GUIDE TO INFECTIOUS DISEASES FOR SCHOOLS AND EARLY CARE AND EDUCATION

Chester County Health Department
Disease Investigation and Surveillance Division
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Introduction to Infectious Disease in Schools and Early Care and Education

Infectious diseases are caused by organisms such as bacteria, viruses, and parasites. Some infectious diseases can spread from one person to another. Illnesses caused by infectious diseases are a common occurrence in schools, early care and education programs (ECE), and other academic settings. Childcare providers, school nurses, designated healthcare personnel, and consultants should be aware of infectious diseases that affect children and be familiar with how to minimize their spread. Schools and ECEs are responsible for developing their own written policies for managing and caring for children, students, and staff who become ill with a contagious disease.

The purpose of this document is to help guide designated school and ECE health personnel in the detection and response to common communicable diseases found in the learning setting. These guidelines are based on current health information and recommendations for handling infectious disease and may change as new information becomes available.

Schools and ECEs are reminded to contact the local county health department before acting in response to a known or suspected communicable disease. Guidance can be provided to schools regarding information, appropriate letters and communications, identification of high-risk individuals, appropriate action and treatment, and ongoing support and assistance.

In addition to reporting communicable disease cases and outbreaks to the Chester County Health Department, schools and ECEs should refer to their own communicable disease policy and consult with their designated health and safety personnel. Early learning centers are also encouraged to consult with licensing agencies to ensure policy compliance.

For a complete list of conditions reportable to the Chester County Health Department, see List of Reportable Conditions.

Public Health Reporting Requirements

Reporting of suspected or confirmed communicable diseases is mandated under Pennsylvania State Law Code Title 28 Chapter 27 (28 Pa. Code § 27). Certain diseases and conditions are reportable to the local county health department for appropriate surveillance, investigational follow-up, and disease control measures. Although physicians and laboratories are primarily responsible for reporting infectious diseases, any individual who treats or has knowledge of a reportable disease, such as school nurses, teachers, or ECE personnel, are also required to report.

The diseases, infections, and conditions listed in 28 Pa. Code § 27 contain all illnesses that are required to be reported to the Department of Health. This list continues to be updated.
When a suspected or confirmed disease case is reported, public health officials may conduct a follow-up investigation to confirm the diagnosis, assess treatment options (if applicable), determine cause of illness, assess exposed contacts, and implement appropriate methods to control the spread of disease. Outbreaks of any disease, in any setting, must be reported to the local public health department immediately.

To the extent available, the following information should be reported for all suspected or confirmed cases:

- Suspected/Confirmed Diagnosis
- Date of symptom onset (if applicable)
- Date of last in-school/ECE attendance
- Name
- Date of birth
- Sex
- Race and ethnicity
- Address (including city and county)
- Phone number
- Parent/Guardian name
- Name and address of responsible healthcare provider

List of Reportable Conditions

Pennsylvania Department of Health
List of Reportable Diseases

PA Code, Title 28, Chapter 27

Updates to Chapter 27 requiring electronic reporting, see here and here

1. AIDS (Acquired Immune Deficiency Syndrome)
2. Amebiasis
3. Animal Bite
4. Anthrax
5. An unusual cluster of isolates
6. Arboviruses (includes Colorado tick fever, Crimean-Congo hemorrhagic fever, dengue, Eastern equine encephalitis, St. Louis encephalitis, West Nile virus infection, Yellow fever, et al.)
7. Botulism (all forms)
8. Brucellosis
9. Campylobacteriosis
10. Cancer
11. CD4 T-lymphocyte test results with a count <200 cells/microliter, or a CD4 T-lymphocyte of <14% of total lymphocytes
12. Chancroid
13. Chickenpox (Varicella)
14. Chlamydia trachomatis infections
15. Cholera
16. Congenital adrenal hyperplasia (CAH)
17. Creutzfeldt-Jakob Disease
18. Cryptosporidiosis
19. Diphtheria
20. Encephalitis (all types)
21. Enterohemorrhagic E. coli (Shiga toxin-producing E. coli or STEC)
<table>
<thead>
<tr>
<th>Number</th>
<th>Disease/Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Food poisoning outbreak</td>
</tr>
<tr>
<td>23</td>
<td>Galactosemia</td>
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<tr>
<td>24</td>
<td>Giardiasis</td>
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<td>25</td>
<td>Gonococcal infections</td>
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<td>26</td>
<td>Granuloma inguinale</td>
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<td>27</td>
<td>Guillain-Barre syndrome</td>
</tr>
<tr>
<td>28</td>
<td>Haemophilus influenzae invasive disease</td>
</tr>
<tr>
<td>29</td>
<td>Hantavirus pulmonary syndrome</td>
</tr>
<tr>
<td>30</td>
<td>Hemorrhagic fever</td>
</tr>
<tr>
<td>31</td>
<td>Hepatitis, viral, acute, and chronic cases</td>
</tr>
<tr>
<td>32</td>
<td>Histoplasmosis</td>
</tr>
<tr>
<td>33</td>
<td>HIV infection</td>
</tr>
<tr>
<td>34</td>
<td>Influenza (laboratory-confirmed only)</td>
</tr>
<tr>
<td>35</td>
<td>Lead poisoning</td>
</tr>
<tr>
<td>36</td>
<td>Legionellosis</td>
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<td>37</td>
<td>Leprosy (Hansen’s Disease)</td>
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<td>38</td>
<td>Leptospirosis</td>
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<td>39</td>
<td>Listeriosis</td>
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<td>40</td>
<td>Lyme Disease</td>
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<tr>
<td>41</td>
<td>Lymphogranuloma venereum,</td>
</tr>
<tr>
<td>42</td>
<td>Malaria</td>
</tr>
<tr>
<td>43</td>
<td>Maple syrup urine disease (MSUD)</td>
</tr>
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<td>44</td>
<td>Measles (Rubeola)</td>
</tr>
<tr>
<td>45</td>
<td>Meningitis (all types)</td>
</tr>
<tr>
<td>46</td>
<td>Meningococcal invasive disease</td>
</tr>
<tr>
<td>47</td>
<td>Mumps</td>
</tr>
<tr>
<td>48</td>
<td>Perinatal exposure of a newborn to HIV</td>
</tr>
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<td>49</td>
<td>Pertussis (whooping cough)</td>
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<tr>
<td>50</td>
<td>Phenylketonuria (PKU)</td>
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<td>51</td>
<td>Plague</td>
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<td>52</td>
<td>Poliomyelitis</td>
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<td>53</td>
<td>Primary congenital hypothyroidism</td>
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<td>54</td>
<td>Psittacosis</td>
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<td>55</td>
<td>Rabies</td>
</tr>
<tr>
<td>56</td>
<td>Respiratory syncytial virus</td>
</tr>
<tr>
<td>57</td>
<td>Rickettsia disease/infections (includes Rocky Mountain Spotted Fever, Q fever, rickettsialpox, typhus, Ehrlichiosis)</td>
</tr>
<tr>
<td>58</td>
<td>Rubella (German measles) and congenital rubella syndrome</td>
</tr>
<tr>
<td>59</td>
<td>Salmonellosis</td>
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<td>60</td>
<td>Severe Acute Respiratory Syndrome (SARS)</td>
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<td>61</td>
<td>Shigellosis</td>
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<td>62</td>
<td>Sickle cell hemoglobinopathies</td>
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<td>63</td>
<td>Smallpox</td>
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<tr>
<td>64</td>
<td>Staphylococcal aureus, Vancomycin Resistant (VRSA) or Intermediate (VISA) invasive diseases</td>
</tr>
<tr>
<td>65</td>
<td>Streptococcal invasive disease (Group A)</td>
</tr>
<tr>
<td>66</td>
<td>Streptococcus pneumonia, drug resistant invasive disease</td>
</tr>
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<td>67</td>
<td>Syphilis (all stages)</td>
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<td>Tetanus</td>
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<td>Toxic shock syndrome</td>
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<td>70</td>
<td>Toxoplasmosis</td>
</tr>
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<td>71</td>
<td>Trichinosis</td>
</tr>
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<td>72</td>
<td>Tuberculosis, suspected or confirmed active disease (all sites) including the results of drug susceptibility testing</td>
</tr>
<tr>
<td>73</td>
<td>Tularemia</td>
</tr>
<tr>
<td>74</td>
<td>Typhoid fever</td>
</tr>
</tbody>
</table>

Please note, that all disease outbreaks of any kind, in any setting, must be reported to the local public health department immediately. Certain broad categories, such as #22 Food Poisoning Outbreaks, should encompass all gastrointestinal illnesses, even if the etiology is not listed or cannot be determined.
Reporting a Suspected or Confirmed Case or Outbreak

To report a suspected or confirmed case of an infectious disease, notify the Chester County Health Department Disease Investigation and Surveillance Division immediately.

- Complete a Disease Report Form for the individual(s) and submit it electronically on the Health Department website at https://chesco.seamlessdocs.com/f/ReportDisease OR
- Print the Disease Report Form found on the website and fax the completed form to (610) 344–5405.
- For assistance reporting suspected or confirmed cases, call the Disease Investigation and Surveillance Division at (610) 344–6452 during regular business hours (Monday – Friday, 8:30 am to 4:30 pm). For situations requiring immediate assistance after regular business hours, dial (610) 344- 6225 and press option 1 to be connected to an on-call health department personnel.

When an outbreak is suspected, notify the Chester County Health Department Disease Investigation and Surveillance Division immediately.

- For diarrheal outbreaks, complete a Gastrointestinal Outbreak Intake Form and submit it electronically on the Health Department website at https://form.jotform.com/223456425008149.
- For respiratory outbreaks, complete a Respiratory Outbreak Intake Form and submit it electronically on the Health Department website at https://hipaa.jotform.com/223064965690059.
- For assistance reporting suspected or confirmed outbreaks, call the Disease Investigation and Surveillance Division at (610) 344-6452 during regular business hours (Monday – Friday 8:30 am to 4:30 pm). For situations requiring immediate assistance after regular business hours, dial (610) 344- 6225 and press option 1 to be connected to an on-call health department personnel.

An outbreak may be occurring if: (1) Several children exhibit similar symptoms and are in the same classroom, area of facility, or attended a common event (2) There is an increase in school absences with many parents and guardians reporting similar symptoms as the reason why their child is not attending school or (3) Two or more students are diagnosed with the same reportable disease (e.g. salmonella).

Informing Parents and Guardians of Illness

When a school or ECE has identified a child, student, or staff member that is ill with an infectious disease, communications with parents and guardians may be needed. Communication with parents is dependent upon the type of disease identified, the scope of the problem, and communicable disease policies set forth by the school administration, early care and education program, or licensing agency.
The content of communications can be extremely variable. It is important that communications are timely, accurate, and include all relevant information to reduce concerns. Communications from the school to parents and guardians should be reviewed by local health department to ensure accuracy and completeness of information. To collaborate on disease communications to parents and guardians, contact the Disease Investigation and Surveillance Division at (610) 344-6452.

**School Closure**

The decision to close a school is the responsibility of the school or ECE administration and should only be made after consultation with the Chester County Health Department. The Health Department will provide the school or ECE with information to be used in determining the need for closure. The Chester County Health Department typically does not recommend school or ECE closure for outbreaks of infectious disease.

Schools and ECEs should work with the local health department to ensure that recommended control measures (e.g. exclusions, cleaning and disinfection, etc.) are being followed. In addition, the local health department may ask you to identify other individuals who may have been exposed, experiencing symptoms, or diagnosed with a similar illness to monitor the progression of an identified outbreak.

