days.	Yes	May return on the 6 <sup>th</sup> day after rash onset or sooner if all blisters have dried into scabs.	No	Highly contagious. Teach importance of handwashing. <b>Do not give aspirin to any child under 18 years of age.</b> Vaccine available.
<b>Common Cold</b> (Viral Rhinitis)	12 hours-5 days	Runny nose, watery eyes, cough, sore throat, sneezing, headache, earache, general tired feeling. Usually no fever.	No, unless fever is present. (See Fever)	May return when fever is gone for 24 hrs.	No	Teach importance of handwashing and covering mouth when coughing or sneezing.
<b>Coxsackie Virus</b> (Hand, Foot, & Mouth)	3-5 days	Sudden onset of fever, sore throat, runny nose, cough, and small blisters in mouth, on palms of hands, fingers, buttocks, and soles of feet.	Yes, if fever/sore throat present	May return when sore throat subsides & fever is gone for 24 hrs. May still have lesions.	No	Teach importance of handwashing. Virus persists in stool for several weeks.
<b>Croup</b>	2-6 days	Runny nose, sore throat, mild cough, and fever often occur before the cough starts. Hoarse and a deepening, non-productive cough similar to seal barking. Rapid breathing, sitting forward in bed to cough, or making a noise when taking a breath may occur. Worse at night.	Yes	May return to care when fever is gone for 24 hours. May still have cough.	No	Teach importance of handwashing and covering mouth when coughing or sneezing. Clean and sanitize mouthed toys, objects, and surfaces at least daily. <b>Do not give aspirin.</b> Consult health care provider if severe symptoms are present.
<b>Diarrheal Diseases</b> (Campylobacteriosis; E. Coli; Giardiasis; Salmonellosis; Shigellosis, etc.)	<i>Campylobacteriosis:</i> 2-5 days <i>E. Coli:</i> 1-8 days, avg. 3-4 days <i>Giardiasis:</i> 2-25 days, avg. 7-10 days <i>Salmonellosis:</i> 6-72 hrs., avg. 12-36 hrs. <i>Shigellosis:</i> 1-7 days, avg. 1-3 days	Range from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting, to cramps and bloody stools in severe cases of shigellosis and E. coli. May have bloating, foul-smelling gas, decreased appetite and weight loss with Giardiasis. Children may show mild symptoms or none at all in some diarrheal illnesses. Dangerous dehydration may occur in younger children.	Yes	Consult with Health District. Additional testing may be required prior to readmission if one of the reportable conditions. <b>Salmonellosis and Campylobacteriosis:</b> May return when diarrhea has stopped for 24 hours.	Yes, immediately if E. coli, Giardiasis, Salmonella, Shigella, or if an outbreak	Teach importance of handwashing. Diarrheal illness can spread quickly in child care facilities. Usually transmitted through contaminated food or water or person-to-person via the fecal-oral route. <b>Salmonella:</b> Has a carrier state. Commonly transmitted from reptiles. Reptiles are not to be handled by children!
<b>Fever</b>	Variable, 4-21 days	Oral temperature of 101 F or axillary (armpit) temperature of 100 F.	No, unless other signs of illness present	May return when fever is gone for 24 hrs.	No	Source of fever should be identified. Refer to a physician. Encourage fluids.
<b>Fifth Disease</b>	Variable, usually 1-3 days	Blotchy red rash begins on cheeks ("slapped cheek"), mild fever, and cold-like symptoms.	No	N/A	No	Contagious 1-2 weeks before rash appears. Pregnant women should see a physician.
<b>Gastroenteritis, Viral:</b> (Rotavirus, Norovirus)	Variable, usually 1-3 days	Stomach cramps, nausea, vomiting, and diarrhea (6 or more watery loose stools per day). <b>Norovirus</b> -watery diarrhea, projectile vomiting. May have headache and fever.	Yes	May return when symptoms have stopped for 24 hrs. <b>Norovirus:</b> May return 48 hrs (non-outbreak)-72 hrs. (outbreak) after symptoms stop.	No	Teach importance of handwashing. Supervise handwashing of pre-school children. Can remain infectious on surfaces for many days; routine cleaning and sanitizing 25 feet surrounding public vomiting incident is important.
