

Communicable Disease Flip-Chart



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Funded by:

**Arizona Department of Health Services
Office of Women's and Children's Health
Dorothy Hastings, Unit Manager**

Sixth Edition, 2007

Printed and Distributed By:



**National Association
of Counties
Award of Excellence
1994**

This flipchart can be found in the full-text version at:
<http://www.azdhs.gov/phs/owch/pdf/commdiseases.pdf>



The Arizona Department of Health Services is dedicated to the health and welfare of children and adults living in Arizona.

This flipchart was prepared jointly by Arizona Department of Health Services, Office of Women's and Children's Health; and by Maricopa and Pima County Public Health Departments. It is a "best practice" resource designed for use as a reference guide for individuals who are responsible for the health and safety of children in group settings. These individuals may be school nurses, child care providers, crisis nursery staff, children's camp personnel, lay health workers or parents.

The information in this flipchart is not meant to replace consultation with a health care provider regarding the health status or treatment needs of individual children. It may be used for general information and as a reference guide for developing policies for the group setting.

The content has been compiled from many resources and is consistent with *Arizona Communicable Disease Rules and Regulations* and *Caring for Our Children: National Out-of-Home Child Care Standards* (<http://nrc.uchsc.edu/CFOC/index.html>), developed by the American Public Health Association and the American Academy of Pediatrics. Arizona Child Care Rules and Regulations were also considered in preparing this document.

The pages on Bioterrorism Readiness were prepared by the Pima County Health Department's School and Childcare Bioterrorism Infection Control Committee, Tucson, Arizona, 2001. Please attribute the source when referencing or copying these pages.

How to use this Flipchart:

- Each disease is briefly described in alphabetical order.
- A glossary is located in Section IV. All words or terms which are in bold (darker) type can be found in the glossary.
- Disease reporting requirements included here are consistent with Arizona Administrative Rules for schools and child care centers. Reporting Rules for health care providers can be found at: <http://www.azdhs.gov/phs/oids/downloads/rptlist.pdf>.
- Additional helpful information and charts are found in Section III.

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HOW TO USE THIS FLIPCHART

Throughout this book the local or County Health Department is identified as a resource. Information on immunizations, infectious disease identification and the communicable disease reporting process can be obtained at these sites unless otherwise directed.

Apache County Health Dept.
P.O. Box 697
St. Johns, AZ 85936
Phone: (928) 337-2415

Graham County Health Dept.
826 W. Main Street
Safford, AZ 85546
Phone: (928) 428-0110

Greenlee County Health Dept.
P. O. Box 936
Clifton, AZ 85533
Phone: (928) 865-2601

Gila County Health Dept.
5515 S. Apache Ave., Suite 100
Globe, AZ 85501
Phone: (928) 425-3189

Maricopa County Department of
Public Health
4041 N. Central Ave. Suite 1400
Phoenix, AZ 85012
Phone: (602) 506-6900

Mohave County Health Dept.
700 W. Beale Street
Kingman, AZ 86401
Phone: (928) 753-0743

La Paz County Health Dept.
1112 Joshua St., #206
Parker, AZ 85344
Phone: (928) 669-1100

Immunizations: (602) 263-8856
Pima County Health Dept
3950 S. Country Club Rd., Ste 100
Tucson, AZ 85714
Phone: (520) 243-7797
Immunizations: (520) 243-7988

Pinal County
Division of Public Health
P.O. Box 2945
500 S. Central
Florence, AZ 85232
Phone: (520) 866-7319

Navajo County Health Dept.
117 E. Buffalo
Holbrook, AZ 86025
Phone: (928) 524-4750

Yavapai County Community
Health Services
1090 Commerce Drive
Prescott, AZ 86305
Phone: (928) 771-3134
Immunizations: (928) 442-5286

Yuma County Health Dept.
2200 W. 28th St.
Yuma, AZ 85364
Phone: (520) 317-4550

Santa Cruz County Health Dept.
P.O. Box 1150
Nogales, AZ 85621
Phone: (520) 375-7900

Coconino County Health Dept.
2625 N. King St.
Flagstaff, AZ 86004
Phone: (928) 522-7920

Navajo Area Indian Health
Service
P.O. Box 9020
Window Rock, AZ 86515
Phone: (928) 871-5811

Cochise County Health Dept.
1415 Melody Lane, Bldg. A
Bisbee, AZ 85603
Phone: (520) 432-9400

Other Resources

AZ Dept of Health Services
150 N. 18th Avenue
Phoenix, AZ 85007
Phone: (602) 364-3676
Immunizations: (602) 364-3630

Fort Yuma PHS Indian Hospital
P.O. Box 1368
Yuma, AZ 85364
Phone: (760) 572-0217

San Carlos PHS Indian Hosp
P.O. Box 208
San Carlos, Arizona 85550
Phone: (928) 475-2371

Whiteriver PHS Indian Hospital
P. O. Box 860
Whiteriver, AZ 85941
Phone (928) 338-4911

San Xavier Indian Health Center
7900 South J Stock Road
Tucson, AZ 85746
Phone: (520) 670-6192














Hu Hu Kam Memorial Hospital
483 W. Seed Farm Rd.
Sacaton, Az 85247
Phone: (602)528-1350 or
(520) 562-3321



Indian Health Services
40 N. Central Avenue #505
Phoenix, AZ 85004
Phone: (602) 364-5039

Keams Canyon PHS Indian Hosp
1 Main Street
Keams Canyon, AZ 86034
Phone: (520) 738-2211

Health Departments

TABLE 2:
Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter.

Reportable Disease	Always Report Within 24 Hours	Report Within 24 Hours During An Outbreak	Report Within 5 Working Days
Campylobacteriosis			
Conjunctivitis: acute		O	
Cryptosporidiosis			
Diarrhea, nausea, or vomiting		O	
Enterohemorrhagic <i>Escherichia coli</i>			
<i>Haemophilus influenzae</i> : invasive disease			
Hepatitis A			
Measles			
Meningococcal invasive disease			
Mumps			
Pertussis (whooping cough)			
Rubella (German measles)			
Salmonellosis			
Scabies		O	
Shigellosis			
Streptococcal Group A infection		O	
Varicella (chicken pox)			

-  Submit a report within 24 hours after detecting a case or suspect case.
- O** Submit a report within 24 hours after detecting an outbreak.
-  Submit a report within five working days after detecting a case or suspect case.

IMMEDIATE

INTERVENTION: Wash all bites and scratches with soap and water.

Refer the individual immediately to a health care provider, emergency care facility, or local health department to determine if anti-rabies treatment is needed.

REPORTS

REQUIRED: All bites from animals, or contact with bats or other wild animals should be reported immediately to local animal control or the local health department.

SPECIAL

FEATURES: The individual's **immunization** history should be checked by the health care provider to determine if a "booster" dose for tetanus is required.

Children under the age of seven may receive diphtheria, tetanus and pertussis (DTaP) vaccine or diphtheria and tetanus (DT) vaccine. After the age of seven, an adult vaccine containing tetanus and diphtheria (Td or Tdap) is given.

Administration of tetanus **immune globulin** (TIG) may be recommended by a health care provider for some individuals. These are individuals who may have never initiated or completed the tetanus immunization series, or their tetanus immunization history is unknown.

In Arizona the overwhelming majority of rabies occurs in wildlife including skunks, foxes, coyotes, bats, raccoons, javelinas, and bobcats. Small rodents are not considered a rabies risk in Arizona.

Teach children not to pick up, touch, or feed wild or unfamiliar animals, especially sick or wounded ones.

If you find a bat on the playground, don't touch it. Keep children away. Report the bat and its location to your local animal control officer or health department. Place a box over the bat to contain it. Be careful not to damage the bat in any way.

See Immunization Schedules.

ANIMAL BITES

SIGNS AND SYMPTOMS:

Slight **fever, listlessness**, a rash that can be seen and felt, and then appears as small fluid-filled blisters (vesicles) for 3-4 days. The blisters break and then scab over. Several stages may be present at the same time.

IMMEDIATE INTERVENTION:

Isolate the individual and exclude.

INCUBATION PERIOD:

Commonly 14-16 days; some **cases** occur as early as 10 days and as late as 21 days after contact.

CONTAGIOUS PERIOD:

Two days before blisters appear until all blisters have dry, complete scabs.

TRANSMISSION:

Spread by direct contact with the fluid in the blisters or items contaminated with the fluid. Also spread by **secretions** from the nose, eyes, mouth and throat of an infected individual. These **secretions** may be on surfaces or in infected droplets in the air. Dry scabs are not infective.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: Exclude until all blisters are scabbed over and dry, and the individual is **fever-free** for 24 hours.

Contacts: No restrictions.

REPORTS REQUIRED:

Written Case reports are required within 5 days. See the back-side of the Parent Alert Letter or go to: http://www.azdhs.gov/phs/oids/downloads/cdr_form.pdf

SPECIAL FEATURES:

Chickenpox, also called varicella, is a highly contagious, but not usually serious disease caused by a herpes virus.

Individuals with chickenpox should not take aspirin. Non-aspirin products may be used for **fever**-reduction. The use of aspirin has been associated with **Reye's Syndrome**.

Use of creams or lotions containing diphenhydramine is not recommended, unless prescribed by a health care provider.

CHICKENPOX (VARICELLA)



Zoster immune globulin (ZIG) may be recommended in immunocompromised children, and adults who are exposed to the disease and have no history of varicella disease or immunization. ZIG may also be recommended for newborns of any woman who develops chickenpox within 5 days before delivery to 48 hours after delivery. If pregnant and exposed to chickenpox, the pregnant woman should inform her health care provider.

Shingles (herpes zoster) is a recurrence of a previous infection with chickenpox. Do not exclude individuals with shingles if blisters can be covered completely with clothing, or a bandage. Keep covered until blisters are scabbed over and dry. A vaccine to help reduce the risk of developing shingles in individuals ages 60 and over was licensed in 2006. A health care provider can supply additional information.

Children's recommended immunization schedules include varicella vaccine given at 12 to 15 months of age with a second dose between the ages of 4 and 6 years. Individuals age 13 and over (including adults) may receive 2 doses of varicella vaccine separated by 4-8 weeks. Vaccinated individuals can still get chickenpox although the infection is usually less severe.

It is possible, although rare, for children to get chickenpox a second time. These second infections are usually milder.

See Handwashing, Infection Control Measures, Immunization Schedules, Rash Flow Chart, Features of Rash Illness, and Parent Alert Letter.

SIGNS AND SYMPTOMS:

Watering, irritation, and redness of the white part of the eye and/or the lining of the eyelids. Swelling of the eyelids, sensitivity to light and a pus-like discharge may occur.

IMMEDIATE INTERVENTION:

Isolate, exclude, and refer to a health care provider for treatment.

INCUBATION PERIOD:

From 24-72 hours.

CONTAGIOUS PERIOD:

From the onset of **signs** and **symptoms**, and while the eye is still red and draining.

TRANSMISSION:

Direct contact with the discharge from the eyes or items soiled with discharge.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: Exclude until **signs** and **symptoms** are gone or until 24 hours after appropriate treatment has been initiated and **signs** and **symptoms** are greatly reduced.

Contacts: No restrictions.

REPORTS REQUIRED:

Individual reports are not required. If there is an outbreak notify the local health department within 24 hours for reporting requirements and additional management steps.

SPECIAL FEATURES:

Individuals should be counseled not to share towels, wash cloths or eye make-up.

Careful handwashing after contact with discharge from the eyes or articles soiled with the discharge is necessary. Throw away all tissues immediately after one use. Use face cloths one time and on only one individual before laundering. Viral conjunctivitis, unlike bacterial conjunctivitis, will not respond to **antibiotic** treatment and the **signs** and **symptoms** and **contagious period** will be prolonged.

See Handwashing, Infection Control Measures, and Parent Alert Letter.

CONJUNCTIVITIS (PINK EYE)

SIGNS AND SYMPTOMS:

Often no apparent symptoms. **Fever**, sore throat, **listlessness**, generalized swollen lymph nodes may be present. Swelling of the spleen or abdomen and a skin rash are less common symptoms. **Jaundice** occurs in rare cases.

IMMEDIATE INTERVENTION:

None.

INCUBATION PERIOD:

From 3-8 weeks. Or 3-12 weeks for infections acquired during birth.

CONTAGIOUS PERIOD:

Young children infected with CMV may excrete the virus in their stool, urine and **secretions** from the nose and mouth intermittently for months to years.

TRANSMISSION:

Direct contact with infected mouth or nose **secretions**, breast milk, urine, cervical **secretions** or semen.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: No restrictions.

Contacts: No restrictions.

REPORTS REQUIRED:

None required.

SPECIAL FEATURES:

Care in handling diapers and all items contaminated with body **secretions** is essential. Use careful handwashing, sanitation, and diapering practices. Special attention to sanitation of mouthed toys throughout the day.

CMV can cause stillbirth and birth defects in rare cases. Because young children are more likely to have CMV in their urine or saliva than are older children or adults, pregnant women (or women who may become pregnant) who work with young children should discuss the risk of CMV with their health care provider. Blood tests are available to determine if an individual is susceptible to CMV.

See Handwashing, Diaper Changing Procedures, Infection Control Measures.

CYTOMEGALOVIRUS INFECTIONS (CMV)

Disease	Signs/ Symptoms	Incubation Period	Contagious Period	Transmission	School/Child Care Attendance
<i>Staphylococcal Food Poisoning</i>	Nausea, cramps, vomiting, diarrhea	1-6 hours	Not by person to person	Food/hands contaminated with toxins; storing food at room temperature	Exclude until no symptoms are present*
<i>Salmonella</i>	Diarrhea, cramps, fever, vomiting, headache	6-36 hours	Throughout infection; several days to several weeks*	Swallowing bacteria via food water or mouthed items; Highly infectious person-to-person	Exclude until no symptoms are present
<i>Shigella (Shigellosis)</i>	Cramps, vomiting diarrhea, bloody stool, headache, nausea, fever	1-3 days	Throughout infection; up to 4 weeks without treatment, 1 week with treatment	Swallowing bacteria via food, water or mouthed items; indirectly from infected hands	Exclude until no symptoms are present and antibiotics are started
<i>Campylobacter</i>	Cramps, diarrhea, bloody stool, fever	3-5 days	Throughout infection; 2-7 weeks without treatment, 2-3 days with treatment	Swallowing of bacteria via food, water or mouthed items; indirectly from infected hands	Exclude until no symptoms are present or until on antibiotics for at least 2 days*
<i>Amebiasis</i>	No symptoms to fever, chills, diarrhea, blood in stool	2-4 months to years	Throughout infection; can be infectious for years without treatment	Swallowing of parasite via food, water or mouthed items; indirectly from infected hands	Exclude while symptoms are present*
<i>Giardia (Giardiasis)</i>	May have no symptoms; may see chronic diarrhea to intermittent diarrhea. Symptoms can include; gas, bloating, foul smelling stool, blood in stool	6-10 days	Throughout infection, months to years without treatment	Swallowing of parasite via food, water or mouthed items; indirectly from infected hands	Exclude until no symptoms are present*
<i>E. coli (O157:H7)</i>	Diarrhea, abdominal pain, nausea, fever, vomiting, bloody stool	1-7 days, average 4 days	Throughout infection	By eating raw or under-cooked meat, via infected water, indirectly from infected hands	Exclude while symptoms are present*

*Individuals shall be excluded from food handling activities until symptom free and 2 successive, NEGATIVE stool cultures, taken at least 24 hours apart, have been obtained.

DIARRHEAL DISEASES



SCHOOL/CHILD CARE ATTENDANCE:

Cases: It must be assumed that undiagnosed loose, watery, unformed or frequent stools especially if accompanied by nausea, vomiting, fever, or cramping are caused by a contagious germ. These individuals must be excluded until they have been symptom-free for 24 hours.

Contacts: No restrictions if diarrhea is not present.

REPORTS REQUIRED:

Immediate telephone reports of Cases or Suspect cases are required for Salmonella, Shigella and E. Coli (O157:H7). Campylobacter Cases or Suspect cases should be reported within 5 days by written Case Report. See the backside of the Parent Alert Letter or go to: http://www.azdhs.gov/phs/oids/downloads/cdr_form.pdf. Health care providers must also report Amebiasis, and Giardia infections.

Food handlers have an increased risk of spreading diarrheal diseases. Always contact the local health department for management steps if food handlers are infected with a diarrheal disease.

SPECIAL FEATURES:

Diarrheal diseases are caused by germs (bacteria, parasites, viruses) that multiply in the intestines and are passed out of the body in the stool. Anyone can get diarrheal diseases and they can be caught repeatedly.

Laboratory tests are the only way to tell if a stool contains a specific germ that requires special treatment.

There can be non-contagious causes for occasional episodes of diarrhea such as taking antibiotics, new foods, or stress. This diarrhea usually clears up when the new food is discontinued or the antibiotic is completed.

In the group setting stress handwashing, sanitizing practices, and appropriate soiled diaper management.

See Handwashing and Diaper Changing Procedures, Infection Control Measures, and Parent Alert Letter.

SIGNS AND SYMPTOMS:

May be mild: Low fever, headache, body ache, nausea or chills for 2-3 days. About a week later a rash appears beginning with bright-redness of the cheeks (slapped cheek appearance). The cheeks are hot but not painful. There may also be scattered red raised spots on the chin, forehead and behind the ears. Approximately 1 day later a lace-like rash spreads to upper arms and legs, and sometimes the trunk. This lacy rash may disappear and then reappear over a period of weeks, particularly after exposure to sunlight, extreme heat or cold. Adults may not develop the rash but may experience aching in the joints particularly at the wrist and knees.

IMMEDIATE INTERVENTION:

Exclude all individuals who have fever. Call the local health department immediately to report all rashes accompanied by fever.

INCUBATION PERIOD:

From 4-14 days.

CONTAGIOUS PERIOD:

Before the appearance of the rash during the mild symptoms.

TRANSMISSION:

Contact with **secretions** from the nose, mouth and throat of an infected person. The **secretions** may be on surfaces or in infected droplets in the air.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: Exclude all individuals until **fever-free**. **Fever-free** individuals diagnosed with Fifth disease may return to the group setting although a rash may still be present.

Contacts: No restrictions.

REPORTS REQUIRED:

None. If there is an unusual absentee rate (above 10% of individuals in a single group setting) with Fifth Disease, notify the local health department for additional management steps.

FIFTH DISEASE



**SPECIAL
FEATURES:**

Most cases occur in the late winter and early spring. Fifth Disease is caused by human Parvovirus B19. Outbreaks of this illness among children in child care and elementary school are not unusual.

Many people have already had Fifth Disease before reaching young adulthood. It is estimated that half the adults in the United States are immune because of previous infection.

In rare situations, miscarriages and stillbirths have been associated with Fifth Disease during pregnancy. If pregnant and working with young children, the pregnant woman should inform her health care provider of potential exposure to Fifth disease infection. Blood tests are available to determine if an individual is susceptible to Human Parvovirus B19.

There is no treatment for Fifth Disease.

See Handwashing, Infection Control Measures, Features of Rash Illness, and Parent Alert Letter.

GIARDIASIS SIGNS

AND SYMPTOMS: Often occurs without symptoms. A variety of diarrheal symptoms may be present including frequent loose, watery (or unformed) stools. Stools may be foul-smelling and accompanied by cramping and gas.

IMMEDIATE

INTERVENTION: If symptomatic, exclude and refer to a health care provider for specific stool examination and treatment.

INCUBATION

PERIOD: From 1-4 weeks; average 2 weeks.

CONTAGIOUS

PERIOD: As long as the **protozoan** is present in the stool.

TRANSMISSION: Stool-to-mouth (fecal-oral) by way of unwashed hands, or food contaminated by unwashed hands. Often transmitted in the child care setting among diapered children. Drinking untreated water from lakes or streams.

SCHOOL/CHILD CARE

ATTENDANCE:

Cases: All individuals with **diarrhea** should be excluded. If laboratory studies confirm the presence of giardia, the individual should be excluded from the group setting until 24 hours after appropriate treatment has been initiated and the individual has no **diarrhea**, cramping or **fever**.

Contacts: Contacts may not perform food handling duties, or care for children in child care centers, if **signs** and **symptoms** of giardiasis are present.

Screening of other **contacts**, who do not have **signs** or **symptoms**, is not recommended.

REPORTS

REQUIRED:

Outbreak reports are required.

For food handlers: Immediate telephone reports of **Cases** or **Suspect cases** to the local health department are required.

