

Disease/ Illness	Mode of Transmission	Symptoms	Incubation Period	Period of Communicability	Criteria for Exclusion from School*	Reporting Requirement	Prevention & Control Measures
Bronchiolitis, Bronchitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats (Respiratory diseases caused by many different viruses and occasionally bacteria)	Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs -Direct contact with respiratory secretions from an infected person -Touching a contaminated object then touching mouth, nose or eyes	Variable, including runny nose, watery eyes, fatigue, coughing, and sneezing. May or may not have fever	Variable	Variable, often from the day before symptoms begin up to 5 days after onset	No exclusion unless febrile or other symptoms meeting exclusion criteria are present	May depend of etiology/organism Report unusual illness, clusters of cases above baseline for group and time of year, or increased/unusual severity of illness to the local health department	Teach effective, handwashing, good respiratory hygiene and cough etiquette Colds are caused by viruses; antibiotics are not indicated.
Conjunctivitis, Bacterial or Viral (Pink eye) http://www.cdc.gov/conjunctivitis/index.html	Contact with an infected person's skin, body fluid or though contact with a contaminated surface and then touching mucus membranes/eyes	Red eyes, usually with some discharge or crusting around eyes; may be itchy, sensitive to light, or watery Bacterial: may have yellow/greenish discharge; may affect one or both eyes Allergic and chemical conjunctivitis usually affects both eyes	Bacterial: Unknown. Viral: Varies with etiology	Bacterial: from onset of symptoms until after start of antibiotics, or as long as there is discharge from the eye Viral: variable, before symptoms appear and while symptoms are present (Allergic and chemical conjunctivitis is not contagious.)	Bacterial, Viral, or unknown etiology: Exclude if conjunctivitis is accompanied by symptoms of systemic illness or if the child is unable to keep hands away from eye. Childcare rules: exclude if purulent drainage until after 24 hours of treatment http://www.ilga.gov/commission/icar/admincode/089/089004070G03100R.html	Not required to be reported May notify local health department of large clusters of cases or cases with unusual severity of illness	For all diseases: Good handwashing and hygiene practices; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable
Influenza http://www.flu.gov/ http://ilga.gov/commission/icar/admincode/077/077006900D04650R.html http://ilga.gov/commission/icar/admincode/077/077006900D04680R.html http://ilga.gov/commission/icar/admincode/077/077006900D04690R.html	Person to person by respiratory droplets created by coughing or sneezing, or though contact with a contaminated surface and then touching mucus membranes/eyes The virus can live on surfaces for several hours.	Sudden onset of fever, chills, headache, malaise, body aches, and nonproductive cough	1-4 days	Variable, from 24 hours before onset of symptoms, peaks during first 3 days of illness through 7 days	Until fever-free for 24 hours Criteria may differ in pandemic or novel/variant strain influenza situation.	Influenza deaths in persons<18 years of age ICU admissions are reportable within 24 hours. Influenza A, variant virus cases are required to be reported immediately within 3 hours by healthcare providers.	• Influenza: Annual influenza vaccine recommended for everyone 6 months and older
Mumps http://www.cdc.gov/mumps/index.html http://ilga.gov/commission/icar/admincode/077/077006900D05500R.html	Contact with droplets from eyes or mouth of infected person	Fever with swelling and tenderness of one or both parotid glands located below and in front of the ears Unrecognized mild cases without swelling may occur.	12 to 25 days (usually 16 to 18 days)	Peak infectious time begins 1 to 2 days before swelling to 5 days after, but may range from 7 days before to 9 days after; communicable from 3 days before swelling until 5 days after	Exclude cases from school, childcare or workplace until 5 days after onset of parotitis. Note: daycare licensing rules require 9 days exclusion; refer to link below. http://www.ilga.gov/commission/icar/admincode/089/089004070G03100R.html	Report case to local health department within 24 hours Outbreaks: three or more laboratory confirmed cases linked by time and place	• Mumps: Timely immunization beginning at age 12 months; if outbreak occurs, unimmunized people should be immunized or excluded for at least 26 days following onset of parotitis in last case
RSV https://www.cdc.gov/rsv/	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Fever, runny nose, cough. May have wheezing	2 to 8 days (4 to 6 days most common)	Variable, from the day before until 3 to 8 days or longer; may last up to 3 to 4 weeks	No exclusion unless febrile or other symptoms meeting exclusion criteria are present	Individual cases do not have to be reported. Clusters of cases should be reported to the local health department.	• Respiratory Syncytial Virus: Avoid sharing linens, toys, and other items
Strep throat/Scarlet Fever http://www.cdc.gov/groupastrep/ http://www.ilga.gov/commission/icar/admincode/077/077006900D06700R.html	Contact with droplets from nose and mouth; close crowded contact, direct contact	Fever, sore throat with pus spots on tonsils, tender swollen glands Scarlet fever has above symptoms plus a	2 to 5 days	Highest during acute infection; no longer contagious within 24 hours after antibiotics	Until after 24 hours of effective antimicrobial therapy and afebrile for 24 hours without the use of fever-reducing medications	Clusters of 10 epidemiologically linked cases of strep throat/scarlet fever within a 10 day period are	• Strep Throat: Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling; symptomatic contacts of documented cases should be tested, and if results

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			sandpaper-like rash Symptoms may vary.				reportable to the local health department. Invasive disease from streptococcal bacteria is reportable.	are positive, should be treated.