<b>German Measles</b> (Rubella)	14-21 days	Mild fever, runny nose, watery eyes, and swollen tender glands at back of neck. Fine pink rash begins on the face and spreads rapidly (within 24 hours) to the trunk.	Yes	May return on the 6 <sup>th</sup> day after onset of rash. Consult with the Health District.	Yes <b>Immediately</b>	Report suspect cases <b>immediately</b> to the Health District. Refer pregnant women exposed to rubella to a physician. Vaccine available.
<b>Head Lice</b> (Pediculosis)	Eggs hatch in 7-10 days	Itching of the head and neck. Nits (brownish-white eggs) on hair shafts do not flick off. Scratch marks may be noted on the head or back of the neck at the hairline.	Yes, at end of day	May return when first hair treatment complete and no lice are seen. Follow Washoe County School District policy for cases in school settings.	No	Second treatment may be recommended. Follow directions. Teach importance of <b>not</b> sharing combs, hats, coats, laundry clothing, bedding, and vacuum carpet & furniture. ***Lice are not responsible for spread of disease.
<b>Hepatitis A</b>	15-50 days, average 28-30 days	Sudden onset of fever, tiredness, stomachache, nausea, or vomiting followed by yellowing of the eyes or skin (jaundice), dark urine and light-colored stools. Young children may have a mild case without jaundice or no symptoms at all.	Yes	May return on the 6 <sup>th</sup> day after onset of jaundice. Consult with the Health District.	Yes	Teach importance of handwashing. Immune globulin may be given to household contacts, children, and caregivers involved. Consult with the Health District. Vaccine available.
<b>Herpes, Oral</b> (Cold Sores)	First infection, 2-12 days	Blisters on or near lips that open and become covered with dark crust. Fever and irritability may also occur. Recurrences are common.	No, unless draining	Exclude children who do not have control of oral secretions as long as active sores are present.	No	Teach importance of good hygiene. Avoid direct contact with sores.
<b>Impetigo</b>	7-10 days	Blisters on skin (usually face) that open and become covered with yellowish crust. <b>No</b> fever.	Yes	May return 24 hrs after treatment has been started.	No	Teach importance of hand washing and not touching lesions.
<b>Influenza</b> (seasonal)	1-4 days, average 2 days	Rapid onset of fever (100.4°-104°F), headache, sore throat, cough, muscle aches, chills, decreased energy, abdominal pain, nausea/vomiting.	Yes	May return when fever, sore throat, nausea/vomiting is resolved for 24 hrs. without medication.	Yes	Vaccine available annually in the fall. <b>Do not give aspirin to any child under 18 years of age.</b> Antiviral medication available for treatment. Consult with a physician.
<b>Measles</b> (Rubella)	7-18 days, usually 10 days	Runny nose, watery eyes, fever, and cough. Blotchy red rash appears on 3 <sup>rd</sup> to 7 <sup>th</sup> day. Rash begins on face, spreads down the trunk and body. Small red spots in mouth.	Yes	May return on the 6 <sup>th</sup> day after appearance of rash. Consult with the Health District.	Yes <b>Immediately</b>	Highly contagious. Report suspect cases <b>immediately</b> to the Health District. Vaccine available.
<b>Meningitis, Bacterial</b> (Meningococcal)	2-10 days, usually 3-4 days	Sudden onset of fever, headache, stiff neck, irritability, confusion, drowsiness, sensitivity to light and vomiting. Rash may be present.	Yes	May return 24 hrs after appropriate antibiotic treatment has been started. Consult with Health District.	Yes <b>Immediately</b>	Prophylactic antibiotics may be recommended for household contacts, children and caregivers. Vaccine available.