GIARDIASIS



**SPECIAL
FEATURES:**

Infected individuals without signs or symptoms can spread this parasite by poor hygiene habits. This illness is often spread from child to child in diapered groups. Stress careful handwashing after toileting, after changing diapers, before food preparation and before eating.

See Handwashing and Diaper Changing Procedures, Infection Control Measures, and Parent Alert Letter.

SIGNS AND SYMPTOMS:

Fever, and a sore throat accompanied by small sores in the mouth. Small blister-like rash may be present on the hands and feet. Occasionally a rash may be present on the buttocks.

IMMEDIATE INTERVENTION:

Exclude while fever is present. See Special Features below.

INCUBATION PERIOD:

Usually 3-6 days.

CONTAGIOUS PERIOD:

Most contagious during the time when the fever and sore throat are present, but the virus may be present in the stool for several weeks.

TRANSMISSION:

Contact with secretions from the nose, mouth, and throat. Also stool-to-mouth (fecal-oral) spread by way of unwashed hands, or foods contaminated by unwashed hands.

SCHOOL/CHILD CARE

ATTENDANCE:

Exclude until fever-free and the individual feels well-enough to return.

REPORTS REQUIRED:

No reports are required.

SPECIAL FEATURES:

The Centers for Disease Control and Prevention makes no specific recommendation regarding the exclusion of children with Hand, Foot and Mouth Disease but offers that for child care settings “some benefit may be gained by excluding children who have blisters in their mouths and drool or who have weeping lesions on their hands.” The American Academy of Pediatrics (AAP) in their book, *Managing Infectious Diseases in Child Care and Schools*, 2005, notes that “exclusion will not reduce disease transmission because some children may shed the virus without becoming recognizably ill, and the virus may be shed for weeks in the stool after the child seems well.” The editors of this flipchart have adopted the AAP’s least restrictive recommendations but support schools and early care and education programs in the development of written exclusion policies which best fit their setting.

Hand, Foot and Mouth Disease is seen most often in the summer and early fall.

Care in handwashing, handling diapers and all items contaminated with stool and secretions of the nose, mouth and throat is essential.

See Handwashing, Diaper Changing Procedures, Rash Flow Chart, Features of Rash Illness, Infection Control Measures and Parent Alert Letter.

HAND, FOOT AND MOUTH DISEASE (Coxsackie Virus Infection)

SIGNS AND

SYMPTOMS:

Itching of the scalp. Lice and nits (eggs) found in hair, especially at the nape of the neck and behind the ears.

IMMEDIATE

INTERVENTION:

Isolate and exclude. Where exclusion is not practical (shelters, crisis nurseries, overnight camps) procedures which include treatment, screening of contacts and environmental management must be carried out immediately and at the same time as treatment.

INCUBATION

PERIOD:

From 6-14 days.

CONTAGIOUS

PERIOD:

As long as live lice are present on the head or in the environment. Following treatment, occasional nits found on the hair more than 1/2" away from the scalp are usually dead.

TRANSMISSION:

Direct head-to-head contact between individuals, or indirect spread through shared items such as combs, brushes, head phones, towels, hats, coats, and sleeping mats or cots. Upholstered furniture, car upholstery, rugs, carpets and items like stuffed animals can harbor head lice. Head lice can survive off the body for 1-2 days, allowing for **re-infestation**. Household pets are not a source of head lice.

SCHOOL/CHILD CARE

ATTENDANCE:

Cases: Exclude until initial treatment has been completed.

Contacts: All family members, close **contacts** and classroom **contacts** should be checked and treated if **infestation** is found.

REPORTS

REQUIRED:

No reports are required. If there is an unusual increase in the number of individuals infested (above 10% in a single group setting), notify the local health department for additional management steps.

SPECIAL

FEATURES:

Many effective over-the-counter products are available without a prescription. Home remedies (like petroleum jelly and some herbal products) are most often ineffective and some (like kerosene) are dangerous. Pregnant women and the parents of children ages 0-2 should contact a health care provider for treatment recommendations.

HEAD LICE (PEDICULOSIS)



Educate parents on treatment steps.

- Shaving the head is unnecessary!
- Follow specific treatment directions found with the product used on the hair. Shampoo-type products in which the active ingredient is lindane or 0.3% (or greater) pyrethrin are effective, but must be used again 7-10 days after the first treatment;
- Cream rinse products containing permethrin should be effective after a single application.
- Remove as many nits as possible with a fine-tooth comb or by picking nits from the hair with fingers or nit-removal tweezers. Discard or sanitize the comb or tweezers immediately;
- Contact a health care provider if live lice are present after two treatments;
- Wash recently used clothing, bedding, towels, combs, and brushes with soap and hot water (at least 120° F) for 10 minutes;
- Place items that cannot be cleaned (stuffed animals for example) in a sealed plastic bag for 10-14 days;
- Vacuum carpets, mattresses, upholstered furniture;
- Environmental pesticide sprays are not recommended for lice management in the home or group setting.

See Parent Alert Letter.

SIGNS AND SYMPTOMS:

In adults and older children: sudden onset with loss of appetite, **nausea**, vomiting, **listlessness**, **fever**, abdominal pain. Often followed by **jaundice**, or dark-colored urine (strong tea-colored or cola-colored).

Young children with hepatitis A disease often have no **symptoms**, or **symptoms** listed above may be mild.

IMMEDIATE INTERVENTION:

Refer to a health care provider for evaluation and diagnosis.

INCUBATION PERIOD:

From 15-50 days; average 25-30 days.

CONTAGIOUS PERIOD:

From 1-3 weeks. Most contagious at least 1 week before the onset of illness. No longer contagious 1 week after the onset of **jaundice**.

TRANSMISSION:

From stool-to-mouth (fecal-oral) spread by way of unwashed hands or foods contaminated by unwashed hands. Hands can become contaminated during toileting and diapering activities.

SCHOOL/CHILD CARE

ATTENDANCE:

Because of increased opportunities for spread in the child care setting, management will differ from the school setting. See Contacts.

Cases:

Exclude for 7 days after the illness began and the individual feels well enough to return.

Contacts:

Immune Globulin (called IG, ISG or GG) is often recommended for **household contacts**, and child care **contacts**. Rarely, **immune globulin** will be recommended for the public school setting. This decision is based on a case-by-case investigation by the local health department. To be effective, **immune globulin** must be given to contacts within 2 weeks of the last exposure to the infected individual. **Immune globulin** is safe for pregnant women.

Hepatitis A vaccine is often administered at the same time as Immune Globulin.

HEPATITIS A



REPORTS

REQUIRED:

Immediate telephone reports of **Cases** or **Suspected cases** to the local health department are required. Reporting is vital if the infected individual is a food handler. Also, contact the local health department if 2 or more children have household contacts diagnosed with Hepatitis A.

SPECIAL

FEATURES:

Hepatitis A is a viral infection of the liver. This infection interferes with liver's ability to digest food and keep the blood healthy. Most people will recover completely from this infection and maintain lifelong immunity to Hepatitis A Virus.

Careful handwashing, monitoring of diapering practices and management of soiled diapers are important prevention steps.

Because Hepatitis A Virus may survive on objects in the environment for weeks, careful cleaning and sanitizing of diaper changing areas, bathrooms, and food service areas is important.

Immunization schedules include Hepatitis A vaccine.

See Handwashing, Diaper Changing Procedures, Immunization Schedules Infection Control Measures, and Parent Alert Letter.

SIGNS AND SYMPTOMS:

Gradual onset of illness may include: loss of appetite, **nausea**, vomiting, abdominal pain, dark-colored urine (strong tea-colored or cola-colored), **jaundice**, **diarrhea**, itching of the skin, muscle and joint pain. Early symptoms vary with individuals. Young children may have mild or no **signs** and **symptoms**.

IMMEDIATE INTERVENTION:

Refer to a health care provider for evaluation, diagnosis and treatment.

INCUBATION PERIOD:

From 45-180 days, average 60-90 days.

CONTAGIOUS PERIOD:

When Hepatitis B surface antigen (HBsAg) blood test is positive. This blood test may be positive for the rest of an individual's life.

TRANSMISSION:

CASUAL CONTACT with an Hepatitis B Virus (HBV)-infected person presents no risk of catching the infection. HBV can be transmitted from person-to-person through:

- Sexual intercourse (anal, vaginal, or rarely oral), with an infected individual;
- Sharing HBV-contaminated intravenous needles and syringes used for street drugs, steroids or tattoos;
- Careless handling of items contaminated with infected blood or body fluids (bandages, tissues, paper towels, diapers, gloves, sanitary pads, hypodermic needles/syringes);
- Saliva of an HBV-infected individual who bites another when the bite breaks the skin;
- Rarely, transfusion of infected blood or blood products;
- From an infected mother to her baby in the womb, during birth, and possibly through breast feeding.

SCHOOL/CHILD CARE ATTENDANCE:

Cases:

Exclude until the individual's signs and symptoms have disappeared and the person feels well enough to return. Also exclude if the individual has weeping sores which cannot be covered or has a bleeding problem. A child with Hepatitis B infection who exhibits biting or scratching behaviors may need to be excluded from the group setting while the aggressive behavior is addressed.

Contacts:

No restrictions. For significant exposure, a health care provider may recommend immediate **immunization** with Hepatitis B **immune globulin** (HBIG). Hepatitis B vaccine may also be indicated.

HEPATITIS B



REPORTS

REQUIRED:

Health care providers are required to report **Cases** and **Suspect cases**.

SPECIAL

FEATURES:

Hepatitis B is an infection of the liver. This infection interferes with liver's ability to digest food and keep the blood healthy. Hepatitis B can result in mild illness, chronic (lasting) infection, permanent liver damage, or death due to liver failure. While some people completely recover from this infection, Hepatitis B can result in mild illness, lifelong infection, permanent liver damage, liver failure, liver cancer and death.

Hepatitis B vaccine is now included in routine **immunization** schedules for all children. All required doses must be received for the individual to be protected.

Babies born to mothers infected with HBV are at high risk. These babies are more likely to develop Hepatitis B and life-long liver problems unless they receive Hepatitis B vaccine. Hepatitis B vaccine and sometimes HBIG is recommended for these babies beginning at birth.

Individuals who are sexually active (especially with more than 1 partner), use needles to shoot drugs, are exposed to blood or **body fluids** at work, or live in a household with someone who is infected with HBV, should talk with their health care provider about receiving Hepatitis B vaccine and follow "safer sex" guidelines.

Because HBV may survive on objects in the environment for 7 days or longer careful cleaning and disinfecting of blood spills or items contaminated with blood important.

Schools and child care centers should have procedures in place to address blood and body fluid contact and clean-up.

See Handwashing, Immunization Schedule, and Infection Control Measures.

SIGNS AND SYMPTOMS:

Fever Blisters: Typically, clusters of tiny, fluid-filled blisters on a reddened base of skin around the lips, in the mouth or on the face. These blisters crust and heal within a few days. Also called “cold sores”.

Genital Herpes: Clusters of very small (pencil-point size) fluid-filled blisters on a reddened base of skin in the genital area.

IMMEDIATE INTERVENTION:

Fever Blisters: Isolate and exclude only if child has fever or blisters in the mouth or on the lip and cannot control drooling. For others, cover sores with a bandage if possible.

Genital Herpes: Isolate, exclude and refer to the health care provider for diagnosis and treatment.

INCUBATION PERIOD:

3-5 days

CONTAGIOUS PERIOD:

From the onset of the blisters until they are scabbed over and dry, generally from 2 to 14 days.

TRANSMISSION:

Fever Blisters: Direct contact with the virus in saliva, sores or drool.

Genital Herpes: Through intimate sexual contact.

Herpes infections may be transmitted to an infant, from the infected mother, in the birth canal during delivery.

SCHOOL/CHILD CARE

ATTENDANCE:

Because of the increased opportunities for spread in the child care setting, management will differ from the school age setting.

Cases:

Fever Blisters: Exclude only if child has fever or blisters in the mouth or on the lip and cannot control drooling. For others, cover sores with a bandage if possible.

Genital Herpes Child Care: Exclude until fever-free and genital sores are scabbed over.

Genital Herpes School: Exclude until fever-free.

Contacts:

No Restrictions

HERPES SIMPLEX



REPORTS

REQUIRED: **Case** reports for genital herpes are required from health care providers. For others settings, notify the local health department for management steps if there is an outbreak of fever blisters or genital herpes.

SPECIAL FEATURES:

Both fever blisters and genital herpes are caused by infections with specific types of the Herpes Simplex Virus (HSV). Herpes Simplex type I generally causes infections around the mouth and Herpes Simplex type II generally causes infections in the genital region of the body. However, either type may infect the mouth or genitals.

World wide, 50-90% of adults have been infected with HSV type I before the age of five. Infection with HSV type II generally occurs with sexual activity and is rare before adolescence.

In the case of genital herpes in children, the possibility of sexual abuse cannot be ignored.

Good personal and environmental hygiene is important when individuals have fever blisters or genital herpes. Sores should be carefully washed with soap and rinsed with water. Ointments and creams should not be applied unless prescribed by the health care provider. Individuals should be discouraged from picking at sores because the virus is concentrated in the fluid of the blisters. Eyes can become infected, remind individuals to keep their hands away from their eyes. Do not share items such as face cloths, handkerchiefs, bathing suits, undergarments or towels, which may have come into contact with the virus, before laundering.

Health education regarding sexually transmitted diseases (STD's) such as herpes, including signs and symptoms and how they are spread, should be included in age appropriate human development curriculum.

Treatment of STD's is available through local health department clinics, specialized community clinics and private health care providers.

Arizona State Laws allow minors to obtain treatment of STD's without parental consent.

Herpes Simplex may cause life-threatening infections in individuals who are immune compromised in any way.

Dispose of tissues and treatment cotton, swabs, gauze, etc. after one use; use face cloths, napkins, eating utensils, undergarments, etc. with one individual before washing , laundering or sanitizing thoroughly. Do not shared mouthed items or clothing while symptoms are present.

SIGNS AND SYMPTOMS:

HIV Positive: Evidence of HIV infection in specific blood tests. Most individuals do not develop symptoms of illness for 1-12 years or even longer after infection.

Symptomatic HIV disease (formerly referred to as AIDS Related Complex or “ARC”): HIV infection with non-specific **signs** and **symptoms** such as swelling of lymph nodes, loss of appetite, chronic **diarrhea**, weight loss, **fever**, fatigue, and night sweats. These signs and symptoms are not sufficient by themselves to make a diagnosis of AIDS.

AIDS:

The last stage of HIV infection when the individual becomes very sick. Children with AIDS have difficulty fighting off some common infections and may have unusual infections. In infants and children less than 13 years old, **signs** may include: failure to grow and develop normally, and recurrent severe bacterial infections.

IMMEDIATE INTERVENTION:

Refer to a health care provider for diagnosis.

INCUBATION PERIOD:

Variable. Infants infected in the womb or during birth may develop signs and symptoms as early as 12 to 18 months of age. Older children and adults may be symptom-free for years.

The period from infection with the virus, until results from blood tests are positive for HIV, varies from 2 weeks to 6 months. Newborns of HIV-infected mothers will always carry maternal antibodies (test positive) for up to 15 months, even though most infants are not themselves infected.

CONTAGIOUS PERIOD:

Begins early after HIV infection and continues throughout life. Infected individuals are infectious although **signs** and **symptoms** may not be present.

TRANSMISSION:

HIV is not spread through the kinds of daily activities which occur in child care and school. **Casual contact** with an HIV-infected person carries no risk of catching the infection. HIV can be transmitted from person-to-person through:

- Sexual intercourse (anal, vaginal or more uncommonly oral), with an infected individual;
- Sharing HIV-contaminated intravenous needles and syringes used for street drugs, steroids or tattoos;
- Through transfusion of infected blood or blood products; a negligible problem since screening of the blood supply began in 1985);

HUMAN IMMUNODEFICIENCY VIRUS (HIV/AIDS)



- Careless handling of items contaminated with infected blood or body fluids (bandages, tissues, paper towels, diapers, gloves, sanitary pads, hypodermic needles/syringes);
- An infected mother to her baby in the womb, during birth, and through breast feeding.

SCHOOL/CHILD

CARE ATTENDANCE:

Cases:

No restrictions. The benefits of education in an unrestricted setting outweigh the very small risk of **transmission** of HIV in the school or child care setting. The local health department will assist the school or child care administration and parents in decisions regarding the setting.

Communicable diseases pose a risk to the HIV-infected child. This child's parents should be alerted to the potential risks of infectious diseases in the group setting. If cases of infectious disease such as measles, chickenpox, or whooping cough are identified in the group setting, temporary removal of the HIV-infected child may be recommended.

Contacts:

No restrictions.

REPORTS

REQUIRED:

Case, **Suspect case** and **Suspect carrier** reports required.

SPECIAL

FEATURES:

Sources for **transmission**: blood, semen, vaginal fluid and breast milk.

HIV-infected adults with no symptoms of illness may care for children in facilities provided they do not have open skin sores or other conditions that would allow contact of their blood or body fluid with children or other adults.

Education should address the fear and misunderstanding about HIV as well as the disease process, routes of **transmission** (not casually transmitted), and the use of Infection Control Measures.

Schools and child care centers should have procedures in place to provide guidance to all staff responsible for children to prevent the spread of HIV.

Such procedures should include precautions to be taken during the clean-up of blood or body fluid spills. *Because HIV infection is often unidentified, the same infection control procedures should be applied to all individuals in the group setting.*

See Handwashing, and Infection Control Measures.

SIGNS AND SYMPTOMS:

Skin sores which may have a honey-colored, gummy, crusty or blister-like appearance. Most often seen around the nose and mouth, or on the buttocks of a diapered child. Often itchy.

IMMEDIATE INTERVENTION:

Cover with bandage and refer to a health care provider for diagnosis and treatment.

INCUBATION PERIOD:

Commonly 7-10 days.

CONTAGIOUS PERIOD:

As long as untreated sores are present or until sores are treated with oral antibiotics for 24 hours.

TRANSMISSION:

Direct contact with the sores, or contaminated hands. Also items that have come into contact with the discharge from the sores such as face cloths,tissues, or diapers.

SCHOOL/CHILD CARE ATTENDANCE:

Because of the increased opportunities for spread in the child care setting, management will differ from the school setting. See Cases.

Cases:

Child Care: Exclude individuals if the sores cannot be completely covered with a bandage and refer for **antibiotic** treatment. Can return 24 hours after starting oral **antibiotics** or 48 hours if only **antibiotic** ointment is prescribed by the health care provider.

School: No attendance restrictions for infected individuals, but the individual should not participate in activities involving direct body contact. Weeping sores should be covered.

Food handlers: Exclude from food handling while sores are present. Refer to a health care provider for diagnosis and treatment.

Contacts:

No restrictions.

IMPETIGO



REPORTS**REQUIRED:**

No reports are required. If there is an unusual increase in the number of individuals infected (above 10% in a single group setting) notify the local health department for additional management steps.

SPECIAL**FEATURES:**

Very contagious. Should be treated with **antibiotics**. Stress careful handwashing, and sanitation procedures. All paper towels, tissues, bandages and gloves must be disposed of immediately after one use. Proper laundering of contaminated clothing, and bed and bath linens must be stressed. Both staphylococcus and streptococcus bacteria can cause impetigo. Infections may be mixed.

SIGNS AND

SYMPTOMS:

Sudden onset of **fever** (102°-104°F), chills, headache, muscle ache, sore throat, runny nose and cough. Occasional vomiting. Usual recovery in 2-7 days without treatment.

IMMEDIATE

INTERVENTION:

Exclude.

INCUBATION

PERIOD:

From 24-72 hours.

CONTAGIOUS

PERIOD:

1 day before until 7 days after **signs** and **symptoms** begin.

TRANSMISSION:

Contact with **secretions** from the nose, mouth and throat of an infected person. The **secretions** may be on surfaces or in infected droplets in the air.

SCHOOL/CHILD CARE

ATTENDANCE:

Cases: Exclude until symptoms subside and the individual is **fever-free**.

Contacts: No restrictions.

REPORTS

REQUIRED:

None. If there is an unusual absentee rate (above 10% of individuals in a single group setting) with upper respiratory infections, notify the local health department for additional management steps.

INFLUENZA (Flu)



**SPECIAL
FEATURES:**

Influenza is caused by a virus.

Influenza immunization is recommended for all children ages 6 months to 5 years. Since there is no influenza vaccine available for infants under 6 months of age, infant caregivers should consider receiving vaccine themselves to help protect the infants they care for. Adults and children with chronic health problems and adults who care for children with chronic health problems should consider influenza immunization each year. Influenza immunizations for all children and adults in group care settings can help to keep everyone healthier.