School closures should only be utilized if absolutely necessary to prevent the spread of infection when:

- Infections are expected to affect a large number of susceptible individuals
- Recommended control measures are inadequate
- The facility is unable to function due to increased illness affecting students and staff
- The health department declares an epidemic or cause of illness to be injurious or hazardous

**Exclusion Guidelines**

Excluding a child, student, or staff member who has an infectious disease from attending school or ECE is necessary to mitigate the spread of infectious diseases to others. Exclusion recommendations may vary based on the disease or reported condition and are addressed within the infectious disease guidelines.

In cases where unvaccinated children, students, or staff members are potentially exposed to a vaccine-preventable disease (such as chicken pox, measles, mumps, pertussis etc.), the local health department should be consulted to determine if exclusion is necessary.

In circumstances where an individual has not been diagnosed with a disease or condition but has signs or symptoms indicative of a potentially infectious disease, exclusion may be warranted. If a child is excluded based on symptoms, the child should be allowed to return to
the learning setting once symptoms have subsided or determined by a healthcare provider to be noninfective.

Schools and ECEs are directed to review their own health and safety policy regarding the requirement of a physician’s note to return to school after exclusionary period.

For a complete list of common symptoms that could potentially be related to an infectious disease, see Table 1. Exclusion Criteria for Schools and Early Care and Education.

Table 1. Exclusion Criteria for Schools and Early Care and Education

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Exclusion Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy (itchy/watery eyes, itchy nose)</td>
<td>Exclusion is typically not recommended unless presenting with additional symptoms such as fever or respiratory illness. If experiencing other symptoms, exclusion is recommended until symptoms have improved or judged to be non-infective by healthcare provider.</td>
</tr>
<tr>
<td>Cough or Respiratory Illness</td>
<td>Exclusion is recommended for any individual presenting with symptoms of respiratory illness (such as severe cough, wheezing, difficulty breathing, or vomiting after coughing, etc.) until symptoms have improved or judged to be non-infective by healthcare provider.</td>
</tr>
<tr>
<td>Diarrhea, Persistent (identified or unidentified organism)</td>
<td>Exclusion is recommended for any individual presenting with symptoms of gastrointestinal illness (such as frequent watery loose stools, abdominal pain, etc.) until 48 hours after the last episode of diarrhea and until other symptoms have resolved and judged by physician to be non-infective when associated with any of the following: (1) inability to prevent contamination of the environment with feces or vomit (2) fever or (3) identified bacterial or parasitic pathogen.</td>
</tr>
<tr>
<td>Earache</td>
<td>No exclusion is recommended.</td>
</tr>
</tbody>
</table>

9
<table>
<thead>
<tr>
<th>Condition</th>
<th>Exclusion Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (defined as 100.4°F or higher)</td>
<td>Exclusion is recommended for any individual presenting with a fever until fever-free for 24 hours without the use of fever-reducing medications (e.g. Tylenol).</td>
</tr>
<tr>
<td>Headache</td>
<td>No exclusion is recommended unless the headache is accompanied by additional symptoms like vision problems, stiff neck, or behavioral change.</td>
</tr>
<tr>
<td>Jaundice (yellow coloring of skin)</td>
<td>Exclusion is recommended for any individual presenting with jaundice (such as unusual yellow coloring around the skin or eyes, dark urine, etc.) until symptoms resolved and/or evaluation with a medical provider to rule out the possibility of infectious disease (e.g. Hepatitis A).</td>
</tr>
<tr>
<td>Mouth Sores</td>
<td>Exclusion is recommended for any individual presenting with uncontrollable drooling until symptoms have resolved or judged to be non-infective by healthcare provider.</td>
</tr>
<tr>
<td>Rash</td>
<td>Exclusion is recommended for any individual presenting with symptoms in addition to a rash (such as behavioral change, fever, joint pain, or bruising) or if the rash is oozing or causes open wounds until symptoms resolved and/or evaluation with a medical provider to rule out the possibility of infectious disease (e.g. Chickenpox).</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Exclusion is recommended for any individual presenting with symptoms in addition to sore throat (such as inability to swallow, excessive drooling, difficulty breathing, etc.) until symptoms have resolved or judged to be non-infective by a healthcare provider.</td>
</tr>
<tr>
<td>Condition</td>
<td>Exclusion is recommended for any individual presenting with severe pain or with symptoms in addition to abdominal pain (such as vomiting, fever, diarrhea, etc.) until symptoms have resolved.</td>
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<tr>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Stomachache or abdominal pain</td>
<td></td>
</tr>
<tr>
<td>Swollen glands (lymph nodes)</td>
<td>Exclusion is recommended for any individual presenting with symptoms in addition to swollen glands (such as difficulty breathing or swallowing, fever, etc.) until symptoms have resolved. Advise to seek clinical evaluation.</td>
</tr>
<tr>
<td>Vomiting (identified or unidentified organism)</td>
<td>Exclusion is recommended for any individual presenting with vomiting until 48 hours after the last episode of vomiting and until other symptoms have resolved and judged by physician to be non-infective when associated with any of the following: (1) inability to prevent contamination of the environment with feces or vomit (2) fever or (3) identified bacterial or parasitic pathogen.</td>
</tr>
</tbody>
</table>

### Control Measure Strategies

**Hand Hygiene**

One of the most important ways children, students, and staff in schools and ECEs can stay healthy is by keeping their hands clean throughout the day. Promoting hand hygiene can result in less gastrointestinal and respiratory infection and overall fewer days missed in the classroom.

**Promote Hand Hygiene in Schools or ECEs:**

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Build time into daily routine for children and staff to wash hands.
- Supervise and assist children with handwashing as needed.
- Consider making hand sanitizer with at least 60% alcohol available for students, staff, and children. Hand sanitizer is NOT a substitute for cleaning hands with soap and water but can be placed in areas where soap and water are not readily available (cafeterias, gyms, classrooms, etc.).
- Place visual cues such as handwashing posters, stickers, or other materials in highly viable areas throughout the school. For a sample flyer, see the Preventative Flyer for Handwashing.
Respiratory Etiquette
There are other prevention measures designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes.

Promote Respiratory Etiquette in Schools or ECEs

- Teach children to cover coughs and sneeze with a tissue or upper sleeve or elbow if no tissue is available. Dispose of used tissues properly in the trash.
- Ensure children wash their hands immediately after using facial tissues or having contact with mucus.
- Avoid touching face with hands.

Immunizations
Vaccinations are required for children to attend school and are mandated under Pennsylvania State Law Code Title 28 Chapter 23 (28 Pa. Code § 23). Pennsylvania law requires all children attending in state schools and early childhood education centers to be up to date on all required immunizations or have a valid exemption (either medical or nonmedical) on file. There are several routine vaccinations that are recommended for children and adults to prevent serious illness from occurring. Schools and Early Care and Education programs are required to document immunization dates for all vaccinated children.

**Required immunizations for school attendance**: DTap (diphtheria, tetanus, pertussis), IPV (polio), MMR (measles, mumps, rubella), HepB (hepatitis B), Varicella (chickenpox), Tdap (tetanus, diphtheria, pertussis; for age-eligible children), and MCV (meningococcal disease).

**Recommended immunizations (not required for school attendance)**: HepA (hepatitis A), Hib (Haemophilus influenzae type B), HPV (human papillomavirus), COVID-19 (for age-eligible children), and seasonal influenza vaccinations.

For additional information regarding required immunizations for children and the appropriate vaccination schedule recommended by the Centers for Disease Control, see the Recommended Immunization Schedule.

School and childcare personnel who are exposed to a vaccine-preventable disease, or who work in a setting experiencing an outbreak, may be excluded from school or work if they lack proof of immunity (e.g. documented vaccination or an antibody titer indicating immunity). For assistance determining exclusion, consult the Chester County Health Department at (610) 344-6452.

Cohorting
Separating children by age groups, particularly in early care and education settings, helps to prevent the spread of infections to other groups of children and staff. Ill children who are being sent home should also be separated from other children.
In addition to cohorting, postponing or canceling group activities may be considered depending on severity of disease or outbreak status.

**Food Handling and Dining**

Certain illness, specifically gastrointestinal illnesses, can spread through contaminated food or water. It is critical that facilities employ safe food-handling techniques including:

- Excluding ill food service staff from work until at least 48 hours after symptoms have ended.
- Ensure that clean water, soap, and paper towels are available in areas where food handling and eating may occur.
- Ensure that all food services staff wash their hands thoroughly before food handling and immediately after using the restrooms.
- Ensure that all food handling staff wear gloves or use clean utensils when preparing or serving food. Bare hands cannot be used to handle food.
- Consider requiring food service staff to wear personal protective equipment, such as masks, when handling, serving, or preparing food.
- Ensure proper cleaning and sanitizing of dishes, utensils, and cups through use of a dishwasher (using hot water and detergent) immediately after use; consider using single use dining materials if reusable ones cannot be thoroughly cleaned.

**Cleaning and Disinfection**

Cleaning, sanitizing, and disinfecting surfaces in school and early childhood education centers will help prevent and mitigate the transmission of infectious diseases.

Cleaning physically removes most germs, dirt, and impurities from objects and surfaces. Cleaning is typically performed using soap or detergents with water to scrub, wash, and rinse objects and surfaces. Cleaning should be performed on a regular basis and always comes before sanitizing or disinfecting.

Sanitizing reduces the number of germs remaining on an object or surface after cleaning to levels that are considered safe. Sanitizing solutions and sprays are commercially available for use or can be made using a weak solution of bleach and water. Sanitize all objects and surfaces that come in contact with mouths (such as toys, infant feeding supplies, and other surfaces that touch food). Facilities may not use bleach with scents or other adjuvants (e.g. splashless, low-odor) for sanitizing food contact surfaces or mouth toys as these could lead to chemical hazards.

Disinfecting can kill germs remaining on a surface after cleaning, making it very unlikely for diseases to be spread from properly disinfected surfaces. Environmental Protection Agency (EPA) registered disinfecting products are commercially available for use. Disinfecting solutions can also be made using a freshly prepared mix of 10% bleach with 90% water (1 part bleach to 9
parts water). Disinfect surfaces when someone is sick or if someone is at a higher risk of getting sick due to a weakened immune system.

Always follow the directions on product labels to ensure safe and effective use. For a complete list of EPA approved products, see the [EPAs website](https://www.epa.gov).

For additional guidelines regarding cleaning, sanitizing, and disinfecting different types of objects and surfaces based upon what has soiled the surface, see Table 2. Cleaning, sanitizing, and disinfection recommendations.

### Table 2. Cleaning, sanitizing, and disinfection recommendations

| Routine cleaning and disinfection of surfaces (e.g. normal use for door knobs, faucets, other high-touch surfaces, and spills) | If using bleach as a sanitizer/disinfectant  
(bleach solutions should not be stored for more than a day) | If using commercial sanitizing/disinfecting products  
(EPA approved products only) |
|---|---|---|
| 1. Wash the area with detergent soap.  
2. Rinse area with water.  
3. Use a bleach solution made at a concentration of 10% bleach with 90% water (1 part bleach to 9 parts water). Be sure to follow mixing instructions and contact time for disinfection on the label of bleach used. | 1. Wear disposable gloves to avoid direct contact with bodily fluids.  
2. Wash the area with detergent soap.  
3. Rinse area with water.  
4. Use a bleach solution made at a concentration of 10% bleach with 90% water (1 part bleach to 9 parts water). Be sure to follow mixing instructions and contact time for disinfection on the label of bleach used. | 1. Wear disposable gloves to avoid direct contact with body fluids.  
2. Wash the area with detergent soap.  
3. Rinse area with water.  
4. Use disinfection product according to label instructions.  

