

**Center for Policy, Planning and Evaluation Administration
Division of Epidemiology – Disease Surveillance and Investigation**

SCHOOL NURSE DISEASE SURVEILLANCE AND REPORTING PROTOCOL

Last Revised August 2023

**899 North Capitol Street NE,
Washington, DC 20002**

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PREFACE

This protocol details the way school nurses should report confirmed or suspected reportable diseases/conditions among students, faculty, and staff members. Included are the methods for completing and submitting the District of Columbia Communicable Disease Case Reporting Form using [the District of Columbia Electronic Reporting System \(DCRC\)](#) to the Division of Epidemiology-Disease Surveillance and Investigation (DE-DSI), and methods for reporting Gastro-enteritis illness (GI) cluster/outbreak and sample collection for identification of pathogens during such outbreak.

Reportable Diseases are defined as communicable diseases that the Council of State and Territorial Epidemiologists (CSTE) and the District of Columbia Department of Health (DC Health) have determined to be of significance to public health in the District of Columbia. Diseases listed on the official District of Columbia Reportable Disease List (Appendix 1) should be reported to DE-DSI using [DCRC](#) or [DC Health Epidemiology Investigation Team \(EIT\) Portal](#). Please note that in addition to diseases and conditions listed on the District of Columbia Reportable Disease List, “any unusual occurrence of any disease, as determined by the Director of the Department of Health” is reportable, according to the District of Columbia Municipal Regulations (DCMR) Title 22, section 201.1 (gg).

WHEN TO REPORT A COMMUNICABLE DISEASE CASE

The school nurse should submit a [Communicable Disease Case Report Form](#) to the Division of Epidemiology-Disease Surveillance and Investigation (DE-DSI) when a student, faculty, or staff member either:

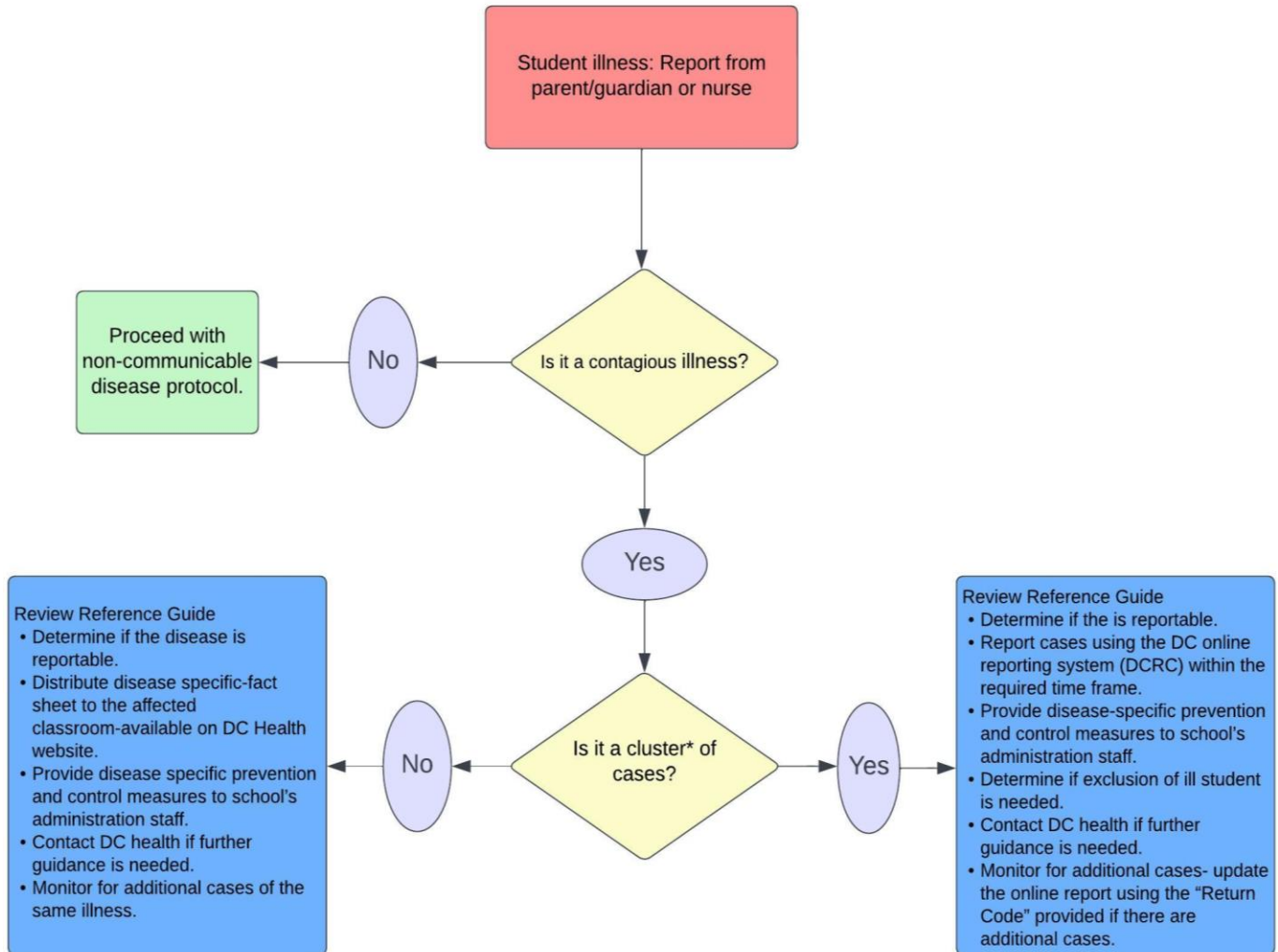
1. Presents in the health suite with a confirmed or suspected case of any of the diseases or conditions listed in the Reportable Disease List or the Communicable Disease Reference Guide (Appendixes)

- Or-

2. Produces a physician's note indicating the student, faculty, or staff member was diagnosed with any of the diseases or conditions listed in the Reportable Disease List or the Communicable Disease Reference Guide (Appendixes).