	TB (tuberculosis) http://www.cdc.gov/TB/ http://www.ilga.gov/commission/jcar/admincode/077/07700696sections.html	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Fever, fatigue, weight loss, cough (lasting 3+ weeks), night sweats, loss of appetite	2 to 10 weeks to years; risk of developing disease is highest 6 months to 2 years after infection	Individuals with infection but without active disease (latent TB) are not infectious. Individuals with active disease are infectious until treatment.	For active disease: after therapy started, adherence documented, symptoms diminished, and determined to be non-infectious; consult with public health officials; no exclusion for latent infection	Report suspect or confirmed TB cases to local health department within 7 days	<ul style="list-style-type: none"> • Tuberculosis (TB): Routine TB skin testing is not recommended at this time for children; however, it is recommended that all adults who have contact with children in a child care setting are screened for TB; local health department personnel should be informed for contact investigation.
	Pertussis (Whooping Cough) http://www.cdc.gov/pertussis/ http://www.ilga.gov/commission/jcar/admincode/077/077006900D07500R.html	Contact with droplets from nose, eyes or mouth of infected person	Initially cold-like symptoms, later cough; may have inspiratory whoop, post-tussive vomiting	5 to 21 days (usually 7 to 10 days)	Before cough onset (with onset of runny nose), continuing until child has been on antibiotics for 5 days If untreated, infectious for 3 weeks after cough begins	School exclusion: must be excluded from school until 5 days of appropriate antibiotic treatment or 21 days after cough onset if no treatment is received	Report as soon as possible, within 24 hours Outbreaks: Two or more cases epidemiologically linked	<ul style="list-style-type: none"> • Whooping Cough: Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at 11 years. All adults caring for children younger than 12 months should receive a booster dose of Tdap. Close contacts that are unimmunized should have pertussis immunization initiated. Chemoprophylaxis is recommended for all close contacts regardless of age and immunization status.
Gastroenteritis-(Vomiting and/or diarrhea): Bacterial								
GASTROINTESTINAL ILLNESSES	Campylobacteriosis http://www.cdc.gov/food/safety/diseases/campylobacter/index.html http://www.ilga.gov/commission/jcar/admincode/077/077006900D03350R.html	Ingestion of undercooked meat, contaminated food or water, or raw milk	Diarrhea (may be bloody), abdominal pain, malaise, fever	1-10 days, usually 2-5 days	Throughout illness (usually 1-2 weeks, but up to 7 weeks without treatment)	Exclude until diarrhea has ceased for at least 24 hours; additional restrictions may apply.	Cases of campylobacteriosis are reportable to the local health department within 7 days.	<p>For all gastroenteritis diseases: Good handwashing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys and food preparation areas. Avoid potentially contaminated beverages, food and water; divide food preparation and diapering responsibilities among staff. Enhanced environmental cleaning with EPA registered product labeled for efficacy against organism.</p> <p>Acute gastroenteritis cluster is defined as 4 or more persons with acute onset of vomiting and/or diarrhea (3 or more loose stools in a 24 hour period) in a classroom or otherwise defined group of students, or cases in more than 10% of the school/daycare's census in a single day. Consult with Local Health Department for requirements for cases and contacts to return to work, school, and daycare settings</p> <p>• Gastroenteritis-Bacterial: Proper cooking/handling of meats and raw eggs; Reptiles should not be permitted in child care centers.</p>
	<i>C. diff</i> (clostridium difficile) infections http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html	Person-to-person through inadequate handwashing or on contaminated objects or surfaces, and ingestion of spores	Diarrhea, may have fever, nausea, abdominal cramping	Unknown, likely less than 7 days	During active infection (while symptomatic); can continue to shed spores when asymptomatic	Exclude while symptomatic and until diarrhea has ceased for 24-48 hours	Individual cases do not have to be reported. Clusters of cases should be reported to the local health department.	
