

# COMMUNICABLE DISEASE CHART AND NOTES FOR SCHOOLS AND CHILDCARE CENTERS

**The major criterion for exclusion from attendance is the probability of spread from person to person. A child could have a noncommunicable illness yet require care at home or in a hospital. (7-29-2022 version)**

| Condition   | Method of Transmission   | Incubation Period  | Signs and Symptoms   | Exclusion <sup>1</sup>   | Readmission Criteria <sup>1</sup>   | Reportable Disease <sup>2,3</sup>   | Prevention, Treatment, and Comments   |
|---|--|--|--|--|---|---|---|
| AIDS/HIV Infection  | -Direct contact with blood and body fluids   | Variable   | -Weight loss, generalized swelling of the lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver<br>-Individuals can be asymptomatic  | No, unless determined necessary by healthcare provider <sup>4</sup>  | Not applicable  | Yes, but schools are not required to report   | -Use standard precautions*<br>-Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection   |
| Amebiasis   | -Drinking fecally-contaminated water or eating fecally-contaminated food   | Range 2-4 weeks  | -Intestinal disease can vary from asymptomatic to acute dysentery with bloody diarrhea, fever, and chills  | Yes  | Treatment has begun   | Yes   | -Teach effective handwashing*   |
| Campylobacteriosis  | -Eating fecally-contaminated food  | Range 1-10 days<br>Commonly 2-5 days   | -Diarrhea, abdominal pain, fever, nausea, vomiting   | Yes  | Diarrhea free <sup>5</sup> and fever free <sup>6</sup>  | Yes   | -Teach effective handwashing*   |
| Chickenpox (Varicella) (also see Shingles)  | -Contact with the chickenpox rash<br>-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs   | Range 10-21 days<br>Commonly 14-17 days                                      | -Fever and rash can appear first on head and then spread to body<br>-Usually two or three crops of new blisters that heal, sometimes leaving scars<br>-Disease in vaccinated children can be mild or absent of fever with few lesions, which might not be blister-like     | Yes  | Either 1) lesions are dry or 2) lesions are not blister-like and 24 hours have passed with no new lesions occurring   | Yes   | - <b>Vaccine available and required</b> <sup>7</sup><br>-Pregnant women who have been exposed should consult their physician  |
| Common cold   | -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs<br>-Direct contact with respiratory secretions from an infected person<br>-Touching a contaminated object then touching mouth, nose or eyes  | Range 1-5 days<br>Commonly 2 days  | -Runny nose, watery eyes, fatigue, coughing, and sneezing  | No, unless fever   | Fever free <sup>6</sup>   | No  | -Teach effective, handwashing, good respiratory hygiene and cough etiquette*<br>-Colds are caused by viruses; antibiotics are not indicated   |
| Conjunctivitis, Bacterial or Viral (Pink eye)   | -Touching infected person's skin, body fluid or a contaminated surface   | Bacterial: Range 1-3 days<br>Viral: Range 12 hours to 12 days                | -Red eyes, usually with some discharge or crusting around eyes   | Yes  | Permission and/or permit is issued by a physician or local health authority or until symptom free   | No  | -Teach effective handwashing*<br>-Allergic conjunctivitis is not contagious and can be confused with bacterial and viral conjunctivitis   |
| Coronavirus Disease 2019 (COVID-19)   | -Breathing in respiratory droplets or very small particles containing the pathogen after an infected person exhales, sneezes, or coughs<br>-Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze<br>-Touching eyes, nose, or mouth with hands that have the virus on them<br>-Persons infected with COVID-19 may still transmit the virus before symptoms develop, or if they are asymptomatic | Up to 14 days, with a median time of 3-5 days from exposure to symptom onset | -Symptoms can vary from asymptomatic to critical disease<br>-Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea | Yes  | If symptomatic, exclude until at least 5 days have passed since symptom onset, and fever free <sup>6</sup> , and other symptoms have improved.<br><br>Children who test positive for COVID-19 but do not have any symptoms must stay home until at least 5 days after the day they were tested. | Yes, Call Immediately   | -Vaccine available and recommended for all persons 6 months of age and older<br>-Teach effective handwashing, good respiratory hygiene, and cough etiquette*<br>-Disinfect frequently touched surfaces<br>-Avoid close contact with people who are sick                                   |
| Coxsackie Virus Diseases (Hand, Foot & Mouth Disease)   | -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs<br>-Touching feces or objects contaminated with feces, then touching mouth   | Range 3-5 days   | -Rash in mouth, hands (palms and fingers), and feet (soles)  | No, unless fever   | Fever free <sup>6</sup>   | No  | -Teach effective handwashing and use standard precautions*  |