NOTE: For some illness, only cluster (≥ 3 cases occurring within a 7-days period) of confirmed or suspected cases of the same illness are reportable within 24 hours of identification using the DC Reporting and Surveillance Center (DCRC) online reporting system.

GUIDE TO DETERMINE WHEN TO REPORT COMMUNICABLE DISEASE CASES



For additional information, visit: [//dchealth.dc.gov/es/service/school-health-surveillance-and-disease-reporting](https://dchealth.dc.gov/es/service/school-health-surveillance-and-disease-reporting)

*Cluster: Defined as 3 or more cases of the same illness occurring within a 7-day period-exception for influenza illness (review reference guide for more details about cluster definition for flu).
For more information, please email schoolhealth.epi@dc.gov

HOW TO COMPLETE AND SUBMIT A CASE REPORT FORM

Please refer to the DCRC reporting guideline. All reporting must be done using the DCRC. If the school nurse has documentation from a physician, parent, or laboratory pertaining to the case, the document should be uploaded into the electronic form or should be faxed only when the nurse is unable to attach it electronically.

When submitting a Communicable Disease Case Report Form using DCRC, at a minimum, the following mandatory fields should be completed:

- Type of facility
- School Name
- Submitter's First and Last name
- Submitter's phone number and email address
- Illness Name (clinical/suspected diagnosis)
- Patient's Last Name
- Patient's First Name
- Patient's Address (including state and zip code)
- Patient's Grade level
- At least one of the following for parent/guardian:
 - Home Telephone Number
 - Work Telephone
 - Number Other Telephone Number
- Patient's Date of birth
- Patient's Sex
- Patient's Race
- Date of medical visit
- Name of healthcare provider (phone number and email)
- Symptoms and onset date of symptoms
- Symptom duration
- Diagnostic testing:
 - Collection date
 - Specimen type
 - Result date
 - Description of the results (e.g., positive, negative)
- Treatment (date, drug, dose, rout of administration, frequency, and duration)

Note: The nurse must submit a copy of the laboratory report to DC Health, if applicable, via fax or DCRC. In the absence of cluster, the nurse should monitor for additional cases for required timeframe, which is seven days of onset date of first case, to meet cluster definition. DC Health does not provide letters to distribute to parents or guardians for a single case, unless the school nurse requires one for confirmed cases. In this case, the nurse must submit all supporting documentation via DCRC or fax.

PROCESS AFTER SUBMISSION

The submitted case report forms will be reviewed and cases will be investigated if needed to provide necessary prevention and control measures. The investigator might reach out to the school nurse to gather any additional information if needed.

During the course of the investigation, if it is determined that other people have been exposed, may be at risk, or pose a possible risk to the population of the District of Columbia, further prevention and control measures may be necessary at the school and will be coordinated between the DE-DSI, the school principal, the school nurse, and any other District or federal agency deemed necessary by the Department of Health.

GASTROENTERITIS OUTBREAK REPORTING PROTOCOL

When a cluster (at least 3 or more case within a 7-days period) or an outbreak of gastroenteritis is identified in the facility, the affected school/daycare should take the following steps:

- Notify DC Health of the cluster or outbreak within 24 hours via phone or email or through reporting case using the electronic reporting system.
- Report the cases to DC Health using DCRC or EIT ([online reporting system](#)) – if not already done.
- Consult and coordinate with DC Health on stool specimen collection and laboratory testing – at least two specimens should be collected as a minimum of two positive specimens is necessary to confirm an outbreak (review specimen collection and pick up protocol section for more details).
- Educate school or daycare staff about the symptoms and preventive measures of the outbreak suspected causative agent.
- Implement control measures throughout the entire facility:
 - Symptomatic students should be excluded from school/daycare until they are free of symptoms for 48 hours.
 - Deep clean and disinfect bathrooms, classrooms, and frequently touched items (*review gastroenteritis specific cleaning guideline*).
 - Encourage frequent hand washing by:
 - Displaying hand washing signs throughout the facility.
 - Providing soap in bathrooms and /or hand sanitizer in areas of the facility with limited access to water and soap.
- Regularly monitor cases count to determine whether there is an increase in number of new cases (it will help determine if the outbreak is getting worse or improving).

Specimen collection and pick up protocol:

- Detailed stool collection instructions can be found in the stool kits.
- Distribute stool kits to at least three parents/guardians of children who reported gastroenteritis symptoms (vomiting and/or diarrhea).
- Demonstrate how to use the stool collection kit to the parents/guardians.
- Instruct parents/guardians to collect stool specimen (stool can be whole or watery) as soon as possible after onset of illness according to the stool kit guideline:
 - Each specimen should be labelled with the date of collection, initials, and date of birth of the ill person.
 - Specimen should be refrigerated or stored on wet ice until ready to drop it off at school/daycare or pick up at the patient’s home for transfer to the laboratory.
- If dropping off at school, request that specimen be dropped off the next business day after collection:
 - Once a specimen is dropped off, store it in the foam cooler (provided) on wet ice.