Washing and rinsing are only required if the surface is visibly soiled with bodily fluids (e.g. diaper changing surfaces, toilets, etc.).

1. Wash the area with detergent soap.  
2. Rinse area with water.  
3. Use a sanitizing product, according to the label instructions.  

Products labeled as cleaner and sanitizer may not require separate wash and rinse steps. Follow label instructions closely.
<table>
<thead>
<tr>
<th>Cleaning and disinfection of surfaces visibly soiled with bodily fluids due to a gastrointestinal illness (e.g. feces or vomit)</th>
<th>disinfection on the label of bleach used.</th>
<th>visibly soiled. Follow label instructions closely.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clear the area and limit access to the room until the area is disinfected.</td>
<td>1. Clear the area and limit access to the room until the area is disinfected.</td>
<td></td>
</tr>
<tr>
<td>2. Any uncovered food items or single use service items that may have been in the vicinity where accident occurred must be discarded.</td>
<td>2. Any uncovered food items or single use service items that may have been in the vicinity where accident occurred must be discarded.</td>
<td></td>
</tr>
<tr>
<td>3. Wear disposable gloves, and mask to avoid direct contact with feces or vomit. Safety glasses may also be worn.</td>
<td>3. Wear disposable gloves, and mask to avoid direct contact with feces or vomit. Safety glasses may also be worn.</td>
<td></td>
</tr>
<tr>
<td>4. Spray the area and all organic material with bleach solution to reduce chance of aerosolization during clean up.</td>
<td>4. Spray the area and all organic material with disinfecting product to reduce the chance of aerosolization during cleanup.</td>
<td></td>
</tr>
<tr>
<td>5. Use paper towels, rags, or other absorbent products to remove the bulk of organic material.</td>
<td>5. Use paper towels, rags, or other absorbent products to remove the bulk of organic material.</td>
<td></td>
</tr>
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<td>6. Wash the area with detergent soap.</td>
<td>6. Wash the area with detergent soap.</td>
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<td>7. Rinse area with water.</td>
<td>7. Rinse area with water.</td>
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<tr>
<td>8. Disinfect area using bleach solution. Be sure to follow contact time for disinfection on the label of bleach used.</td>
<td>8. Disinfect area using disinfectant product according to label instructions.</td>
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<tr>
<td>9. Open the room to outside air until odor of the disinfectant has gone away.</td>
<td>9. Open the room to outside air until odor of the disinfectant has gone away.</td>
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A list of disinfectants effective against norovirus
| **Cleaning, sanitizing, and disinfecting linens, clothing, and other items that can be laundered** (e.g. blankets, soft furnishings, plush toys, etc.) | 1. Launder items in the hottest water setting with detergent.  
2. Dry items in a hot dryer (140 °F).  

Launder contaminated items separately to reduce the potential for spreading contamination. | 1. Launder items in the hottest water setting with detergent.  
2. Dry items in a hot dryer (140 °F).  

A list of disinfectants effective against norovirus can be found at the [Environmental Protection Agency’s](https://www.epa.gov) website. Follow label instructions closely. |
Animal Bites and Rabies

Rabies is a nearly always fatal, neurological disease occurring in mammals and is transmitted most frequently through a bite or scratch of an infected animal. Most rabies cases occur in wildlife such as bats or skunks. While rabies infection in domestic animals is rare it has been identified. Due to the fatality of rabies infection, all animal bites or scratches that break the skin should be immediately evaluated by a healthcare professional to assess the risk of bacterial infection or transmission of rabies.

Symptoms:
The first signs of rabies in humans include lethargy, fever, vomiting, and anorexia. Symptoms may become more severe and lead to complications like central nervous system dysfunction, difficulty breathing, and abnormal behavior. Pain and discomfort may occur at the site of the bite or scratch.

Incubation:
The incubation period for rabies is typically three to eight weeks (median of six weeks) and up to six years or more.

Transmission:
Rabies virus is transmitted through the saliva of infected animals, most commonly through a bite or scratch. The virus must enter by direct contact with broken skin or mucous membranes in the eyes, nose, and mouth.

Communicability:
Rabid animals are infectious only from the time the virus reaches salivary glands until death. Human-to-human transmission of rabies, including in healthcare settings, has not been documented.

Exclusion:
Exclusion of a child, student, or staff member involved in an animal bite incident is not necessary.

Vaccination:
Post-exposure vaccination may be recommended for humans after a possible exposure to rabies virus has been identified. The series of vaccinations must be initiated in the emergency room of a hospital.

Response:

- Provide immediate first-aid by washing the bite area thoroughly and applying a cold compress to any bruised area.
- Encourage the individual to have the area evaluated immediately by a healthcare professional to assess the potential risk of exposure to the rabies virus.
- Report all animal bites or scratches to the Chester County Health Department.
Bed Bugs

Bed bugs (Cimex lectularius) are small, flat, parasitic insects that feed solely on the blood of humans and animals while they sleep. Bed bugs are reddish-brown in color and resemble a large flaxseed. Bed bugs are wingless and can live several months without feeding. Bed bugs do not transmit disease however, an allergic reaction may occur to several bites.

Symptoms:
Symptoms of bed bug bites include a red itchy welt-like rash on the face, neck, arms, hands, or any other body parts. Welts may be raised and appear in a zigzag pattern. For those who develop itching, scratching of bites may lead to secondary infections and should be evaluated by a healthcare professional.

Incubation:
Bed bug bite marks may take as long as 14 days to develop in some individuals.

Transmission:
Bed bugs do not transmit diseases and are not spread from one person to another. However, a bed bug may be transported on people, clothing, bedding, and furniture causing infestations of new areas.

Communicability:
An individual experiencing symptoms of bed bug bites is not considered contagious.

Exclusion:
Exclusion of a child, student, or staff member experiencing symptoms of bed bug bites is not necessary.

Response:

- Reporting of bed bugs is not required to the Chester County Health Department.
- Assessment of children and students who display persistent scratching may be needed to determine the presence of bed bugs or insect bites in the individual.
- Schools and childcare facilities should develop a bed bug plan to coordinate their response to the presence of bed bugs in the facility.
Campylobacteriosis (Campylobacter)

Campylobacteriosis is an infectious disease caused by bacteria of the genus Campylobacter and is the most common bacterial cause of diarrhea in the United States. Outbreaks have been associated with poultry, raw (unpasteurized) dairy products, seafood, untreated water, and animals such as chickens, cattle, kittens, puppies, and birds. Individuals with campylobacteriosis usually recover on their own, but some cases may need antibiotic treatment.

Symptoms:
Symptoms include (bloody) diarrhea, fever, stomach cramps, abdominal pain, nausea, and vomiting.

Incubation:
It typically takes 2 to 5 days (up to 10 days) after exposure to the bacteria to develop symptoms.

Transmission:
Transmission occurs through the fecal to oral route. Individuals can become ill by ingesting the organism through contaminated food, milk, or water or by contact with infected or colonized animals. Person-to-person transmission does not usually occur but is possible when exposed to individuals incontinent of stool such as diapered children and infants.

Communicability:
Individuals are considered contagious during the course of infection. Untreated individuals can excrete organisms for several days to several weeks after symptom onset.

Exclusion:
Exclude all individuals with persistent diarrhea or vomiting until 48 hours after symptoms have resolved or are judged to be non-infective when associated with any of the following: (1) inability to prevent contamination of the environment with feces or vomit (2) fever (3) identified bacterial or parasitic pathogen.

Response:

☐ Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.
☐ Review the health status of all attendees and staff to determine if any other individuals are experiencing symptoms of gastrointestinal illness. If other cases are identified during the health review, each case’s symptom profile can be tracked by using an Illness Line List for Multiple Cases.
☐ Report any additional cases or suspected outbreaks to the Chester County Health Department.
☐ Ensure all children, students, and staff adhere to exclusion and readmission criteria.
☐ Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
☐ Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, before eating, preparing, or handling food, and after blowing. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.

☐ Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
Chickenpox (Varicella)

Chickenpox is a highly contagious viral illness caused by the varicella-zoster virus (VZV). Up to 90% of individuals exposed to someone with Chickenpox and who are not immune to the virus will also become infected. The virus remains inactive in the person’s nerve cells after chickenpox resolves, and reactivation can occur later in life resulting in shingles.

Symptoms:
Symptoms include rash (small red spots developing into fluid-filled blisters eventually forming into scabs), crops of lesions appearing over several days, fever, runny nose, cough, headache, fatigue, and loss of appetite.

Incubation:
It typically takes about 10 to 21 days after exposure to a person with chickenpox or shingles for someone to develop symptoms.

Transmission:
Chickenpox virus can be spread from person to person by direct contact, inhalation of aerosolized from vesicular fluid of skin lesions and possibly through infected respiratory secretions that also may be aerosolized by an infected person’s cough or sneeze.

Communicability:
A person with chickenpox is considered contagious beginning 1 to 2 days before rash onset until all the chickenpox lesions have crusted (scabbed). Vaccinated people who get chickenpox may develop lesions that do not crust and are considered contagious until no new lesions have appeared for 24 hours.

Vaccination:
Vaccination is routinely given to children at starting at 12-15 months of age with a second dose administered at 4-6 years. Vaccine can protect against infection or severe disease if given within 72 hours of exposure, up to 5 days after exposure.

Exclusion:
Exclude any individual with chickenpox, regardless if they have received the varicella vaccine, from school for at least 5 days after the rash began and/or until the rash has scabbed over, whichever is longer.

Exposed children who are not immune to chickenpox should be kept out of school beginning on day 8 after their first exposure to a case of varicella until day 21 after the onset of the last case in the school. If the child is vaccinated with the varicella vaccine within 5 days of their earliest exposure, the child may return to school. Children under the age of 12 months are considered too young to receive the varicella vaccine and must remain excluded until day 21 after the onset of last case in school.
To identify individuals who are not immune and have been exposed to the chickenpox virus and
to determine their appropriate exclusion period, contact the Chester County Health
Department Disease Investigation and Surveillance at (610) 344 – 6452.

Response:

☐ Immediately notify the Chester County Health Department. Timely notification is crucial
   in controlling the spread of infection.
☐ Review vaccination records for all attending individuals and ensure all children have
   received appropriate vaccination according to current immunization recommendations.
☐ Identify individuals who are not immune and may need to be excluded.
☐ Ensure all children, students, and staff adhere to exclusion and readmission criteria.
☐ Report any additional cases or suspected outbreaks to the Chester County Health
   Department.
☐ Properly sanitize contaminated areas and surfaces with measures that are effective
   against the organism identified. See “Cleaning and Disinfection” section.
☐ Enforce proper respiratory etiquette. Teach children to cover coughs and sneezes with a
   tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands
   after using facial tissues or having contact with mucus.
☐ Consider implementing control measure strategies to prevent further transmission of
   disease such as cohorting of asymptomatic children and canceling or postponing group
   activities.
☐ A notification letter can be used to provide communication to parents and guardians of
   potentially exposed children or those identified to lack immunity. Contact the Chester
   County Health Department for consultation regarding infectious disease notification
   letters.
**Clostridium difficile (C. difficile)**

Clostridium difficile is a bacterial infection that can cause mild to severe diarrhea and colitis. Most illnesses occur while taking antibiotics or soon after completion of a course of antibiotics. Children aged 5 years and younger, especially infants, frequently have no symptoms.