Complications can include bacterial pneumonia and **Reye's Syndrome** in children. The use of aspirin products for the management of flu symptoms has been associated with **Reye's Syndrome**. Aspirin products are not recommended for fever reduction in children under the age of 18.

See Handwashing, Infection Control Measures, and Parent Alert Letter.

SIGNS AND SYMPTOMS:

Fever of 101°F or greater, red, watery eyes, sore throat, runny nose, and cough. Small white spots may be seen in the mouth. These signs and symptoms are followed by a blotchy red rash which begins on the head and face and spreads to the rest of the body.

IMMEDIATE INTERVENTION:

Isolate, exclude and refer to a health care provider for diagnosis. Call the local health department immediately to report all rashes accompanied by **fever**.

INCUBATION PERIOD:

About 10 days, varying from 7-18 days; about 14 days until rash appears.

CONTAGIOUS PERIOD:

From 4 days before the rash appears to 4 days after the rash appears.

TRANSMISSION:

Contact with **secretions** from the nose, mouth and throat of an infected individual. These **secretions** may be on surfaces or in infected droplets in the air. Droplets infected with measles virus can remain in the air for many hours.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: Exclude from the time of onset of illness through the 4th day after rash appears, and until the individual is **fever-free**.

Contacts: Determine immunity by immunization history or previous blood test.

Any individual who has not received measles vaccine or who cannot prove immunity by immunization or blood test shall not be permitted to attend school or child care for the duration of the period of the outbreak as determined by the local health department.

An outbreak is defined as one (1) case of measles.

REPORTS REQUIRED:

Immediate telephone report to the local health department is required. **Case** and **Suspect case** reports are also required.

MEASLES (Rubeola)



**SPECIAL
FEATURES:**

Parents should alert the health care provider of any rash-illness before transporting the child to a health care facility.

All **Suspect cases** or diagnosed **Cases** of measles are investigated by the local health department to reduce exposure risks to others.

Measles is prevented by age-appropriate **immunizations**. During community **outbreaks**, local health department officials may recommend early immunization for infants, which will provide incomplete immunity. For this reason, measles immunizations, given before the age of 12 months, are not recognized in a routine Immunization Schedule.

Review histories of **immunization** to identify individuals who are **susceptible** to measles.

The following persons should receive measles vaccine within 72 hours of exposure to measles. This reduces the chances of becoming ill and allows re-entry into the school or child care setting:

- Any individual who does not have a record (month, day, and year) of receiving age-appropriate doses of measles vaccine;
- Individuals with age-appropriate measles immunization who are determined by the local health department to need additional protection against measles.

OR

- Those who do not have a positive blood test (titer) demonstrating immunity to measles.

Contracting measles during pregnancy may be associated with a higher risk of prematurity and miscarriage. A woman who is pregnant and exposed to measles should consult her health care provider.

Measles vaccine is not routinely given during pregnancy.

Rubeola (measles) is also known as: hard measles, red measles and the 10-day measles.

See Handwashing, Rash Flow Chart, Features of Rash Illness, Infection Control Measures, Immunization Schedule, and Parent Alert Letter.

SIGNS AND SYMPTOMS:

Onset of **signs** and **symptoms** may be gradual, but usually are sudden. High fever, vomiting, and **listlessness** progressing to coma is common. Occasionally there is mild **fever** for several days before the onset of other **symptoms** such as stiff neck and/or stiff back accompanied by pain. A bulging (swollen) fontanelle may be present in infants.

IMMEDIATE INTERVENTION:

Isolate. **Immediate medical attention** is required.

INCUBATION PERIOD:

Unknown. Probably short, 2-4 days.

CONTAGIOUS PERIOD:

As long as the bacteria are present in nose, throat and mouth **secretions**.

TRANSMISSION:

Contact with infected **secretions** from the nose, mouth, throat and ears. These **secretions** may be on surfaces or in infected droplets in the air.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: Exclude until the individual is **symptom**-free and the health care provider and local health department indicate the child may return (usually after taking antibiotics for 24 hours).

Contacts: **Rifampin** is often given to household and child care **contacts**.

REPORTS REQUIRED:

Immediate telephone report of **Cases** and **Suspect cases** to the local health department.

**MENINGITIS (Hib)
(Haemophilus influenzae type b)**



**SPECIAL
FEATURES:**

Protective **immunizations** are recommended for children ages 2 months-60 months. Due to required immunizations, meningitis caused by Hib has become uncommon in healthy children.

Dispose of tissues immediately after one use; use face cloths one time and on only one child before laundering.

Serious complications such as hearing loss, mental retardation and death may result from delays in seeking medical attention. Haemophilus influenzae type b bacteria can also cause sudden and severe throat infections (**epiglottitis**), pneumonia, ear, skin and joint infections.

Meningitis may also be caused by a virus. (viral meningitis). See Meningitis (Meningococcal) and Meningitis (Viral).

See Handwashing, Infection Control Measures, Immunization Schedule, and Parent Alert Letter.

SIGNS AND SYMPTOMS:	<p>Sudden onset of fever, intense headache, nausea and vomiting, stiff neck.</p> <p>Sometimes accompanied by a rash of flat, red or purple spots. These spots can become very large.</p>
IMMEDIATE INTERVENTION:	Isolate, exclude and refer to a health care provider. Immediate medical attention is required.
INCUBATION PERIOD:	Varies from 2-10 days, commonly 3-4 days.
CONTAGIOUS PERIOD:	As long as the bacteria are present in nose, mouth and throat secretions.
TRANSMISSION:	Contact with secretions from the nose, mouth and throat of an infected person. The secretions may be on surfaces, tissues, mouthed-toys, or in infected droplets in the air.
SCHOOL/CHILD CARE ATTENDANCE:	
Cases:	Exclude until the individual is symptom-free, receives antibiotic treatment, and the local health department or health care provider indicates the individual may return.
Contacts:	<p>No restrictions. Close observation for early signs of illness.</p> <p>Rifampin, ciprofloxacin or ceftriaxone may be given to reduce the spread of disease to household, child care, and occasionally close school contacts.</p>
REPORTS REQUIRED:	Immediate telephone report of Case and Suspect case , are required.

MENINGITIS (Meningococcal)



**SPECIAL
FEATURES:**

Most cases occur in older children, teens and adults.

Dispose of tissues immediately after one use; use face cloths one time and on only one individual before laundering.

Serious complications such as hearing loss, mental retardation and death may result from delays in seeking medical attention.

Specific meningococcal vaccines are used in specific age groups. Meningococcal conjugate vaccine (MCV4) is recommended for children at age 11-12 years as well as for unvaccinated adolescents at high school entry (age 15 years). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. All college freshmen living in dormitories should also be vaccinated with MCV4 or meningococcal polysaccharide vaccine (MPSV4). For prevention of invasive meningococcal disease, vaccination with MPSV4 for children aged 2-10 years and with MCV4 for older children in certain high-risk groups is recommended. Travelers to areas where meningococcal meningitis is widespread should also be vaccinated. The age of the traveler may play a role in determining the choice of vaccine.

Meningitis may also be caused by a virus. See Meningitis (Hib) and Meningitis (Viral).

See Handwashing, Rash Flow Chart, Infection Control Measures and Parent Alert Letter.

SIGNS AND SYMPTOMS:

Sudden onset of **fever**, intense headache, **nausea** and vomiting, stiff neck. Sore throat, and diarrhea may also occur. Sometimes accompanied by a rash of flat, red or purple spots.

IMMEDIATE INTERVENTION:

Isolate, exclude and refer to a health care provider. **Immediate medical attention** is required.

INCUBATION PERIOD:

Varies from 2-35 days, commonly within 7 days of exposures. Viral meningitis can be caused by a number of different viruses, each with a distinct **incubation period**.

CONTAGIOUS PERIOD:

As long as the virus is present in nose, mouth or throat **secretions**, or in the stool. This may be weeks.

TRANSMISSION:

From stool-to-mouth (fecal-oral) spread by way of unwashed hands or foods contaminated by unwashed hands.

Contact with the stool or **secretions** from the nose, mouth and throat of an infected person. The **secretions** may be on surfaces, tissues, mouthed-toys, etc.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: Exclude until the individual is **symptom-free**

Contacts: No restrictions.

REPORTS REQUIRED:

No reports are required. If 2 or more individuals are diagnosed with viral meningitis, contact the local health department for recommendations.

MENINGITIS (Viral)



**SPECIAL
FEATURES:**

Viral meningitis is an infection of the thin covering of the brain and spinal cord (meninges). It is caused by many kinds of viruses, with the most common cause being intestinal viruses (enteroviruses). Most people are exposed to these viruses at some time, *but very few will develop meningitis.*

Most cases occur in children, teens and young adults. Cases increase in the summer months. Almost all cases occur as a single isolated event. Outbreaks are rare.

Serious complications such as hearing loss, mental retardation and death may be a result of viral meningitis but are rare.

Careful handwashing, monitoring of diapering practices and management of soiled diapers are important prevention steps.

There are no specific medicines or antibiotics used to treat viral meningitis.

Meningitis may also be caused by bacteria. See Meningitis (Hib) and Meningitis (Meningococcal).

See Handwashing, Rash Flow Chart, Diaper Changing Procedures, Infection Control Measures and Parent Alert

SIGNS AND SYMPTOMS:

A sore, pimple or boil which can be red, swollen, painful, or have pus or other drainage. May look like a spider bite or infected cut or scrape. An infected wound which may be draining.

Many individuals may not have sores or other signs and symptoms but may be colonized with MRSA. That means the bacteria are present on the individual's skin or in the nose but are doing no harm to the individual.

IMMEDIATE INTERVENTION:

Do not squeeze or "pop" boils or pimples. Cover with a clean, dry bandage and refer to a health care provider for diagnosis and treatment.

INCUBATION PERIOD:

Variable. Typically 4-10 days

CONTAGIOUS PERIOD:

As long as sores are draining.

TRANSMISSION:

Direct contact with sores or contaminated hands. Also items that have come into contact with discharge from sores such as bandages, face cloths, tissues or diapers. It is not usually transmitted through the air.

SCHOOL/CHILD CARE ATTENDANCE:

Because of increased opportunities for spread in the child care setting management will differ from the school setting for children with active infections:

Cases:

Child Care: Exclude until sores have healed.

School:

Exclude from school if sores cannot be covered and the bandage kept dry and intact.

Contacts:

No restrictions.

Individuals who are colonized with MRSA but do not have signs or symptoms of infection SHOULD NOT be excluded from a classroom or child care room with healthy children. Colonized individuals should not be placed in a classroom or child care room with children who are severely immunocompromised.

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)



REPORTS**REQUIRED:**

If more than one active infection in a classroom, contact the local health department for recommendations.

SPECIAL**FEATURES:**

A MRSA (often pronounced mer-sa) infection, unlike a common *Staphylococcus aureus* infection, does not respond to treatment with the most common antibiotics. Consequently, the treatment with alternative antibiotics is often longer, more expensive, and more complicated, with frequent recurrence of infections. MRSA is not more contagious or more “deadly” than other staphylococcal infections. All bacterial infections can be serious.

Treat any draining wound as a potential MRSA infection. Do not permit other children to come into contact with an infected child’s sore or wound or drainage from the sore or wound. Do not permit uninfected children to use bedding or mats that are used by children with draining wounds.

It is important that parents communicate with caregivers regarding the health care provider’s diagnosis and treatment of any sores or wounds children have. The health care provider may determine that the child does not need an antibiotic. Therefore the school or child care program should not require antibiotic treatment for readmission. If an antibiotic is prescribed, the child must take all medication even after the infection seems to have healed. Assure that the medications are administered in the correct dose and at the appropriate time.

See Handwashing, Infection Control Measures, and Parent Alert Letter.

SIGNS AND SYMPTOMS:

Fever, sore throat, **listlessness**, swollen lymph nodes in the neck commonly occur. Skin rash may appear on neck and shoulders or **jaundice** may develop.

IMMEDIATE INTERVENTION:

Refer to a health care provider for diagnosis.

INCUBATION PERIOD:

Approximately 30-50 days.

CONTAGIOUS PERIOD:

Prolonged. Possibly up to a year or more.

TRANSMISSION:

Contact with **secretions** from the nose, mouth and throat of an infected person. Most commonly, saliva (spit or drool).

SCHOOL/CHILD CARE

ATTENDANCE:

Because of the increased opportunities for spread in the child care setting, management will differ from the school setting. See **Cases**.

Cases:

Exclude until fever-free and the individual feels well-enough to return.

Contacts:

No restrictions.

REPORTS REQUIRED:

None.

SPECIAL FEATURES:

This is a viral infection caused by the Epstein-Barr virus. This infection occurs most often in teens and young adults.

Symptoms may last for 2 weeks or longer.

Treatment may include rest with symptomatic treatment for discomfort and **fever**-reduction.

Acetaminophen or other non-aspirin products may be prescribed for **fever**-reduction and the relief of aches and pains.

Special attention to sanitation of mouthed toys is required.

Also known as “Kissing Disease.”

See Handwashing and Infection Control Measures.

MONONUCLEOSIS (Infectious)

SIGNS AND

SYMPTOMS:

Pain and swelling of one or more of the salivary glands, located in front of the ears. **Fever** and **listlessness** may occur.

IMMEDIATE

INTERVENTION:

Exclude and refer to a health care provider.

INCUBATION

PERIOD:

Usually from 16-18 days, but cases may occur from 12-25 days after exposure.

CONTAGIOUS

PERIOD:

Up to 7 days before swelling to 9 days after swelling appears.

TRANSMISSION:

Contact with the **secretions** of the nose, mouth and throat of an infected individual. The **secretions** may be on surfaces or in infected droplets in the air.

SCHOOL/CHILD CARE

ATTENDANCE:

Cases:

Exclude until swelling subsides and child is **fever-free**, or for 9 days after the onset of swelling.

Contacts:

In an outbreak, any individual who has not received mumps vaccine (MMR) may be excluded from attendance at school or child care for the duration of the outbreak as determined by the local health department.

REPORTS

REQUIRED:

Immediate telephone reports to the local health department of **Cases** and **Suspect cases** are required.

SPECIAL

FEATURES:

Mumps is caused by a virus.

Mumps can be prevented by age-appropriate **immunization**. However, mumps can occur in individuals who have been immunized.

Outbreaks are sometimes seen on high school and college campuses.

Complications of the disease can include painful inflammation of the testes and ovaries, hearing loss, and inflammation of the joints.

See Handwashing, Infection Control Measures, Immunization Schedule, and Parent Alert Letter.

MUMPS (Parotitis)

SIGNS AND SYMPTOMS:	Signs and symptoms may be absent. Often rectal or genital itching is present. Very small (about the length of a staple), white, thread-like worms may be seen in stool, on under-clothing and/or on the genital region. Irritation may result from scratching the rectum and/or genital regions. The child may be irritable and sleep may be disturbed.
IMMEDIATE INTERVENTION:	If signs and symptoms are present, refer to a health care provider for management which may include medication.
INCUBATION PERIOD:	1-2 months or longer from swallowing a pinworm egg to the time an adult worm is found at the rectum.
CONTAGIOUS PERIOD:	As long as female worms are laying eggs around the rectum. Eggs can remain infective off the body (on carpets, linens, contaminated clothing, etc.) for 2-3 weeks.
TRANSMISSION:	Swallowing of pinworm eggs. Eggs from the rectum are carried to the mouth on contaminated hands or articles.

SCHOOL/CHILD CARE

ATTENDANCE:

Cases: No restrictions.

Contacts: No restrictions.

REPORTS

REQUIRED:

None required.

SPECIAL

FEATURES:

Health education for parents and children:

- Pinworms may sometimes be seen by shining a flashlight on the rectum of a child who has been asleep for a short time (an hour or so). They appear as white threads, about 1/2" long.
- Careful handwashing after using the bathroom, diapering a child and before eating;
- Discourage scratching of the rectum and genitals.
- Keep fingernails short and discourage nail biting and sucking of fingers;
- Recommend daily laundering and change of clothing and bed linen during the course of treatment. Treatment of the whole family at the same time may be advised.

Recurrence is common.

See Handwashing, Diapering Procedures and Infection Control Measures.

PINWORMS (Enterobiasis)

SIGNS AND SYMPTOMS:

During the early stages, mild, cold-like **signs** and **symptoms**, usually with fever over 102° for more than 1 day.

Coughing is the most frequent sign.

Cough, nasal congestion, and rapid breathing increase and may interfere with sleeping and eating. A sore throat may be present. An ear infection may also be present. **Signs** and **symptoms** may last for 1 to 2 weeks.

IMMEDIATE INTERVENTION:

Refer to a health care provider for diagnosis and treatment.

INCUBATION PERIOD:

Ranges from 2-8 days; commonly 4-6 days.

CONTAGIOUS PERIOD:

3-8 days is most common, however infants may continue shedding this virus for as long as 3-4 weeks.

TRANSMISSION:

Contact with **secretions** from the nose, mouth and throat of an infected person. The **secretions** may be on surfaces or in infected droplets in the air.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: Exclude until symptoms subside and the individual is fever-free.

Contacts: No restrictions.

REPORTS REQUIRED:

None. If there is an unusual absentee rate (above 10% of individuals in a single group setting) with upper respiratory infections, notify the local health department for additional management steps.

RESPIRATORY SYNCYTIAL VIRUS (RSV)



**SPECIAL
FEATURES:**

RSV usually occurs in yearly outbreaks during winter and early spring.

Spread among **household** and child care **contacts**, including adults, is common.

Initial infection occurs most commonly during the first year of life. The majority of RSV infections are not serious, however, infants and young children may develop life-threatening illness requiring hospitalization for anti-viral treatment.

Other medical conditions such as asthma and chronic allergies may contribute to an individual's susceptibility to RSV and other respiratory infections.

A single infection with RSV generally does not make an individual immune to future RSV infections.

RSV infection is not easily distinguishable from other viral infections that cause respiratory **signs** and **symptoms**.

See Handwashing, Bleach Solutions, Infection Control Measures.

SIGNS AND SYMPTOMS:

Scalp: Begins as a “pimple” and spreads, leaving scaly patches of temporary baldness.

Skin: Flat, spreading, sores with reddish ring. May be dry and scaly or moist and crusted. Itching is common.

IMMEDIATE INTERVENTION:

Cover exposed sores with a bandage if practical. Refer to a health care provider.

INCUBATION PERIOD:

Scalp:10-14 days.

Skin:4-20 days.

CONTAGIOUS PERIOD:

As long as untreated sores are present until 48 hours after beginning treatment.

TRANSMISSION:

Direct contact with the sores or articles contaminated with the **fungus**.

Animals including dogs, cats and cattle can be a source of infection.

Ringworm is not caused by a “worm,” it is caused by a **fungus**.

SCHOOL/CHILD CARE ATTENDANCE:

Cases:

Cover sores while receiving treatment. The health care provider may recommend anti-fungal preparations which can be purchased without a prescription.

Contacts:

Examine close **contacts** and exclude if infected. Parents may seek veterinary assistance in examining and obtaining treatment for infected household pets.

REPORTS REQUIRED:

None required.

RINGWORM



**SPECIAL
FEATURES:**

Scalp:

Direct contact with hair or hair care items, towels and face cloths should be avoided.

Skin:

Launder towels, face cloths and clothing in hot water. Store nap mats so sleeping surfaces do not touch each other.

Fungicidal agents must be used on tables, showers, dressing rooms, sinks, benches and floors. Assure rapid draining of shower rooms.

See Handwashing, Infection Control Measures, and Parent Alert Letter.

SIGNS AND SYMPTOMS:

High **fever** (above 103°) for 3-7 days, irritability, **listlessness** and runny nose may be present. A rash with small, separate, rose-pink spots appears on the chest and abdomen at the time the **fever** disappears. The rash usually lasts only 1-2 days.

IMMEDIATE

INTERVENTION: Exclude individuals with rash accompanied by **fever**.

INCUBATION PERIOD:

9-10 days.

CONTAGIOUS PERIOD:

Unknown.

TRANSMISSION: Contact with **secretions** from the nose, mouth and throat of an infected person. The **secretions** may be on surfaces or in infected droplets in the air.

SCHOOL/CHILD CARE

ATTENDANCE:

Cases: Exclude until **fever-free**.

Contacts: No restrictions.

REPORTS

REQUIRED: No reports are required.