- If specimen has to be picked up at patient's home, request that parent inform you once specimen is ready for pick up.
- Send a "Ready for Pick -up email to foodborne.epi@dc.gov to arrange pick up for testing.
 - Sample "Ready for Pickup Email"
 - Number and type of specimen:** # stool specimen
 - Storage of specimen:** Store the specimen in a Wet Ice or in the refrigerator.
 - Date of collection:** XXXX
 - Pick up Location address:** Provide the address for pick up.
 - Point of Contact name and number:** Provide the contact information for specimen pick up.

APPENDICES

Disease/Condition	Code	Disease/Condition	Code
An emerging infectious disease or an unusual occurrence of any disease	I*	Encephalitis, acute arboviral (e.g. Eastern Equine, St. Louis, Western Equine)	I*
An infection or outbreak (e.g. healthcare-associated and foodborne) that may be of public health concern	I*	Gastrointestinal illness outbreak - school/child care facility-associated	24±
Animal bites	I	Giardiasis	48
Anthrax (<i>Bacillus anthracis</i>)	I*	Gonococcal infection	48
Babesiosis	48	Granuloma inguinale	48
Botulism	I*	<i>Haemophilus influenzae</i> , invasive disease	24
Brucellosis	24	Hand, foot, and mouth disease outbreak - school/child care facility-associated	24±
Campylobacteriosis	24	Hantavirus pulmonary syndrome (HPS)	I*
Carbapenem-resistant enterobacteriaceae (CRE) - LabID event	NHSN	Head lice outbreak - school/child care facility-associated	24±
Catheter-associated urinary tract infections (CAUTIs)	NHSN	Hemolytic uremic syndrome	I*
Central line-associated bloodstream infections (CLABSIs)	NHSN	Healthcare-associated infection (cluster or outbreak)	24
Chancroid	48	Hepatitis (B,C) #- pregnancy in a woman positive for hepatitis B or C also requested	48
Chickenpox (morbidity, pediatric mortality)	48	Hepatitis A	I
Chikungunya	24	Human immunodeficiency virus (HIV) infection and pregnancies in HIV-infected women	48
<i>Chlamydia trachomatis</i> infection (including PID, perinatal, and trachoma)	48	Impetigo outbreak - school/child care facility-associated	24±
Cholera (Toxigenic <i>Vibrio cholerae</i> 01 or 0139)	I*	Influenza A (novel subtype only)	I*
Clostridium difficile (<i>C. difficile</i>) - LabID event	NHSN	Influenza-associated mortality (patients <18 years of age)	I*
Coccidioidomycosis	48	Kawasaki disease	48
Conjunctivitis (Pink Eye) outbreak - school/child care facility-associated	24±	Lead poisoning in children	L
Cryptosporidiosis	48	Legionellosis	48
Cyclosporiasis	48	Leptospirosis	48
Dengue	24	Listeriosis	I*
Diphtheria	I*	Lyme Disease (<i>Borrelia Burgdorferi</i>)	48
Ehrlichiosis	48		

Visit our website for details on how to report these diseases and conditions online: <http://dchealth.dc.gov/service/infectious-diseases>

Codes

NHSN	Acute care, ambulatory, long-term acute care, skilled nursing, and outpatient renal dialysis facilities should report these conditions to the National Healthcare Safety Network (NHSN) and provide DC DOH with access to these data. Definitions of these infections are provided in the most current edition of the NHSN manual (http://www.cdc.gov/nhsn/).
I	Must be reported immediately upon provisional diagnosis or the appearance of suspicious symptoms by submission of a case report within 24 hours.
I*	Must be reported immediately by telephone (see detailed guidance documents) upon provisional diagnosis or the appearance of suspicious symptoms, and confirmed by submission of a case report within 24 hours. For epidemiological support to address an urgent/emergent public health issue outside of business hours (weekdays, 8:15am-4:45pm), call 1-844-493-2652.
L	Must be reported to the DC Department of Energy & Environment (DOEE) immediately by telephone (202) 654-6002 or fax (202) 535-2607 if results are ≥10 µg/dL. As a courtesy, all results ≥ 5 µg/dL should also be reported immediately. Providers must report the case to DOEE by telephone within 72 hours of receiving notification from a laboratory or another provider/facility. Laboratories, including providers who utilize point-of-care testing, are required to report all test results <10 µg/dL within 1 week of analysis.
24	Must be reported within 24 hours after provisional diagnosis or the appearance of suspicious symptoms
48	Must be reported within 48 hours after provisional diagnosis or the appearance of suspicious symptoms
±	Only required to be reported by school/child care facilities when there are ≥ 3 cases that occur in the facility within a 7-day period
#	Acute hepatitis B is currently mandated. However, case reports for chronic and perinatal hepatitis B are requested and will be mandated in forthcoming regulations.

