

SANTA ROSA COUNTY HEALTH DEPARTMENT

COMMUNICABLE DISEASE SCHOOL HEALTH MANUAL

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5527 STEWART STREET
MILTON, FLORIDA 32570



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INTRODUCTION

This manual is a general guide to help schools identify and manage student(s) who present to school ill or become sick while at school. The goal of the Santa Rosa County Health Department (CHD) Epidemiology program is to work with each facility to prevent illness and promote a healthy environment.

Notify the CHD-assigned school nurse *immediately* when:

- 1.) There are **more cases of a disease or cluster of similar symptoms than would typically be expected** for a given school over a given timeframe,

OR

- 2.) A student presents with a doctor's note indicating he/she has been diagnosed with a **reportable disease** (indicated throughout this manual with an *).



INFECTION CONTROL MEASURES

Infection Control Measures consist of:

- Distributing disease specific letters to staff/parents/guardians
- Providing staff training regarding hand-washing and infection control practices
- Inspecting the facility for source of transmission and proper implementation of control measures
- Implementing personal control measures
 - Increased hand washing
 - Staff assigned to food preparation should not also be assigned to toileting assistance
- Implementing environmental control measures, as appropriate

PROTOCOL FOR COMMUNICABLE DISEASE REPORTING

If you suspect or receive a letter/lab/phone call from a student or guardian that indicates that the child is positive for one of the reportable diseases (see list of reportable diseases):

Step 1. Collect demographic data on the student including:

- Name
- Date of Birth
- Address
- Telephone Number
- Parent/ Guardian's Name
- Parent/ Guardian's Work Telephone Number
- Transportation (Bus, Carpool, Daycare transportation)
- Identify student's extracurricular activities

Step 2. Collect illness information including:

- Onset Date
- Symptoms
- Last Day Attended School
- Physician's Name
- Hospital

Step 3. If the illness is suspected to be a vaccine preventable disease (such as chickenpox, pertussis or measles) collect the following additional information. If not, go to step 4:

- Immunization History
- Are others ill in the student's Classroom? If yes, how many?
- Identify classmates whose immunizations are not up to date (may need to pull records and vaccinate)
- Identify students with Religious or medical exemptions

Step 4. Notify the assigned CHD School Nurse contact

HANDWASHING

The best way to reduce disease risk in your facility is to see that staff and children follow recommended hand washing procedures.

How?

Staff should use this method to make sure their hands are free of germs.

- Use soap and running water
- Rub your hands vigorously as you wash them
- Wash all surfaces, including:
 - Backs of hands
 - Wrists
 - Between fingers
 - Under fingernails
- Rinse your hands well. Leave the water running
- Dry your hands with a single-use towel
- Turn off the water using a paper towel instead of bare hands

When?

Caregivers should wash their hands

- When they enter the facility in the morning
- Before preparing or serving food
- After diapering a child or wiping his nose or cleaning up messes
- After they have been to the bathroom-either with a child or by themselves
- When coming back from the playground area

Be sure the children's hands are washed, too!

Especially:

- When they arrive at the facility
- Before they eat or drink
- After they use the toilet or have their diapers changed
- After they have touched a child who may be sick
- After playing on the playground

Hand sanitizer

Washing hands with soap and water is the best way to reduce the number of germs on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do **not** eliminate all types of germs and might not remove harmful chemicals. **Hand sanitizers are not as effective when hands are visibly dirty or greasy.**

How do you use hand sanitizers?

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.

Reference: CDC.gov

DISEASE FACT SHEETS AND INFECTION CONTROL GUIDELINES

Fact Sheets

- Bed Bugs
- Body Lice
- Campylobacteriosis
- Chickenpox
- Conjunctivitis (Pink Eye)
- E coli 0157:H7
- Fifth Disease
- Giardiasis
- Hand, Foot and Mouth Disease
- Head Lice
- Hepatitis A
- Impetigo
- Influenza
- Measles
- Meningitis
- MRSA
- Mononucleosis
- Norovirus
- Pinworms
- Pertussis
- Respiratory Syncytial Virus (RSV)
- Ringworm
- Rotavirus
- Salmonella
- Scabies
- Shigellosis
- Staph
- Strep Throat

***Note: Diseases with an asterisk by the title indicate that they are reportable diseases to the Santa Rosa CHD.** Contact your CHD-assigned School Health Nurse to ensure the disease has been reported to the Santa Rosa CHD.

BED BUGS

What are Bed Bugs?

Bed bugs are small, brownish, wingless, flattened insects that feed on the blood of people and animals while they sleep.

How is it spread?

While bed bug infestations in schools are uncommon, bed bugs tend to get into the school from people on clothing or belongings brought to school from home. By the same nature bed bugs can crawl off one person and onto another.

What are the signs and symptoms of Bed Bugs?

Bed bugs cause itchy bites to human hosts. The bites usually show up as a welt, almost like a mosquito bite and typically happen in the night since the bugs are nocturnal. Bite responses can lead to a range of reactions, from a small bite mark, to a serious allergic reaction.