**Symptoms:**
Symptoms include watery diarrhea, fever, nausea, loss of appetite, abdominal pain, and tenderness.

**Incubation:**
The incubation period for C. difficile has not been clearly defined.

**Transmission:**
Transmission occurs through the fecal to oral route. Individuals can become ill by ingesting the organism through contaminated food or water or by contact with contaminated objects or surfaces.

**Communicability:**
Individuals are considered contagious during the course of infection. Some individuals may continue to excrete organisms in feces for several days to several weeks after symptom onset.

**Exclusion:**
Exclude all individuals with persistent diarrhea or vomiting until 48 hours after symptoms have resolved or are judged to be non-infective when associated with any of the following: 1) inability to prevent contamination of the environment with feces or vomit 2) fever 3) identified bacterial or parasitic pathogen.

**Response:**

- Individual cases of C. difficile are not reportable to the Chester County Health Department.
- Suspected outbreaks of all types, including C. difficile are reportable.
- Review the health status of all attendees and staff to determine if any other individuals are experiencing symptoms of gastrointestinal illness. If other cases are identified during the health review, each case’s symptom profile can be tracked by using an Illness Line List for Multiple Cases.
- Ensure any ill children, students, and staff adhere to exclusion and readmission criteria.
- Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
- Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, and before eating, preparing, or handling food. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.
Common Cold

Many viruses can cause upper respiratory illnesses known as the common cold. The most common virus to cause the common cold is rhinoviruses. Common cold infections can occur year-round but tend to rise in early fall and spring.

Symptoms:
Symptoms can include cough, sneeze, runny nose, sore throat, congestion, body aches, and fever. Symptoms of the common cold are typically mild but can cause severe illness, especially in people with weakened immune systems, asthma, or underlying medical conditions.

Incubation:
The incubation period of the common cold varies. Most rhinovirus infections typically lead to symptoms about 1 to 10 days after exposure.

Transmission:
The common cold is spread through respiratory droplets that are released when an infected person coughs or sneezes. These droplets can enter another person’s body if they breathe them in or by touching a surface contaminated with the virus and then touching their eyes, nose, or mouth.

Communicability:
Individuals are typically contagious a few days before symptoms appear and while symptoms are present.

Exclusion:
Exclude any individual presenting with symptoms of respiratory illness until symptoms have resolved and fever free for 24 hours without the use of fever-reducing medications.

Response:

- Individual cases of the common cold are not reportable to the Chester County Health Department.
- Suspected outbreaks of all types, including the common cold are reportable. An outbreak may be occurring if there is an increase in the occurrence of cases or if there are more case of infectious disease than what is typically expected in the defined setting during a specific time period.
- Ensure all symptomatic children, students, and staff adhere to exclusion and readmission criteria.
- Enforce proper respiratory etiquette. Teach children to cover coughs and sneezes with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.
- Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
COVID-19 (SARS-CoV-2)

COVID-19 is a respiratory disease caused by a coronavirus, SARS-CoV-2. Anyone infected with COVID-19 can spread the virus, even if they do not have symptoms.

Symptoms:
Symptoms can include fever, fatigue, headache, myalgia, cough, nasal congestion, loss of taste or smell, sore throat, shortness of breath or difficulty breathing, nausea or vomiting.

Incubation:
The incubation period typically ranges from 2 to 14 days after exposure to the virus. Specific incubation times may vary dependent on the variant of the virus responsible for disease.

Transmission:
COVID-19 is spread through respiratory droplets that are released when an infected person coughs or sneezes. These droplets can enter another person’s body if they breathe them in or by touching a surface contaminated with the virus and then touching their eyes, nose, or mouth. In some circumstances, they may contaminate surfaces they touch.

Communicability:
Individuals are considered contagious 2 days prior to the onset of symptoms and remain contagious during the course of the infection.

Exclusion:
Exclude any individual who tests positive for COVID-19 until their symptoms have improved and are fever-free for at least 24 hours without the use of fever-reducing medications. Upon returning from isolation, individuals should wear a well-fitting mask or respirator around others through day 5. Individuals experiencing prolonged symptoms or symptoms that improve then get worse, should continue to be excluded until symptoms have improved and are fever-free for at least 24 hours without the use of fever-reducing medications.

Vaccination:
Everyone aged 6 months and older should receive vaccination to protect against COVID-19. Recommendations for COVID-19 vaccination may be updated as needed. For the most recent recommendations, visit the CDC: Staying Up To Date with Vaccines.

Response:
- Schools and childcare centers may report suspected and confirmed outbreaks of COVID-19 to the Chester County Health Department. Timely notification is crucial in controlling the spread of infection. Individual case reporting is no longer required. An outbreak may be occurring if there is an increase in the occurrence of cases of infection or if there are more cases of disease than what is typically expected in the defined setting during a specific time period.
☐ Review the health status of all attendees and staff to determine if any other individuals are experiencing symptoms of a similar illness. If other cases are identified during the health review, each case’s symptom profile can be tracked by using an Illness Line List for Multiple Cases.

☐ Ensure all children, students, and staff adhere to exclusion and readmission criteria.

☐ Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.

☐ Enforce proper respiratory etiquette. Teach children to cover coughs and sneezes with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.

☐ Consider implementing additional control measure strategies to prevent further transmission of disease such as masking, cohorting of asymptomatic children, and canceling or postponing group activities.

☐ Encourage staying current on COVID-19 vaccination recommendations.
Croup
Croup refers to an infection of the upper airway most commonly caused by the Human Parainfluenza Virus (HPIV). Croup can occasionally occur due to bacterial infections. Croup is most common in the fall but can occur year-round. Croup has an unmistakable sound, a harsh repetitive characteristic barking cough.

Symptoms:
Symptoms of the croup include fever, runny nose, cough, sneezing, and sore throat. Severe symptoms may include a barking cough, wheezing, or hoarseness and can lead to infection of the vocal cords, bronchitis, or pneumonia.

Incubation:
It typically takes 2 to 6 days after infection to experience symptoms of the croup.

Transmission:
Croup can be spread from an infected person to others through the air by respiratory secretions such as coughing or sneezing, close personal contact, or by touching contaminated objects or surfaces.

Communicability:
Individuals are typically contagious a few days before symptoms appear and while symptoms are present.

Exclusion:
Exclude any individual presenting with symptoms of respiratory illness until symptoms have resolved and fever free for 24 hours without the use of fever-reducing medications.

Response:
- Individual cases of croup are not reportable to the Chester County Health Department.
- Suspected outbreaks of all types, including croup infections are reportable.
- Ensure all symptomatic children, students, and staff adhere to exclusion and readmission criteria.
- Enforce proper respiratory etiquette. Teach children to cover coughs and sneezes with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.
Cryptosporidium

Cryptosporidium is a parasite that causes intestinal illness and is the leading cause of waterborne disease among humans in the United States. Infections are most common in the summer and early fall. Cryptosporidium can be found in cattle, humans, and other domestic animals like dogs and cats.

Symptoms:
Symptoms include watery diarrhea, stomach cramps, dehydration, nausea, vomiting, fever, and weight loss. Symptoms may come and go for up to 30 days. Some individuals may not experience symptoms at all.

Incubation:
It generally takes between 2 and 12 days after infection for symptoms to begin.

Transmission:
Cryptosporidium lives in the intestine of infected humans or animals and is shed in stool from bowel movements. Cryptosporidium is spread by fecal to oral transmission and occurs by ingesting the parasite through contamination from the stool of infected persons or animals. Individuals can be exposed to parasites while swimming, drinking contaminated water, eating contaminated foods, or having close contact with infected animals.

Communicability:
Individuals are considered contagious as long as the parasite remains in the intestines. Individuals are most contagious while experiencing symptoms such as diarrhea and can remain contagious until fecal shedding stops. Fecal shedding may continue for several weeks after symptoms subside.

Exclusion:
Exclude all children, students, and/or staff with persistent diarrhea or vomiting until 48-hours after symptoms have resolved or judged to be non-infective when associated with any of the following: (1) inability to prevent contamination of the environment with feces or vomit (2) fever (3) identified bacterial or parasitic pathogen. Asymptomatic individuals who tested positive for Cryptosporidium must be excluded until a negative stool culture has been obtained and verified by a physician.

Response:

☐ Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.

☐ Review the health status of all attendees and staff to determine if any other individuals are experiencing symptoms of gastrointestinal illness. If other cases are identified during the health review, each case’s symptom profile can be tracked by using an Illness Line List for Multiple Cases.
☐ Report any additional cases or suspected outbreaks to the Chester County Health Department.

☐ Ensure any ill children, students, and staff adhere to exclusion and readmission criteria.

☐ Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.

☐ Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, before eating, preparing, or handling food, and after blowing. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.

☐ Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
E. Coli and other Shiga toxin-producing E. Coli (STEC)

There are many types of Escherichia coli (E. Coli) bacteria that live in the intestinal tract of people and animals and contribute to a healthy microbiome. Some kinds of E. coli bacteria cause disease by making a toxin called Shiga toxin and are known as Shiga toxin-producing E. coli (STEC). Exposures to STEC have been linked to many foodborne illness outbreaks by consumption of contaminated food and water or by consumption of unpasteurized (raw) milk.

**Symptoms:**
Symptoms can vary from mild to severe and include stomach cramps, diarrhea (often bloody), and vomiting.

**Incubation:**
It typically takes about 3 to 4 days after exposure to infection to the onset of symptoms but may be as short as 2 days or as long as 10 days.

**Transmission:**
Transmission occurs by ingestion of the organism commonly through contaminated food or water with ruminant feces or by direct contact with animals and their environment. E. Coli can also be spread by person to person through close personal contact.

**Communicability:**
An individual is considered contagious from the onset of symptoms and can continue to excrete bacteria in feces for many weeks. Excretion can last up to 3 weeks for some children.

**Exclusion:**
Individuals should be excluded immediately until two consecutive negative stool specimens are obtained (at least 24 hours apart) and verified by a physician. If antibacterial or antiparasitic treatment has been given, the specimens may not be collected sooner than 48 hours after the treatment was completed.

**Response:**

- Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.
- Review the health status of all attendees and staff to determine if any other individuals are experiencing symptoms of gastrointestinal illness. If other cases are identified during the health review, each case’s symptom profile can be tracked by using an Illness Line List for Multiple Cases.
- Report any additional cases or suspected outbreaks to the Chester County Health Department.
- Ensure all children, students, and staff adhere to exclusion and readmission criteria.
- Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
☐ Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, before eating, preparing, or handling food, and after blowing. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.

☐ Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
Fifth Disease

Fifth disease, also called erythema infectioum, is a mild rash illness caused by parvovirus B19 and is more common in children than adults. The disease got its name because it was fifth in a list of historical classifications of common skin rash illness in children. Individuals can be infected without ever having signs or symptoms but can still spread the disease to others.

Symptoms:
Symptoms are usually mild and may first include fever, runny nose, and headache followed by a rash. The rash most recognized as a feature of fifth disease typically occurs on the face called “slapped cheek” rash. A second rash may appear a few days later located on the chest, back, buttocks, arms, or legs and may become itchy.

Incubation:
It typically takes about 14 days after getting infected with parvovirus B19 until the onset of symptoms.

Transmission:
Transmission occurs through respiratory secretions such as saliva, sputum, or nasal mucus when an infected person coughs or sneezes.