Disease/Condition	Code	Disease/Condition	Code
Lymphogranuloma venereum (LGV, including atypical LGV)	24	Shigellosis	48
Malaria	48	Smallpox	I*
Measles (Rubeola)	I*	Staphylococcal infections in newborns (nosocomial)	I
Melioidosis	48	Streptococcal infection, invasive (Pneumococcal disease)	24
Meningitis (<i>Neisseria meningitidis</i>)	I*	Streptococcal non-invasive, Group A (Scarlet fever and strep throat) outbreak - school/child care facility-associated	24±
Meningitis (aseptic or viral, fungal, and bacterial other than <i>N. meningitidis</i>)	24	Surgical site infection (SSI): Abdominal hysterectomy	NHSN
Meningococcal disease, invasive	I*	Surgical site infection (SSI): Colon surgery	NHSN
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteremia - LabID event	NHSN	Syphilis (all stages, congenital)	48
Middle East Respiratory Syndrome (MERS)	I*	Tetanus	24
Mumps	I*	Toxic shock syndrome (Staphylococcal, Streptococcal, and other)	48
Pertussis (Whooping cough)	I*	Trichinosis (Trichinellosis)	48
Pinworm (Enterobiasis) outbreak - school/child care facility-associated	24±	Tuberculosis	48
Plague (<i>Yersinia pestis</i>)	I*	Tularemia	I*
Poliovirus infection	I*	Typhoid fever (<i>Salmonella typhi</i>)	I*
Powassan virus	48	Urethritis, atypical	48
Psittacosis (Ornithosis)	24	Vaccine adverse events	48
Q Fever	24	Vibriosis (non-cholera <i>Vibrio</i> species infections)	I
Rabies (animal or human)	I*	Viral hemorrhagic fevers (Ebola or other)	I*
Rickettsiosis, spotted fever (e.g. Rocky Mountain Spotted Fever)	48	West Nile virus	48
Ringworm (Tinea) outbreak - school/child care facility-associated	24±	Yellow fever	I*
Rubella, including congenital rubella syndrome	I*	Zika virus disease (including congenital Zika virus infection)	24
Salmonellosis	48		
Scabies outbreak - school/child care facility-associated	24±		
Severe Acute Respiratory Syndrome (SARS)	I*		
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	I		

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COMMUNICABLE DISEASE REFERENCE CHART FOR SCHOOLS AND CHILD CARE PERSONNEL

This chart provides recommendations by disease for when a child may be excluded from school, and what documentation is required for their return.

***These conditions require temporary exclusion of a child from school or childcare setting until diagnosed or cleared by an healthcare provider, or symptoms have resolved, regardless of the specific disease.**

- Fever:** Any unexplained fever (greater than 100.4°F in a child) in addition to a behavior change or other signs and symptoms
- Vomiting:** > 2 episodes in the previous 24 hours, unless due to a non-communicable disease
- Diarrhea:** 3 or more watery or loose stool episodes within 24 hours
- Rash:** Any new onset of rash accompanied by fever
- Skin Lesions:** Drainage that cannot be covered or contained with a waterproof bandage
- Cough/SOB:** Persistent cough with or without fever, serious sustained coughing, shortness of breath or difficulty breathing

Exclusion can also be recommended if:

- The child is unable to participate in routine activities due to symptoms.
- Care required for the ill child by staff compromises the health and safety of other children.

Cleaning Guidelines: Routinely clean, sanitize, or disinfect surfaces and items that can possibly pose a risk for infectious disease transmission to other children by using detergent mixed with water (*Review cleaning guideline for details information on cleaning practices*).

Cluster (≥3 cases) or Outbreaks of any disease are reportable to the Department of Health (DC Health) within 24 hours of detection.

School nurses should notify parents/guardians of classmates of cases with diseases not reportable to DC Health by sending disease specific fact sheets available on the DC health website (<https://dchealth.dc.gov/node/115222>)

DISEASE	INCUBATION PERIOD	TRANSMISSION	SYMPTOMS	CONTAGIOUS PERIOD	REPORTABLE TO DC Health	EXCLUSION* (Review section above)	REQUIREMENT TO RETURN TO SCHOOL	SCHOOL'S RECOMMENDED CONTROL MEASURES (School nurse should share these measures with the school or daycare principal or director)
Chickenpox (Varicella)	10 - 21 days	<ul style="list-style-type: none"> • From person to person by <i>direct contact</i> with blisters • Through breathing in <i>airborne</i> virus particles that come from the blisters that get in the air when an infected person breathes, coughs, sneezes, or talks 	Mild fever, itchy fluid-filled blisters that may first show up on the face, chest and back then spread to the rest of the body	1 - 2 days before rash onset until all blisters are crusted over (usually 5 - 7 days)	YES -- Immediately	YES -- until rash has crusted over and no new lesions or blisters appear for 24 hours	Doctor/Physician Note	<ul style="list-style-type: none"> • Clean and sanitize items and surfaces in the facility <i>In consultation with DC Health</i> • Notify parents/guardians of classmates (e.g. day school, after care) and teachers/caregivers • Check their vaccination status and recommend vaccination if needed <ul style="list-style-type: none"> - Consider exclusion of unimmunized individuals - On appearance of symptoms, exclude from school
Common Colds (Upper respiratory illness)	1 - 2 days	<ul style="list-style-type: none"> • Through contact with <i>respiratory droplets</i> (when an infected person talks, sneezes, or coughs) • Through <i>direct contact</i> with objects or surfaces contaminated with respiratory droplets 	Fever, sore throat, runny nose, cough, sneeze, watery eyes, headaches and body aches	Usually within the first 24 hours until 3 days after symptoms started	NO	NONE	NONE	<ul style="list-style-type: none"> • Recommend proper handwashing • Recommend practice of proper covering of mouth and nose when coughing, or sneezing • Clean and sanitize items and surfaces in the facility (e.g. door knobs, toys, etc..)
Conjunctivitis (Pink Eye) Bacterial or Viral	1 - 3 days	<ul style="list-style-type: none"> • Through <i>direct contact</i> with discharge or secretion from an infected eye • Through <i>direct contact</i> with contaminated objects or surfaces 	Pink or red color, swelling of conjunctiva, itching, irritation or burning, discharge (pus or mucus), crusting of eyelids or lashes	During the period of symptoms	Cluster of 3 or more cases occurring within a 7 day period (not single cases)	YES -- until secretions from eye resolves, or until 24 hours after treatment has started (for bacterial)	Doctor/Physician Note OR Proof of treatment (medication bottle or tube)	<ul style="list-style-type: none"> • Notify parents/guardians of classmates (e.g. day school, after care) • Recommend proper handwashing • Clean and sanitize items and surfaces in the facility that may have been in contact with eye secretions of the infected person