What is the incubation period and how long is it communicable?

Bed bug infestations usually occur around or near where people sleep (CDC). They are not known to spread any disease. However, bed bugs can be a nuisance due to causing itching and loss of sleep. The excessive itching can sometimes lead to a chance of secondary skin infection.

Can Bed Bugs in the classroom be prevented?

Infestation can be avoided by the following:

- Make sure pesticides are being applied at the school by a trained professional, in compliance with the school plan.
- Backpacks, lunchboxes, and other items that travel back and forth from home to school can be inspected daily if a student is having a bed bug problem at home.
- Hard surfaces can be cleaned with standard cleaning products.
- If bed bugs are found in a particular part of the school or classroom, it should be inspected by a pest management professional or other trained staff.

What should I do about it?

If a bed bug is found on a student, it may indicate that the student has bed bugs at home. It is important to note that bed bugs can crawl off or onto a person (or their belongings) at any time. Students with bed bugs should **not** be excluded from school/daycare unless there have been repeat attempts to remedy the infestation. If a confirmed bed bug is found on a student, then school officials or the school nurse should inform the parent of the child about the presence of the bug on the student.

Information found on: http://www.floridahealth.gov/environmental-health/group-care-facilities/Bed_bugs_schools%20MI%20Doc%207%205-10.pdf

BODY LICE

What are Body Lice?

Body Lice are parasitic insects that live on clothing and bedding used by infected people. The lice usually lay their eggs on or near the seams of clothing and feed on blood. Like head lice, body lice have three stages the egg (nit), the nymph, and the adult.

How is Body Lice spread?

Body lice are spread by direct contact with an infected person or through contact with belongings such as clothing, beds, bed linens, or towels that have been in contact with an infected person. Personal hygiene or cleanliness in home or school is the main cause of a student getting body lice.

What are the signs and symptoms?

Body lice are characterized by intense itching and rash caused by an allergic reaction to the bites. Like head lice, body lice can cause severe itching which then can cause sores on the body. Lice found on the head or scalp are **NOT** body lice and are instead head lice.

What is the incubation period and how long is it communicable?

Body lice can spread diseases such as typhus, trench fever, and louse-borne relapsing fever. The eggs of body lice hatch in 6-9 days and are usually laid at the base of the hair shaft nearest to the skin. The eggs release a nymph which become adults in about 7 days. The adults are about the size of a sesame seed and can live up to 30 days on a person's body. To live the adult needs to feed on blood several times a day.

Can Body Lice be prevented?

Infestation can be avoided by the following:

- Avoid physical contact with infested individuals and their belongings, especially clothing and bedding
 - Launder clothing and bedding in hot water (over 129 °F) or dry clean to destroy lice and nits.
 - Dry clothes in hot clothes dryer.
- Improvement of personal hygiene of the infected student

What should I do about it?

Students with body lice should not return to school/daycare until cleared by a medical provider.

CAMPYLOBACTERIOSIS

(CAMPYLOBACTER)*

What is Campylobacteriosis?

Campylobacteriosis is an infection of the intestines caused by the *Campylobacter* bacteria. Animals may also be infected but rarely show signs of illness.

How is Campylobacteriosis spread?

Campylobacter organisms can be found in uncooked food such as raw milk, raw milk products, meat, meat products, and poultry. Ready-to-eat items may be contaminated by infected products or utensils. Infected individuals, that do not properly wash their hands after using the restroom or changing diapers, may transfer fecal material and the bacteria to food or object that others will put in their mouth. Also, anyone may contract this illness by having contact with the feces of infected animals.

What are the signs and symptoms of Campylobacteriosis?

The signs and symptoms of this illness may include diarrhea (frequently bloody), abdominal pain, fever, nausea and sometimes vomiting. Loss of appetite and loose stools often persist for several days. Dehydration, especially among infants, may be severe.

What is the incubation period and how long is it communicable?

The incubation period is usually two to five (2-5) days with a range of one to ten (1-10) days depending on the dose ingested. Persons are contagious throughout the course of infection, usually from several days to several weeks (2-7). The period of communicability may be shortened to a few days with the use of antibiotics.

How can Campylobacteriosis be prevented?

The best prevention is to frequently wash your hands vigorously with soap and water before eating and after using the restroom, handling diapers (use gloves), and cleaning after/caring for a symptomatic individual. Proper disposal of diapers and disinfection of changing tables will help stop the spread of the virus. Also, when preparing food, thoroughly cook all foods derived from animal sources, particularly poultry and eggs, pasteurize all milk and chlorinate or boil all water supplies. Finally, recognize and control diarrhea among household animals and pets.

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts cool water; prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

Persons who have these symptoms should see their physicians.

Students can NOT be in school and will need to be symptom free for 24 hours before being readmitted.

***This disease is reportable to Santa Rosa CHD.**

CHICKENPOX (VARICELLA)*

What is Chickenpox?