SPECIAL FEATURES:

This rash illness is caused by Human Herpesvirus 6.

Cases occur throughout the year, mostly in children ages 3 months to 4 years of age. Although roseola is not a serious disease, occasionally seizures occur during the period of high **fever**.

There is no known risk to pregnant women.

Non-aspirin products, like acetaminophen, should be used for **fever**-reduction.

See Infection Control Measures, Rash Flow Chart and Features of Rash Illness.

ROSEOLA

SIGNS AND

SYMPTOMS:

Listlessness, low **fever** (101°F), and swollen lymph nodes at the back of the neck, accompanied by a fine pink rash beginning on the face and spreading rapidly to the chest and back. Runny nose, and joint pain may also be present.

IMMEDIATE

INTERVENTION:

Isolate, exclude and refer to a health care provider for diagnosis. Call the local health department to report all rashes accompanied by **fever**.

INCUBATION

PERIOD:

14 to 23 days, commonly 16-18 days.

CONTAGIOUS

PERIOD:

From 7 days before to 7 days after the rash appears.

TRANSMISSION:

Contact with **secretions** of the nose, mouth and throat of an infected individual. These **secretions** may be on surfaces, tissues or in infected droplets in the air. Rubella disease is caused by a virus.

SCHOOL/CHILD

CARE ATTENDANCE:

Cases:

Exclude from the time of onset of **fever** and rash, through the 6th day after the rash appears, and until the individual is **fever-free**.

Contacts:

Any individual who has not received rubella vaccine or who does not have proof of **immunity** by age-appropriate vaccination or blood test, shall not be permitted to attend school/child care during an **outbreak**, as determined by the local health department.

REPORTS

REQUIRED:

Immediate telephone report of **Cases** and **Suspect cases** to the local health department are required.

RUBELLA (GERMAN MEASLES)



**SPECIAL
FEATURES:**

Parents should alert the health care provider of any rash-illness before transporting the child to a health care facility.

Rubella can have serious consequences for the fetus of a pregnant woman. If pregnant and exposed to rubella, consult a health care provider immediately.

Rubella **immunization** is not recommended during pregnancy.

Review histories of all individuals to identify need for immunization updates and/or exclusion.

Individuals should be considered immune to rubella only if they have documentation of one of the following:

- **Immunization** with rubella vaccine on or after the first birthday;
- Those who have a positive blood test (titer) demonstrating immunity.

All other individuals should be considered **susceptible** and should be vaccinated if there are no contraindications.

Rubella is also known as German measles or 3-day measles.

See Handwashing, Rash Flow Chart, and Features of Rash Illness, Immunizations and Parent Alert Letter.

SIGNS AND SYMPTOMS:

Intense itching of the skin, especially at night.

Small blister-like sores or tiny burrows (short, wavy, dirty-looking lines) that contain the mites and their eggs. These sores and burrows are seen commonly around finger webs, creases of the wrists and elbows, belt line, and genitals of men and lower buttocks of women. In infants, the head, neck, palms, soles and buttocks may also be involved.

IMMEDIATE INTERVENTION:

Exclude and refer to a health care provider.

INCUBATION PERIOD:

From 2-6 weeks before itching is noticed.

CONTAGIOUS PERIOD:

As long as live mites are present.

TRANSMISSION:

Usually by direct skin-to-skin contact. Spread by contact with **infested** clothing and bed linen is possible. The mite can survive off the body for only a few days.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: Exclude until treatment has been completed (usually overnight).

Contacts: All **household contacts** should be treated at the same time as the **infested** individual. Examine close contacts and refer for treatment if infested.

REPORTS REQUIRED:

Immediate reports of **outbreaks** in schools and child care are required.

SCABIES



**SPECIAL
FEATURES:**

Occasionally, 2 treatments one week apart may be required to eliminate the **infestation**.

Itching may continue for weeks after treatment is complete.

Scratching may result in bacterial skin infections.

Environmental pesticide sprays are not recommended for management.

Wash and dry, on the hot cycle, all washable items that the individual may have come into contact with in the previous 3 days. Include bed linens, towels and clothes.

Mites can burrow under the skin in 2 minutes.

See Rash Flow Chart and Parent Alert Letter.

IMMEDIATE

INTERVENTION: Refer to health care provider for diagnosis and treatment.

REPORTS

REQUIRED: Health care providers are required to report syphilis, gonorrhea, chlamydia, genital herpes and Hepatitis B.

SPECIAL

FEATURES: Except in the case of Hepatitis B, the potential relationship between sexually transmitted diseases and sexual abuse in children cannot be ignored.

Child Protective Services may need to be contacted.

Health education regarding sexually transmitted diseases (S.T.D.'s) including **signs**, **symptoms** and how they are spread should be included in the age-appropriate human development curriculum.

Treatment of STD's is available through local health department and other clinics, and through private health care providers.

Arizona State law allows minors to obtain treatment of STD's without parental consent.

SEXUALLY TRANSMITTED DISEASES



Disease	Symptoms	Transmission	Incubation	Communicable Period	School/Child Care
Chlamydia trachomatis	Both sexes: discharge from vagina/penis, pain on urination, may have no symptoms.	1. From infected mom to infant during childbirth 2. Sexual intercourse, oral or anal sex with infected individual. 3. Genital infection is sexually transmitted.	Unknown, infection can persist for months, frequently symptomatic.	No longer contagious after 24 hours on antibiotic.	Exclusion from school is not recommended. Treatment with antibiotics is recommended.
Genital Warts	Small bumpy warts on the sex organs and anus. The warts do not go away. Itching or burning around the sex organs.	Spread by direct contact with infected person. Indirectly through contamination of objects and self infection.	1 - 20 months, average 2 - 3 months.	As long as lesions are present.	Exclusions not necessary. Advisable to cover warts if practical.
Gonorrhea	If newborns: discharge from the eyes. In older female children: vaginal discharge, burning on urination. In older males: discharge from penis and burning on urination. May be asymptomatic in both.	In newborns, from mothers during delivery. In older children through sexual transmission.	Men: Average 3-5 days, max. 30 days. Women: Undetermined. Both may be asymptomatic.	No longer contagious after 24 hours on antibiotic.	Exclusion from school is not recommended. Treatment with antibiotics is required.
Herpes	Small, painful blisters on the sex organs or mouth (cold sores). Blisters last 1-3 weeks. Blisters can come back.	Spread by direct or intimate contact or sharing contaminated needles	2 - 12 days	As long as blisters are present, otherwise unknown.	Exclude if fever or blisters in the mouth or on lip and cannot control drooling. For others, cover sores with a bandage if possible.
Syphilis	1st stage: one or more painless sores. 2nd stage: a rash anywhere on the body.	Spread by direct contact with lesion or lesions.	10 - 90 days average 21 days.	Contagious when symptoms are present. 1st stage: 1 - 5 weeks 2nd stage: 2 - 6 weeks	Exclusion from school not recommended. Treatment with antibiotics is needed.
Vaginitis	Itching, burning or pain in vaginal area.	Spread by direct and intimate contact. Pregnancy, antibiotics, menstruation and diabetes can lead to vaginitis.	Variable	As long as symptoms are present.	Exclusion from school not recommended. Treatment recommended.
Hepatitis B	see body of Flip-Chart				
HIV-AIDS	see body of Flip-Chart				

SIGNS AND SYMPTOMS:

Strep Throat: Typically, sudden onset of red sore throat, **fever**, **listlessness**, swollen glands, **nausea** and headache. Tongue may be coated white and then become bright red.

Scarlet Fever: As above, with a fine sandpaper-like rash usually beginning on the chest and back and spreading to all parts of the body including the hands and feet. The rash clears in about 1 week and peeling of the skin is common.

IMMEDIATE INTERVENTION:

Isolate, exclude and refer to health care provider for diagnosis and treatment. Call the local health department to report all undiagnosed rashes accompanied by fever.

INCUBATION PERIOD:

2-5 days.

CONTAGIOUS PERIOD:

Untreated, 10-21 days. Treated with **antibiotics**, up to 48 hours after first dose.

TRANSMISSION:

Contact with **secretions** of the nose, mouth and throat of an infected individual. These **secretions** may be on surfaces or in infected droplets in the air.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: Exclude for at least 24 hours after the first dose of **antibiotics** and the individual is **fever-free**.

Contacts: Observe for early **signs** and **symptoms** of illness.

REPORTS

REQUIRED: **Outbreak** reports required.

STREPTOCOCCAL SORE THROAT and SCARLET FEVER



**SPECIAL
FEATURES:**

Scarlet fever is the result of a toxin produced by certain kinds of streptococcal bacteria. Treatment is usually the same as for “strep throat.”

Streptococcal bacteria are responsible for other infections such as impetigo, and ear infections.

Most children who do not receive treatment will recover however some may develop complications such as ear and sinus infections. Some may develop serious damage to the kidneys or heart (rheumatic heart disease).

Infections are usually seasonal, with most cases in the winter months.

Dispose of tissues immediately after one use; use face cloths one time and on only one individual before laundering.

See Handwashing, Rash Flow Chart, Features of Rash Illness, Infection Control Measures, and Parent Alert Letter.

SIGNS AND SYMPTOMS:

Thrush: Creamy white patches resembling cottage cheese curds inside the mouth and on the tongue. When scraped, these spots leave a raw, bleeding, painful sore. Seen most often in infants and **immunocompromised** individuals. Yeast Diaper Rash: Bright red rash in the diaper area. The infected skin may peel or develop open sores.

IMMEDIATE INTERVENTION:

If **signs** and **symptoms** are present, refer to a health care provider for management which may include medication.

INCUBATION PERIOD:

Variable; 2-5 days for thrush in infants.

CONTAGIOUS PERIOD:

While sores are present.

TRANSMISSION:

Thrush: Contact with secretions from the mouth and throat of an infected individual.

Yeast diaper rash: Contact with the skin and stool of an infected individual.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: Children who are being treated with medication prescribed or recommended by a health care provider for thrush or yeast diaper rash do not need to be excluded.

Contacts: No restrictions.

REPORTS REQUIRED:

None. If there is an unusual infection rate (3 or more individuals in a classroom with Thrush or Yeast diaper rash) notify the local health department for additional management steps.

THRUSH/YEAST DIAPER RASH



**SPECIAL
FEATURES:**

Both Thrush and Yeast diaper rash are caused by various kinds of Candida yeast.

When caring for children with thrush, special attention must be given to items contaminated with the saliva of infected children such as bottles, feeding utensils, pacifiers, mouthed toys, bibs and clothing wet with drool, and medication implements. Pay special attention to cleaning and sanitizing mouthed items and equipment that belongs to the facility.

Place the child's personal items in a plastic bag, label with the child's name and send home for cleaning. Make sure the child's bottle and pacifier are labeled and not "shared" with another child.

Children with yeast diaper rash must have their diapers changed immediately after they become wet or soiled.

The child's bottom should be cleaned with soap and water, rinsed well, and gently patted dry. Avoid the use of corn starch, powders, ointments, and diaper wipes containing alcohol as they can further irritate the skin and cause discomfort. Use only the ointments or medications recommended or prescribed by the child's health care provider. Clean and sanitize diaper changing surfaces well.

Careful handwashing after contact with affected areas or secretions, or items contaminated with secretions is important.

See Handwashing, Diaper Changing Procedures, Infection Control Measures.

SIGNS AND SYMPTOMS: Cough, low fever, weight loss, night sweats, chest pain. The cough may produce bloody **sputum**. There may be no **symptoms**, particularly in children and adolescents.

IMMEDIATE INTERVENTION: Refer to a health care provider for diagnosis and treatment.

INCUBATION PERIOD: May be from months to a lifetime. The time from infection to development of a positive tuberculin skin test or identification of disease on X-ray may range from 2-10 weeks.

CONTAGIOUS PERIOD: As long as living bacteria are in the **sputum**.

TRANSMISSION: Breathing in infected droplets that come from the nose, mouth and throat of an infected individual. These droplets are transmitted through the air when infected persons exhale, cough, sneeze, talk, laugh, or sing. The infected droplets are then breathed in by other individuals. Infants and young children are usually not contagious. Risk is greatest for individuals sharing airspace for prolonged period of time.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: Exclude until laboratory examination of **sputum** demonstrates tuberculosis bacteria are no longer present or according to more specific guidelines established by the local health department.

Contacts: The local health department will assist in completing investigation and screening of **household**, school and child care **contacts**. The local health department will provide information regarding management guidelines for TB.

REPORTS REQUIRED: **Case** and **Suspect case** reports are required within 5 days.

SPECIAL FEATURES: In areas where TB is prevalent, skin testing will identify individuals who may be infected. Foreign-born adults and children show increased rates of infection, as do individuals with HIV infection, close contacts of individuals with TB infection, and residents of long-term care facilities. Communities may also identify specific groups in their area where an increased rate of tuberculosis exists (e.g., homeless populations or migrant farm workers).

Group care programs may contact their local health department for advice on developing health policies regarding tuberculosis testing for staff, volunteers, and children.

The TB skin test is a screening test—not an **immunization** against tuberculosis.

TUBERCULOSIS (Pulmonary)

SIGNS AND SYMPTOMS:

Infection may go unnoticed or resemble a mild cold. **Symptoms** often include cough, **fever**, chills, backache, headache, **listlessness** and chest pain.

Sometimes a light rash or swollen lymph nodes are present.

Early **signs** and **symptoms** of Valley fever can imitate other respiratory conditions or illnesses.

IMMEDIATE INTERVENTION:

Refer to a health care provider for evaluation and diagnosis.

INCUBATION PERIOD:

From 1-4 weeks.

CONTAGIOUS PERIOD:

Not contagious (not spread person-to-person).

TRANSMISSION:

Inhaling **fungus** spores from the soil, most commonly from dust in the air.

SCHOOL/CHILD CARE ATTENDANCE:

Cases: No restrictions.

Contacts: No restrictions.

REPORTS REQUIRED:

Health care providers are required to report Cases and Suspect cases.

SPECIAL FEATURES:

- Knowledge of Valley Fever will be helpful in answering questions of parents.
- Valley Fever is common in Arizona.
- Dust reduction measures should be considered for desert gatherings, construction sites, dirt roads, off-road recreation and in farming communities.

VALLEY FEVER (COCCIDIOIDOMYCOSIS)

SIGNS AND SYMPTOMS:

Mild, cold-like **signs** and **symptoms** accompanied by little or no **fever**.

Coughing, which gets worse within 1-2 weeks and becomes spasmodic. The cough may be followed by a “whooping sound” in older infants and preschool children.

Coughing will include increased production of mucus. After episodes of coughing, vomiting may occur.

IMMEDIATE INTERVENTION:

Isolate and exclude. Refer to a health care provider for diagnosis and treatment.

INCUBATION PERIOD:

6 to 21 days, usually 7-10 days.

CONTAGIOUS PERIOD:

Most contagious during the cold-like stage to 3 weeks after the cough begins, or until on effective antibiotic therapy for a minimum of 5 days.

TRANSMISSION:

Contact with **secretions** of the nose, mouth and throat of an infected individual. These **secretions** may be on surfaces or in infected droplets in the air.

SCHOOL/CHILD CARE ATTENDANCE:

Cases:

Untreated individuals must be excluded for 3 weeks following the onset of “hard” coughing. Individuals treated with an appropriate antibiotic (Azithromycin, Erythromycin, Clarithromycin, TMP/SMZ) may return in 5 days if their condition allows and they are **fever-free**.

Contacts:

A preventive course of an appropriate antibiotic (Azithromycin, Erythromycin, Clarithromycin, TMP/SMZ) is often recommended for **household contacts** and close **contacts**. The local health department will assist in investigating and prescribing a course of action for group settings.

REPORTS

REQUIRED:

Immediate telephone report of **Cases** and **Suspect cases** to the local health department are required.

WHOOPING COUGH (PERTUSSIS)



**SPECIAL
FEATURES:**

Whooping Cough (Pertussis) is a **vaccine**-preventable disease. Review immunization histories of all children to identify those who need additional vaccination when a **Case** occurs in the group setting.

Immunity provided by vaccinations begins to diminish during the teenage years, making teens and adults **susceptible** to whooping cough again.

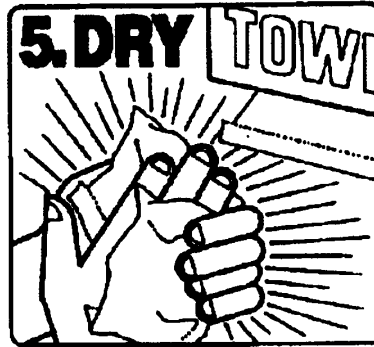
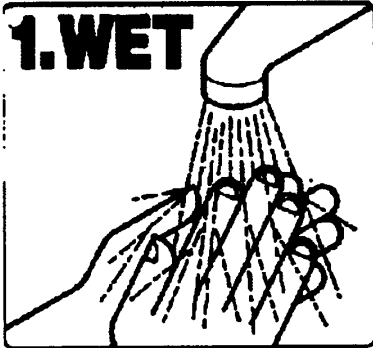
Whooping Cough vaccine combined with tetanus and diphtheria toxoids (Tdap) is now recommended for adults 19-64 years of age to replace the next booster dose of Td vaccine. Tdap vaccine is also recommended for adults who have close contact with infants <12 months of age and who have not had Td vaccine for 5 years.

Whooping cough is often misdiagnosed as bronchitis, or other respiratory illness in teens and adults.

See Immunization Schedule, Infection Control Measures and Parent Alert Letter.

WASH YOUR HANDS!

BE A GERM
BUSTER...



Handwashing Steps Include:

1. Wet the hands with warm, running water.
2. Apply small amount of liquid soap.
3. Wash fronts, backs, and in between the fingers using gentle pressure (friction) while rubbing the hands together.
4. Rinse all soap and soil from the hands with warm, running water.
5. Dry the hands completely with a single use, disposable paper towel or commercial hand drying blow dryer.
6. Turn off water with a paper towel to prevent re-contaminating the hands by germs and soil on the faucet handles.
7. Discard paper towels immediately into appropriate trash container. Do not reuse paper towels for any other purpose.



Handwashing Steps

Handwashing is a disease prevention practice which must be done correctly and at appropriate times to be effective.

- Young children must be reminded to wash their hands at appropriate times;
- Young children must be monitored for correct handwashing steps to ensure effectiveness;
- All diapered children, regardless of age, must have their hands washed after diapering. Use all steps;
- Moistened towelettes are NOT recommended for routine handwashing practices, however they may be used in the absence of soap and water, such as a field trip or for quick removal of dirt and sticky substances.

SUPPLIES INCLUDE:

- Warm, running, water, with “mixit” type faucets;
- Sinks that drain quickly, and completely;
- Liquid soap, wall-mounted or pump;
- Single-use disposable paper towels, or commercial hand-drying blowers;
- Plastic-lined trash container for soiled paper towels;

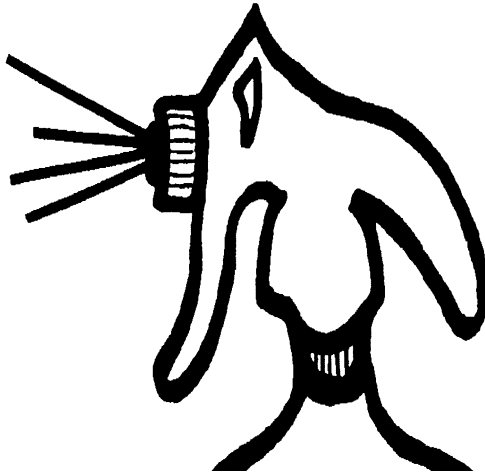
APPROPRIATE HANDWASHING TIMES INCLUDE:

Adults

- When you arrive at the program/school;
- Before and after first aid or temperature-taking; Before and after preparing foods, snacks, or bottles;
- Before and after giving medications;
- After using the toilet or helping a child to use the toilet;
- After diapering a child;
- After you handle items soiled with waste or body fluids such as, urine, saliva, stool, blood or discharge from the eyes, nose, or sores;
- After prolonged sneezing or coughing;
- After caring for a sick child or animals;
- After messy activities;

Children

- When they arrive at the program/school;
- Before eating meals and snacks;
- After their diaper is changed;
- After they use the toilet;
- After playing with animals and pets;
- After outdoor play;
- After prolonged coughing, sneezing, or wiping their nose;
- After messy activities.



Bleach Solutions

General Purpose: SPRAY solution

- 1/4 cup bleach to 1 gallon water
Or
- 1 tablespoon bleach to 1 quart water

for tabletops, toys, general sanitizing, etc.