| Cryptosporidiosis   | -Drinking fecally-contaminated water or eating fecally-contaminated food   | Range 1-12 days<br>Commonly 7 days   | -Diarrhea, which can be profuse and watery, preceded by loss of appetite, vomiting, abdominal pain<br>-Infected persons might not have symptoms but can spread the infection to others   | Yes  | Diarrhea free <sup>5</sup> and fever free <sup>6</sup>  | Yes   | -Teach effective handwashing*   |
| Cytomegalovirus (CMV) Infection   | -Mucous membrane contact with saliva and urine   | Range unknown under usual circumstances                                      | -Usually only fever  | No, unless fever   | Fever free <sup>6</sup>   | No  | -Teach effective handwashing and use standard precautions*<br>-Pregnant women who have been exposed should consult their physician  |
| Diarrhea  | -Eating fecally-contaminated food or drinking fecally-contaminated water<br>-Having close contact with an infected person  | Variable   | -3 or more episodes of loose stools in a 24 hour period  | Yes  | Diarrhea free <sup>5</sup>  | Yes, for certain conditions <sup>1</sup>  | -A variety of bacterial, viral, and parasitic agents can cause diarrhea<br>-Teach effective handwashing*  |
| Escherichia coli (E. coli) Infection, Shiga Toxin-Producing   | -Eating fecally-contaminated food, drinking fecally-contaminated water, having close contact with an infected person or animal   | Range 1-10 days; for E. coli O157:H7<br>Commonly 3-4 days                    | -Profuse, watery diarrhea, sometimes with blood and/or mucus, abdominal pain, fever, vomiting  | Yes  | Diarrhea free <sup>5</sup> and fever free <sup>6</sup>  | Yes, if Shiga toxin-producing   | -Teach effective handwashing*   |
| Fever   | -Variable by condition   | Variable   | -A temperature of 100° Fahrenheit, (37.8° Celsius) or higher<br>-Measure when no fever-suppressing medications are given   | Yes  | Fever free <sup>6</sup>   | No  | -Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician   |
| Fifth Disease Human Parvovirus  | -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs  | Range 4-20 days  | -Redness of the cheeks and body<br>-Rash can reappear<br>-Fever does not usually occur   | No, unless fever   | Fever free <sup>6</sup>   | No  | -Pregnant women who have been exposed should consult their physician<br>-Teach effective handwashing and good respiratory hygiene and cough etiquette*  |
| Gastroenteritis, Viral  | -Eating fecally-contaminated food or drinking fecally-contaminated water, having close contact with an infected person   | Range a few hours to months<br>Commonly 1-3 days                             | -Nausea and diarrhea<br>-Fever does not usually occur  | Yes  | Diarrhea free <sup>5</sup> and fever free <sup>6</sup>  | No  | -Teach effective handwashing*<br>-Can spread quickly in childcare facilities  |
| Giardiasis  | -Close contact with an infected person, drinking fecally-contaminated water  | Range 3-25 days or longer<br>Commonly 7-10 days                              | -Nausea, bloating, pain, and foul-smelling diarrhea; can recur several times over a period of weeks  | Yes  | Diarrhea free <sup>5</sup>  | No  | -Treatment is recommended<br>-Teach effective handwashing*<br>-Can spread quickly in childcare facilities   |
| Head Lice (Pediculosis)   | -Direct contact with infected persons and objects used by them   | Commonly 7-10 days   | -Itching and scratching of scalp<br>-Presence of live lice or pinpoint-sized white eggs (nits) that will not flick off the hair shaft  | No   | Not applicable  | No  | -Treatment is recommended<br>-Teach importance of not sharing combs, brushes, hats and coats<br>-Check household contacts for evidence of infestation   |
| Hepatitis A   | -Touching feces or objects contaminated with feces, then touching mouth  | Range 15-50 days<br>Commonly 25-30 days                                      | -Most children have no symptoms; some have flu-like symptoms or diarrhea<br>-Adults can have fever, fatigue, nausea and vomiting, anorexia, and abdominal pain<br>-Jaundice, dark urine, or diarrhea might be present  | Yes  | One week after onset of symptoms  | Yes, within one work day  | - <b>Vaccine available and required</b> <sup>7</sup><br>-Teach effective handwashing*<br>-Infected persons should not have any food handling responsibilities   |
| Hepatitis B   | -Direct contact with blood and body fluids   | Range 6 weeks-6 months<br>Commonly 2-3 months                                | -Gradual onset of fever, fatigue, nausea, or vomiting, followed by jaundice<br>-Frequently asymptomatic in children  | No   | Not applicable  | Yes, acute only   | -Vaccine available and required <sup>7</sup><br>-Do not share personal hygiene items<br>-Use standard precautions* -Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection  |
| Herpes Simplex (cold sores)   | -Touching infected person's skin, body fluid or a contaminated surface   | First infection, 2-17 days   | -Blisters on or near lips that open and become covered with a dark crust<br>-Recurrences are common  | No   | Not applicable  | No  | -Teach importance of good hygiene<br>-Avoid direct contact with lesions<br>-Antivirals are sometimes used   |