	<i>E. coli</i> (Escherichia coli) infections http://www.cdc.gov/ecoli/ http://www.ilga.gov/commission/jcar/admincode/077/077006900D04000R.html	Fecal-oral: person-to person, from contaminated food or liquids, contact with infected animals	Profuse, watery diarrhea, sometimes with blood and/or mucus, abdominal pain, fever, vomiting	Variable, usually 2-10 days; for E. coli O157:H7 commonly 3-4 days	For duration of diarrhea until stool culture is negative	Medical clearance required; exclude until diarrhea has ceased for at least 24 hours; additional restrictions may apply. Release specimens may be required.	Report cases as soon as possible within 24 hours.	
	Salmonellosis http://www.cdc.gov/salmonella/ http://ilga.gov/commission/jcar/admincode/077/077006900D06300R.html	Fecal-oral: person-to person, contact with infected animals or via contaminated food	Abdominal pain, diarrhea (possibly bloody), fever, nausea, vomiting, dehydration	Average 12-36hrs (range: 6hrs-72 hours)	During active illness and until organism is no longer detected in feces	Release specimens may be required. Exclude until diarrhea has ceased for at least 24 hours. Additional restrictions may apply.	Report cases as soon as possible within 7 days	

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Shigellosis http://www.cdc.gov/shigella/ http://ilga.gov/commission/jcar/admincode/077/077006900D06400R.html	Fecal-oral: frequently person-to-person; also via contaminated food or water	Abdominal pain, diarrhea (possibly bloody), fever, nausea, vomiting, dehydration	Average 1-3 days (range 12-96hrs)	During active illness and until no longer detected; treatment can shorten duration	Medical clearance required; exclude until diarrhea has ceased for at least 24 hours; additional restrictions may apply. Release specimens may be required.	Report cases as soon as possible within 7 days	C. diff: Alcohol-based hand hygiene products do not inactivate C. difficile spores; soap and water must be used. Sporidical or bleach-based products are recommended for cleaning and disinfection.
Gastroenteritis- (Vomiting and/or diarrhea): Viral							
Norovirus http://www.cdc.gov/norovirus/	Contact with food, water or surfaces contaminated with vomit or feces, person-to-person, aerosolized vomit	Nausea, vomiting, watery diarrhea, abdominal pain, possibly low-grade fever, chills, headache Duration of symptoms usually 12-72 hours	Average 24-48hrs (range: 12-72hrs)	Usually from onset until 2-3 days after recovery; typically, virus is no longer shed after 10 days	Exclude until diarrhea has ceased for 24hours Exclude from food handling for 48 hours after recovery	Individual cases do not have to be reported. Clusters of cases should be reported to the local health department.	<ul style="list-style-type: none">•Gastroenteritis-Viral:•Norovirus: Norovirus is highly infectious and is frequent cause of outbreaks. Staff cleaning vomitus/stool spills should wear mask as aerosolization of virus can occur; cleaning and disinfection with product with EPA label for norovirus or use bleach solution. Contact local health department for guidelines•Rotavirus: Spreads easily; good handwashing helps prevent spread. Vaccination is available for infants.•Hepatitis A: Timely immunization at 12 months of age; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. Contact local health department for guidance
Rotavirus http://www.cdc.gov/rotavirus/	By the fecal-oral route through direct contact or contact with contaminated hands, objects, food, or water	Diarrhea, nausea, vomiting, fever, abdominal pain; may have loss of appetite and dehydration	Average: 2 days	Usually from onset until 3 days after recovery	Exclude until diarrhea has ceased for 24hours Exclude from food handling for 48 hours after recovery	Individual cases do not have to be reported. Clusters of cases should be reported to the local health department.	