<b>Meningitis, Viral</b>	2-10 days	Sudden onset of fever, headache, stiff neck, and fatigue. Rash, sore throat, nausea, vomiting, and diarrhea may also occur.	No, unless fever is present	Consult with the Health District. May return when fever is gone for 24 hours.	Yes <b>Immediately</b>	Teach importance of handwashing.
<b>Mumps</b>	12-25 days	Swelling over jaw in front of one or both ears, headache, fever, and earache. Pain in cheeks made worse by chewing. May have no symptoms.	Yes	May return on the 6 <sup>th</sup> day after the onset of swelling. Consult with the Health District.	Yes <b>Immediately</b>	Vaccine available.
<b>Pertussis</b> (Whooping Cough)	5-21 days, usually 7-10 days	Runny nose, sneezing, low-grade fever, and mild cough lasting about two weeks, followed by paroxysmal (explosive) coughing spells ending in a high-pitched whoop and vomiting.	Yes	May return on 6 <sup>th</sup> day after appropriate antibiotic treatment started. Consult with the Health District.	Yes <b>Immediately</b>	Report suspect cases <b>immediately</b> to the Health District. Contacts may require immunization 8/ or antibiotic prophylaxis; consult with Health District.
<b>Pink Eye</b> (Conjunctivitis)	1-3 days	Red, swollen, painful eyes with thick yellow/white discharge or crust on eyelids.	Yes	May return 24 hrs after treatment has been started.	No	Teach importance of handwashing. Allergic conjunctivitis is not communicable.
<b>Ringworm</b>	<b>Body:</b> 4-10 days <b>Scalp:</b> 10-14 days	<b>Body:</b> Slowly spreading scaly, ring-shaped patches on skin with red, raised edges and central clearing. May be dry and scaly or moist and crusted. <b>Scalp:</b> Slowly spreading, balding patches with broken-off hairs.	Yes	May return 24 hrs after treatment has begun.	No	Body: Exclude from gymnasiums and swimming pools. Scalp: Teach importance of not sharing combs, hats, and coats.
<b>RSV</b> (Respiratory Syncytial Virus)	1-10 days	Low grade or no fever, cough, watery eyes, runny nose, sneezing, ear infection. Very young infants may only have tiredness, crankiness, difficulty breathing, and poor feeding.	Yes	May return when symptoms subside and child has been without fever for 24 hours.	Yes	Most serious infection in infants and young children. Teach importance of handwashing and covering mouth when sneezing and coughing.
<b>Scabies</b>	1 <sup>st</sup> infestation: 2-6 weeks 2 <sup>nd</sup> infestation: 1-4 days	Small raised, red bumps or blisters on skin with severe itching, especially at night.	Yes	May return 24 hours after one treatment is completed.	No	Careful examination of close contacts required to identify early infection. Launder clothing, bedding, etc.
<b>Streptococcal Sore Throat/Scarlet Fever</b>	1-3 days	Fever, sore throat, often with enlarged, tender lymph nodes in neck. Scarlet fever-bacteria cause a fine red sandpaper-like rash that appears 1-3 days after onset of sore throat.	Yes	May return 24 hours after antibiotic treatment has been started and the child is without fever for 24 hours.	No	Teach importance of covering mouth when coughing or sneezing and of washing hands afterwards.
<b>Tuberculosis</b>	8-10 weeks	Low energy, loss of appetite, fever, cough, weight loss or poor weight gain. <b>NOTE:</b> Children <10yrs are generally NOT infectious.	Yes, if actively coughing	Consult with the Health District.	Yes w/ in 24 hrs.	Antibiotic prophylaxis may be recommended. Consult with the Health District.

\* The major criterion for exclusion from attendance is the condition's probability of spread from person-to-person. A child may have a non-excludable illness yet require care at home or in a hospital for the child's own well-being.  
\*\* All diseases of extraordinary or outbreak/epidemic occurrence (in higher numbers than usually expected) are reportable.

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## Washoe County Health District Communicable Disease Program

To Report Call 328-2447