| Impetigo  | -Touching an infected person's skin, body fluid or a contaminated surface<br>-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs   | Variable, Commonly 4-10 days   | -Blisters on skin (commonly hands and face) which open and become covered with a yellowish crust<br>-Fever does not usually occur  | No, unless blisters and drainage cannot be contained and maintained in a clean dry bandage                                     | Blisters and drainage can be contained and maintained in a clean dry bandage  | No  | -Teach effective handwashing*   |
| Infections (Wound, skin or soft tissue)   | -Touching infected person's skin, body fluid or a contaminated surface   | Variable   | -Draining wound  | None, unless drainage from wounds or skin and soft tissue infections cannot be contained and maintained in a clean dry bandage | Drainage from wounds or skin and soft tissue infections is contained and maintained in a clean dry bandage  | No  | -Restrict from activities that could result in the infected area becoming exposed, wet, soiled, or otherwise compromised<br>-Do not share personal care items<br>-Disinfect reusable items -Use proper procedures for disposal of contaminated items                                      |
| Influenza (flu)   | -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs<br>-Direct contact with respiratory secretions from an infected person<br>-Touching a contaminated surface then touching mouth, nose or eyes   | Range 1-4 days   | -Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy, and muscle aches<br>-Children can also have nausea, vomiting, or diarrhea   | Yes  | Fever free <sup>6</sup>   | No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>8</sup> | - <b>Vaccine available and recommended</b> <sup>7</sup> annually for all persons aged 6 months and older<br>-Teach effective, handwashing, good respiratory hygiene and cough etiquette*  |
| Measles (Rubeola)   | -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs  | Range 7-21 days<br>Commonly 10-12 days                                       | -Fever, followed by runny nose, watery eyes, and dry cough<br>-A blotchy red rash, which usually begins on the face, appears between the third and seventh day   | Yes  | Four days after onset of rash and unimmunized children for 21 days after last exposure  | Yes, call immediately   | - <b>Vaccine available and required</b> <sup>7</sup><br>-Pregnant women who have been exposed should consult their physician  |
| Meningitis, Bacterial   | -Direct contact with respiratory secretions from an infected person<br>-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs   | Variable,<br>Commonly 2-10 days  | -Sudden onset of high fever and headache<br>-May have stiff neck, photophobia and/or vomiting  | Yes  | Exclude until written permission and/or permit is issued by a physician or local health authority <sup>4</sup>  | Yes, for certain pathogens <sup>5</sup> and outbreaks <sup>8</sup>                    | - <b>Vaccine available and required</b> <sup>7</sup> for Haemophilus influenzae type B, meningococcal disease and pneumococcal disease<br>-Teach effective handwashing, good respiratory hygiene and cough etiquette*<br>-Only a laboratory test can determine if meningitis is bacterial |
| Meningitis, Viral (Aseptic Meningitis)  | -Varies by virus causing illness May include:<br>-Direct contact with respiratory secretions from an infected person<br>-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs<br>-Touching feces or objects contaminated with feces or virus, then touching mouth  | Variable,<br>Commonly 2-10 days  | -Sudden onset of fever and headache<br>-May have stiff neck, photophobia and/or vomiting   | No, unless fever   | Fever free <sup>6</sup>   | Yes, for certain pathogens <sup>5</sup> and outbreaks <sup>8</sup>                    | -Teach effective handwashing, good respiratory hygiene and cough etiquette*<br>-Viral meningitis is caused by viruses; antibiotics are not indicated<br>-Only a laboratory test can determine if meningitis is viral  |
| Meningococcal Infections (Meningitis, and Blood Stream Infections caused by Neisseria meningitidis) | -Direct contact with respiratory secretions from an infected person -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs  | Range 1-10 days<br>Commonly 3-4 days   | -Sudden onset of fever, intense headache, nausea and often vomiting, stiff neck, and photophobia<br>-May have reddish or purplish rash on the skin or mucous membranes   | Yes  | Until effective treatment and approval by healthcare provider <sup>4</sup>  | Yes, call immediately   | - <b>Vaccine available and required</b> <sup>7</sup><br>-Prophylactic antibiotics might be recommended for close contacts<br>-In an outbreak, vaccine might be recommended for persons likely to have been exposed  |