Soaking solution: Bucket or sink

- 1 tablespoon bleach to 1 gallon water

mix solution in bucket, sink, etc.
Allow a 2 minute soak
Air dry on sanitary surface

For dishes, mouthed toys, pacifiers, water toys, manipulative learning items, visibly contaminated items, etc.

Diaper Area/Bathroom/Illness/Injury

- 1/2 cup bleach to 1 quart water
Or
- 1 part bleach to 10 parts water (1:10)

for diaper areas, bathrooms, sickrooms, food preparation areas, blood/body fluid contamination)

Soaking Solution : LAUNDRY

- 1 tablespoon bleach to 1 gallon water in the washing cycle

3-5 minute soak or washing cycle
Rinse fabrics with fresh water

Air dry or warm/hot dryer settings (for fabrics or items contaminated with blood urine, feces, mucous, vomitus, body fluids, etc.)

Bleach Solutions



Bleach Solutions

Chlorine bleach solutions are currently recommended for sanitizing disinfecting practices in early childhood settings. Household bleach is effective in killing many disease-causing organisms. Chlorine bleach is an inexpensive product, which is easily accessible in every community. Chlorine bleach is used in very dilute solutions, allowing for repetitive sanitizing of items surfaces which directly and indirectly go into the mouth. An EPA approved germicidal product may be used for sanitizing and disinfecting, however, caution must be used to prevent a toxic substance from accumulating or remaining on items such as mouthed toys, dishes, flatware, kitchen utensils, thermometers, table tops, or pacifiers.

CHLORINE BLEACH GUIDELINES

Bleach can irritate the skin, eyes or lungs if used incorrectly.

Call POISON CONTROL for appropriate management instructions if bleach has been swallowed or splashed in the eyes.

- Household bleach must contain at least 5.25% sodium hypochlorite (active ingredient)
- Never mix bleach with toilet cleaners, solvents, rust removers, etc. Products containing ammonia can release hazardous gasses if mixed with bleach
- Store bleach in the original container, away from heat, pilot lights or direct sunlight
- Never re-use bleach containers for liquids or food storage
- Make SPRAY solutions at least once each week. Daily is best
- Clearly label the SPRAY bottles with bleach solution contents (use a permanent felt tip marker)
- SPRAY solutions kill many germs in a very short contact time, SOAK solutions may take from 2 to 5 minutes
- OSHA guidelines include the use of 1:10 bleach and water for some infection control practices.

CLEANING AND SANITIZING

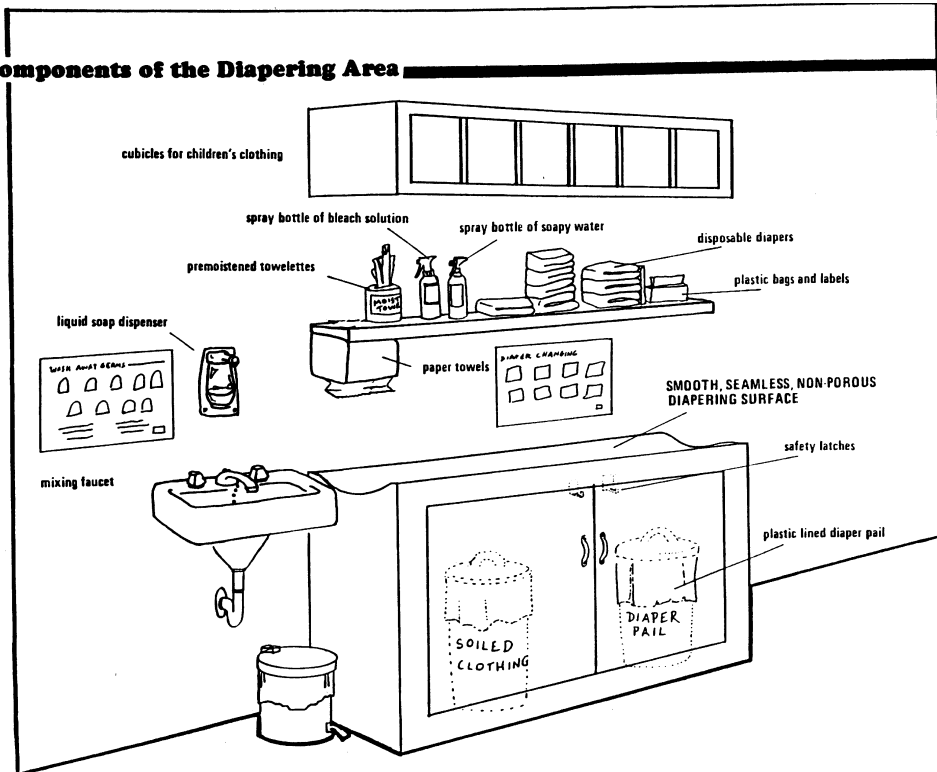
Cleaning:

To remove dirt, grease, debris and many germs by washing or scrubbing with soap (detergent) and water and then rinsing the soapy area with fresh water.

Sanitizing/Disinfecting:

To kill disease-causing germs on contact. This process is accomplished by the use of household bleach solutions, commercially prepared products (germicides) or physical agents such as high heat. The activity of sanitizing reduces the number of disease-causing germs to a "safe" level by using one of these methods.

Components of the Diapering Area



- Establish one location for diapering activities. This area must never be used for classroom activities, food preparation or for food or baby bottle storage.
- Diapering areas must be adjacent to a handwashing sink, supplied with running water, liquid soap and disposable paper towels. A plastic lined container with a tight fitting lid, must be assessable for trash disposal from the handwashing activity. This sink may never be used as a source of drinking water, classroom activity water or food preparation water.
- Diapering “tables” must be constructed of a strong, sturdy, smooth, seamless, waterproof material which can be sanitized (disinfected) after each diaper change. No breaks, chips, cracks or peeling, which prevents adequate sanitizing, may be observed. Disease causing germs can grow in such conditions. A disposable paper towel or surface cover may be used for each child, however sanitizing must still occur after each change.
- Two water-proof, plastic lined containers must be accessible to diaper changing personnel: One for soiled diaper disposal and one for soiled clothing storage. These containers must never be accessible to children. Soiled clothing must be placed in plastic bags, labeled with the child’s name and sent home for laundering unless the program has specific laundering policies which eliminate or strictly reduce the risk of contagious disease spread. **NEVER** place soiled clothing or diapers, etc. in children’s diaper bags which store or transport food or bottles or in compartments (cubbies) that house personal items such as toothbrushes, clean clothes, food or bottles.
- Following each diaper change, the diapering surface must be cleaned and sanitized (disinfected) to kill germs that cause disease. One part household bleach to ten parts fresh water will provide an adequate, spray disinfecting solution.
- Following each diaper change, BOTH the CHILD and the ADULT involved with the diapering activity, must wash their hands with liquid soap and running water, drying with a disposable paper towel.

COMPONENTS OF A DIAPERING AREA

DIAPER CHANGING STEPS

NEVER leave a child unattended on diapering surfaces

CHECK all supplies before bringing the child to the diapering area

- If a child has diarrhea, or visible stool, urine, blood or vomitus on outer clothing, place a disposable paper product on the diapering surface before starting the changing activities. Discard this paper in the soiled diaper container or plastic bag.
- If a child has diarrhea or if visible stool, urine or blood has soiled the diaper changer's hands during the diapering activity, use a disposable, moistened towelette to remove surface soiling from the hands before continuing changing activities, to prevent potential contamination.
- Commercial, moistened towelettes are often used to clean a child's "bottom." Discard used towelettes into plastic lined containers intended for disposable diaper disposal. Caution: To prevent contamination, each child should have his own towelette container, labeled with his name.

DIAPER CHANGING



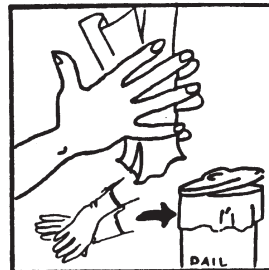
1. Check supplies before bringing child to area. Place a disposable paper on the diapering surface.



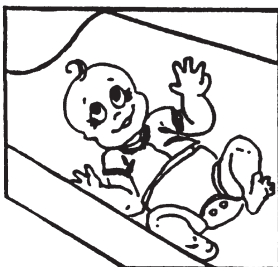
2. Place child on surface. Put on disposable gloves. Remove soiled diaper/clothing. Place soiled diaper in a covered plastic lined container. Soiled clothing is placed into a labeled plastic bag and kept in a plastic lined container for this purpose only until pick-up.



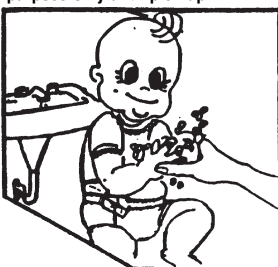
3. Clean child's bottom with disposable wipe. Throw soiled wipe and soiled table paper into the soiled diaper container.



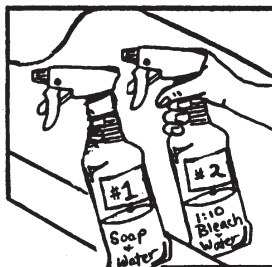
4. Remove gloves and throw away in the soiled diaper container. Use a disposable wipe to further clean your hands, if needed. Limit touching the environment or supplies with gloved hands.



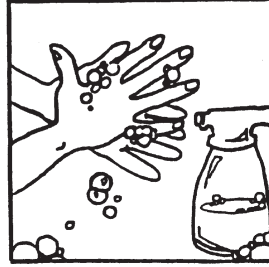
5. After removing the contaminated gloves, put on clean diaper and dress the child.



6. Wash the CHILD'S hands, regardless of age, with running water and soap. Return the child to the activity area or crib.



7. Clean and disinfect the diaper area and all contaminated surfaces.



8. Wash your hands with soap and water. **WASH AWAY GERMS!**



- Following every diaper change: the CHILD, regardless of age, must have his hands washed with liquid soap and running water before returning to new activities or the group. Towelettes are not recommended for routine handwashing practices. The ADULT must wash his hands with liquid soap, running water and dry with a disposable paper towel or commercial air dryer. The handwashing sink, used for diapering activities, must never be the source for drinking water, food preparation or classroom activities.
- Gloves are recommended for diapering activities. When gloves are used, they must be removed and discarded following the removal of the soiled diaper and before re-diapering the child, and/or before beginning any other activity.
- Discard soiled or contaminated gloves into plastic lined containers intended for soiled, disposable diapers. NEVER re-use gloves used to diaper a child for any purpose.
- Cleaning and sanitizing (disinfecting) of diapering surfaces must be completed after every diaper change.

FEATURES:

Infected individuals without **signs** or **symptoms** can spread this **parasite** by poor hygiene habits. In the group setting, stress careful handwashing after toileting, after changing diapers, before food preparation and before eating.

See Handwashing and Diaper Changing Procedures, Infection Control Measures, and Parent Alert Letter.

Guide to the Requirements of the Arizona School Immunization Law for Children Entering School or Child Care in the 2006-2007 School Year

Reference Arizona Administrative Code, Department of Health Services - Communicable Diseases. Chapter 6, Article 7, R9-6-701 - 708, Tables 1 & 2.

Why Children Need Shots The Arizona School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend school or child care. Diseases like measles and whooping cough spread quickly, so children need to be protected before they enter. Most children need shots before starting kindergarten and most high school students will need a dose of a tetanus, diphtheria containing vaccine (ie, Td or Tdap.)

What Will Be Needed at Registration The child's immunization record will be needed at registration. It must show the date the child was given each vaccine dose. Children who lack a valid immunization record or any required doses must obtain the doses and provide proof of all immunizations prior to school (K-12) entry. Homeless students are allowed a 5 day grace period. Parents of children enrolling in child care must provide proof of all required immunizations within 15 days of entry. If proof of all required immunizations is not provided within 15 days, the child must be excluded from child care until proof is provided.

Number of Immunizations Required to Enter Childcare or School, By Age of Child									
Vaccine	Childcare/Preschool/Pre-K/Head Start						Kindergarten through 12 th Grade		
	<2 months	2-3 months	4-5 months	6-11 months	12-14 months	15 mo-5 yrs	5-6 years	7+ years	
DTaP/DTP/DT		1	2	3	3	4	4-5 One dose must be at 4+ years of age		
Td (Tdap is not required but may be used instead of Td for 1 dose if child is 10+ years of age)								3-5 At least 3 diphtheria/tetanus containing vaccine doses are required & at least 1 dose must be given at 4+ years of age. A booster is required every 10 years	
Polio		1	2	2	3	3	4 Not required if Polio #3 was given at 4+ years		
MMR					1	1	2		
Hib		1	2	2-3	3	3-4* At least 1 dose must be given at 12+months	Hib is <u>not</u> required for children 5+ years of age		
Hepatitis B	1	1	2	2	3	3	3	3	
	A 4 th dose of Hep B is required if Hep B #3 was given before 24 weeks of age								
Varicella (chicken pox)					1	1	1	1-2 A 2 nd dose is required if dose #1 was given at 13+ yrs of age	
	During the 2006-2007 school year, varicella vaccination is required in preschool, childcare, Head Start, Kindergarten, 1 st , 2 nd , 7 th and 8 th grades, unless the child has had chicken pox disease. See Implementation Schedule on back to learn when the requirement will be added to other grades.								
Hepatitis A	In <u>Maricopa County Only</u> 2 doses, spaced 6 months apart, are required for children <u>24-71 months</u> of age in child care settings						Hepatitis A is <u>not</u> required for school attendance		

*One dose of Hib vaccine at 15+ months meets the requirement regardless of any previous doses.

Exemptions to immunization are available in both school and child care settings for medical reasons or laboratory evidence of immunity. Children may also be exempted for personal beliefs in school (K-12) and for religious beliefs in child care settings. Schools and child care centers have the appropriate exemption forms available. Forms are also available at: http://www.azdhs.gov/phs/immun/ldr_forms.htm

Arizona Immunization Program Office • 150 North 18th Avenue, Suite 120 • Phoenix, AZ 85007 • (602) 364-3630 • Toll-free (866) 222-2329

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Varicella (Chicken Pox) Immunization Requirement

Children who have not had chicken pox, and are attending child care, preschool, Head Start, kindergarten, 1st, 2nd, 7th and 8th grades during the 2006-2007 school year are required to show proof of varicella immunization. As displayed in the chart below, two additional grades will be added each year until 2010 when all grades K-12 will be included in the requirement.

Schools and child care centers will accept a parent's report that their child has had chicken pox. Children who have not had chicken pox need to be vaccinated. Parents/Guardians should contact their physician or local health department to arrange for their child to receive the vaccine. Children who receive varicella vaccine at 1-12 years of age need just one dose. Children who receive varicella vaccine beginning at 13+ years of age need two doses, spaced at least 4 weeks apart. If you have questions about varicella vaccine or this requirement, please contact the Arizona Immunization Program Office at (602) 364-3630 or, outside of Maricopa County, (866) 222-2329.

Implementation Schedule for Varicella Requirement

	2005	2006	2007	2008	2009	2010
Child Care Head Start	x	x	x	x	x	x
Kindergarten	x	x	x	x	x	x
1 st Grade	x	x	x	x	x	x
2 nd Grade		x	x	x	x	x
3 rd Grade			x	x	x	x
4 th Grade				x	x	x
5 th Grade					x	x
6 th Grade						x
7 th Grade	x	x	x	x	x	x
8 th Grade		x	x	x	x	x
9 th Grade			x	x	x	x
10 th Grade				x	x	x
11 th Grade					x	x
12 th Grade						x

Immunizations for Babies & Children

These are the shots required to attend childcare in Arizona. Because children who attend child care are at greater risk of exposure to illness, state law requires that some immunizations be completed at the beginning of the "recommended" age range. For instance, although the 4th DTaP is recommended at 12-18 months, state law requires it at 15 months for children in child care settings. Exceptions and "catch up" schedules are on the back of this form.

At birth	Hep B #1 Note: Hep B #1 is the only shot babies under 2 months must have for childcare.			
2 months	DTaP #1	Polio #1	Hib #1	
4 months	DTaP #2	Polio #2	Hib #2	Hep B #2
6 months	DTaP #3	Hib #3 If Pedvax Hib or Comvax is used, the 3rd dose of Hib is not due until 12-15 months of age.		
12 months	Polio #3	Hep B #3 If Hep B #3 was given before 24 weeks of age, a 4 th dose is needed.	MMR #1 Note: MMR and Varicella must be given on the same day or at least 28 days apart.	Varicella¹ #1 (Chicken Pox Vaccine) Note: MMR and Varicella must be given on the same day or at least 28 days apart.
15 months	DTaP #4	Hib #4 Hib #4 is not needed if Hib #3 is given at/after 12 months of age. A Hib dose at/after 12 months is required for all children under 5 years. One Hib dose given at/after 15 months of age meets the Hib requirement regardless of the total number of Hib doses received.		
15 months to 2 years	Must have 4 DTaP, 3 Polio, 1 MMR, 1 Varicella ¹ , 3 Hep B and 3-4 Hib (with 1 dose on/after 1st birthday) or 1 Hib dose given at/after 15 months.			
2 years to 3 years	Must have 4 DTaP, 3 Polio, 1 MMR, 1 Varicella ¹ , 3 Hep B and 3-4 Hib (with 1 dose on/after 1st birthday) or 1 Hib dose given at/after 15 months. (+ 2 doses of Hep A in Maricopa County only)			
3 years to 5 years	Must have 4 DTaP, 3 Polio, 1 MMR, 1 Varicella ¹ , 3 Hep B and 3-4 Hib (with 1 dose on/after 1st birthday) or 1 Hib dose given at/after 15 months. (+ 2 doses of Hep A in Maricopa County only)			
5 years and older	At kindergarten entry must have 5 DTaP*, 4 Polio*, 2 MMR, 1 Varicella ¹ & 3 Hep B. *Children who received DTaP #4 and/or Polio #3 on/after the 4th birthday do not need additional doses to enter kindergarten.			

¹ Children who have had Chicken Pox are not required to receive Varicella vaccine.

IMMUNIZATION



Exceptions and Additions To The Rules

Parents whose religious beliefs do not allow immunization must sign a **religious exemption** form. A **medical exemption** form must be signed by the child's doctor if there is lab evidence of immunity or a medical reason why the child cannot receive shots. A copy of the lab results must be kept on file to prove the child's immunity.

- A child who is missing shots required for his age can start childcare but must get a dose of each shot due within 15 days of enrollment *and* bring a copy of the shot record completed by the clinic to the child care setting. **After 15 days, the child may not attend without documentation of these shots.**

- **CATCH UP SCHEDULE** for children missing immunizations:

DTaP: The 2nd dose is due 1-2 months after the 1st dose; the 3rd dose is due 1-2 months after the 2nd dose; the 4th dose is due 6 months after the 3rd dose.

Polio: The 2nd dose is due 1-2 months after the 1st dose; the 3rd dose is due 1-2 months after the 2nd dose.

Hep B: The 2nd dose is due 1-2 months after the 1st dose; the 3rd dose is due 3-4 months after the 2nd dose. If Hep B #3 was given before 24 weeks of age, a 4th dose is needed.

Hib: If child is less than 1 year, doses are given 2 months apart. If child is at least 15 months old and less than 5 years, a single dose is needed to catch up.

MMR: One dose is required on/after the child's first birthday. A second dose is required when the child enters kindergarten. If not given the same day as varicella, doses must be separated by at least 28 days.

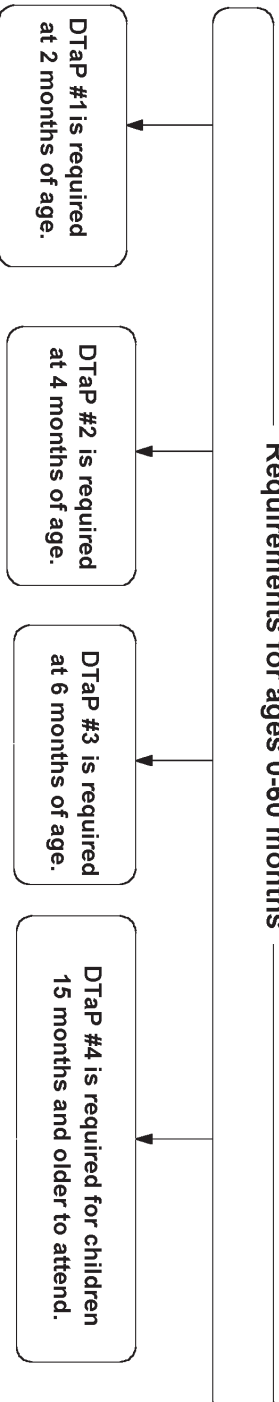
Varicella: One dose is required on/after the child's first birthday unless the child has had chicken pox disease. If not given the same day as MMR, doses must be separated by at least 28 days.