Communicability:
Individuals are most contagious when experiencing fever and respiratory symptoms prior to the onset of rash. After the rash onset, individuals are less likely to be contagious.

Exclusion:
Exclusion is typically not recommended for individuals with fifth disease since they are not generally contagious once rash appears. Exclusion is recommended if experiencing symptoms that qualify for exclusion such as fever.

Response:
- Individual cases of fifth disease are not reportable to the Chester County Health Department.
- Suspected outbreaks of all types, including fifth disease infections are reportable.
- Ensure all symptomatic children, students, and staff adhere to exclusion and readmission criteria.
- Enforce proper respiratory etiquette. Teach children to cover coughs and sneezes with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.
Giardiasis

Giardiasis is a gastrointestinal illness caused by a protozoan parasite *Giardia* (*G. lamblia*, *G. intestinalis*, *G. duodenalis*). Once a person or animal has been infected with Giardia, the parasite lives in the intestines and is passed on through feces. Giardia can sometimes survive outside of the body for weeks or even months.

**Symptoms:**
Symptoms include diarrhea, gas, foul-smelling feces, stomach cramps or pain, nausea, vomiting, and dehydration. Some people infected with giardiasis have no symptoms at all.

**Incubation:**
It typically takes about 1 to 2 weeks after becoming infected to experience symptoms, if any.

**Transmission:**
Transmission occurs from person to person or through contaminated water, food, surfaces, or objects. The most common way people get sick is by swallowing contaminated drinking water or recreational water from lakes, rivers, or pools.

**Communicability:**
Individuals are considered contagious as long as the parasite remains in the intestines. Individuals are most contagious while experiencing symptoms such as diarrhea and can remain contagious until fecal shedding stops. Fecal shedding may continue for several weeks after symptoms subside.

**Exclusion:**
Exclude all children, students, and/or staff with persistent diarrhea or vomiting until 48-hours after symptoms have resolved or judged to be non-infective when associated with any of the following: (1) inability to prevent contamination of the environment with feces or vomit (2) fever (3) identified bacterial or parasitic pathogen.

**Response:**

- Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.
- Review the health status of all attendees and staff to determine if any other individuals are experiencing symptoms of gastrointestinal illness. If other cases are identified during the health review, each case’s symptom profile can be tracked by using an Illness Line List for Multiple Cases.
- Report any additional cases or suspected outbreaks to the Chester County Health Department.
- Ensure all children, students, and staff adhere to exclusion and readmission criteria.
- Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
☐ Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, before eating, preparing, or handling food, and after blowing. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.

☐ Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
Hand, Foot, and Mouth Disease (HFM)

Hand, foot, and mouth disease is a very common viral infection in children. HFM disease is most common in children under 5 years and younger but can also occur in adults.

Symptoms:
Symptoms include tiny blisters in the mouth and on the fingers, the palm of hands and buttocks, or soles of the feet, and other flu-like symptoms such as fever, sore throat, or loss of appetite.

Incubation:
It generally takes 3 to 7 days after exposure to infection to become symptomatic with HFM however the incubation period may be as long as 2 weeks in some individuals.

Transmission:
HFM disease can be spread from an infected person to others through the air by respiratory secretions such as coughing or sneezing, close personal contact, or by touching contaminated objects or surfaces. HFM disease can also be spread through contact with infected fecal matter such as during diaper changing.

Communicability:
Individuals with HFM are most contagious during the first week of illness. In some cases, the virus can continue to spread for weeks after symptoms subside.

Exclusion:
Individuals with HFM disease generally do not need to be excluded from school or childcare unless presenting with symptoms of fever and/or uncontrolled drooling with mouth sores. Exclude individuals with fever or uncontrolled drooling until symptoms are resolved and fever free for 24 hours without the use of fever-reducing medications.

Response:

- Individual cases of HFM disease are not reportable to the Chester County Health Department.
- Suspected outbreaks of all types, including HFM are reportable.
- Ensure all symptomatic children, students, and staff adhere to exclusion and readmission criteria.
- Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
- Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, and before eating, preparing, or handling food. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all illnesses.
Head Lice (Pediculosis)

Head lice infestation, or pediculosis, are tiny parasitic insects that live on the skin of the scalp and hair. Head lice feed on blood and lay eggs on the shaft of hair. Infestation of head lice is identified by inspecting for live nymph or adult lice on the head, hair, and scalp of a person. Use of fine-tooth combs may facilitate the identification of live lice. Personal hygiene or cleanliness in the home or school does not impact head lice infestation. Head lice is not considered a medical or public health hazard and are not known to spread disease.

Symptoms:
Symptoms of head lice infestation may include a tickling feeling of something moving in the hair, itching or irritability of the scalp, and/or sores on the head caused by scratching.

Incubation:
Incubation period may vary, head lice nymphs generally take 8 to 9 days to hatch. It may take weeks after exposure for symptoms of an infestation to appear.

Transmission:
Transmission of head lice is spread by direct contact with the hair of an infested person. Individuals who come in head-to-head contact with an infested person are at the greatest risk. Head lice move by crawling and cannot hop or fly.

Communicability:
Individuals with head lice infestation can transfer lice to others as long as they are infested with live lice. Several treatments may be necessary to successfully rid a head lice infestation.

Exclusion:
Exclusion of a child, student, or staff member experiencing symptoms of head lice infestation is not necessary. Students diagnosed with live head lice may be treated and return to class after appropriate treatment has begun. The burden of unnecessary absenteeism to students and families outweighs the risks associated with head lice.

Response:
- Reporting of head lice is not required to the Chester County Health Department.
- Assessment of children and students who display persistent scratching may be needed to determine the presence of head lice in the individual.
- Schools and childcare facilities should develop a head lice infestation plan to coordinate their response to the presence of head lice in the facility.
**Impetigo**

Impetigo, also known as infantigo, is a bacterial infection of the skin that is caused by one or both of the following bacteria: Group A *Streptococcus* and *Staphylococcus aureus*. Impetigo is most common in young children and is very contagious. The infection can occur anywhere on the body but most often affects exposed skin such as around the nose, mouth, arms, or legs.

**Symptoms:**
Symptoms include red, itchy sores that break open and leak a clear fluid or pus for a few days followed by a crusty yellow scab formation.

**Incubation:**
It typically takes about 10 days for sores to appear after exposure to the bacteria.

**Transmission:**
Transmission occurs when group A strep bacteria infects the skin. The bacteria can spread to others if someone touches those sores or comes into contact with fluid from the sores.

**Communicability:**
An individual is considered contagious until the rash sores have healed.

**Exclusion:**
Exclude all children, students, or staff with impetigo until 24 hours after the start of antibiotic treatment. Individuals returning to school and ECEs after antibiotic treatment must keep all sores on exposed skin completely covered.

**Response:**
- Individual cases of impetigo are not reportable to the Chester County Health Department.
- Suspected outbreaks of all types, including impetigo infections are reportable.
- Ensure all symptomatic children, students, and staff adhere to exclusion and readmission criteria.
- Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, before eating, preparing, or handling food, and after blowing. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.
Influenza

Influenza is a very contagious viral respiratory illness caused by the influenza virus. Influenza causes community-wide outbreaks every year, particularly during the winter months. The most people at significant risk for complications of influenza include infants, elderly, and those with chronic underlying medical conditions.

Symptoms:
Symptoms of influenza include sudden onset of fever, frequent chills or rigors, headaches, malaise, and nonproductive cough. Respiratory tract signs of sore throat, nasal congestions, rhinitis, and cough become more prominent. Abdominal pain, nausea, and vomiting can occur.

Incubation:
Symptom onset typically occurs about 2 days (but can range from 1 to 4) after flu viruses infect an individual’s respiratory tract.

Transmission:
Influenza is spread from person-to-person primarily by respiratory droplets from an infected persons cough or sneeze. Droplets can land in the mouths or noses of people who are nearby (usually within about 6 feet away) or possibly be inhaled into the lungs.

Communicability:
A person with influenza is considered contagious from two days before onset of symptoms until symptoms have improved and 48 hours after resolved fever (without use of fever reducing medications). Most individuals are most contagious in the first 3-4 days after symptom onset.

Exclusion:
An individual who presents with flu-like symptoms, or symptoms of a respiratory illness, should be excluded until 24 hours after improved symptoms and resolved fever (without use of fever reducing medications).

Vaccination:
Influenza vaccination is available annually and is recommended for everyone aged 6 months and older, especially people who are at a higher risk for flu-related complications.

Response:
- Individual cases of Influenza are not reportable unless associated with hospitalization or pediatric death.
- Review the health status of all attendees and staff to determine if any other individuals are experiencing symptoms of a similar illness. If other cases are identified during the health review, each case’s symptom profile can be tracked by using an Illness Line List for Multiple Cases.
- Report suspected or confirmed influenza outbreaks to the Chester County Health Department. An outbreak may be occurring if there is an increase in the occurrence of
cases of infection or if there are more cases of disease than what is typically expected in the defined setting during a specific time period.

☐ Ensure all children, students, and staff adhere to exclusion and readmission criteria.

☐ Practice proper respiratory etiquette and good hand hygiene at all times. Teach children to cover coughs and sneeze with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.

☐ Consider implementing additional control measure strategies to prevent further transmission of disease such as masking, cohorting of asymptomatic children, and canceling or postponing group activities.

☐ Encourage annual seasonal influenza vaccination for all people aged 6 months and older.
Measles

Measles is a highly contagious and acute viral respiratory disease caused by paramyxovirus. The virus works by infecting the respiratory tract and is then spread throughout the body causing severe disease and complications such as ear infections, pneumonia, seizures and even death. Up to 9 out of 10 susceptible persons with close contact to an individual with measles will develop the disease.

**Symptoms:**
Symptoms can include a high fever, cough, runny nose, watery eyes, and rash. Tiny white spots (Koplik spots) may appear inside the mouth a few days after symptoms begin.

**Incubation:**
Measles symptoms appear 7 to 14 days after contact with the virus but may be prolonged up to 21 days.

**Transmission:**
Measles is spread through direct contact with infectious droplets or thorough air by breathing in small particles containing the virus. The virus particles can travel along air currents and remain infectious in the air for up to two hours after an infected person leaves an area.

**Communicability:**
An individual is considered contagious from 4 days before the rash appears until 4 days after the appearance of the rash.

**Exclusion:**
Exclude all individuals with measles from school until at least 4 days after the appearance of the rash. Non-immunized children and staff who were exposed to index case should be excluded for 21 days following the onset of the rash in the last case of measles or until no measles cases have occurred for a 14-day period. Individuals who receive an MMR vaccine within 72 hours of exposure may be permitted to return to school.

**Vaccination:**
Routine vaccination for measles includes 2 doses of the MMR vaccine. The first dose is administered at 12-15 months of age with a second dose at 4 to 6 years of age. Following exposure, high risk groups such as infants less than 12 months old, pregnant women without evidence of immunity, and immunocompromised patients are recommended to receive post exposure prophylaxis immune globulin.

**Response:**
- Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.
Review vaccination records for all attending individuals and ensure all children have received appropriate vaccination according to current immunization recommendations. Individuals who are not immune and have been exposed may need to be excluded.

Report any additional suspected and confirmed cases and/or outbreaks to the Chester County Health Department.

Ensure all children, students, and staff adhere to exclusion and readmission criteria.

Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.

Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.

Practice proper respiratory etiquette and good hand hygiene at all times. Teach children to cover coughs and sneeze with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.