Hepatitis A http://www.cdc.gov/hepatitis/ http://ilga.gov/commission/jcar/admincode/077/077006900D04500R.html	By the fecal-oral route through direct contact, person to person, or ingestion of contaminated food or water	Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children	From 15-50 days, average 28-30 days	Communicability greatest in 2 weeks before onset of illness, and through 7 days after onset of jaundice	Exclude from school and daycare for 7 days after onset of jaundice or for two weeks after onset of symptoms if no jaundice present Exclude food handlers, healthcare workers, or workers in sensitive occupations for 7 days after onset of jaundice, or two weeks after onset of initial symptoms, if jaundice is not present	Report cases as soon as possible within 24 hours. Outbreaks: Two or more cases linked by time and place.	
Gastroenteritis: Parasitic							
Giardiasis http://www.cdc.gov/parasites/giardia/	By the fecal-oral route, ingestion of contaminated food or water, person-to-person transmission of cysts from infected feces; contaminated water (e.g. water play tables)	Nausea, bloating, pain, and foul-smelling watery diarrhea, excessive flatulence, nausea and stomach cramps; symptoms can recur several times over a period of weeks. May be asymptomatic.	Average 7-10 days (range 3-25+ days)	Highly variable but most infectious during diarrhea phase.	Exclude until diarrhea has ceased for at least 24 hours; may be relapsing; additional restrictions may apply	Individual cases do not have to be reported. Clusters of cases should be reported to the local health department.	<ul style="list-style-type: none">•Cryptosporidiosis: For people with weakened immune systems, symptoms can be severe and could lead to severe or life-threatening illness. Alcohol-based hand sanitizers are not effective against Crypto. Contact local health department for guidelines•Pinworms: Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly
Cryptosporidiosis http://www.cdc.gov/parasites/cryptosporidiosis/ http://ilga.gov/commission/jcar/admincode/077/077006900D03650R.html http://www.cdc.gov/parasites/cryptosporidiosis/prevent.html	By the fecal-oral route, ingestion of fecally contaminated food or water, contact with infected animals, consumption of contaminated unpasteurized food and drinks	Diarrhea, which can be profuse and watery, preceded by loss of appetite, vomiting, abdominal pain; asymptomatic cases can spread the infection to others; symptoms can come and go for up to 30 days	Range 1-12 days Commonly 7 days	As long as the oocysts are being shed, typically days to weeks. Shedding may persist after symptoms resolve.	Exclude until diarrhea has ceased for at least 24 hrs; exclude from food handling and working in sensitive occupations for 48 hrs after recovery; exclude from swimming in public pools (or any recreational water venue) while symptomatic and for 2 weeks after symptoms resolve	Report cases as soon as possible within 7 days	
Pinworms (Enterobius vermicularis) http://www.cdc.gov/parasites/pinworm/	Pinworms lay microscopic eggs near rectum, causing itching; infection spreads through ingestion of pinworm eggs, after contamination of hands by scratching	Often asymptomatic, but itching around the anus is a common symptom	1 to 2 months or longer	Eggs may survive up to 2 weeks after appropriate therapy and resolution of rectal itching; re-infection is common	None	Not reportable	

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MENINGITIS	Meningitis								
	Bacterial http://www.cdc.gov/meningitis/bacterial.html Haemophilus influenzae type B (Hib bacteria) http://www.cdc.gov/hidisease/about/causes-transmission.html http://ilga.gov/commission/jcar/admincode/077/077006900D04410R.html Neisseria meningitidis (Meningococcal bacteria) http://ilga.gov/commission/jcar/admincode/077/077006900D05550R.html Streptococcus pneumoniae (Pneumococcal bacteria) http://ilga.gov/commission/jcar/admincode/077/077006900D06780R.html	Contact with droplets from nose, eyes or mouth of infected person	Sudden onset, severe headache, fever, nausea, vomiting, stiff neck May have petechial rash with Neisseria meningitidis Can have behavioral changes including altered mental status May have invasive disease with bacteremia or pneumonia	Hib: Unknown (usually 1 to 10 days) Neisseria meningitidis: 1 to 10 days (usually less than 4 days) Pneumococcal: Variable (usually less than 4 days)	Unknown; communicable for as long as the organisms are present in the nasopharynx No longer communicable after 24 hours of antibiotic therapy	Exclude until after at least 24 hours of antibiotic treatment received, including antibiotics to eliminate carrier state Exclusion of contacts not indicated	H. influenza, Invasive disease and meningitis, Reportable as soon as possible, within 24 hours Reportable as soon as possible, within 24 hours Reportable when invasive disease is present in children less than 5 years of age within 7 days	<ul style="list-style-type: none">• Bacterial Meningitis: If meningitis is suspected, follow up with a healthcare provider should occur as soon as possible.• Hib: Vaccination is recommended for children <age 5 years and for certain at-risk groups. Exposures may need antibiotic prophylaxis.• Meningococcal: Contacts with saliva contact/exposure should receive antibiotic prophylaxis. Vaccination is recommended for children and teens, and certain at-risk groups.• Pneumococcal: Treatment of contacts is not recommended. Vaccination is recommended for children and certain at-risk groups.	