Coxsackie (Hand, Foot and Mouth)	3 - 7 days	<ul style="list-style-type: none"> Through <i>direct contact</i> with blisters Through contact with <i>respiratory droplets</i> (when an infected person talks, sneezes, or coughs) Through <i>direct contact</i> with feces, or items and surfaces contaminated with respiratory droplets 	Fever, sore throat, blister-like rash on hands, feet, and in the mouth	During the first weeks of illness but can be contagious for weeks after symptoms are gone	Cluster of 3 or more cases occurring within a 7 day period (not single cases)	CONDITIONAL -- exclude if blisters in the mouth with uncontrollable drooling or weeping blisters cannot be covered	NONE	<ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) Recommend proper handwashing Recommend practice of proper covering techniques when coughing, or sneezing Clean and sanitize items and surfaces in the facility especially mouthed toys/items
Croup	2-7 days	<ul style="list-style-type: none"> Through contact with <i>respiratory droplets</i> (when an infected person talks, sneezes, or coughs) Through <i>direct contact</i> with items or surfaces contaminated with respiratory droplets 	Fever, runny nose, barking cough, sore throat	1 week before to 1-3 weeks after symptoms onset	NO	NONE	NONE	<ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) Recommend proper handwashing Recommend practice of proper covering of mouth and nose when coughing, or sneezing Clean and sanitize items and surfaces in the facility
Fifth Disease (Human parvovirus B19)	4 - 14 days (up to 21 days)	<ul style="list-style-type: none"> Through contact with <i>respiratory droplets</i> (when an infected person talks, sneezes, or coughs) 	Fever, runny nose, headache, "slapped cheek" red rash, and sometimes painful or swollen joints	During "cold like" symptoms and before rash onset or joint pain or swelling	NO	CONDITIONAL -- exclude if the affected child has an underlying blood disorder, or a compromised immune system; Pregnant caregiver/teachers should consult their doctor and employer about potential risks	NONE	<ul style="list-style-type: none"> Clean and sanitize items and surfaces in the facility Recommend proper handwashing Recommend practice of proper covering techniques when coughing, or sneezing Notify parents/guardians of classmates (e.g. day school, after care) In consultation with DC Health Notify teachers/caregivers - those who are <i>pregnant</i> should be aware of potential risks to their baby. They may want to discuss with their doctor and employer to decide what is best for them
Haemophilus influenzae Type b (Hib)	Unknown	<ul style="list-style-type: none"> Through contact with <i>respiratory droplets</i> (when an infected person talks, sneezes, or coughs) 	Depend on the site of infection, can include: fever, vomiting, irritability, rapid onset of difficulty breathing, cough, warm, red and swollen joints, or welling and discoloration of the skin, particularly of the cheek and around the eye	Until treatment has begun	YES -- immediately	YES -- until after treatment has started <i>*Cases with meningitis or pneumonia resulting from HIB may return to school until 24 hours after completing antibiotic treatment</i>	Doctor/Physician Note OR Proof of Treatment (medication bottle or tube)	<ul style="list-style-type: none"> Clean and sanitize items and surfaces in the facility Recommend that people avoid contact with infected individual Notify parents/guardians of classmates (e.g. day school, after care) and teachers/caregivers In consultation with DC Health Check vaccination status of classmates; recommend post-exposure prophylaxis and vaccination if needed
Head Lice	Nits hatch in 8 - 9 days, adults live about 30 days	<ul style="list-style-type: none"> Through <i>direct contact</i> (head to head) with an infested person's hair Through contact with personal belongings such as combs, brushes, and hats, etc. of an infested person 	Severe itching and scratching, tickling feeling of something moving in the hair	As long as live lice are present	Cluster of 3 or more cases occurring within a 7 day period (not single cases)	YES -- from end of school day until next day after treatment has begun (treatment should begin after school on day of notification)	Proof of treatment (e.g. written or email note explaining treatment performed, picture or packaging of the medication, comb used, etc..)	<ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) Recommend washing beddings and clothings in hot water No sharing of hats or helmets at school without proper disinfection Clean facility by vacuuming carpeted floor and washing possibly contaminated items
Hepatitis A (Hep A)	15 - 50 days (usually 28 days)	<ul style="list-style-type: none"> <i>Fecal-oral spread</i> (through contact with items or surfaces contaminated with feces from an infected person) Through consumption of contaminated food or water 	Fatigue, poor appetite, fever, nausea, vomiting, abdominal pain, joint pain, jaundice (yellowing of skin or whites of eyes), and dark-brown urine	In the 2 weeks before onset of symptoms to 1 week after onset of jaundice	YES -- immediately	YES -- until 1 week after onset of illness or jaundice	Doctor/Physician Note	<ul style="list-style-type: none"> Clean and sanitize items and surfaces in the facility Recommend proper handwashing, especially after toileting or changing diaper and before handling food In consultation with DC Health Notify parents/guardians of classmates (e.g. day school, after care) Check vaccination status of classmates and recommend vaccination for non-immunized contacts within 2 weeks of exposure - Assess the need for using vaccine or immune globulin for contacts