A notification letter can be used to provide communication to parents and guardians of potentially exposed children. Contact the Chester County Health Department for consultation regarding infectious disease notification letters.
Meningococcal Disease (bacterial)

Bacterial meningitis is a serious infection causing inflammation of protective membranes covering the brain and spinal cord. Several types of bacteria can cause meningitis. The most common agents are Neisseria meningitidis (meningococcus), Haemophilus influenzae (Hib), and Group B Streptococcus. People with bacterial meningitis can have seizures, go into a coma, and even die. Anyone who thinks they have meningitis should see a doctor as soon as possible.

Symptoms:
Symptoms can be experienced suddenly and include fever, intense headache, stiff neck, nausea, vomiting, and altered mental status (confusion) and behavioral changes.

Incubation:
It takes about 2-10 days (usually 3-4 days) after exposure to a person with meningococcal disease for someone to develop symptoms of bacterial meningitis.

Transmission:
Bacterial meningitis is spread by direct contact with respiratory droplets or oral secretions of a person with infection. Infected individuals who do not have symptoms can still pass the bacteria on to others.

Communicability:
A person with bacterial meningitis is no longer contagious after 24 hours of appropriate antibiotic therapy.

Exclusion:
Exclude all children, students, and/or staff with bacterial meningitis until at least 24 hours after treatment with appropriate antibiotic therapy. Individuals identified as having close contact with the index case may need preventative antibiotics and should be referred to a healthcare provider immediately.

Vaccination:
The following vaccinations are routinely given for the prevention of bacterial meningitis; Pneumococcal vaccines are given to children at age 2, 4, and 6 months and again at 12-15 months of age. Haemophilus influenzae type b (Hib) vaccines are given to children at age 2 and 4 months and possibly at 6 months (dependent on vaccine used) with a booster at 12-15 months of age. Meningococcal vaccine is recommended for pre-teens and college students and can be administered at 11-12 years of age.

Response:

- Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.
- Review vaccination records for all attending individuals and ensure all children have received appropriate vaccination according to current immunization recommendations.
Individuals identified as having close contact with the reported case may need preventative antibiotics.

☐ Report any additional suspected and confirmed cases and/or outbreaks to the Chester County Health Department.

☐ Ensure all children, students, and staff adhere to exclusion and readmission criteria.

☐ Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.

☐ Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.

☐ Practice proper respiratory etiquette and good hand hygiene at all times. Teach children to cover coughs and sneeze with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.

☐ A notification letter can be used to provide communication to parents and guardians of potentially exposed children. Contact the Chester County Health Department for consultation regarding infectious disease notification letters.
Meningitis (viral, aseptic)

Viral meningitis is a relatively common infection that can be caused by a variety of viruses, most commonly enteroviruses. Viral meningitis can sometimes be confused with bacterial meningitis, which is much more serious and requires reporting to the local health department. Increases in cases of viral meningitis occur regularly in the summer and fall.

**Symptoms:**
Symptoms of viral meningitis include fever, headache, stiff neck, sensitivity to light, irritability, and vomiting. Anyone with symptoms of meningitis should be evaluated by a healthcare professional.

**Incubation:**
Most individuals infected with a viral meningitis experience symptoms onset between three to seven days after exposure. However, the exact incubation period is dependent upon enterovirus involved in infection.

**Transmission:**
Viral meningitis is spread through close contact with infected individuals. However, close contacts are not likely to develop symptoms of meningitis and only a small number of individuals who get infected with the viruses that cause meningitis will develop viral meningitis.

**Communicability:**
The contagious period for individuals infected with viral meningitis is dependent upon the enterovirus involved in infection. Most individuals infected with viral meningitis will completely recover in 7 to 10 days however, shedding of the virus in feces can continue for several weeks.

**Exclusion:**
Because close contacts are not likely to develop meningitis, exclusion is not necessary for individuals infected with viral meningitis. However, viral meningitis may be caused by certain viruses such as chickenpox, mumps, or measles which are conditions that require exclusion.

**Response:**

- Reporting of viral meningitis is not required to the Chester County Health Department.
- To distinguish between viral and bacterial meningitis, consult with the Chester County Health Department or a licensed healthcare professional.
- Practice proper respiratory etiquette and good hand hygiene at all times. Teach children to cover coughs and sneeze with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.
Mononucleosis

Infectious mononucleosis, referred to as “mono”, is a contagious disease most commonly caused by the Epstein-Barr virus (EBV). Some infected individuals do not have symptoms or develop very mild symptoms. Mononucleosis is most common among teens and young adults.

Symptoms:
Symptoms include extreme fatigue, fever, sore throat, head and body aches, swollen lymph nodes, rash, enlarged spleen.

Incubation:
It typically takes 4 to 6 weeks after exposure to the virus until the onset of symptoms.

Transmission:
Transmission occurs most commonly through bodily fluids, especially saliva but can also spread through blood.

Communicability:
An individual is considered most contagious while experiencing symptoms but may remain contagious for months after symptoms have resolved.

Exclusion:
Exclude all children, students, or staff with mononucleosis until symptoms have resolved and individual is well enough to resume normal activities.

Response:

☐ Individual cases of mono are not reportable to the Chester County Health Department.
☐ Suspected outbreaks of all types, including mono infections are reportable.
☐ Ensure all symptomatic children, students, and staff adhere to exclusion and readmission criteria.
☐ Practice proper respiratory etiquette and good hand hygiene at all times. Teach children to cover coughs and sneeze with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.
MPox (formally known as Monkeypox)

MPox, previously referred to as Monkeypox, is a disease caused by the orthopoxvirus. MPox is rarely fatal but may cause painful skin lesion requiring extensive pain management. The risk of MPox in children and adolescents is very low however MPox can infect anyone who has close, often skin-to-skin contact, with someone who has MPox. MPox rash can be confused with other rash illnesses that are seen in children including scabies, varicella (chickenpox), hand foot and mouth disease, measles, and other allergic skin reactions.

**Symptoms:**
Symptoms of MPox commonly include fever, headaches, chills, swollen glands, and a rash that progresses from maculopapular lesions (flat spots) to vesicles (fluid-filled blisters) that eventually scab over.

**Incubation:**
It generally takes 3 to 17 days after exposure to the virus to become infected and symptomatic.

**Transmission:**
Transmission of MPox primarily occurs through direct contact with an infected persons rash, scabs or body fluids. MPox can also spread through respiratory secretions during prolonged face-to-face contact such as during kissing or sexual contact. MPox can less commonly be transmitted by touching contaminated objects or surfaces such as clothing or bedding used by an infected person.

**Communicability:**
An individual is considered contagious from 1-4 days before the onset of symptoms until the rash has fully healed, scabs have fallen off and new skin has formed where the lesions had been.

**Vaccine:**
Vaccines for post-exposure prophylaxis and antivirals for treatment are available when indicated.

**Exclusion:**
An individual diagnosed with MPox should be excluded from school until the rash has fully healed, scabs have fallen off and new skin has formed where the lesions had been. This may take as long as four weeks after symptoms begin.

**Response:**
- Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.
- Ensure all children, students, and staff adhere to exclusion and readmission criteria.
- Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
☐ Work closely with the Chester County Health Department to access further disease mitigation strategies.
**Mumps**

Mumps is a contagious viral disease that is caused by a paramyxovirus. Mumps affects the salivary glands and is easily preventable by vaccine. Up to 33% of infected individuals have minimal or no manifestation of disease.

**Symptoms:**
Symptoms include fever, headache, muscle aches, tiredness, loss of appetite, and swollen salivary glands. In males, painful swelling of the testicles may occur. Other complications may include meningitis, inflammation of the ovaries, and deafness.

**Incubation:**
It takes about 12-25 days (usually 16-18 days) after exposure to a person with mumps for someone to develop symptoms.

**Transmission:**
Mumps is spread by direct contact with respiratory droplets or oral secretions of a person with infection. Infected individuals who do not have symptoms can still pass the virus on to others.

**Communicability:**
An individual is considered contagious from 2 days before the onset of swelling to 5 days after the onset of swelling.

**Exclusion:**
Exclude all infected children, students, and/or staff until five days after the onset of swelling. Individuals susceptible to contracting mumps must be excluded for 26 days following the onset of parotitis in the last case identified. Susceptible individuals who receive vaccination may immediately return after vaccination with the exception of individuals identified as having close contact to mumps case. Close contacts, even fully vaccinated, will still need to follow exclusion for 26 days following their last contact with the identified mumps case.

**Vaccination:**
Routine vaccination for mumps includes 2 doses of the MMR vaccine. The first dose is administered at 12-15 months of age with a second dose at 4 to 6 years of age.

**Response:**
- Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.
- Review vaccination records for all attending individuals and ensure all children have received appropriate vaccination according to current immunization recommendations. Individuals who are not immune and have been exposed may need to be excluded.
- Report any additional suspected and confirmed cases and/or outbreaks to the Chester County Health Department.
- Ensure all children, students, and staff adhere to exclusion and readmission criteria.
- Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
- Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
- Practice proper respiratory etiquette and good hand hygiene at all times. Teach children to cover coughs and sneeze with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.
- A notification letter can be used to provide communication to parents and guardians of potentially exposed children. Contact the Chester County Health Department for consultation regarding infectious disease notification letters.
Norovirus and other viral gastroenteritis

Norovirus is a contagious virus that is the most common source of gastroenteritis and is a leading cause of disease outbreaks in the United States. Norovirus is sometimes referred to as the stomach flu or stomach bug. If not properly cleaned, norovirus particles can survive for weeks on surfaces. Very few viral particles are needed to cause an infection. There is no specific treatment for norovirus. As it is not a bacterial infection, antibiotics are not a successful treatment for norovirus.

**Symptoms:**
Symptoms of norovirus include diarrhea, vomiting, nausea, and stomach discomfort. Some individuals may remain asymptomatic during the course of infection.

**Incubation:**
It typically takes between 12 and 48 hours after exposure to infection for symptoms to occur.

**Transmission:**
Norovirus is spread through the fecal to oral route. Individuals can become ill by ingesting the organism through contaminated food, milk, or water or by direct contact with an infected individual. Transmission can also occur by touching contaminated surfaces or objects or by inhaling particles released in the air when an infected person vomit.

**Communicability:**
It is unknown how long an infected person remains contagious, even after symptoms have subsided.

**Exclusion:**
Exclude all individuals with persistent diarrhea or vomiting until 48 hours after symptoms have resolved or judged to be non-infective when associated with any of the following: (1) inability to prevent contamination of the environment with feces or vomit (2) fever (3) identified bacterial or parasitic pathogen.

**Response:**
- Individual cases of norovirus are not reportable to the Chester County Health Department.
- Review the health status of all attendees and staff to determine if any other individuals are experiencing symptoms of a gastrointestinal illness. If other cases are identified during the health review, each case’s symptom profile can be tracked by using an Illness Line List for Multiple Cases.
- Ensure any ill children, students, and staff adhere to exclusion and readmission criteria.
- Report suspected outbreaks to the Chester County Health Department. An outbreak may be occurring if there is an increase in the occurrence of cases of infection or if there are more cases of disease than what is typically expected in the defined setting during a specific time period.
Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.

Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, and before eating, preparing, or handling food. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.

Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
Pertussis (Whooping Cough)

Pertussis, also known as the whooping cough, is a contagious respiratory disease caused by the bacterium *Bordetella pertussis*. Symptoms include fever, congestion, violent cough, cough with inspiratory whoop, post-tussive vomiting, or apnea. Vaccinated children, adolescents, and adults may lack the inspiratory “whoop”. Pertussis can lead to serious illness in infants and young children resulting in hospitalization, pneumonia, and neurologic problems.