	Viral (usually enterovirus) http://www.cdc.gov/meningitis/viral.html	Contact with droplets from nose, eyes or mouth of infected person or fecal material, often from healthy people	Sudden onset, severe headache, fever, nausea, vomiting, stiff neck, behavioral changes	3 to 6 days	Viral shedding can occur from the day before illness until up to 2 weeks after onset	Exclude until fever resolved for at least 24 hours without the use of fever-reducing medication	Individual cases are not reportable. Clusters of cases are reported to local health department.	<ul style="list-style-type: none">• Viral Meningitis: no specific treatment, no treatment for contacts recommended; teach importance of basic hygiene, hand hygiene, covering mouth and nose when coughing and sneezing, proper disposal of used Kleenex/tissues	
	SKIN CONDITIONS AND RASHES								
	SKIN CONDITIONS AND RASHES	Chickenpox (Varicella) http://www.cdc.gov/chickenpox/ http://ilga.gov/commission/jcar/admincode/077/077006900D03500R.html	Contact with the chickenpox rash -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Fever and rash can appear first on head and then spread to body. There are usually two or three crops of new blisters that heal, sometimes leaving scabs. Disease in vaccinated children can be mild or absent of fever with few lesions, which might not be blister-like.	Range 10-21 days Commonly 14-17 days	Until lesions have crusted	Exclude until all lesions have crusted (and at least 5 days) For vaccinated children with atypical rash: exclude until afebrile and no new lesions have developed for at least 24 hours Day Care licensing requirements: exclude at least 6 days after rash onset http://www.ilga.gov/commission/jcar/admincode/089/089004070G03100R.html No exclusion of susceptible contacts unless in a healthcare facility	Cases are reportable as soon as possible but within 24 hours. Outbreaks are defined as 3 or more cases that are epidemiologically linked.	<ul style="list-style-type: none">• All Diseases: Good handwashing and hygiene practices; proper disposal of soiled tissues; avoid sharing linens, hair supplies, or clothing items; proper disinfection of surfaces and toys; avoid scratching skin and lesions; avoid direct contact with skin lesions; keep skin lesions covered where possible; recommend nails be kept short and trimmed when itchy lesions are present• Chicken Pox: vaccination recommended prior to school entry; susceptible contacts: families should be notified of risk of chicken pox and monitor for symptoms.
Fifth Disease (Human Parvovirus) http://www.cdc.gov/parvovirusb19/fifth-disease.html		By breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Redness of the cheeks and body, "slapped cheek" rash. May have mild fever, runny nose, headache Rash may come and go for weeks	Range 4-20 days	Until rash appears In immunosuppressed persons, communicability may last months-years	No exclusion unless febrile or other symptoms meeting illness exclusion criteria are present	Not reportable		
German Measles (Rubella) http://www.cdc.gov/rubella/		Contact with droplets from nose, eyes or mouth of infected person;	Red or pink rash appearing on face then	14 to 23 days (usually 16 to	From 7 days before until 7 days after the	Exclude cases for 7 days after the onset of the rash	Reportable as soon as possible, within 24 hours		

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http://ilga.gov/commission/jcar/admincode/077/077006900D06200R.html	may be transmitted to fetus across the placenta	spreading down the body; sore throat; swollen glands behind ears; low grade fever; may have joint pain	18 days)	rash appears Infants with congenital rubella can shed the virus for months.	Exclude susceptible contacts from school or the workplace from days 7-23 following rash onset after last exposure		
Hand, Foot & Mouth Disease (Coxsackie Virus and Enterovirus Diseases) http://www.cdc.gov/hand-foot-mouth/index.html	By breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs -Touching feces or objects contaminated with feces, then touching mouth	Rash in mouth, hands (palms and fingers), and feet (soles); fever; loss of appetite; may be asymptomatic.	Range 3-5 days	Most commonly during the first week of illness. Can persist days to weeks after symptoms resolve.	Exclude with febrile illness or other symptoms meeting illness exclusion criteria. Exclude if child cannot maintain hygiene (e.g. excessive drooling) or avoid contact with others.	Individual cases are not reportable. Clusters of 10 epidemiologically linked suspect or confirmed cases within a 10 day period should be reported to local health department.	