Hep A: Children 24-71 months in Maricopa County only are required to obtain dose #1 within 15 days of enrollment. Dose #2 is due 6 months after dose #1.

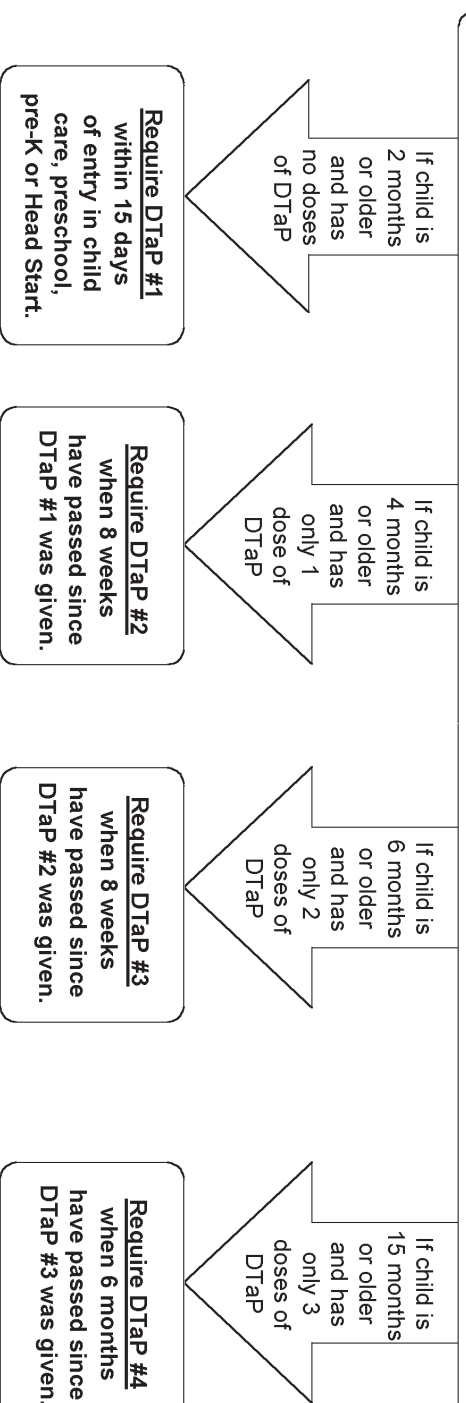
- Children who are missing required shots must stay on the above "catch up" schedule to attend childcare. A 15-day notice must be given to parents whose children fall behind. If they do not provide proof of shots after 15 days, the child must be excluded from care until proof is given.
- What **proof of immunization** is needed? Copies of shot records signed or stamped by the health care provider must be kept on file at the childcare facility.
- Questions? Please call the Arizona Immunization Program Office at 602-364-3630 or toll-free at 1-866-222-2329.

Child Care/Preschool/Head Start Immunization Requirements for Children Birth to 5 Years

DTaP/DT Requirements for ages 0-60 months



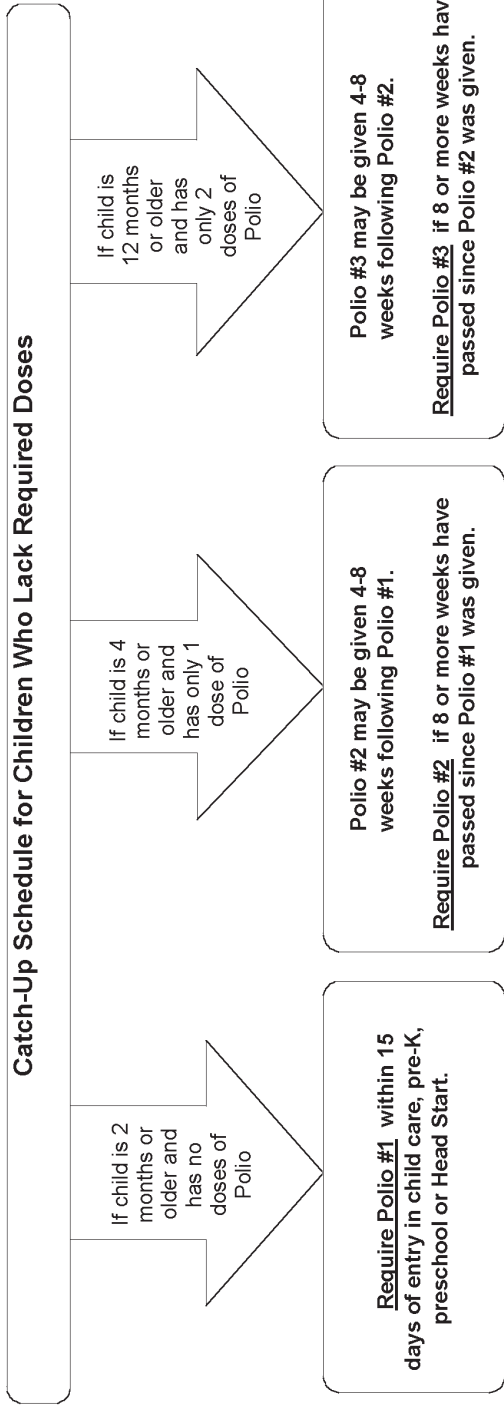
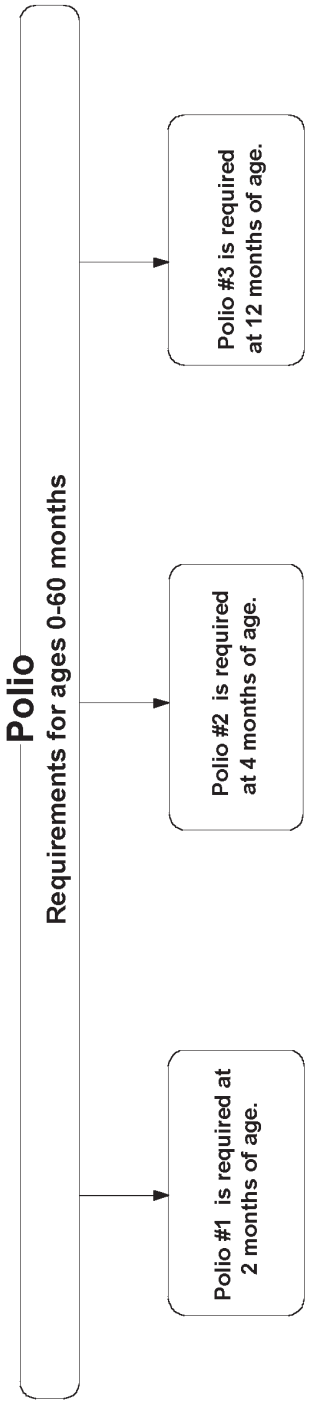
Catch-Up Schedule for Children Who Lack Required Doses



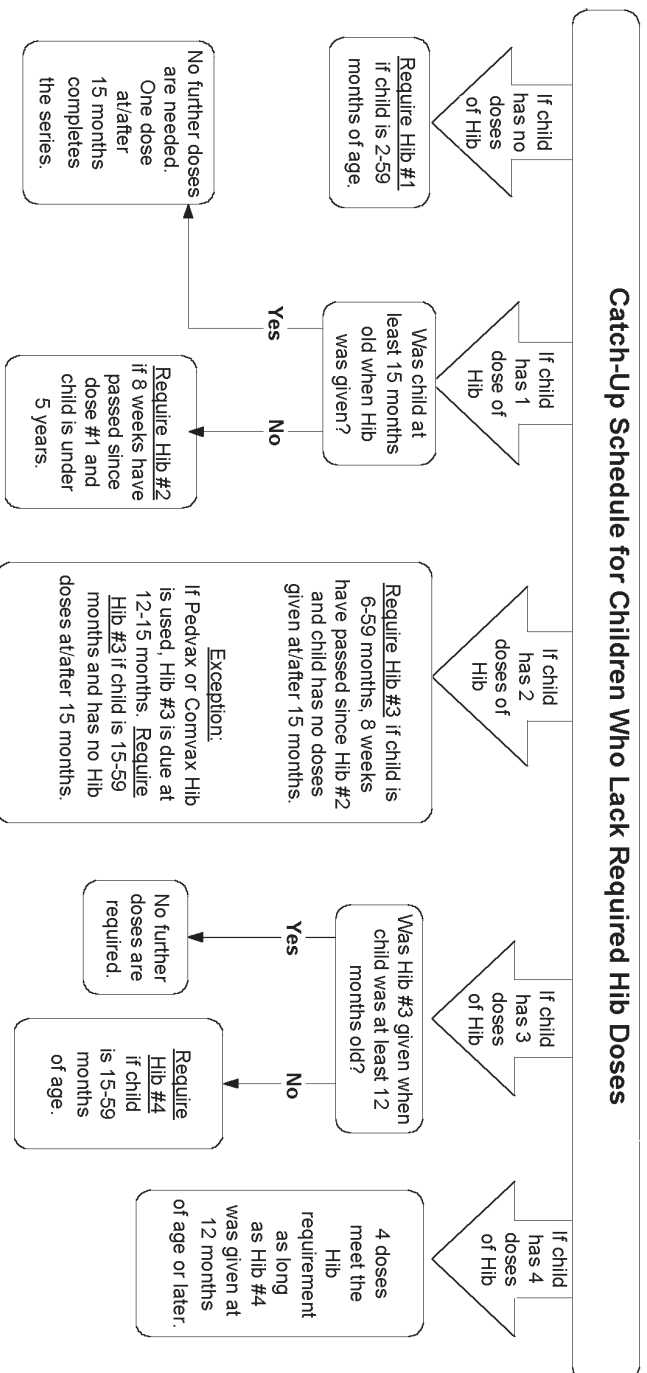
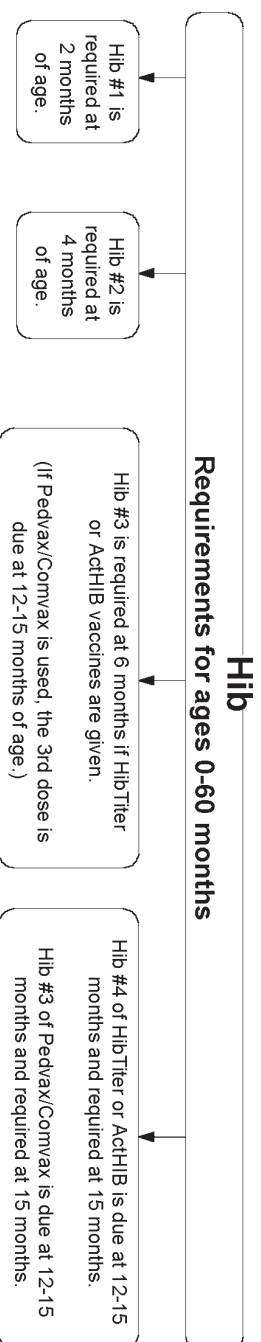
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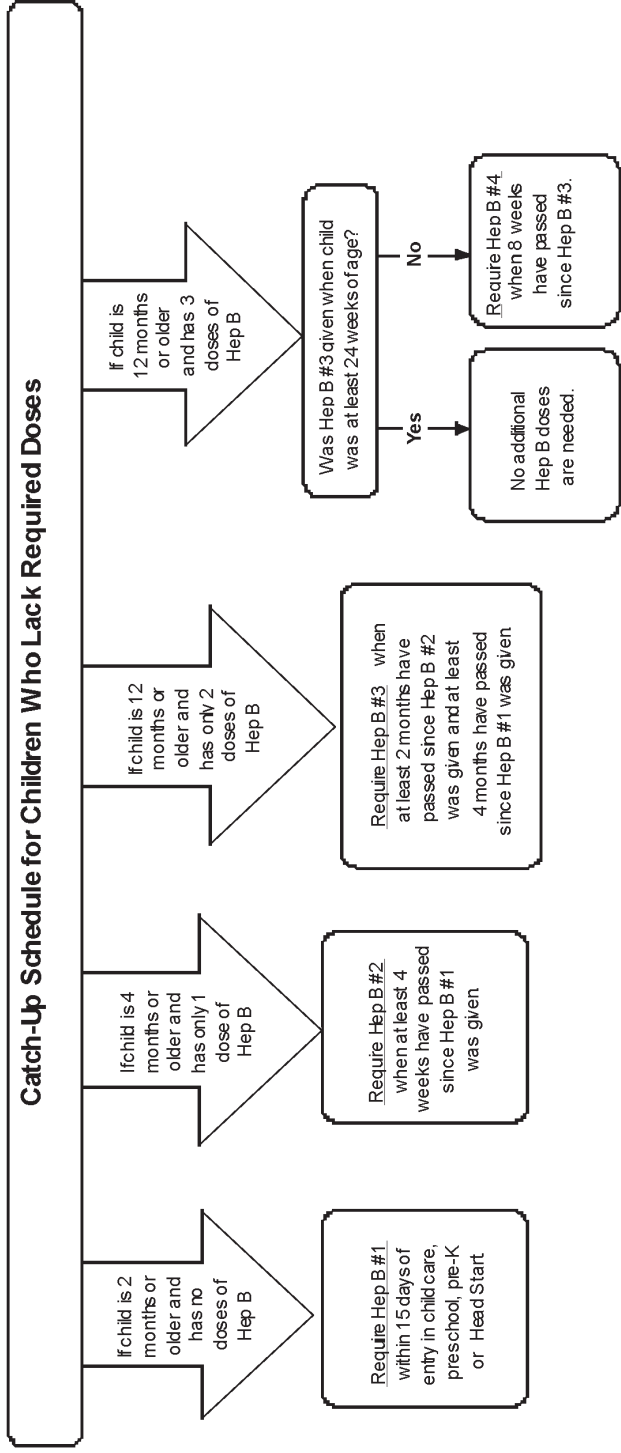
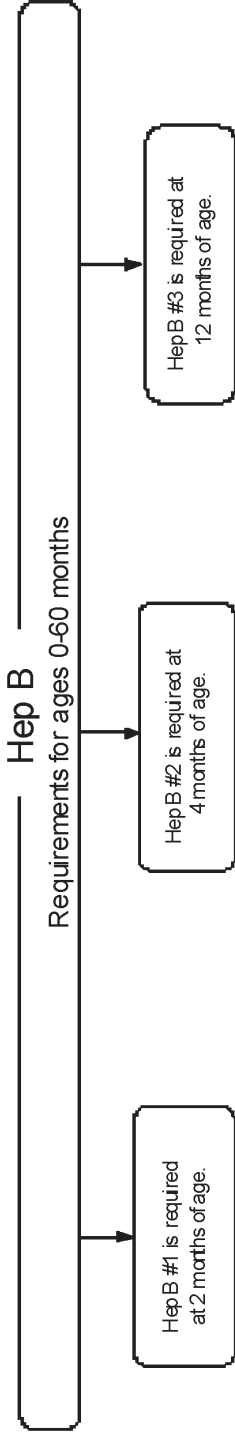
Child Care/Preschool/Head Start Immunization Requirements for Children Birth to 5 Years



Child Care/Preschool/Head Start Immunization Requirements for Children Birth to 5 Years



Child Care/Preschool/Head Start Immunization Requirements for Children Birth to 5 Years

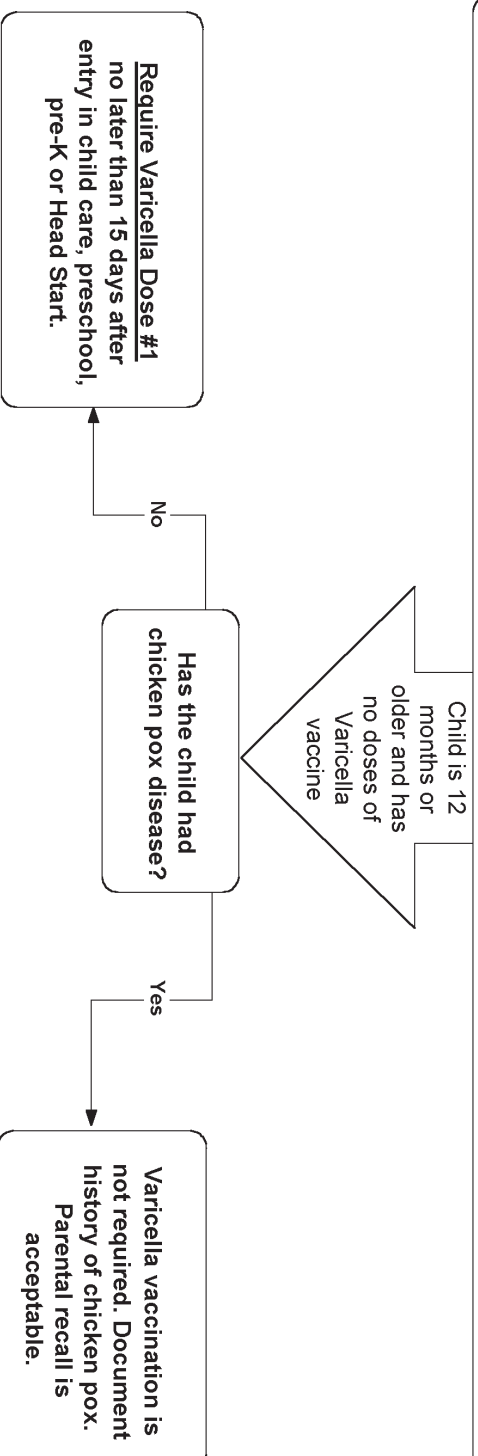


Child Care/Preschool/Head Start Immunization Requirements for Children Birth to 5 Years

Varicella (Chicken Pox) Requirements for ages 0-60 months

Varicella #1 is required at 12 months of age unless the child has history of chicken pox disease.
Children who have had chicken pox disease are not required to be vaccinated with varicella vaccine.