Herpes simplex (Cold Sores, Fever Blisters)	2 - 12 days, may be longer	<ul style="list-style-type: none"> Through <i>direct contact</i> with infected person's saliva or blisters 	Red bumps on the lips and/or edge of the mouth (can appear in gums or throat) that blister, itching or burning sensation of the bumps	As long as blisters are present or until 4 to 5 days after treatment has begun	NO	CONDITIONAL -- exclude if blisters in the mouth with uncontrollable drooling or weeping blisters cannot be covered	NONE	<ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) Recommend proper handwashing and avoid sharing food/drinks Recommend avoiding contact with blisters or close contact with an infected person Clean and sanitize items and surfaces in the facility especially mouthed toys/items
Influenza (Flu / Influenza Like Illness)	1 - 4 days (2 days on average)	<ul style="list-style-type: none"> Through contact with <i>respiratory droplets</i> (when an infected person talks, sneezes, or coughs) Through <i>direct contact</i> with items or surfaces contaminated with respiratory droplets 	Fever, chills, cough, sore throat, runny and stuffy nose, muscles or body aches, headaches, and tiredness, children may sometime experience vomiting and diarrhea	1 day before to about 5-7 days after symptoms onset date	NO -- unless cluster of 3 cases in the same classroom occurring within a 7 day period (not single cases) <i>OR</i> -- hospitalization or death in children <18 years old	NONE	NONE	<ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) Recommend proper handwashing Recommend practice of proper covering techniques when coughing or sneezing Recommend vaccination against flu during flu season Clean and sanitize items and surfaces in the facility, especially mouthed toys/items
Methicillin -Resistant Staphylococcus aureus (MRSA)	1 - 10 days	<ul style="list-style-type: none"> Through <i>direct contact</i> with an infected person's wound/blisters Through contact with contaminated items such as towels or razors 	Bump or infected area on the skin that may be red, swollen, warm to touch, painful and full of pus or other drainage accompanied by a fever	As long as wounds/blisters are present on the skin	NO	CONDITIONAL -- exclude if infection is related to a wound with drainage that cannot be covered and contained with a clean and dry bandage	NONE	<ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) Recommend proper handwashing and good body hygiene practices Recommend keeping cut and scrapes clean and covered with bandages Recommend avoiding the sharing of personal items like towels and sport/workout equipment Clean and sanitize items and surfaces in the facility for cases with wound and blisters
Measles (Rubeola)	7 - 21 days (most common is 14 days after exposure)	<ul style="list-style-type: none"> Through breathing in <i>airborne</i> virus particles that stay in the air when an infected person coughs, sneezes, or talks 	Fever (lasting couple of days), cough, conjunctivitis, runny nose, rash on the face and upper neck that can spread to other areas of the body	4 days prior rash onset to 4 days afterwards	YES -- immediately	YES -- until 4 days after onset of the rash	<ul style="list-style-type: none"> Doctor/Physician Note AND (if needed) Parent/Guardian Note indicating that the child stayed home for 4 days after onset of rash 	<ul style="list-style-type: none"> Clean and sanitize items and surfaces in the facility <i>In consultation with DC Health</i> Notify parents/guardians of children and teachers/caregivers of the entire school Check vaccination status of any individual who was in the same space or area with the case) and recommend vaccination if needed - Exclude unimmunized contacts until immunized or until 21 days from last day of potential exposure to the case if immunization refused On appearance of symptoms in exposed individual, exclude from school
Meningitis (Bacterial)	Varies by causative agent but usually 3 - 7 days	<ul style="list-style-type: none"> Through contact with <i>respiratory droplets</i> (when an infected person sneezes or coughs) or when sharing eating utensils, Through eating contaminated food 	Fever, headache, and stiff neck, can sometimes cause nausea, vomiting, increased sensitivity to light and confusion	Until 24 hours after treatment has begun	YES	YES -- until 24 hours after antibiotics treatment has begun	<ul style="list-style-type: none"> Doctor/Physician Note OR Proof of treatment (medication bottle or tube) 	<ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) and teachers/caregivers Clean and sanitize items and surfaces in the facility especially eating and drinking utensils Recommend that people avoid contact with infected individual <i>In consultation with DC Health</i> Check vaccination status of classmates; recommend post-exposure prophylaxis and vaccination if needed