Head Lice (Parasite) http://www.cdc.gov/parasites/lice/	Direct close person to person contact; less commonly through contact with contaminated objects	Itching and scratching of scalp; presence of live lice or pinpoint-sized white eggs (nits) that will not flick off the hair shaft	Commonly 7-10 days	While live lice are present	Childcare rules: exclude until the morning after the first treatment http://www.ilga.gov/commission/jcar/admincode/089/089004070G03100R.html	Not reportable	
Herpes Simplex (cold sores, skin lesions) HSV1 (cold sores) HSV2 (genital lesions)	Direct person to person contact with lesions, secretions form lesions, or saliva	Primary infections may have no symptoms; may have fever or malaise; may or may not have rash, vesicular lesions, or ulcers at site, "fever blister"/cold sore HSV 1 and HSV2 lesions can appear on other parts of the body.	2-12 days	Most infectious while vesicular lesions are present. May be present with no symptoms	Exclude from wrestling or contact sports (including practices) if lesions are present on the body (outside the genital area) If large areas of lesions cannot be covered or if exposure to infectious lesions by other students cannot be avoided, the student should be excluded until lesions are dried and crusted.	Individual cases are not reportable. Clusters of 2 or more suspect or confirmed cases within a 5 day period that are epidemiologically linked should be reported to the local health department.	
Impetigo (Staphylococcus or Streptococcus bacteria) http://www.cdc.gov/groupAstrept/index.html http://www.cdc.gov/mrsa/community/schools/index.html	Direct skin contact (especially through contaminated hands) or nasal discharge or contaminated surfaces	Small red pimples or fluid filled blisters with crusted yellow scabs; most often found on face but may be anywhere on body	7 to 10 days	Until active crusting lesions are gone or after 24 hours on antibiotics	Sores should be covered and child excluded at the end of the day, to return 24 hours after treatment is started.	Individual cases are not reportable. Clusters of cases should be reported to local health department.	
Measles (Rubeola virus) http://www.cdc.gov/measles/hcp/index.html http://ilga.gov/commission/jcar/admincode/077/077006900D05200R.html	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	Cough, runny nose, conjunctivitis, fever, rash that starts at head and spreads down and out on body; sore throat; may have Koplik's spots	7 to 18 days (usually 8 to 12 days)	From 4 days before until 4 days after rash onset Extremely contagious	Exclude for at least 4 days after start of rash Susceptible contacts: Those who do not receive vaccine within 72 hours of exposure shall be excluded for 21 days after onset of last case.	As soon as possible, within 24 hours.	• Measles: Vaccination is recommended prior to school entry.
MRSA (Methicillin-resistant Staph aureus) skin infections http://www.cdc.gov/mrsa/index.html http://www.cdc.gov/mrsa/community/schools/index.html http://www.cdc.gov/mrsa/community/team-hc-providers/index.html	Direct skin contact with infected person, wound drainage or contaminated surfaces; increase risk in crowded conditions; occasional transmission by droplet over short distances	Skin lesions such as furuncles (abscessed hair follicles or "boils"), carbuncles (coalesced masses of furuncles), and abscesses; may have purulence (pus), yellow/white central point, redness	Variable, usually 4-10 days and up to months; at times initially mistaken as spider bite	Duration of acute illness if wound drainage present Draining wounds are very contagious and should be covered at all times.	Exclude if wound drainage cannot be well contained under a dressing Exclude from high-risk activities such as contact team sports if wound cannot be completely covered with a secure bandage that will remain intact throughout sport activity, until completely	Individual cases are not reportable. Clusters of 2 or more cases with infections in a 14-day period and with an epidemiological link should be reported to local health department.	• MRSA: Keep skin lesions covered. Environmental cleaning and disinfection as recommended. http://www.cdc.gov/mrsa/community/environment/index.html

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	http://ilga.gov/commission/jcar/admincode/077/077006900D06580R.html					healed Exclude from use of pools/whirlpools, etc. until wounds are healed		
	Molluscum contagiosum http://www.cdc.gov/poxvirus/molluscum-contagiosum/	Person to person close contact; through sharing of objects such as towels	Small flesh colored bumps on the skin that may have a tiny indented center	2 to 7 weeks, as long as 6 months	When lesions are present; otherwise unknown	No exclusion. Provide education on importance of hand hygiene and avoiding scratching areas.	Individual cases are not reportable. Clusters of cases should be reported to local health department.	
