



Public Health
Prevent. Promote. Protect.

FARGO CASS PUBLIC HEALTH COMMUNICABLE DISEASE REGULATIONS

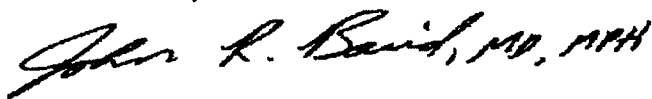
The table listed below includes possible communicable diseases seen in the school setting. This is not an all-inclusive listing. If you have any questions or concerns related to any communicable diseases please contact your school nurse or Fargo Cass Public Health at 241-1360.

| NAME | DISEASE INFORMATION | CASES | CONTACTS |
|--|--|--|--|
| CHICKEN POX (Varicella) | Vaccine available and recommended for all children. For the school year 2012-2013, two doses of vaccine are required for grades kindergarten through four and one dose is required for grades five through eight. Caused by herpes zoster virus — the same virus that causes shingles.* | Children should be excluded until all blisters have dried into scabs and no new blisters have started for 24 hours or in immunized children without scabs, until the blisters are resolving. This usually takes 5-6 days. | Susceptible contacts should consider immunization within three to five days of exposure. Incubation period 2-3 weeks, commonly 14-16 days. |
| DIPHTHERIA-TETANUS-PERTUSSIS (DTP, DTaP, Tdap, Td or DT vaccine) | Four or more doses required – one dose must be on or after the 4 th birthday. Three doses Td required for those age 7 or older not previously vaccinated. Tdap required for middle school entry effective year 2008-2009. Thirteen to 18 year olds who missed 11-12 year Tdap encouraged to receive one dose. (TD) booster is recommended every 10 years. | Diphtheria - Each case must be handled individually. Pertussis – Exclude from school. Children and staff may return after they have completed five days of appropriate antibiotics or if they have been coughing for more than 21 days. If no antibiotics are given exclude for three weeks from onset of disease. | Handled individually. Close contacts should be kept under surveillance for 14 days. Physician may advise booster immunizations or antibiotics. Symptomatic contacts (contacts with a cough) of pertussis cases also should be excluded from activities until five days of antibiotic treatment are completed. |
| ERYTHEMA INFECTIOSUM (Fifth's Disease) | No vaccine. Caused by a viral infection. | No exclusion for those with rash alone, since greatest infectivity is before onset of rash and probably not communicable thereafter. May meet other exclusion criteria such as fever or behavior changes, then the child may return when he or she is able to participate in activities and when other exclusion criteria are resolved. | No restrictions. Pregnant women should consult their physician if they are at risk of exposure to this infection. Contacts with sickle cell anemia should be notified of possible case. |
| HEAD LICE (Pediculosis) | Caused by a tiny biting parasite. Other than severe itching head lice cause no other medical problems. The sharing of hats, coats, and hair items easily spreads head lice. | No exclusion from school, until the end of the day the live lice were found. Children should be treated for lice as soon as possible. | Close contacts should be checked frequently for two weeks. Head to head contact with other children should be discouraged. |
| HEPATITIS A (HepA) | Vaccine is available and recommended for all children at age one year and for certain high-risk children. | Yes to exclusion. Children can return one week after the day their symptoms started unless there are other circumstances in which they should be excluded. Transmission is by oral-fecal route so need to use care if providing bathroom personal care to students (gloves and careful handwashing). | Household and close personal contacts should receive immune globulin and/or vaccine. |
| HEPATITIS B (HepB) | Vaccine is routine for infants and became required for kindergarten entry in year 2000-2001. Each subsequent year the next higher grade was included. For year 2012-2013, three doses required for kindergarten through grade twelve. | No exclusion unless a child is exhibiting any of the following: weeping sores that cannot be covered; biting or scratching behavior; a bleeding problem; generalized dermatitis that may produce wounds or weepy tissue fluids; if unable to participate in routine activities, needs more care than can be provided by staff or meets other exclusion criteria such as a fever with behavioral changes. | Household and close personal contacts should receive immune globulin and/or vaccine. Children can return to a group setting when skin sores are dry or covered, when the child is cleared to return by a health professional, or when the child is able to participate in activities. |
| HEPATITIS C | No vaccine available. | No exclusion. | Risk is through needle sharing (main risk) and being a sexual partner (less risk). |