**Incubation:**
It takes about 5-21 days (usually 7-10 days) after exposure to a person with pertussis for someone to develop symptoms.

**Transmission:**
Pertussis is spread through direct contact with infectious droplets or thorough airborne droplets by breathing in small particles containing the virus. Indirect spread through the air or contaminated objects rarely occurs.

**Communicability:**
If untreated, an individual is considered contagious in the early stages of disease and will remain contagious for 21 days after onset of cough. If treatment provided, an individual is considered contagious until five days after the appropriate antibiotic treatment has been completed.

**Exclusion:**
Exclude all infected children, students, and/or staff and close contacts who are coughing until they receive appropriate evaluation and treatment with antibiotics. Excluded individuals may return 5 days after appropriate antibiotic treatment completion or until 21 days after the onset of cough.

**Vaccination:**
Routine vaccination for pertussis includes doses of DTap vaccine given at 2, 4, 6, and 15 months of age and another dose given at 4-6 years of age. Individuals should receive a Tdap booster every 10 years. Pregnant women should receive a Tdap vaccine during the third trimester of each pregnancy.

**Response:**
- [ ] Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.
- [ ] Review vaccination records for all attending individuals and ensure all children have received appropriate vaccination according to current immunization recommendations. Individuals who are not immune and have been exposed may need to be excluded.
- [ ] Review the health status of all attendees and staff to determine if any other individuals are experiencing symptoms of a similar illness, specially prolonged coughing. If other
cases are identified during the health review, each case’s symptom profile can be tracked by using an Illness Line List for Multiple Cases.

☐ Report any additional suspected and confirmed cases and/or outbreaks to the Chester County Health Department.
☐ Ensure all children, students, and staff adhere to exclusion and readmission criteria.
☐ Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
☐ Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
☐ Practice proper respiratory etiquette and good hand hygiene at all times. Teach children to cover coughs and sneeze with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.
☐ A notification letter can be used to provide communication to parents and guardians of potentially exposed children, especially those less than 12 months of age. Contact the Chester County Health Department for consultation regarding infectious disease notification letters.
Pink eye (Conjunctivitis)

Conjunctivitis, commonly known as “Pink Eye”, refers to the inflammation or infection of the thin layer of tissue that lines the inside of the eyelid. Several viruses and bacteria can cause conjunctivitis, some of which are very contagious. Conjunctivitis can also be caused by allergens or irritants and is not contagious unless a secondary infection develops. It may be difficult to determine the exact cause of infection because symptoms remain similar.

Symptoms:
Symptoms of conjunctivitis include pink or red coloring in the white of the eyes, swelling of the eye or eyelid, increased tear production, itching or irritation, and crusting of eyelids.

Incubation:
The incubation period of conjunctivitis is variable and dependent on the etiologic infectious agent.

Transmission:
Viral and bacterial conjunctivitis can spread through close contact such as touching or shaking hands, through the air by an infected person's cough or sneeze, and by touching contaminated surfaces and objects with the germ on it.

Communicability:
Individuals are considered contagious from the onset of symptoms until all symptoms have resolved or until 24 hours after antibiotic eye treatment has been started.

Exclusion:
Exclusion for conjunctivitis (pink eye) is generally not recommended unless the individual is experiencing other symptoms of illness such as eye drainage or fever. Individuals experiencing symptoms must be excluded until symptoms have resolved and are fever free for 24 hours without use of fever-reducing medications.

Response:

- Individual cases of conjunctivitis are not reportable to the Chester County Health Department.
- Ensure all symptomatic children, students, and staff adhere to exclusion and readmission criteria.
- Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
- Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, and before eating, preparing, or handling food. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.
**Pinworm Infection**

Pinworm infection is caused by a small, thin, white roundworm called *Enterobius vermicularis* and lives in the colon and rectum of humans. Pinworm infections can affect all people however it most commonly occurs among children, institutionalized individuals, and household members living with an infected person. While an infected person sleeps, female pinworms leave the intestine through the anus and deposit eggs on the surrounding skin.

**Symptoms:**
Symptoms of pinworm infection include an itching around the anus, difficulty sleeping and restlessness. Some infected people will not experience symptoms.

**Incubation:**
The incubation period is usually between 1 to 2 months from exposure until the onset of symptoms.

**Transmission:**
Pinworm infection is spread by the fecal to oral route, meaning the transfer of infective pinworm eggs from the anus to someone’s mouth, either directly by hand or indirectly through contaminated clothing, bedding, food, or other articles. Because of their small size, pinworm eggs sometimes can become airborne and ingested while breathing.

**Communicability:**
Pinworm eggs become infective within a few hours after being deposited on the skin around the anus and can survive for 2 to 3 weeks on clothing, bedding, or other objects.

**Exclusion:**
Exclusion of a child, student, or staff member infected with pinworms is not necessary. Individuals involved in food preparation should be excluded from food preparation until cleared by a physician.

**Response:**
- Reporting of pinworm infections is not required to the Chester County Health Department.
- Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, and before eating, preparing, or handling food. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.
- Schools and childcare facilities should develop a plan to coordinate their response to the presence of pinworms in the facility.
Respiratory Syncytial Virus (RSV)

Respiratory syncytial virus, referred to as RSV, is a common respiratory virus that usually causes acute respiratory tract illness in patients of all ages. RSV is the most common cause of bronchiolitis and pneumonia in children younger than 1 year of age in the United States. Almost all children will be infected with RSV by their second birthday and it is possible to become infected with RSV more than once.

Symptoms:
Symptoms of RSV include fever, runny nose, coughing, sneezing, and decrease in appetite. Exacerbation of asthma and other chronic lung conditions is a concern for individuals diagnosed with RSV.

Incubation:
It takes about four to six days after exposure to the virus for symptoms to develop.

Transmission:
RSV is spread through contact with droplets from the nose and throat of infected people when they cough and sneeze. Droplets containing the virus do not stay in the air for very long but can settle on surfaces that are touched by others. RSV can remain on hard surfaces for several hours.

Communicability:
An individual with RSV is considered contagious 2 days before symptom onset until 3 to 8 days after symptom onset. However, some individuals may continue to spread the virus after they stop showing symptoms, for as long as four weeks.

Exclusion:
An individual who presents with symptoms of a respiratory illness, should be excluded until 24 hours after improved symptoms and resolved fever (without use of fever reducing medications).

Response:

☐ Individual cases of RSV infection are not reportable unless associated with hospitalization or death.
☐ Report suspected or confirmed RSV outbreaks to the Chester County Health Department. An outbreak may be occurring if there is an increase in the occurrence of cases of infection or if there are more cases of disease than what is typically expected in the defined setting during a specific time period.
☐ Ensure all children, students, and staff adhere to exclusion and readmission criteria.
☐ Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
☐ Practice proper respiratory etiquette and good hand hygiene at all times. Teach children to cover coughs and sneeze with a tissue or upper sleeve or elbow if no tissue is
available. Ensure children wash their hands after using facial tissues or having contact with mucus.

- Consider implementing additional control measure strategies to prevent further transmission of disease such as masking, cohorting of asymptomatic children, and canceling or postponing group activities.
Ringworm and other fungal skin infections

Ringworm is a common skin infection that is caused by a fungus. Some fungi, called dermatophytes, can also cause infections of the hair and nails. Anyone can contract a fungal infection but individuals with weakened immune systems or those involved in contact sports may be affected more often. Fungal infections, including ringworm, can be treated with antifungal medication.

Symptoms:
Symptoms of ringworm and other fungal infections can include itchy scratchy skin, small red bumps that may be crusty, or circular rash that spread outwards. If the scalp is affected, bald scaly skin may appear.

Incubation:
It typically takes between 4 and 14 days after exposure to fungi for symptoms to appear.

Transmission:
Ringworm can be spread from person to person through direct contact with infected individual, or by contact with an infected animal that has ringworm. The fungi that causes ringworm can live on skin and in the environment, particularly in damp areas like public showers and locker rooms.

Communicability:
An individual with a fungal skin infection is considered contagious until the rash is no longer present on the skin.

Exclusion:
Exclude children, students, or staff with ringworm infection from the end of the program or school day until 48 hours after treatment has been started.

Response:

☐ Individual cases of ringworm and other fungal infections are not reportable to the Chester County Health Department.
☐ Suspected outbreaks of all types, including fungal infections and ringworm are reportable.
☐ Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, and before eating, preparing, or handling food. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.
☐ Schools and childcare facilities should develop a plan to coordinate their response to the presence of ringworm in the facility.
Rotavirus
Rotavirus is a viral gastrointestinal illness that most often affects infants and young children. Older children and adults can also become infected but illness is generally less severe. Children, even those who are vaccinated against rotavirus, may get infected and sick more than once from the rotavirus.

Symptoms:
Symptoms of rotavirus commonly include severe watery diarrhea and vomiting, decreased urination and dehydration, dizziness, or unusual sleepiness.

Incubation:
It typically takes 2 days after exposure to virus to become symptomatic.

Transmission:
Rotavirus is spread through the fecal to oral route. People who are infected with rotavirus shed the virus in their feces. Individuals can become ill by ingesting the organism directly or through contaminated food and water. Transmission can also occur by touching contaminated surfaces or objects.

Communicability:
Individuals with rotavirus are considered contagious from before the onset of symptoms until symptoms have resolved. Individuals are most likely to infect others while symptomatic and during the first 3 days after recovery.

Exclusion:
Exclude all infected children, students, and staff until 48 hours after symptoms have resolved or are judged to be non-infective when associated with any of the following: (1) inability to prevent contamination of the environment with feces or vomit (2) fever (3) identified bacterial or parasitic pathogen.

Vaccination:
The rotavirus vaccine is currently recommended for all infants starting at 2 months old. Two rotavirus vaccines are currently licensed in the United States, infants should get two or three doses dependent on the brand of rotavirus vaccine.

Response:
- Individual cases of rotavirus are not reportable to the Chester County Health Department.
- Ensure any ill children, students, and staff adhere to exclusion and readmission criteria.
- Report suspected outbreaks to the Chester County Health Department. An outbreak may be occurring if there is an increase in the occurrence of cases of infection or if there
are more cases of disease than what is typically expected in the defined setting during a specific time period.

☐ Encourage routine vaccination according to current immunization recommendations.

☐ Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.

☐ Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, and before eating, preparing, or handling food. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.

☐ Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
Rubella (German Measles)

Rubella is a contagious viral disease caused by a rubivirus. Symptoms include skin rash starting on face spreading downward over the body, swollen glands, mild fever, and joint pain. While rubella can be mild in children, infection can cause miscarriage or serious birth defects in a developing baby if a woman is infected while she is pregnant.

Incubation:
It takes about 14-23 days (usually 16-18 days) to experience symptoms related to a rubella infection.

Transmission:
Rubella is spread through direct contact with infectious droplets or thorough airborne droplets by breathing in small particles containing the virus.

Communicability:
An individual is considered contagious from 7 days before onset of rash until 7 days after the onset of rash.

Exclusion:
Exclude all infected children, students, and/or staff until 7 days after the onset of rash. Individuals susceptible to contracting rubella should continue to be excluded for 21 days following exposure. Unvaccinated individuals who received the MMR vaccine as part of outbreak control may immediately return to school provided all unvaccinated persons have been excluded.

Vaccination:
Routine vaccination for mumps includes 2 doses of the MMR vaccine. The first dose is administered at 12-15 months of age with a second dose at 4 to 6 years of age.