	Ringworm (e.g. <i>tinea corporis</i> , <i>tinea capitis</i>) http://www.cdc.gov/fungal/diseases/ringworm/index.html	Direct skin contact with infected person or animal, or contact with surfaces or objects contaminated with fungal spores	Skin: red circular patches with raised edges and central clear area; cracked peeling skin between toes; Scalp: redness, patchy scaly areas with/without hair loss Can occur in multiple sites on the body	Typically 4 to 14 days after exposure	From onset of lesions until treatment begins and lesion begins to shrink	If lesion can be kept covered, exclusion are not required. If lesions can NOT be kept covered, exclude from school until 24 hours after treatment begins.	Individual cases are not reportable. Clusters of cases should be reported to local health department.	
	Scabies http://www.cdc.gov/parasites/scabies/	Prolonged skin-to-skin contact with infested individual; contact with bedding or clothes of infested person	Red bumps commonly found in skin folds; burrows appear as tiny whitish or gray lines on skin surface; intense itching, especially at night	4 to 6 weeks, 1 to 4 days after re-exposure	From up to 8 weeks before skin rash appears until it has been treated with a scabicide	Exclude from school and other extracurricular activities until the morning after treatment recommended by the child's healthcare provider has been started. Childcare rules: exclude until the morning after the first treatment. http://www.ilga.gov/commission/jcar/admincode/089/089004070G03100R.html	Individual cases are not reportable. Clusters of cases should be reported to local health department.	
	Shingles/Zoster https://www.cdc.gov/shingles/	Direct contact with the rash during blister phase	Painful rash that develops typically on one side of the body; may have fever, headache, chills, nausea	None. Anyone with history of chicken pox can develop shingles.	Shingles cannot be passed from one person to another, but during the blister phase of rash, direct contact with blister fluid of shingles rash can cause chicken pox in non-immune persons. When crusted over, rash is no longer infectious.	Exclude if rash cannot be covered, or if child cannot comply with keeping rash covered until crusted over Exclude if febrile or other symptoms meeting illness exclusion criteria are present	Individual cases are not reportable. Clusters of cases should be reported to local health department.	
Animal Bites								
	Bat Exposures/Animal Bites (Potential for Rabies) http://ilga.gov/commission/jcar/admincode/077/077006900D06000R.html	Contact with an infected animal's saliva through a bite or scratch in the skin, or through mucous membrane exposure (e.g. eyes, nose, mouth); contact with an infected animal's brain tissue or cerebrospinal fluid	In animals, behavior changes may occur, including seeing nocturnal animals during daylight hours, or wild animals allowing humans to approach. Animal may	Humans: symptom onset usually from 1 to 8 weeks but can appear days to years	When the virus reaches the saliva of the infected animal Virus excretion may be intermittent. Animal may or may not show symptoms.	No exclusion. If a bite or scratch occurs, notify parents and refer individual for medical treatment by or under the direction of a physician.	Report potential human exposure to rabies as soon as possible, within 24 hours Report animal bites or	Bat exposures and animal bites occasionally occur on school grounds or while students are in route to school. Educate students to avoid any domestic or wild animal that is acting strangely, is sick, or is unfamiliar to them

Disease/ Illness	Mode of Transmission	Symptoms	Incubation Period	Period of Communicability	Criteria for Exclusion from School*	Reporting Requirement	Prevention & Control Measures
http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1704 Day Care Rules: Animals http://www.ilga.gov/commission/jcar/admincode/089/08904070F03000R.html		have excessive salivation, difficulty walking, or a stunned appearance. A domestic animal may be unusually aggressive or overly docile. Bats may be on the ground due to difficulty flying. In humans, the person may be apprehension. Symptoms include headache, fever, malaise, and subtle changes in personality or cognition.	following exposure Bites to head and neck usually have sooner onset of symptoms. Once symptoms appear, rabies is almost always fatal. Animals: weeks to months			contact with a bat to the local public health department as soon as possible	Teach students to report any contact with a wild animal or an unfamiliar domestic animal, and to report any bites or scratches from any animal If a bite or scratch occurs: 1. Provide first aid to the child; flush the wound with lots of water; clean the wound with soap and water, then rinse it well; refer for medical treatment by or under the direction of a physician; 2. If you can, confine the animal; if not, note the size, appearance, and any distinguishing characteristics of the animal. If available, write down the name, phone number and address of the owner and the events surrounding the bite. If the animal escapes, it is particularly important to get as much information as possible; and 3. Report the bite to the local health department and animal control.