|   |   |   |  |  |  |                          |   |
|---|---|---|--|--|--|--------------------------|---|
| Mononucleosis Infections (Epstein Barr Virus) | -Spread by oral route through saliva, e.g. kissing, mouthing toys, etc.   | Commonly 30-50 days   | -Variable<br>-Infants and young children are generally asymptomatic<br>-Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat                               | Yes  | Exclude until physician decides or exclude until fever free <sup>6</sup>   | No                       | -Minimize contact with saliva and/or nasal discharges<br>-Teach effective handwashing*<br>-Sanitize surfaces and shared items<br>-No athletic sports without healthcare provider approval |
| Mumps   | -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs   | Range 12-25 days<br>Com-monly 16-18 days  | -Swelling beneath the jaw in front of one or both ears<br>-May have low-grade fever, myalgia, and/or orchitis  | Yes  | Five days from the onset of swelling   | Yes                      | <b>-Vaccine available and required<sup>1</sup></b>  |
| Otitis Media (Earache)                        | -Can follow an infectious condition, such as a cold, but not contagious itself  | Variable  | -Fever, ear pain   | No, unless fever   | Fever free <sup>6</sup>  | No                       | -Antibiotics are indicated only for acute otitis media  |
| Pertussis (Whooping Cough)                    | -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs   | Range 4-21 days<br>Commonly 7-10 days   | -Low-grade fever, runny nose, and mild cough lasting one-two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing                   | Yes  | Completion of five consecutive days of appropriate antibiotic therapy  | Yes, within one work day | <b>-Vaccine available and required<sup>1</sup></b><br>-Teach respiratory hygiene and cough etiquette*<br>-Vaccine and/or antibiotics might be recommended for contacts                    |
| Pharyngitis, nonstreptococcal (sore throat)   | -Not always contagious<br>-If contagious, transmission varies by pathogen<br>- Can include:<br>-Direct contact with respiratory secretions from an infected person<br>-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs<br>-Touching feces or objects contaminated with feces or virus, then touching mouth | Variable  | -Fever, sore throat, often with large, tender lymph nodes in neck  | No, unless fever   | Fever free <sup>6</sup>  | No                       | -Nonstreptococcal pharyngitis is caused by a virus; antibiotics are not indicated<br>-Teach effective handwashing, good respiratory hygiene and cough etiquette*                          |
| Pinworms                                      | -Touching feces or objects contaminated with feces, then touching mouth   | Range 2 weeks-2 months or longer<br>Commonly 4-6 weeks  | -Perianal itching  | No   | Not applicable   | No                       | -Treatment recommended -Teach effective handwashing*<br>-Check household contact for infestations   |
| Ringworm (body or scalp)                      | -Touching an infected person's skin, body fluid or a contaminated surface   | Range 4-21 days   | -Slowly spreading, flat, scaly, ring-shaped lesions on skin<br>-Margins can be reddish and slightly raised<br>-May cause bald patches  | No, unless infected area cannot be completely covered by clothing or a bandage | Infected area can be completely covered by clothing or a bandage or treatment has begun  | No                       | -Ringworm is caused by a fungus<br>-Treatment is recommended<br>-Teach importance of not sharing combs, brushes, hats, and coats  |
| Respiratory Syncytial Virus (RSV)             | -Direct or close contact with respiratory and oral secretions   | Range 2-8 days<br>Commonly 4-6 days   | -Mostly seen in children under the age of 2 years<br>-Cold-like signs or symptoms, irritability, and poor feeding<br>-May present with wheezing and episodes of turning blue when coughing | No, unless fever   | Fever free <sup>6</sup>  | No                       | -Teach effective handwashing, good respiratory hygiene and cough etiquette*   |
| Rubella (German Measles)                      | -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs   | Range 12-23 days<br>Commonly 14-18 days   | -Cold-like symptoms, swollen and tender glands at the back of the neck, fever, changeable pink rash on face and chest  | Yes  | Seven days after onset of rash and unimmunized children for 21 days after last exposure  | Yes, within one work day | <b>-Vaccine available and required<sup>1</sup></b><br>-Pregnant women who have been exposed should consult their physician  |