Response:

- Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.
- Review vaccination records for all attending individuals and ensure all children have received appropriate vaccination according to current immunization recommendations. Individuals who are not immune and have been exposed may need to be excluded.
- Report any additional suspected and confirmed cases and/or outbreaks to the Chester County Health Department.
- Ensure all children, students, and staff adhere to exclusion and readmission criteria.
- Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
- Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
☐ Practice proper respiratory etiquette and good hand hygiene at all times. Teach children to cover coughs and sneezes with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.

☐ A notification letter can be used to provide communication to parents and guardians of potentially exposed children. Contact the Chester County Health Department for consultation regarding infectious disease notification letters.
Salmonella
Salmonella is a gastrointestinal infection caused by the Salmonella enterica bacterial species. Other types of Salmonella – S. Typhi and S. Paratyphi are responsible for causing typhoid fever and paratyphoid fever. Salmonella bacteria live in a very wide range of animals including reptiles, amphibians, poultry, livestock, and domestic pets.

Symptoms:
Symptoms include diarrhea (sometimes bloody), abdominal cramps, nausea, vomiting, and fever.

Incubation:
It generally takes 12-36 hours but can range from 6-72 hours from exposure to infection until symptoms are experienced. A longer incubation period of up to 16 days has been documented in some cases.

Transmission:
Transmission occurs by ingestion of the organism commonly through food (eggs, meat, poultry, produce) or milk. Transmission can also occur by direct contact with infected animals or their environment. Salmonella can also be spread by person to person through fecal to oral route.

Communicability:
Individuals are considered contagious throughout the course of infection. Individuals are most contagious while experiencing symptoms such as diarrhea and can remain contagious until fecal shedding stops. Fecal shedding may continue for several weeks after symptoms subside.

Exclusion:
Exclude all children, students, and/or staff with persistent diarrhea or vomiting until 48-hours after symptoms have resolved or judged to be non-infective when associated with any of the following: (1) inability to prevent contamination of the environment with feces or vomit (2) fever (3) identified bacterial or parasitic pathogen. If the ecological organism is identified as S. typhi or S. paratyphi, the individual must be excluded until organism is proven eradicated by 3 negative successive stool specimens collected at intervals of no less than 24 hours nor earlier than 48 hours after receiving the last dose of treatment against the organism.

Response:
- ✔️ Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.
- ✔️ Ensure any ill children, students, and staff adhere to exclusion and readmission criteria.
- ✔️ Review the health status of all attendees and staff to determine if any other individuals are experiencing symptoms of a similar illness. If other cases are identified during the health review, each case’s symptom profile can be tracked by using an Illness Line List for Multiple Cases.
☐ Report any additional suspected and confirmed cases and/or outbreaks to the Chester County Health Department.

☐ Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.

☐ Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, and before eating, preparing, or handling food. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.

☐ Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
Scabies
Scabies is an infestation of the skin by the human itch mite Sarcoptes scabiei. Microscopic scabies mites burrow into the upper layer of the skin where they live and lays its eggs. A more severe form of scabies, known as Norwegian crusted scabies, can occur in individuals who are immunocompromised, elderly, disabled, or debilitated.

Symptoms:
Symptoms of scabies mite infection include intense itching and pimple-like skin rash. Scratching the rash can cause skin sores which can also become infected by bacteria.

Incubation:
It typically takes 4 to 8 weeks to develop symptoms of scabies after an exposure to infested person. If a person has had scabies before, symptoms may appear much sooner (1 to 4 days) after exposure.

Transmission:
Scabies mites are spread by direct, prolonged, skin to skin contact with an infested person. Scabies can spread rapidly under crowded condition where close body contact is frequent. An infested person can spread scabies even if they do not have symptoms. Animals do not spread scabies.

Communicability:
An individual can be infested with scabies for as long as 1 to 2 months. Away from human skin, scabies mites usually do not survive more than 48-72 hours.

Exclusion:
Exclude any child, student, or staff with a scabies infestation from the end of program or school day until 24 hours after treatment has started.

Response:

- Individual cases of scabies are not reportable to the Chester County Health Department.
- Report suspected outbreaks to the Chester County Health Department.
- Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, and before eating, preparing, or handling food. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.
- Schools and childcare facilities should develop a plan to coordinate their response to the presence of scabies in the facility.
Shigelllosis
Shigelllosis is a bacterial gastrointestinal infection caused by Shigella bacteria and is highly contagious. Humans are the only significant reservoir for Shigella, animals do not carry or spread the bacteria. Antibiotics are typically recommended to shorten the duration of symptoms.

Symptoms:
Symptoms of shigellosis include bloody diarrhea, fever, nausea, vomiting, and abdominal pain.

Incubation:
It typically takes between 1 and 3 days after exposure to the bacteria to develop symptoms. Longer incubation periods of up to 1 week have also been reported.

Transmission:
Shigella is spread through the fecal to oral route. Individuals can become ill by ingesting the organism through contaminated food, milk, or water or by direct contact with an infected individual. Transmission can also occur by touching contaminated surfaces or objects or by swimming in contaminated water.

Communicability:
Individuals are considered contagious as long as the organism is present in the stool, which can be several weeks. Individuals with diarrhea are more likely to spread the bacteria than those without symptoms.

Exclusion:
Exclude all individuals presenting with persistent diarrhea or vomiting until 48 hours after symptoms have resolved or are judged to be non-infective when associated with any of the following: (1) inability to prevent contamination of the environment with feces or vomit (2) fever (3) identified bacterial or parasitic pathogen.

Response:
- Immediately notify the Chester County Health Department. Timely notification is crucial in controlling the spread of infection.
- Review the health status of all attendees and staff to determine if any other individuals are experiencing symptoms of a similar illness. If other cases are identified during the health review, each case’s symptom profile can be tracked by using an Illness Line List for Multiple Cases.
- Ensure any ill children, students, and staff adhere to exclusion and readmission criteria.
- Report any additional suspected and confirmed cases and/or outbreaks to the Chester County Health Department.
- Properly sanitize contaminated areas and surfaces with measures that are effective against the organism identified. See “Cleaning and Disinfection” section.
☐ Enforce proper hand hygiene. Individuals should be instructed to wash their hands after using the toilet or changing diapers, and before eating, preparing, or handling food. Hand sanitizers are not an acceptable substitute for handwashing as they are not effective against all gastrointestinal illnesses.

☐ Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
Streptococcal sore throat (strep throat)

Streptococcal sore throat, commonly referred to as strep throat, is an infection in the throat and tonsils caused by bacteria called group A Streptococcus (group A strep). Some people infected with group A strep do not have symptoms or appear sick but can still spread the bacteria to others. Crowding, such as found in schools and ECEs, may increase the risk of disease spread.

Symptoms:
Symptoms include fever, pain when swallowing, sore throat, red and swollen tonsils, white patches or streaks of pus on the tonsils, tiny red spots on roof of mouth, or swollen lymph nodes. Symptoms do not include those of a respiratory illness such as cough or runny nose.

Incubation:
It typically takes 2 to 5 days after exposure to group A strep bacteria to symptom onset.

Transmission:
Group A strep bacteria often live in the nose and throat and is spread from person to person by respiratory droplet secretions or direct contact. Individuals can get sick by inhaling the germs from an infected person cough or sneeze, touching a contaminated object or surface, or by drinking from the same glass as an infected person.

Communicability:
Individuals are considered contagious until symptoms have resolved and antibiotic treatment has started, if medically necessary. Individuals with symptoms are more contagious than those who do not have symptoms.

Exclusion:
Exclude children, students, and or staff with strep throat until 24 hours after the start of antibiotic treatment and until 24 hours after resolved fever without the use of fever reducing medications. If not evaluated by a physician, exclude individual for at least 10 days from onset of symptoms.

Response:

- Individual cases of group A strep (strep throat) infections are not reportable to the Chester County Health Department.
- Suspected outbreaks of all types, including group A strep (strep throat) are reportable.
- Practice proper respiratory etiquette and good hand hygiene at all times. Teach children to cover coughs and sneezes with a tissue or upper sleeve or elbow if no tissue is available. Ensure children wash their hands after using facial tissues or having contact with mucus.
- Consider implementing control measure strategies to prevent further transmission of disease such as cohorting of asymptomatic children and canceling or postponing group activities.
Tickborne Illness

Tickborne diseases are caused by bacteria or viruses that are transmitted when ticks attach to a person’s skin and feed on their blood. Lyme disease is the most common tickborne disease in Pennsylvania but there are many other diseases spread by ticks (e.g. ehrlichiosis, rocky mountain spotted fever, anaplasmosis, etc.).

Symptoms:
Symptoms of tickborne disease varies based on etiologic agent but some similar symptoms include fever, chills, headaches, and muscle aches.

Incubation:
It may take days to months from the time of the tick bite to onset of symptoms. Incubation time varies by etiological agent.

Transmission:
Tickborne illness are transmitted when ticks attach to an individual’s skin and feed on that person’s blood.

Communicability:
Tick-borne diseases are not spread from person to person.

Exclusion:
Exclusion due to a tickborne illness is not necessary.

Response:

- Individual cases of tickborne disease are not reportable to the Chester County Health Department.
- Use insect repellent when going outdoors, avoid tall grassy areas, and check for ticks after spending time outside.
- Be sure to remove an attached tick as soon as possible, to remove a tick:
  1. Use clean, fine-tipped tweezers to grasp the tick as close to the skin’s surface as possible.
  2. Pull upward with steady, even pressure. Don’t twist or jerk the tick; this can cause the mouth parts to break off and remain in the skin. If this happens, remove the mouth parts with tweezers. If you cannot remove the mouth easily with tweezers, leave it alone and let the skin heal.
  3. After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol or soap and water.
  4. Never crush a tick with your fingers. Dispose of a live tick by putting it in alcohol, placing it in a sealed container, wrapping to tightly in tape, or by flushing it down the toilet.
  5. Follow-up with a doctor and tell them about your recent tick bite.
Additional Resources for Schools and ECEs

Preventative Flyer for Handwashing

Hands that look clean can still have icky germs!

1. Wet
2. Get Soap
3. Scrub
4. Rinse
5. Dry

WASH YOUR HANDS!

Source: Centers for Disease Control and Prevention https://www.cdc.gov/handwashing/posters.html
Table 1

COVID-19 vaccination recommendations have changed. Find the latest recommendations at www.cdc.gov/covidschedule

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

These recommendations must be read with the notes that follow. For those who fell behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.

To determine minimum intervals between doses, see the catch-up schedule (Table 2).

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>18 mos</th>
<th>18-24 mos</th>
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<td>Pneumococcal conjugate (PCV13, PCV15)</td>
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<td>Inactivated poliovirus (IPV &lt;18 yrs)</td>
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<td>COVID-19 (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aps)</td>
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<td>Influenza (IV4)</td>
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<td>Influenza (LAIV4)</td>
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<td>Measles, mumps, rubella (MMR)</td>
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<td>Meningococcal B (MenB-4C, MenB-FHbp)</td>
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<td>Pneumococcal polysaccharide (PPSV23)</td>
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<td>Dengue (DEN4CYD; 9-16 yrs)</td>
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Illness Line List for Multiple Cases

An illness line listing is designed to collect information about all ill cases during an outbreak in a facility. Maintaining this case log will help the Chester County Health Department track the outbreak and monitor case counts until the outbreak has finished. See below for an example template that can be used to collect and organize information on an outbreak in your facility.

To access a downloadable Illness Line List for Multiple Cases template, visit: https://www.chesco.org/1179/Disease-Report-Forms

Example:
References