*Exclusion criteria are not all inclusive. Students or staff may need to be excluded from group setting such as classroom or extra-curricular events if other exclusion criteria are present, such as individual is unable to participate comfortably in program activities, illness calls for greater care than staff can provide without compromising the health and safety of other children, there is a risk of spread of a harmful disease to others, or the presence of fever, lethargy, persistent crying, difficulty breathing, or other signs of illness. Schools and daycare facilities should have policies in place to address illness exclusion. School and Daycare staff with concerns or questions about communicable diseases should contact the local health department for guidance.							

Tips for keeping healthy:

- **Hand washing is the single most important way to prevent the spread of communicable diseases.** Use soap, warm water and disposable paper towels and wash your hands frequently. Teach children to wash their hands, too. Hand washing reduces the number of microorganisms on hands that can spread communicable diseases. It is recommended that:
 - Hands be washed when arriving for the day and leaving for the day and when moving between groups of children, and as follows:
 - Before and after eating or handling food, feeding a child, administering medication, or playing in water used by more than one person
 - After diapering or using the toilet; handling any bodily fluid, uncooked food, or animals; cleaning cages/litterbox; being outdoors, playing in sandboxes or at playgrounds; and/or cleaning or handling trash/garbage.
- **Open the window to let the fresh air in!** Well-ventilated rooms help reduce the numbers of airborne germs inside. Airing out the rooms is important, even in the winter. Respiratory diseases easily spread from coughs and sneezes. Opening the window at least once a day lets the germs out and fresh air in.
- **Follow a good cleaning schedule and sanitize or disinfect in the proper way.**
 - Guidance on cleaning and disinfection in schools is available at <http://www.cdc.gov/flu/school/cleaning.htm> and at the end of this document.
http://www.cdc.gov/flu/pdf/freeresources/updated/cleaning_disinfecting_schools.pdf
 - Consider utilizing a chart to ensure all areas are addressed for cleaning, identifying the appropriate sanitizing or disinfection method, and according to schedule.

- Increase frequency of cleaning and disinfection during illness outbreaks, when there is known contamination, when there is visible soil, blood, or bodily fluids, or when recommended by the local health department.
 - Remember a surface must first be clean for a sanitizer or disinfectant to be effective. Follow product label instructions for use.
- **Require that children are up to date on immunizations.** An immunization schedule is available at <https://www.cdc.gov/vaccines/schedules/>. Check immunization records and update them regularly. When parents have questions or concerns about immunization safety, provide them with science-based educational materials available at CDC: <http://www.cdc.gov/vaccines/parents/index.html> and the [Immunization Action Coalition](http://immunize.org/talking-about-vaccines/.org/) at <http://immunize.org/talking-about-vaccines/.org/>.
 - **Do not share personal items among children and keep their belongings separate.** Do not allow children to share belongings such as hair brushes, food, drinks, clothing, hats, pacifiers or other items; separate children's coats, hats, and bedding items.
 - **Separate children by using space wisely:**
 - Maintain distance between sleeping areas, mats, cribs or cots.
 - Keep children in groups and consistently assign caregivers to the same group.
 - Keep diapered and toilet-trained children separate to prevent spread of diarrheal diseases.
 - When possible, staff responsible for food handling should not be involved in diaper changing, or at a minimum, should not perform diapering during times of food preparation and handling.
 - **Exclude sick children and staff:** Ensure that parents receive information on when to keep ill children at home and other school exclusion policies, sending a sick child home with his/her parent helps to prevent the other children from becoming ill with a communicable disease.

Last Updated 3/28/2017