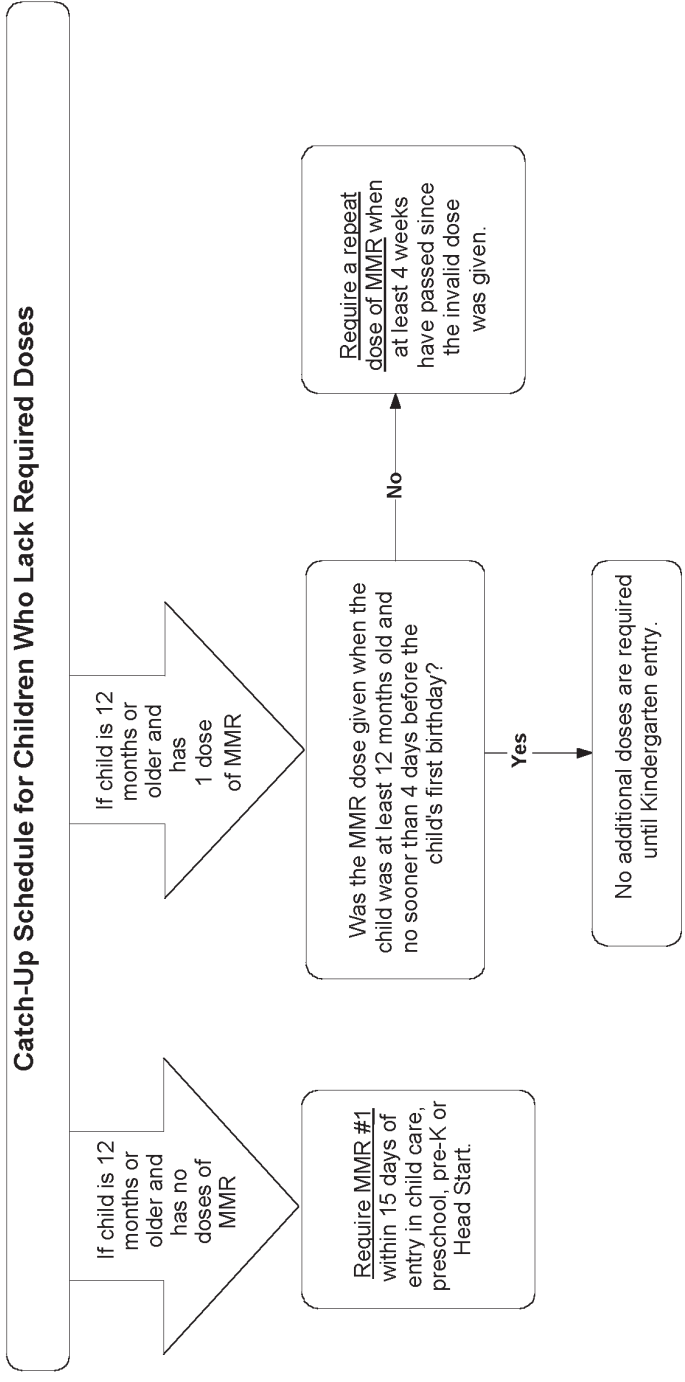
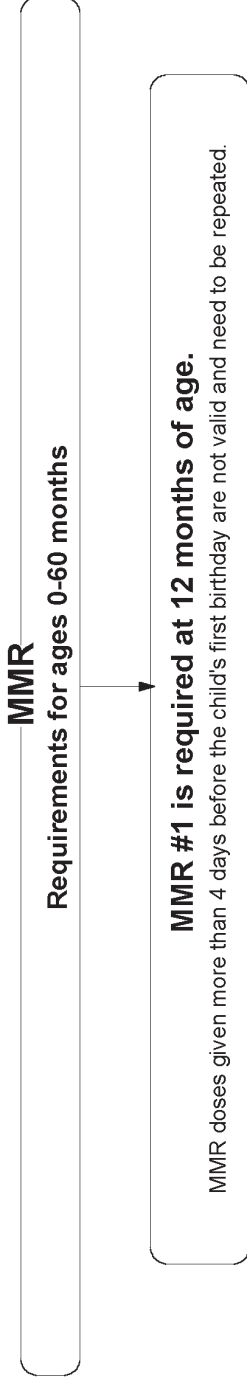
Catch-Up Schedule for Children Who Lack Required Doses

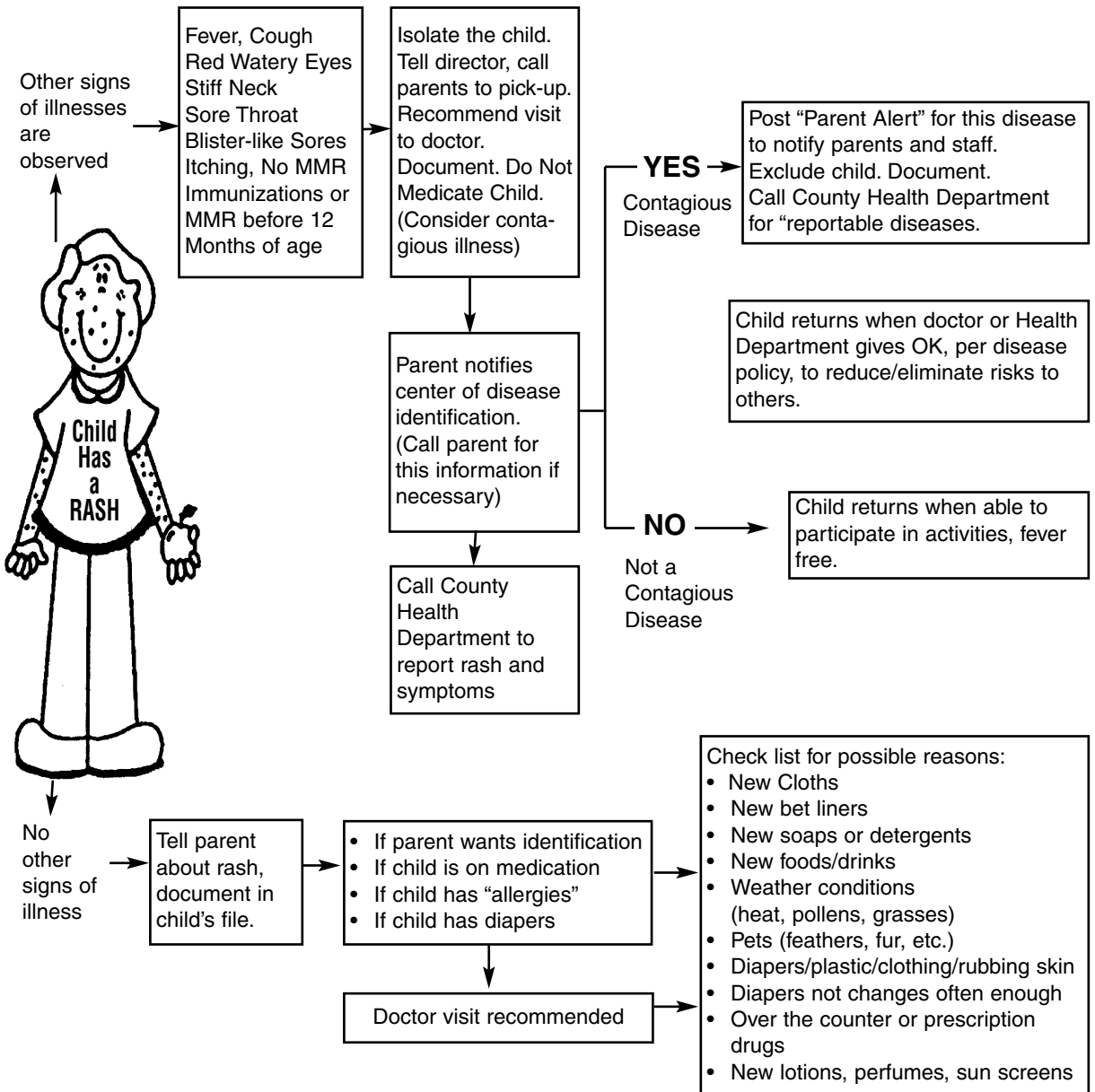


IMMUNIZATION



Child Care/Preschool/Head Start Immunization Requirements for Children Birth to 5 Years





RASH FLOW CHART



DISEASE	SIGNS/SYMPTOMS	TYPE OF RASH	OTHER FEATURES
Measles (10 day or hard measles)	3-4 days of fever higher than 101 F; red watery eyes, sensitivity to light, cough, runny nose, tired.	Red, raised, blotchy rash which begins on face and neck; spreads downward covering the entire body. In 5-6 days rash is brownish color, occasional peeling appearance.	<ul style="list-style-type: none"> • Highly contagious airborne spread. • White spots can appear in mouth, on inside of cheeks. • Rash does not usually itch. <p>* Immunization for prevention is important.</p>
Rubella (3 day or German measles)	Children may have few or no early signs, Adults: 1-5 days of low grade fever, headache, joint pains, runny nose, tired, red, watery eyes. Swollen glands in neck or behind ears.	Pink to red rash, beginning on head or neck and spreads downward, fades and disappears in about 3 days. No peeling appearance.	<ul style="list-style-type: none"> • Many infections are so mild, they go unrecognized. • Serious concern to pregnant women; may cause birth defects in fetus, <p>* Immunization for prevention is important.</p>
Chicken pox (Varicella virus)	Generally low grade fever for 1-3 days, loss of appetite, headache.	Early rash appears like insect bites, random sites, progresses to red, raised lesion with small watery blister in center. All stages of rash can appear at the same time. Lesions usually crust and scab in 5-10 days.	<ul style="list-style-type: none"> • Lesions can appear on scalp, genital regions or in mouth, ears or armpits. • Disease is spread by infected droplets in air or on surfaces and/or by contact with watery blisters.
Scarlet Fever	1-3 days extremely tired, sore throat, fever, vomiting	Fine, bright red rash that briefly turns white if you press on it. Most prominent on neck, armpits, groin or folds of skin. Light peeling of hands/feet. Rough, sand-paper feel to the touch. and neck; spreads downward covering the entire body. In 5-6 days rash is brownish color, occasional peeling appearance.	<ul style="list-style-type: none"> • Face can be flushed (red) with a white ring around the mouth, tongue can swell and look coated with “strawberry” appearance. <p>* Relationship of scarlet fever and rheumatic heart disease in untreated cases.</p>

FEATURES OF RASH ILLNESS



DISEASE	SIGNS/SYMPTOMS	TYPE OF RASH	OTHER FEATURES
Fifth's Disease	Usually none, easily spread in epidemics among young children. May see low grade fever, tired, body aches.	Red, brightly flushed cheeks, red lace-like rash on trunk, arms and legs. Lasts about 7-9 days.	<ul style="list-style-type: none"> • Sunlight makes rash worse • Face has "slapped-cheek" appearance. • Rash may fade/recur for few weeks. • Spread by respiratory secretions/ airborne droplets.
Roseola	3-5 days of fever over 100 F, may see runny nose, tired, body aches.	Sudden, raised, smooth rash which disappears in 24-48 hours. Starts on trunk, can become total body rash.	<ul style="list-style-type: none"> • Rash follows the fever • Generally mild illness, however it is easily spread in groups of young children.
Hand, Foot & Mouth (Coxsackie Virus / Enterovirus)	Sudden onset, fever to 103 F Sore throat, cold-like symptoms, headache, tired, nausea, vomiting, diarrhea.	Red, raised rash, mostly on trunk and face. May appear on palms of hands/ soles of feet. May see blisters in mouth, fluid-filled bumps on hands, feet. Rash lasts 1-10 days.	<ul style="list-style-type: none"> • Several different disease syndromes may be present. • Virus shed in stool, good handwashing is very important to limit spread of disease.
Impetigo	Rash appears as little pin sized "pimples", but evolves quickly into major skin eruptions filled with clear or cloudy colored pus.	Begins as small blisters that break, spreading discharge to skin surfaces. Causes skin lesions. White or yellow crusty scabs form.	<ul style="list-style-type: none"> • Children often have rash on chin, cheeks or mouth • Impetigo itches! • Handwashing very important! • Medications needed for treatment.

DISEASE	SIGNS/SYMPTOMS	TYPE OF RASH	OTHER FEATURES
"Heat Rash" (Prickly Heat)	Often appears in moist skin folds of legs, arms and neck; also common at waistline and on buttocks.	Bands of reddened areas or patches of reddened skin surfaces.	<ul style="list-style-type: none"> • Heat rash is a result of hot, humid conditions and direct skin contact with itself, wet diapers or clothing. Most often associated with plastic diaper pants or disposable diaper plastic irritating the skin surface and increasing the sweat gland stimulus.
Diaper Rash	Reddened skin on buttocks, or "diaper area" as a result of irritation from stool, urine, infection or prolonged contact with plastic diapering materials. Grows in moist, warm conditions.	Rash can be generalized reddened skin surfaces, evolving to blistered appearance with skin breakdown. Can become inflamed, moist and bleeding patches.	<ul style="list-style-type: none"> • This rash causes discomfort and pain. • Diaper rash can be caused by prolonged contact with soiled diapers. • This rash may be caused by fungal or viral infections (germs) which are contagious.
Drug or food reaction rashes	Ranges from fever, red runny eyes, hives, sores in the mouth, genital lesions, asthma like symptoms to extreme difficulty breathing.	Rash may appear as raised skin surfaces like "welts" or "hives" in a cluster. Itching usually present. Rash may appear rapidly, and can range from an isolated skin area to a full body rash.	<ul style="list-style-type: none"> • Assess the use of new medications, foods or skin surface lotions, etc. to prevent further illness by immediately eliminating them. • This rash can be a sign of a serious, quickly occurring condition, especially if it appears for no apparent reason or if other signs of illness are present.

- If a rash occurs suddenly, with fainting, swelling, vomiting and/or difficulty breathing.....**CALL 9 1 1**
- Do not ignore rashes; they are not a normal state of health, and can be a symptom of contagious illness.
- In group settings, post a "Parent Alert" notice if the rash is diagnosed or identified as a contagious condition.
- Call the county health department for information regarding rash symptoms.
- Even non-contagious rash conditions can be a symptom of a health threat....even if it is just unsightly, uncomfortable or itchy! Medical attention may be needed to reduce symptoms or disease risks.

FEATURES OF RASH ILLNESS

While it is unlikely that a bioterrorism threat would be directed at a school or other children's group setting, it is important to ensure that the health and welfare of children and staff are protected and maintained at all times. Information necessary to prevent and/or contain communicable diseases arising from naturally occurring or human-caused events.

Children should not be regarded as small adults. They are likely to become sicker than adults from the same amount of a harmful biological or chemical agent. They get larger doses of substances which are breathed in because they breathe in more times per minute than adults and they are closer to the ground where substances can accumulate. Their skin is thinner, so substances penetrate more easily, and agents which cause vomiting and diarrhea can cause rapid dehydration. Children experience high levels of anxiety and stress during times of threat and they are highly influenced by the emotional state of those who are caring for them.

The Homeland Security Advisory System:

A National Homeland Security Advisory has been developed to more easily inform the public about the current risk of terrorism. Threat Conditions are identified by a description and corresponding color. From lowest level to highest, the levels and colors are:

- Low = Green
- Guarded = Blue
- Elevated = Yellow
- High = Orange
- Severe = Red

The higher the Threat Condition, the greater the risk of a terrorist attack. Risk includes both the probability of an attack occurring and its potential seriousness. The current Threat Condition can be found at www.homelandsecurity.gov



Ten Critical Steps for Handling Possible Bioterrorist Events

Remain calm ... Use sound judgement and common sense ... Have a Plan ... Communicate clearly and promptly

<p>1. Be on “the look-out” (Be aware)</p>	<p>Illnesses/disease/ surroundings: -What would make you wonder about this health problem or issue? -Is there anything out of the ordinary for your school, classroom, students?</p>
<p>2. Be alert to unusual diseases or symptom patterns</p>	<p>-Unusually high numbers of cases -Unusual clusters or groupings -Common illnesses at uncommon time of yr</p> <p>-Unusual disease or outbreak -Usually severe illnesses -Unusual exposure</p>
<p>3. Evaluate the level of threat (likelihood)</p>	<p>What is the nature of the threat: -Credible threat or hoax? -Does it appear to be minor or major? -Do you have a reason to be suspicious? -Why would your school, center, etc. be targeted?</p>
<p>4. Adequately assess the individual(s) and the situation (Use common sense as your guide)</p>	<p>Who (# of people involved in your immediate area or under your control) Is it an immediate problem or a worrisome <i>set of circumstances over time</i>? Are there a lot of people suddenly sick or ... increasing absenteeism rates or ... large numbers of people with mild or puzzling symptoms? What happened? (of importance) -<i>People</i> (medical symptoms: serious breathing problems, strange behavior problems, rashes, blurred vision, other) -<i>Surroundings</i> ... if noteworthy... (powder, smell, mist, other) Where? Is there anything else you noticed that is out of the ordinary?</p>
<p>5. Protect yourself, students and staff</p>	<p>-Remain calm, reassure others -Don't walk into or touch spilled materials -Isolate the hazard area and avoid it -Shut down heating/cooling system/fans – if powder/mist is involved -Prepare to secure or evacuate according to your facility's Emergency Plan -Note: Police may also want to collect evidence(Avoid these areas if possible)</p>
<p>6. Take appropriate action promptly <i>If indicated:</i> Follow facility emergency plan <i>Or if</i> Unsure of problem — discuss with appropriate staff and Health Department</p>	<p>-1st Take care of CPR/first aid if needed ... AWAIT ASSISTANCE SAFELY -Limit exposure and contamination (move away, contain, wash hands, etc.) -Keep the classroom/ environment as normal as possible -Low level ... unsure if there is a minor problem? Unusual # of illnesses - but not an emergency? Check with the local health department for assistance in problem solving and deciding on an appropriate plan of action.</p>
<p>7. Provide good infection control and containment</p>	<p>-Limit exposure and contamination (move away, contain, wash hands, etc.) -Always cover coughs and sneezes with a tissue or the inside of your elbow -Do not touch eyes, nose, or open sores -Masks, showers, etc. are rarely indicated – wait for emergency personnel to arrive and evaluate the situation</p>
<p>8. Decontaminate as appropriate</p>	<p>Emergency personnel will take care of the immediate situation. School or facility administration are responsible for necessary follow up action.</p>
<p>9. Communicate effectively with teachers, children, staff, administrators, & first responders. a. At the actual site (classroom, nurse's office, etc) b. Others as appropriate</p>	<p>-Be calm and clear -Cover the facts -State your concerns briefly -Follow your facility's emergency guidelines</p> <p>**Check with your local health department for input in problem solving, and appropriate plan of action.</p>
<p>10. Report findings and/or concerns to your local Health Department promptly per your facility's guidelines.</p>	

Bioterrorism Readiness-Ten Critical Steps



RECOGNIZING A BIOTERRORISM EVENT OR DISEASE OUTBREAK

Be “on the look-out” for the following:

An *unusual number* of people with such things as:

- Flu-like illnesses
- Rashes with fever
- Diarrheas and/or vomiting illnesses
- Overwhelming, severe infections
- Unexplained conditions of the nervous system (weakness, shakiness, other)
- Common illnesses that occur at an *unusual time* of year (e.g., flu in summer)
- Common illness in *uncommon groups* (age range, populations, or workplace outbreaks). For example: high pneumonia rates in middle school students, chickenpox in nursing home
- *Clusters or groupings* of an illness in the same classroom, building, or location
- *Uncommon illnesses in unusual numbers of people*. For example: cases of Lyme Disease in a classroom, malaria in a child care center, monkeypox in restaurant workers
- Disease (or signs and symptoms of a disease) that is uncommon and could potentially be the result of a high profile bioterrorism event or following an announced bioterrorism threat

Report disease:

- Any unusual disease outbreak
- Any outbreak of unusual size or nature
- Disease cases that are unusually severe
- Unusual route of exposure
- Excessive absenteeism/numbers
- Any outbreak of unusual size or nature
- Disease cases that are unusually severe
- Multiple simultaneous epidemics of different diseases
- Unexpected death in person(s) under 50 yrs of age (excluding accidents, violence)
- All cases of the following* diseases/illnesses should be reported to your local Health Department for investigation and follow-up:

-Anthrax	-Botulism	-Brucellosis	-Cholera
-Diphtheria	-Dengue Fever	-Hanta Virus	-Malaria
-Measles	-Meningococcal Meningitis	-Pesticide Poisoning	
-Plague	-Polio	-Q Fever	-Rubella
-Smallpox	-Tularemia	-Yellow Fever	

*A complete listing of all commonly reportable communicable diseases is available from your health department.

Bioterrorism Readiness-Event Recognition and Reporting



A bioterrorism event or disease outbreak would occur either covertly or overtly

Covert Event: (done in secret, not announced or seen at the time of biologic agent release)

Illness onset: In a covert biological weapons attack, victims will likely develop symptoms of illness in the days or weeks following the release of the biological agent. The “first responders” to the attack will most likely be local hospital emergency departments, primary care providers, outpatient clinics, and hospital-based clinicians. This will also be true in the event of a major outbreak of a natural or unintentional cause.

Suspected event: When the normal number of cases expected for a certain disease during a specified time/season of year is exceeded, an early alert will be triggered. Standing plans for enhanced surveillance practices are then implemented. Bioterrorism or a naturally occurring disease outbreak will be carefully monitored and all necessary parties notified at an early stage in the occurrence.

Overt Event: (readily noticed, not hidden)

Illness onset: In an overt biological weapons attack, victims will likely develop symptoms of illness in the days or weeks following the release of an announced biological agent(s). The “first responders” to the attack are still likely to be local hospital emergency departments, primary care providers, outpatient clinics, and hospital-based clinicians. Naturally occurring epidemic diseases, such as the flu, will also be noted first by health care providers, emergency departments, and first responders.

Public reaction: It is anticipated that one of the major differences between an overt and a covert event is the public’s immediate reaction, concerns, and perceptions as to the ability of local officials to handle the emergency situation. The preparedness and leadership demonstrated both immediately and over time is a key component to effective response plans.



How to Deal with Possible Events

- Disease or Bioterrorism Exposures
- Suspicious Mail or Packages
- Telephone Threats

What to Do at the Time of a Possible Exposure to a Dangerous Infectious Disease or a Biological Agent

- Notify authorities, building security, and your supervisor
- Follow your established Emergency Plan
- Make a list of all the people who were in the room at the time of exposure

Powder on a surface: (Stay in room/ area until notified to do otherwise ... Don't expose others)

- Do not touch or clean up spilled powder (The authorities may want to collect it as evidence)
- Gently cover powder with damp paper, clothing, trash can, etc. Do not remove this cover
- Close the door to prevent others from entering the room
- Move everyone to the opposite end of the room and sit quietly (read, tell stories, etc.)
- Do not touch your eyes, nose or open sores
- Wash your hands and contaminated skin with soap and water (or waterless hand antiseptic if soap and water are not available) as soon as possible. (You may also request someone to bring these to your door for you)
- If appropriate, seal contaminated clothing into a plastic bag. Save for authorities

Suspicious powder or spray or mists floating in the air: ASSESS the SITUATION ... Follow your Emergency Plan

- If the outdoors seems to be filled with powder/mists ... then stay in room, turn off fans, air conditioners, heaters, exhaust fans, etc.
- If your room appears to be the only area affected with floating powder, mist, spray, etc ... then evacuate the room and move to a safer location.