Meningitis (Viral)	Varies by virus	Varies based on the virus causing the illness but generally involves having close <i>direct contact</i> with an infected person	In children symptoms include fever, irritability, lack of energy, sleepiness; adults may experience severe headache, stiff neck, nausea, vomiting, lack of energy, and drowsiness	Varies by causative virus	YES	CONDITIONAL -- exclude if causative virus is (e.g. measles, mumps, varicella zoster)* <i>*Refer to disease specific section for more information on exclusion</i>	Doctor/Physician Note	<ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) Recommend proper handwashing Recommend practice of proper covering techniques when coughing, or sneezing Recommend avoiding close contact with infected individual, sharing eating and drinking utensils Clean and sanitize items and surfaces in the facility <p><i>In consultation with DC Health</i></p> <ul style="list-style-type: none"> Check vaccination status of classmates and recommend vaccination if needed (depending on causative virus)
Molluscum Contagiosum	2 - 7 weeks	<ul style="list-style-type: none"> Through <i>direct contact</i> with an infected person's rash Through contact with contaminated items such as clothing, towels, and toys Can also spread through sexual contact 	Smooth, firm, circular lesions or pimple like rash on the face, trunk, and limbs but can also appear on other areas of the body	As long as lesions are present	NO	NONE	NONE	<ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) Recommend proper handwashing and good body hygiene Recommend keeping lesions covered with bandages Recommend avoiding sharing of personal items like towels and sport or workout equipment Recommend avoiding close contact activities Clean and sanitize items and surfaces in the facility
Mononucleosis (Epstein-Barr virus)	4 - 6 weeks	<ul style="list-style-type: none"> Through intimate <i>direct contact</i> with the saliva of an infected person 	Extreme fatigue, fever, sore throat, and swollen lymph glands	Several weeks or months during and after the initial infection	NO	CONDITIONAL -- exclude if child is drooling uncontrollably	NONE	<ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) Recommend proper handwashing Recommend avoiding sharing eating or drinking utensils Clean and sanitize items and surfaces in the facility especially eating and drinking utensils
Mumps	12 - 25 days (usually 16-18 days)	<ul style="list-style-type: none"> Through contact with <i>respiratory droplets</i> (when an infected person sneezes or coughs) 	Fever, headache, muscle aches, parotitis (swollen and tender salivary glands), orchitis	2 days before parotitis (swelling of salivary glands) to 5 days after parotitis	YES -- immediately	YES -- until 5 days after parotitis onset	<ul style="list-style-type: none"> Doctor/Physician Note AND (if needed) Parent/Guardian Note indicating that the child remained at home for 5 days after swelling onset 	<ul style="list-style-type: none"> Clean and sanitize items and surfaces in the facility <p><i>In consultation with DC Health</i></p> <ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) Check vaccination status of classmates and recommend vaccination if needed. This does not prevent infection if child is already exposed but can stop future spread. <ul style="list-style-type: none"> Exclude unimmunized classmates until immunized, or until 25 days if immunization refused
Pertussis (Whooping cough)	5 - 21 days (usually 7 - 10 days)	<ul style="list-style-type: none"> Through contact with <i>respiratory droplets</i> (when an infected person sneezes or coughs) 	In early stage people experience cold-like symptoms, runny nose, mild cough or low-grade fever. Within 2 weeks, people experience rapid coughs with a high-pitched whoop and vomiting	Until after 5 days of treatment or 3 weeks after cough onset	YES -- immediately	YES -- until 5 days after treatment or 3 weeks after cough onset (if untreated)	<ul style="list-style-type: none"> Doctor/Physician Note AND (if needed) Parent /Guardian Note indicating child stayed home for 3 weeks after cough onset (if not treated) 	<ul style="list-style-type: none"> Clean and sanitize items and surfaces in the facility <p><i>In consultation with DC Health</i></p> <ul style="list-style-type: none"> Notify parents/guardians of classmates (e.g. day school, after care) and teachers/caregivers Check their vaccination status and recommend post-exposure prophylaxis, and vaccination if needed <ul style="list-style-type: none"> Consider excluding any exposed individuals who are coughing until appropriate evaluation and treatment Monitor exposed staff and classmates for coughing, and exclude until evaluated