| NAME | DISEASE INFORMATION | CASES | CONTACTS |
|--|---|--|--|
| HUMAN IMMUNODEFICIENCY VIRUS (HIV) | No vaccine available. Caused by a virus. | Evaluated case by case. No exclusion unless the child is exhibiting any of the following: weeping sores that cannot be covered; biting or scratching behavior; bleeding problem; generalized dermatitis that may produce wounds or weepy tissue fluids; unable to participate in routine activities, needs more care than can be provided by staff, or meets other exclusion criteria such as fever with behavior change. | As with all students follow universal precautions. The child can be readmitted to a group setting when skin sores are dry or covered, when the child is cleared to return by a health professional, or when the child is able to participate in activities. |
| IMPETIGO | Caused by certain strains of streptococcal and staphylococcal bacteria. | Exclude until lesions are healed or under treatment for 24 hours and covered. | No restrictions. Frequent hand washing for staff in contact with case. |
| MEASLES-MUMPS-RUBELLA (MMR) | (MMR Vaccine) Two doses are required for all school-aged children. Note: Students without two doses will be excluded from school if a measles case is diagnosed. | <p>Measles – Exclude. Return after the rash has been present for four days. Vaccinated people who are not showing symptoms need not be excluded. If unvaccinated people who have been exempted from measles immunization for medical, religious, moral or philosophical reasons must be immunized within 72 hours of exposure.</p> <p>Rubella – (German Measles) Exclude. Children and staff who are suspected to have rubella should be excluded for seven days after rash onset. Unvaccinated people who have been exempted from measles immunization for medical, religious, moral or philosophical reasons must be immunized within 72 hours of exposure.</p> <p>Mumps – Yes to exclusion. Can return 5 days after symptom onset.</p> | <p>Inadequately immunized contacts require vaccination or exclude from school for 14 days after date of last diagnosed case. Other contacts may attend school unless advised by physician to remain at home. If unvaccinated people are not vaccinated within 72 hours, they should be excluded from all activities until the North Dakota Department of Health determines it is safe for them to return.</p> <p>Need daily observation unless adequately immunized. Incubation period 14-21 days.</p> |
| MENINGOCOCCAL MENINGITIS (MCV4 or MPSV4) | Vaccine available. Required for entrance into middle school effective 2008-2009. Vaccine may be used for certain high risk groups including college freshman living in dorms and those with functional asplenia. Minimum age for vaccine is two years. | People should be excluded until at least 24 hours after antibiotic therapy was started and the illness has subsided. | Household, daycare, and other direct, <u>intimate</u> contacts may be recommended antibiotics. |
| MONO (Infectious Mononucleosis) | This is caused by an infection with the Epstein-Barr virus. It is common in adolescents. Only about half of the people infected will have any symptoms. | No exclusion unless the child meets other exclusion criteria such as fever or behavior change. Person is most infectious before they develop symptoms and up to 20% will continue to be able to spread the virus through nose and throat secretions for up to a year after recovery. | Avoid activities that increase risk of saliva sharing (sharing cups, etc.) and use careful handwashing. Children can return when they are able to resume normal activities. |
| MRSA (Methicillin-resistant staph aureus) | Skin or internal infection with staph bacteria resistant to many antibiotics. Passed from person to person through direct contact with skin or through contact with contaminated items. Skin infection can be pimple, boil, or open wound draining pus. Refer open draining wounds to health care provider for treatment. | Open wounds should be covered with clean, dry bandages, taped on all four sides. Exclude from school only if wound cannot be covered and contained. Those with active skin and soft tissue infections should not participate in contact sports. | Encourage good hand washing. Cover any open wounds or skin breaks. Do not share personal items and towels. Potentially contaminated surfaces should be cleaned with disinfectant labeled effective against MRSA or bleach diluted 1:100. |