| Salmonellosis                                 | -Eating fecally-contaminated food or drinking fecally contaminated water,<br>-Having close contact with an infected person<br>-Having close contact with animals (mammals, birds, reptiles) and/or their living environment.  | Range 6-72 hours<br>Commonly 12-36 hours  | -Fever, abdominal pain, diarrhea   | Yes  | Diarrhea free <sup>3</sup> and fever free <sup>6</sup>   | Yes                      | -Teach effective handwashing*   |
| Scabies                                       | -Touching infected person's skin, body fluid, or a contaminated surface   | First infection: Range 2-6 weeks<br>First infection: Range 2-6 weeks  | -Small, raised and red bumps or blisters on skin with severe itching, often on thighs, arms, and webs of fingers   | Yes  | Treatment has begun  | No                       | -Teach importance of not sharing clothing<br>-Can have rash and itching after treatment but will subside  |
| Shigellosis                                   | -Eating fecally-contaminated food, drinking fecally-contaminated water or having close contact with an infected person  | Range 1-7 days<br>Commonly 2-3 days   | -Fever, vomiting, diarrhea, which can be bloody  | Yes  | Diarrhea free <sup>3</sup> and fever free <sup>6</sup>   | Yes                      | -Teach effective handwashing*<br>-Can spread quickly in childcare facilities  |
| Shingles                                      | -Contact with fluid from blisters either directly or on objects recently in contact with the rash   | Variable, often activated by aging, stress, or weakened immune system. Only occurs in people who have previously had chickenpox | -Area of skin, usually on one side of the face or body, has tingling or pain followed by a rash that may include fluid-filled blisters<br>-The blisters scab over in 7-10 days             | Yes, if the blisters cannot be covered by clothing or dressing                 | Lesions are dry or can be covered  | No                       | -Contact with the shingles rash can cause chickenpox in a child that has not had chickenpox<br>-Shingles vaccine is available for persons 50 years and older                              |
| Sinus Infection                               | -Can follow an infectious condition, such as a cold, but not contagious   | Variable  | -Fever, headache, greenish to yellowish mucus for more than one week   | No, unless fever   | Fever free <sup>6</sup>  | No                       | -Antibiotics are indicated only for long-lasting or severe sinus infections   |
| Streptococcal Sore Throat and Scarlet Fever   | -Direct contact with respiratory secretions from an infected person -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs   | Range 1-3 days  | -Fever, sore throat, often with large, tender lymph nodes in neck<br>-Scarlet fever-producing strains of bacteria cause a fine, red rash that appears 1-3 days after onset of sore throat  | Yes  | Effective antibiotic treatment for 24 hours and fever free <sup>6</sup>  | No                       | -Streptococcal sore throat can only be diagnosed with a laboratory test<br>-Teach effective handwashing, good respiratory hygiene and cough etiquette*                                    |
| Tuberculosis, Pulmonary                       | -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs   | Variable  | -Gradual onset fatigue, anorexia, fever, failure to gain weight, and cough   | Yes  | Antibiotic treatment has begun AND a physician's certificate or health permit obtained   | Yes, within one work day | -Teach good respiratory hygiene and cough etiquette*  |
| Typhoid Fever (Salmonella Typhi)              | -Eating fecally-contaminated food or drinking fecally-contaminated water<br>-Foreign travel to endemic areas, such as Mexico, India, or Pakistan.   | Range 3-60 days<br>Commonly 8-14 days   | -Sustained fever, headache, abdominal pain, fatigue, weakness  | Yes  | Diarrhea free <sup>3</sup> and fever free <sup>6</sup> , antibiotic treatment has been completed and 3 consecutive stool specimens have tested negative for S. Typhi<br>Diarrhea free <sup>3</sup> and fever free <sup>6</sup> , antibiotic treatment has been completed and 3 consecutive stool specimens have tested negative for S. Typhi | Yes                      | -Teach effective handwashing*<br>-Disease is often acquired during travel to a foreign country  |