Pinworm	1 - 2 months	<ul style="list-style-type: none"> • <i>Fecal-oral spread</i> (through contact with items or surfaces contaminated with feces from an infected person) • Through consumption of contaminated food or water 	Itching around the anus that can lead to difficulty sleeping (some cases are asymptomatic)	As long as eggs are present	Cluster of 3 or more cases occurring within a 7 day period (not single cases)	NONE	<ul style="list-style-type: none"> • Doctor/Physician Note OR • Proof of treatment (medication bottle or tube) 	<ul style="list-style-type: none"> • Notify parents/guardians of affected patient and classmates (e.g. day school, after care) • Recommend that parent consult a healthcare provider for treatment • Recommend proper handwashing especially before handling food or eating and after using the toilet or changing diapers • Recommend frequent laundering of beddings, towels and clothings used by an infected person • Clean and sanitized items and surfaces in the facility especially, toys, surfaces used for eating, toileting, hand hygiene, food preparation, and diapering
Ringworm	4 - 14 days	<ul style="list-style-type: none"> • Through <i>direct contact</i> with an infected rash on a person or animal • Through contact with contaminated surfaces or items such as combs, brushes, towels, clothing or beddings • Through contact with the fungi in the environment (fungi can live on surfaces) 	Itchy skin, ring-shaped rash, red scaly, skin lesions, and hair loss that can appear on the scalp or skin of the body or feet	As long as lesions are active	Cluster of 3 or more cases occurring within a 7 day period (not single cases)	<p>YES</p> <p>-- From end of school day until treatment has begun.</p> <p><i>Cover lesions if possible while waiting for end of day</i></p>	<ul style="list-style-type: none"> • Doctor/Physician Note OR • Proof of treatment (medication bottle or tube) 	<ul style="list-style-type: none"> • Notify parents/guardians of classmates (e.g. day school, after care) • Recommend proper handwashing • Recommend avoiding sharing items such as hats, combs, brushes, barrettes, scarves, clothing, bedding, or towels • Wash all items used by infected person • Clean the facility by vacuuming carpeted floor
Rubella (German measles)	12 - 23 days (usually 14 days)	<ul style="list-style-type: none"> • Through contact with <i>respiratory droplets</i> (when an infected person sneezes or coughs) • Through <i>direct contact</i> with objects or surfaces contaminated with respiratory droplets 	Slight fever, joint pain, headache, runny nose, red eyes, rash; lymph nodes behind ears can also be swollen	One week prior rash onset to at least 4 -7 days after rash onset	YES -- immediately	YES -- until 7 days after rash onset	<ul style="list-style-type: none"> • Doctor/Physician Note AND (if needed) • Parent/Guardian Note indicating that the child stayed home for 7 days after onset of rash 	<ul style="list-style-type: none"> • Clean and sanitize items and surfaces in the facility <i>In consultation with DC Health</i> • Notify parents/guardians of classmates (e.g. day school, after care) and teachers/caregivers • Check their vaccination status of and recommend vaccination if needed - Consider exclusion of unimmunized classmates • Special considerations should be taken for staff who are pregnant and unaware of their immunization status
Roseola	9-10 days	<ul style="list-style-type: none"> • Through contact with <i>respiratory droplets</i> (when an infected person sneezes or coughs) 	High fever (>103°F) lasting for 3 to 7 days, red raised rash lasting 24 to 48 hours, slightly sore throat, runny nose or cough, and sometime irritability, decrease appetite or swollen eyelids.	As long as the virus is present in nose and throat secretions	NO	NONE	NONE	<ul style="list-style-type: none"> • Notify parents/guardians of classmates (e.g. day school, after care) • Recommend proper handwashing • Recommend avoiding sharing eating or drinking utensils • Clean and sanitize items and surfaces in the facility
Scabies	4 - 6 weeks, 1 - 4 days in persons previously infested	<ul style="list-style-type: none"> • Through close, prolonged <i>direct skin-to-skin contact</i> with an infested person, • Through <i>direct contact</i> with contaminated items such as clothing, towels or beddings 	Intense itching usually between fingers, on wrist, armpit, elbow waistline (can appear on other area of the body); pimple-like rash	As long as mites are alive	Cluster of 3 or more cases occurring within a 7 day period (not single cases)	-- until the day after treatment has begun	<ul style="list-style-type: none"> • Doctor/Physician Note OR • Proof of treatment (medication bottle or tube) 	<ul style="list-style-type: none"> • Notify parents/guardians of classmates (e.g. day school, after care) • Wash all beddings and clothings worn and used during 3 days before start of treatment in hot water • Disinfect items that cannot be washed or dry-cleaned by storing them in a closed plastic bag for 3 - 7 days • Clean the facility by vacuuming carpeted floor <i>In consultation with DC Health</i> • Recommend that close contacts (household members) be treated concurrently
Streptococcal Diseases: Strep Throat, Scarlet Fever, Impetigo	1 - 3 days, may take up to 7 - 10 days for impetigo	<ul style="list-style-type: none"> • Through contact with an infected person's or carrier's <i>respiratory droplets</i> (when the person talks, sneezes, or coughs) • Through <i>direct contact</i> with contaminated items and surfaces, or sores on the skin (impetigo) 	Sore throat, fever, red and swollen tonsils or lymph nodes, sandpaper rash (scarlet fever); skin lesions usually on elbows, legs and knees (impetigo)	1 - 3 days prior symptoms onset until 24 hours after treatment has begun	Cluster of 3 or more cases occurring within a 7 day period (not single cases)	YES -- until 24 hours after antibiotics treatment has begun	<ul style="list-style-type: none"> • Doctor/Physician Note OR • Proof of treatment (medication bottle or tube) 	<ul style="list-style-type: none"> • Notify parents/guardians of classmates (e.g. day school, after care) • Recommend proper handwashing • Recommend practice of proper covering techniques when coughing or sneezing • Clean and sanitize items and surfaces in the facility, especially mouthed toys/items

Sty	Unknown	Does not spread	Mild pain and red bump at or near the edge of the eyelid	During drainage period of pus that contain the bacteria	NO	CONDITIONAL -- exclude if the eye is actively draining	NONE	<ul style="list-style-type: none"> • Notify parents/guardians of the affected child • Recommend proper handwashing • Avoid rubbing the eye • Clean and sanitize items and surfaces in the facility
Viral Gastroenteritis illnesses (e.g. Norovirus)	Varies by virus (usually 1 - 2 days)	<ul style="list-style-type: none"> • <i>Fecal-oral spread</i> (through contact with items or surfaces contaminated with feces or vomit from an infected person) • Through consumption of contaminated food or water 	Nausea, vomiting, diarrhea, abdominal pain, fever, headaches, chills, which can result in dehydration	While diarrhea and vomiting are present	Cluster of 3 or more cases occurring within a 7 day period (not single cases)	YES -- until 24 hours after diarrhea and/or vomiting have resolved	NONE	<ul style="list-style-type: none"> • Notify parents/guardians of classmates (e.g. day school, after care) • Recommend proper handwashing practices, especially after toileting or changing diaper and before handling food • Clean and sanitize items and surfaces in the facility (e.g. toys, keyboards, door knobs, etc.)
Yeast Diaper Rash (Candidiasis)	Unknown	• NONE	Redness, scaling, red bumps, shinning rash appearance, sores, or cracking of the skin in diaper region	NONE	NO	NONE	NONE	<ul style="list-style-type: none"> • Notify parents/guardians of the affected child • Recommend proper handwashing especially for childcare workers • Recommend keeping the skin dry, frequent diaper changes, and skin air exposure • Clean and sanitize facility diapering areas

Definition:

Respiratory droplets : "large" droplets that contain infectious particles that travel in the air but less than 3 feet

Airborne droplets : "small" droplets that contain infectious particles but are small enough to remain suspended in the air

References

1. District of Columbia. (2023). 22-B Public Health and Medicine - Chapter 22-B2: Communicable and Reportable Diseases. DCMR § 209 (2016). Retrieved from: <https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=22-B2>
2. Aronson, S. A, Shope & T.R. Shope. (2017). Managing infectious diseases in child care and schools: A quick reference guide. Elk Grove Village, IL: *American Academy of Pediatrics*. 4th edition.
3. Centers for Disease Control and Prevention. (2017). Definitions of symptoms for reporting illnesses. Retrieved from: <https://www.cdc.gov/quarantine/air/reporting-deaths-illness/definitions-symptoms-reportable-illnesses.html>