| NAME | DISEASE INFORMATION | CASES | CONTACTS |
|--|---|---|---|
| PINK EYE (Infectious Conjunctivitis) | Pink eye is a symptom (not a disease) and can be caused by both infectious (common cold viruses, bacteria, etc) and non-infectious (rubbing the eyes, allergies, contact lens problems) conditions. | Exclude younger children until cleared or have been on treatment for 24 hours. For older children there is much less risk of transmission and exclusion should be made on a case by case basis. Exclude children if they have bacterial conjunctivitis (i.e., yellow or green discharge, redness or matted eyes). | Frequent hand washing for staff in contact with case. |
| POLIOMYELITIS (IPV or OPV) | (OPV – Oral Polio Vaccine or IPV Inactivated Polio vaccine) Four doses required. Exception: If the third dose is given after the fourth birthday, a fourth (supplementary dose) is not required at school entry. | Each case must be handled individually. | Handled individually. |
| RING WORM of Skin (Tinea Corpus), Scalp (Tinea Capitis) or Feet (Tinea Pedis) | Caused by a fungal infection and transmitted by direct contact, sharing of hats or combs, contaminated shower stalls etc. Transmission is unlikely in typical classroom setting, but there is higher risk with physical activities such as gym, wrestling, swimming, etc. where there is increased skin-to skin contact and a shared shower room. | Children with ringworm can attend school as long as they are being treated and the affected skin can be covered. Exclude young children until 24 hours after treatment. Older children do not need to be excluded before treatment if they are not involved in higher risk activities and have minimal symptoms. | Close contacts should watch for skin irritation within one to two weeks. No exclusion, however all people should be excluded from certain activities that are likely to expose others to the fungus, such as using swimming pools, showers, towels at public gyms, etc. |
| ROSEOLA | No vaccine. Caused by a virus. | No exclusion. | No restrictions. |
| SCABIES | Caused by a tiny mite. Severe itching is the main symptom. | Exclude from school for 24 hours after treatment. Children and staff may return when treatment is complete. | Close contacts should watch for skin irritation for two to six weeks. |
| SCARLET FEVER | No immunization. Caused by certain strains of streptococcal bacteria. | Exclude until has been on antibiotics at least 24 hours. The rash itself is not infectious and not a reason to continue exclusion. | |
| SHINGLES (Varicella) | Vaccine available and recommended (not required) for all children. Caused by herpes zoster virus - the same virus as chicken pox.* | No exclusion unless the rash cannot be covered. Children can return when they are able to resume normal activities. | Susceptible contacts should consider immunization. |
| STREP THROAT | No immunization. Caused by certain strains of streptococcal bacteria. | Isolate one day after beginning treatment. May not return to school until on antibiotics for 24 hours or until 24 hours since an antibiotic injection was given. | Daily observation in school. Incubation period two to five days. Follow instructions from private physician. Symptomatic household contacts should be cultured for strep or treated. |
| TUBERCULOSIS DISEASE (Active Disease) (TB) | No vaccine available. | Exclude until verification by physician that non-infectious. Active TB is excluded until the sputum is negative (about two to four weeks after the beginning of treatment). | Skin testing and medication may be recommended for contacts. |
| TUBERCULOSIS INFECTION (Latent Infection) (LTBI) | No vaccine available. | No exclusion. Should take or have completed medication to prevent active disease. | No risk of tuberculosis infection to contacts. |

*Shingles is much less contagious than chicken pox even though the same virus causes them. Chicken pox is spread both by direct contact with the fluid from the skin lesions as well as by respiratory secretions. Shingles is only spread by direct contact with fluid from the skin lesions. Infectivity of the shingles skin lesions is minimal when clothing covers the area involved and the student has been using an antiviral cream such as Acyclovir for 24 hours.



John R. Baird, MD, MPH, CPH
Health Officer