Suspicious sores:

- Cover with a bandage or appropriate covering. Wash hands. Refer for medical evaluation

Neurological symptoms (facial weakness, double vision, significant muscle weakness):

- Call 911.
- Provide first aid and supportive care

What to do When Mail or Packages are Suspected to Contain Dangerous Germs

- May have no return address, no postage, non-canceled postage, incorrect spelling of common names. May be lopsided, rigid, bulky, stained, discolored or have threatening messages

-Do not shake, open or empty the envelope or package

How to Handle Telephone Threats

Implement your program or facility's existing emergency plan

- Don't hang up! (Student office workers - should give the call to an adult asap)
- Write down the time and exact wording of the threat
- Ask what type of threat is planned (bomb, fire, physical violence, kidnapping, biological)
- Who is the caller and why is he making the threat? Against whom is the threat directed?
- When will the threat happen?
- Is the caller male or female? Is the voice familiar? Are there noises in the background?
- If a bomb, where is it, what does it look like and what will cause it to explode?
- Call police (911) if threatening or suspicious individuals are present

Developed by Pima County Health Dept (School Bioterrorism Infection Control Comm) Tucson, Az. Please attribute source.

Bioterrorism Readiness-How to Deal with Possible Events

ROUTINE INFECTION CONTROL MEASURES

Treat all Body Fluids, Blood and Unidentified Powders as if they are Infectious!

Use these procedures every day

Routine Infection Control Measures will protect against bioterrorism agents too!

Handwashing

Supplies include warm, running water, liquid soap, and disposable, single use paper towels or commercial hand blowers.



- Wash the fronts, backs and between the fingers with soap and gentle pressure (friction).
- Dry hands completely with a single use paper towel or commercial hand blower.
- Handwashing guidelines apply to infants, children, and adults who have experienced potential exposure.
- Alcohol-based hand sanitizing solutions may be used by adults following handwashing to kill germs which remain or if soap and water are not available.

Wash Hands BEFORE:

- Preparing food, snacks or bottles.
- Serving food, snacks or bottles.
- Eating food, snacks.
- Giving medication or taking temperatures.
- Cleaning wounds or changing bandages.
- Doing any medical or invasive procedure.
- Beginning activities that involve food.

Wash Hands AFTER:

- **ANY** contact with stool, urine, vomit, mucus, pus, blood or body fluid.
- Playing with pets, animals or birds.
- Changing a diaper.
- Changing a bandage or tending wounds.
- Tending to a sick child (person).
- Using the toilet.
- Messy activities.
- Playing outside, in sandboxes, on equipment, etc.

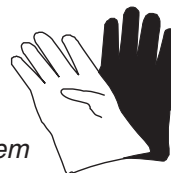
Remember:

- Bathrooms and handwashing areas must be regularly re-supplied.
- Young children must be monitored and reminded of handwashing steps each day.
- Diapered age children must have their hands washed for them, especially after diapering.
- Moistened towelettes are not recommended for routine handwashing. They may be used in the absence of running water and soap, for field trips or for a quick clean-up of soil, grime or sticky substances.

Risk of Disease Increases When Hands are Dirty or Contaminated!

Gloves

Latex, or vinyl disposable gloves are to be used by individuals performing tasks which may bring them into contact with disease-causing germs.



Wear Gloves for High Risk Procedures Such As:

- Cleaning up vomit, stool, blood, urine, pus, and body fluids or secretions.
- Changing bandages, especially if blood, pus or signs of infection are present.
- Cleansing or controlling bleeding wounds, or broken skin, such as nosebleeds, tooth loss, and cuts, scrapes, etc.
- Changing diapers, especially with loose stools.
- Handling linens, clothing, diapers, equipment or surfaces that have been soiled with blood, vomit, stool, urine or body fluids.

Gloving Guidelines:

- Gather all supplies and equipment **before** putting gloves on.
- **Remove gloves** immediately after completing tasks by peeling them off of hands, turning gloves inside out and discarding.
- **After** removing gloves, proceed with tasks of re-diapering, re-bandaging, replacing supplies, etc.
- **Discard** visibly contaminated and potentially contaminated gloves into a separate, closed plastic bag before disposal into a plastic-lined trash receptacle.
- **Wash your hands** before moving to any other activity.

Gloving Reminders:

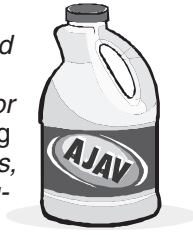
- Care must be taken to prevent contaminated gloves from infecting others or the environment.
- Gloves used for infection control procedures must be discarded immediately. They must be single use, disposable gloves. **NEVER** re-use these gloves!
- Utility gloves may be used for general cleaning activities and can be washed and sanitized for re-use. These gloves are a heavier, sturdier glove made of a rubber type material.

INFECTION CONTROL MEASURES



Sanitation/Disinfecting

Cleaning removes soil, debris and oils and reduces the number of germs using soaps, detergents, or cleaners. Sanitizing or disinfecting kills germs with germicidal agents, household bleach and water solutions, or very high heat.



- Items or surfaces must be cleaned *before* sanitizing.
- **Facility-approved disinfecting solutions** may be preferred over bleach solutions in some settings for sanitizing activities. Care must be taken to prevent **toxic** substances from accumulating or remaining on items which may go into the mouth.
- Sponges are *never* recommended for sanitizing activities because they can harbor germs and spread them to surfaces.
- Dishwashers clean items, and can assist in the sanitizing process if the water temperature is hot enough, the water pressure is adequate, and the cycle length is appropriate.

Bleach and Water Solutions

Use household bleach (5% sodium hypochlorite). Make solutions fresh daily. Always label containers with the contents. Store out of reach of children

Bleach Soaking Solution: 1 Tablespoon household bleach, mixed with 1 gallon of water.

- For dishes, toys, non-porous items.
- Wash and rinse items to be sanitized;
- Soak for 2–5 minutes in the bleach and water solution.
- Remove from the bleach soak.
- DO NOT RINSE.
- Air dry on a clean surface.

General Bleach SPRAY Solution: 3/4 cup household bleach, mixed with 1 gallon water (OR 3 Tablespoons bleach in 1 quart of water) in a spray bottle.

- For items which cannot be soaked.
- Remove soil and grime from the object.
- Allow a minimum of 2 minutes contact time before wiping dry with a disposable paper towel.

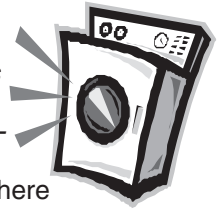
Blood-Soiled Areas and Diapering Surfaces:

1 part household bleach, mixed with 9 parts water (about 1/3-1/2 cup bleach to a quart of water) in a spray bottle or bucket.

- Remove soil and grime from the object with soap and water.
- Allow a 10-25 second contact time with the bleach and water solution before wiping dry with a paper towel.

Laundry

Fabrics contaminated with blood, stool, vomit, pus, mucus or other body fluid must be laundered separately from general laundry.



- Bag contaminated laundry where it became soiled. Do not carry unbagged contaminated laundry across the facility to the laundry room.
- All clothing which has been soiled with urine, vomit, stool, blood or other body fluid must be placed into a separate plastic bag, labeled with the owner's name and sent home for laundering.
- Store the contaminated, labeled, laundry bags in a separate plastic lined receptacle until laundry is picked up by parents, laundry service or laundered at the program site. Do not place in cubbies or diaper bags, as these areas often contain clean items, food and/or bottles.
- Wash contaminated laundry in hot water (165N) for 20 minutes.
- Add 1 - 1½ cups household bleach (5% sodium hypochlorite) to the washer along with laundry detergent in a regular wash cycle.
- In a sink use 1 Tablespoon of bleach to 1 gallon of water. Handwash for at least 5 minutes.
- Automatic clothes dryers on hot settings and direct sunlight assist in the germ killing process.

Bagging

Items which are visibly contaminated or potentially infectious must be separated from the general trash and placed into a separate, closed (tied off or taped) plastic bag.



- Before bagging, bulk stool or vomit may be discarded into the toilet. DO NOT rinse, shake, wring or dunk items.
- Disposable diapers, diaper wipes, gloves, bandages, paper towels used to clean contaminated areas, etc., must be placed into a plastic bag and sealed before disposal into the general trash.
- All paper towels, bandages, cotton, gauze, gloves, etc., used for any type of bleeding injury and sanitary napkins, must be discarded into a separate sealed, plastic bag before discarding into a plastic lined trash receptacle.

Other Waste:

- All contaminated syringe needles, blades, broken glass, must be discarded in an appropriate penetration-resistant container.
- Discard waste in compliance with state and local guidelines.

PROTECT YOURSELF, STUDENTS AND STAFF APPLY THESE PRECAUTIONS

Standard Precautions

Use in all situations. Add additional precautions as recommended

- Wash hands before and after contact with the individual
- Wear gloves when touching blood, body fluids, secretions, and contaminated items or surfaces
- Keep items and linen that have been in contact with the individual from contaminating the environment
- Use care when handling sharps
- Discard disposable sharps into an impenetrable container
- Use a mouthpiece or other ventilation device (if available) when giving mouth-to-mouth resuscitation

Droplet/Airborne Precautions *

Used to reduce the spread of diseases transmitted by droplets which travel through the air.

Examples: influenza, chicken pox, strep throat, the common cold, and bioterrorism-related diseases such as smallpox and pneumonic plague.

- Use All Standard Precautions plus:
 - Separate the individual from others. Provide care in an area where contact with others can be limited but the individual can be monitored. Avoid movement from room to room. If children are in cots or cribs next to one another, place them head to toe to increase the distance between faces.
 - Provide tissues for containing coughs and sneezes. Instruct the individual to cover the mouth and nose when coughing or sneezing and discard used tissues in a plastic-lined trash can.
 - Encourage frequent handwashing. If a handwashing sink is not available, provide disposable moistened towelettes to cleanse hands. An older child or adult may use an alcohol-based hand sanitizer.
 - Use a facility-approved disinfecting solution, or bleach solution to sanitize the environment when the individual has been transferred or has gone home.
 - Do not put masks on children. They can be frightening and are not needed.

Contact Precautions

Used to reduce spread of diseases transmitted through skin-to-skin contact, or contact with contaminated objects or surfaces. Examples: rash illnesses, chicken pox, scabies, infected sores, and bioterrorism-related diseases such as smallpox or cutaneous anthrax.

- Use All Standard Precautions plus:
 - Separate the individual and avoid movement from room to room.
 - Cover sores to prevent direct contact
 - Wear gloves when in contact with rashes or sores.
 - Sanitize frequently-used items or frequently-touched surfaces at least daily.
 - Use disposable items where possible.
 - Limit use of equipment and supplies to a single individual when possible.
 - Use a facility-approved disinfecting solution, or 1:10 bleach solution to sanitize the environment when the individual has been transferred or has gone home. Pay particular attention to sanitizing areas which have come into contact with sores.

** While in hospitals and other acute care settings droplet and airborne precautions contain distinct elements, the steps which can be implemented in a school or child care setting are the same for both categories.*

INFECTION CONTROL MEASURES

Dear Parent and/or Health Care Provider,

Date _____



_____ attends child care and is in _____ classroom.
Child's full name Age Group

Arizona Child Care Regulations (R9-5-515) requires that all licensed child care programs NOT permit a child to remain at the facility if a staff member determines that a child is showing signs of illness or infestation, especially if two or more symptoms are observed at the same time.

To limit the spread of communicable disease and comply to Arizona Regulations, a visit to a Health Care Provider for diagnosis or recommendations for treatment *may be requested* by the program. Not all health conditions require a Doctor's visit, however, *a child will be excluded when symptoms of contagious illness or infestation are observed.*

A child may return when fever free for 24 hours without the aid of a fever reducer and/or when the symptoms have subsided or when the threat of contagious disease spread is over.

Staff (Name) _____ has observed the following symptoms over a period of: ____ Hours ____ Days

Indicate all that apply with a ✓ and complete information requested.

Fever of 101° by mouth or ear probe or 100° under the arm (Use a digital thermometer) Temperature _____

Rash on _____ How long? ____ # hours ____ #days Severe itching? Yes No
Where on body?

Circle Rash Color & Appearance: Light- Pink Red-"dotted" Red-blotchy Blisters Bleeding

Coughing with thick (white, yellow or greenish) mucus from: Nose Throat Lungs

Difficulty breathing? Yes No Red, watery eyes, wheezing, many episodes of sneezing, "runny nose."

Two or more (____ #) episodes of loose or watery stools (diarrhea) within ____ hours.

Complaints of "tummy ache", "not eating" or vomiting. (____ # in ____ hours)

Complaints of pain _____ How long? ____ Pulling at the ears? _____
Where on body? Right Left Both

Very tired? Fainting? Change in typical activity level. Explain _____ How long? _____

Injuries? Redness Welts Bleeding Bruises Cuts Swelling _____
Circle any that apply Where on body?

Has a fall or injury occurred recently? Explain _____

If a Health Provider visit is requested, please complete this information

DIAGNOSIS _____ DATE of VISIT _____ MEDICATIONS? Yes No

RECOMMENDATIONS? _____

PARENT ALERT LETTER



Communicable Disease Report		County/IHS ID number:		State ID Number	
Important instructions on Reverse Side - Please print or type Send completed forms to your county or tribal health agency		Date Received by County:		Race	
Patient's name (Last)		Date of Birth		<input type="checkbox"/> (1) White <input type="checkbox"/> (3) Black <input type="checkbox"/> (4) Asian/Pac. Isl <input type="checkbox"/> (5) Nat American <input type="checkbox"/> (8) Other <input type="checkbox"/> (9) Unknown	
(First)		Sex		Ethnicity	
(Middle Initial)		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Street address		Telephone no:		Pregnant	
Mailing address (if different from above)		County or Tribal Residence		<input type="checkbox"/> Yes <input type="checkbox"/> No	
City or Town		State		Outcome	
Diagnosis or suspect reportable condition		Zip code		<input type="checkbox"/> Died <input type="checkbox"/> Survived	
Date of onset		Laboratory test		Specimen Type:	
Date of diagnosis		Laboratory results		_____	
Patient's occupation or school		Facility		Date Collected: _____	
Physician or other reporting source		Telephone no:		Date Finaled: _____	
Street address		City		Local Health Agency use only	
		State		<input type="checkbox"/> Confirmed case <input type="checkbox"/> Probable case <input type="checkbox"/> Outbreak Associated <input type="checkbox"/> Ruled out / Non case	
		Zip code			

Original and 1st copy to County/Tribal Health Department Check if additional forms are needed (Quantity) _____ ADHS/IDES-1 (Rev. 9/04)

Antibiotic-	Chemical substances which kill or slow the growth of specific germs. Antibiotic treatment may be in the form of pills, capsules, ointments, creams, liquids, injections, or intravenous therapy.
Body fluids-	Urine, feces (stool), saliva, blood, nasal discharge, eye discharge, semen, vaginal secretions, breast milk, and discharge from sores or injuries.
Carrier-	An individual who may not have disease signs or symptoms but may still be infected and capable of passing infectious germs to others.
Case-	An individual with signs and/or symptoms of a disease, and whose disease is diagnosed by a doctor or laboratory tests.
Case Reports-	Written reports of diagnosed illness, completed on the standard Arizona Case Report form and mailed promptly to the local health department. Some serious or highly contagious illnesses must be reported immediately (by telephone). See the specific disease information. Case Report forms are supplied by the local health department.
Casual contact-	Association with an individual which does not involve sexual activity, sharing of needles for injecting drugs, or sharing personal items such as toothbrushes, razors or nail clippers.
Contact-	An individual who has been in association with an infected person, animal, or place in such a way as to have an opportunity to “catch” or pass on the infection.
Contagious period-	The period of time when an infected person can spread the infection to another individual.
Diarrhea-	An increased number stools, or abnormally loose, or unformed watery stools, in comparison to an individual’s usual bowel habits.
Epiglottitis-	Swelling and inflammation of the “lid” of the voice-box. This swelling can block breathing passages.
Erythromycin-	An antibiotic used to treat many kinds of infection.

GLOSSARY



Fever-	An elevation of body temperature, above 99.3°F taken by mouth, 98°F taken under the arm, or 100°F measured rectally. (Rectal temperatures should be taken only by individuals trained to do this). A temperature of 101°F taken by mouth or 100°F under the arm, is the temperature at which an individual is excluded from the group setting, regardless of the absence of other signs or symptoms of illness.
Fever-free-	Without fever for 24 hours without the use of fever-reducing agents such as aspirin, acetaminophen, or ibuprofen.
Fontanelle-	The “soft spot” on the top of a baby’s head.
Food handler-	An individual who prepares, transports, or serves food. Also an individual who comes in contact with food service utensils or equipment.
Fungus-	Plant-like organisms, such as yeast, mold, and mildew.
Household contact-	Individuals who share a home or living situation such as a shelter or dormitory.
Immediate intervention-	Actions to be taken upon suspicion that a specific disease or condition exists.
Immediate medical attention-	Prompt examination (within a few hours) by a health care provider, in an office, clinic, urgent care or emergency setting. Immunity-Ability of an individual’s body to resist a particular infection. This ability may be present because the individual has already had the infection, or the individual may have received vaccine to help resist infection.
Immune globulin-	An antibody preparation made from human blood. These preparations provide temporary immunity against specific infections.
Immunization-	Vaccines given to individuals to help them develop protection (antibodies) against specific infections.
Immunocompromised-	An individual who does not have the normal body defenses to fight off infections. Examples can include those who are HIV-positive, on chemotherapy or long-term steroid therapy.

GLOSSARY

Incubation period-	The time between exposure to infectious germs and the beginning of disease symptoms.
Infectious-	Capable of causing an infection or disease.
Infestation-	Having parasites (such as lice or scabies) living on the outside of the body.
Jaundice-	Yellowing of the whites of the eyes and/or skin.
Listlessness-	Feeling tired or without energy.
Nausea-	Feeling sick to one's stomach, or as if one will vomit.
OSHA-	An abbreviation for the Occupational Safety and Health Administration of the U.S. Department of Labor, which administers the Occupational Safety and Health Act, regarding health and safety in the work place.
Outbreak-	A sudden rise in the frequency of disease over what is usually seen or expected. For a disease such as measles, ONE case would be an outbreak. However, for streptococcal sore throat or undiagnosed diarrhea, 10% of individuals in the group setting with similar signs or the same diagnosis would be an outbreak.
Protozoan-	Very small, one-celled animals, some of which may cause disease.
Reye's Syndrome-	A rare, but very serious disease which may follow viral infections. Symptoms include nausea and vomiting, confusion, and coma. The use of aspirin products during viral illnesses such as chickenpox and influenza has been associated with Reye's syndrome.
Rifampin-	An antibiotic often prescribed for those who have been exposed to an infection caused by Haemophilus influenzae type b, or Meningococcal Meningitis. Also used in multi-drug treatment of Tuberculosis.
Secretions-	Wet material or fluid, such as saliva, that is produced by the body and has a specific purpose in the body.

GLOSSARY



Shingles-	A recurrence of a previous infection with varicella virus. It is seen mostly in adults. Small blisters along the path of a nerve (frequently about the waist), accompanied by pain, may be shingles. The fluid in these blisters may cause chickenpox in individuals who have never had chicken pox.
Sign-	Evidence of disease that can be seen or measured by another individual (such as a rash or fever).
Sputum-	Secretions produced by the lungs, trachea (windpipe), and other air passages.
Susceptible-	An individual who is not immune to a specific disease.
Suspect case-	An individual whose signs and/or symptoms suggest he may have or be developing a communicable disease.
Suspect carrier-	An individual who may be infected and capable of passing infectious germs to others without having signs or symptoms of the disease itself.
Symptom-	Evidence of disease felt by an individual (such as nausea).
Transmission-	The passing of infectious germs or parasites from one individual to a susceptible individual, from animals to an individual or from the environment to an individual.
Vaccines-	Preparations which contain killed or weakened organisms, given to assist the body in developing immunity (antibodies) to specific diseases.

GLOSSARY