## Footnotes

1. Criteria includes exclusions for conditions specified in the Texas Administrative Code (TAC), Rule §97.7, Diseases Requiring Exclusion from Schools. A school or childcare facility administrator might require a note from a parent or healthcare provider for readmission regardless of the reason for the absence. Parents in schools must follow school or district policies and contact them if there are questions. For day care facilities, follow your facility's policies, contact your local Child Care Licensing inspector or contact your local Licensing office. A list of the offices can be obtained at [http://www.dfps.state.tx.us/Child\\_Care/Local\\_Child\\_Care\\_Licensing\\_Offices/default.asp#licensing](http://www.dfps.state.tx.us/Child_Care/Local_Child_Care_Licensing_Offices/default.asp#licensing), or refer to TAC Chapters §744, 746, and 747.

2. Report confirmed and suspected cases to your local or regional health department. Reports within one week unless required to report earlier as noted in this chart. You can call 1-800-705-8868 or locate appropriate reporting fax and phone numbers for your county at <http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts>.

3. An up-to-date list of Texas reportable conditions and reporting forms can be obtained at <http://www.dshs.state.tx.us/idcu/investigation/conditions/>.

4. Healthcare provider - physician, local health authority, advance practice nurse, physician's assistant.

5. Diarrhea free for 24 hours without the use of diarrhea suppressing medications. Diarrhea is 3 or more episodes of loose stools in a 24 hour period.

6. Fever free for 24 hours without the use of fever suppressing medications. Fever is a temperature of 100° Fahrenheit (37.8° Celsius) or higher.

7. Many diseases are preventable by vaccination, which might be required for school or daycare attendance. The current vaccine requirements can be found at: <http://www.dshs.state.tx.us/immunize/school/>, or call 800-252-9152.

8. Local Health Authority: A physician designated to administer state and local laws relating to public health:

(A) A local health authority appointed by the local government jurisdiction; or

(B) A regional director of the Department of State Health Services if no physician has been appointed by the local government. \*Outbreak/epidemic: The occurrence in a community or region of a group of illnesses of similar nature, clearly in excess of normal expectancy, and derived from a common or a propagating source.

<sup>9</sup> Day 0 is the first day of symptoms. Day 1 is the first full day after symptoms develop. Isolation can end after 5 full day.

10 Day 0 is the day the student took the positive viral test. Day 1 is the first full day after the test was performed. Isolation can end after 5 full days.

## Communicable Disease Notes

### When a Communicable Disease is Suspected

- Separate the ill child from well children at the facility until the ill child can be taken home.
- Inform parents immediately so that medical advice can be sought.
- Adhere to the exclusion and readmission requirements provided on this chart.
- Observe the appearance and behavior of exposed children and be alert to the onset of disease.
- Pregnant women should avoid contact with individuals suspected of having chickenpox, cytomegalovirus, fifth disease, influenza, measles and rubella. Seek medical advice if exposure occurs.
- In addition to the conditions described in this chart, the following symptoms might indicate an infectious condition; consider excluding or isolating the child:
  - Irritability
  - Difficulty breathing
  - Crying that doesn't stop with the usual comforting
  - Extreme sleepiness
  - Vomiting two or more times in 24 hours
  - Mouth sores

## \*Minimizing the Spread of Communicable Disease

### Handwashing (<http://www.cdc.gov/handwashing/>)

- Encourage children and adults to wash their hands frequently, especially before handling or preparing foods and after wiping noses, diapering, using toilets, or handling animals.
- Wash hands with soap and water long enough to sing the "Happy Birthday" song twice.
- Sinks, soap, and disposable towels should be easy for children to use.
- If soap and water are not available, clean hands with gels or wipes with alcohol in them.

## Diapering

- Keep handwashing areas near diapering areas.
- Keep diapering and food preparation areas physically separate. Keep both surface areas clean, uncluttered, and dry.
- The same staff member should not change diapers and prepare food.
- Cover diapering surfaces with intact (no cracked or torn) plastic pads.
- If the diapering surface cannot be easily cleaned after each use, use disposable material such as paper on the changing area and discard the paper after each diaper change.
- Sanitize the diapering surface after each use and at the end of the day.
- Wash hands with soap and water or clean with alcohol-based hand cleaner after diapering.

## Environmental surfaces and personal items

- Regularly clean and sanitize all food service utensils, toys, and other items used by children.
- Discourage the use of stuffed toys or other toys that cannot be easily sanitized.
- Discourage children and adults from sharing items such as combs, brushes, jackets, and hats.
- Maintain a separate container to store clothing and other personal items.
- Keep changes of clothing on hand and store soiled items in a non-absorbent container that can be sanitized or discarded after use.
- Provide a separate sleeping area and bedding for each child, and wash bedding frequently.

## Respiratory Hygiene and Cough Etiquette (<http://www.cdc.gov/flu/protect/covercough.htm>)

- Provide facial tissue throughout the facility. (link to cough etiquette)
- Cover mouth and nose with a tissue when coughing or sneezing.
- If tissue is not available, cough or sneeze into upper sleeve, not hands.
- Put used tissue in the wastebasket.
- Wash hands with soap and water or clean with alcohol-based hand cleaner after coughing or sneezing.

## Standard Precautions

Because we do not always know if a person has an infectious disease, apply standard precautions to **every person every time** to assure that transmission of disease does not occur.

- Wear gloves for touching blood, body fluids, secretions, excretions, and contaminated items and for touching mucous membranes and nonintact skin.
- Use appropriate handwashing procedures after touching blood, body fluids, secretions, excretions, contaminated items, and immediately after removing gloves.
- Develop procedures for routine care, cleaning, and disinfection of environmental surfaces.

## Immunizations

Child-care facilities and schools are required to have an immunization record on file for each child enrolled to ensure that each child has received age-appropriate immunizations. For immunization information, contact your local health department or call (800) 252-9152, or visit <http://www.dshs.state.tx.us/immunize/school/>.

## Antibiotic Use

Antibiotics are not effective against viral infections. Because common colds and many coughs, runny noses, and sore throats are caused by viruses, not bacteria, they should not be treated with antibiotics. Even bacterial illnesses might not require antibiotic treatment. Except for conditions indicated in the readmission criteria, do not require proof of antibiotic treatment for readmission to school or daycare. Unnecessary or inappropriate antibiotic use can lead to the development of drug-resistant bacteria.