Chickenpox is a common childhood disease caused by the varicella zoster virus (VZV). It is usually mild, but it can be serious in infants, pregnant women, and persons with weakened immune systems.

How is Chickenpox spread?

Chickenpox is highly contagious and spread from person to person by direct contact or indirectly through articles freshly soiled by discharges from the blisters. It is also spread by droplet or airborne spread of secretions of the respiratory tract released into the air from sneezing and coughing.

What are the signs and symptoms of Chickenpox?

The early sign is a slight fever and general fatigue followed by itchy rash (red bumps) on trunk and face that later turn into fluid-filled blisters. These usually dry and scab over in four to five (4-5) days. The blisters tend to come in crops. The most distressing symptom is the itching that accompanies the blisters. An infected individual can have just a few pox to more than 500. Some children who have been vaccinated can get a mild case of chickenpox with a small number of spots that never go to blister or crust over stage.

What is the incubation period and how long is it communicable?

The incubation period is two to three (2-3) weeks. Persons are contagious one (1) or two (2) days before the onset of the rash and until the last crop of blisters scabs over. Scabs themselves are not considered infectious.

How can Chickenpox be prevented?

There is a vaccine available. Most children get their first dose at 12-15 months of age and should receive a second dose at 4-6 years of age. People 13 years of age and older (who never had chickenpox or did not receive the vaccine) should get two (2) doses at least 28 days apart.

If you have already had chickenpox, you do not need the vaccine. If you are not sure whether you have had chickenpox, your primary physician may offer a blood test.

What should I do about it?

Persons with the above symptoms should see their physicians. Immunocompromised persons, pregnant women, and premature infants who may have been exposed to someone with chickenpox should contact their healthcare provider immediately. Students can NOT be in school until blisters are scabbed over.

***This disease is reportable to Santa Rosa CHD.**

Students with religious exemptions to vaccinations may be excluded from school with the occurrence of any vaccine preventable disease up to a period of twenty-one (21) days after the last case develops.

CONJUNCTIVITIS (PINK EYE)

What is Conjunctivitis?

Conjunctivitis begins with excess tearing and irritation of the eye, usually pink/red in color, and 'sticky'. It may be followed by swelling of the eyelids, photophobia and white/yellow discharge (pus). It can be due to a viral or bacterial infection. Pink eye due to allergies are often associated with other signs of hay fever such as itchy nose and is not contagious and do not have pus.

How is Conjunctivitis spread?

It is spread by contact with discharge from the eyes or upper respiratory tracts of infected persons, from contaminated fingers, clothing and other articles including shared eye makeup applicators.

What is the incubation period and how long is it communicable?

The incubation period is 24 to 72 hours, but it may vary depending on the cause. Bacterial infections can be treated with antibiotics and are no longer contagious 24 hours after beginning of treatment. Viral infections are communicable as long as symptoms are present, and no treatment is currently available.

How can Conjunctivitis be prevented?

Anyone with symptoms of conjunctivitis or anyone in contact with someone with conjunctivitis should wash hands before and after touching or wiping your eyes with soap and water, throw away or carefully wash items that touch the eyes, do not share eye make-up or other items used on the eyes (towels, tissues, or cotton ball). Adults and children should be encouraged to sneeze or cough in a tissue or their elbows and dispose of used tissue into a waste basket.

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts cool water; prepared daily) to contaminated surfaces such as door handles or any object the sick individual has touched.

What should I do about it?

If the eye discharge is yellow, if the eye or eyelid is red, or if symptoms don't start improving after two (2) or three (3) days, please seek medical attention. Be aware of the signs of more severe eye infection: severe eye pain, change in vision, extreme sensitivity to light, and marked heat and swelling of the eyelids. If any of these symptoms occur, contact your healthcare provider IMMEDIATELY!

Students can NOT attend school until drainage is no longer present or 24 hours after beginning antibiotic treatment for bacterial conjunctivitis.

E. COLI 0157:H7*

What is *E. coli* 0157:H7?

E. coli are bacteria that normally live in the intestines of humans and animals. There are many strains of *E. coli* bacteria and most of them are harmless. However, one strain, *E. coli* O157:H7, may cause serious illness in some individuals.

How is *E. coli* 0157:H7 spread?

E. coli 0157:H7 is transmitted through fecal-oral route. The bacteria live in the gut of healthy cattle, deer, goats, and sheep. It can spread to people through raw or undercooked meat, or unpasteurized milk or juice. Other food items may be contaminated either by manure in the field or by raw beef or raw beef juices in the kitchen. Sick individuals, that do not properly wash their hands after using the restroom or changing diapers, may transfer fecal material and the bacteria to food or objects and infect others.

What are the signs and symptoms of *E. coli* 0157:H7?

The most common symptoms are severe stomach cramps and diarrhea (which often becomes bloody), sometimes vomiting but little or no fever. Dehydration, especially among infants and the elderly, may be severe. Hemolytic Uremic Syndrome (HUS) is a serious complication of *E. coli* 0157:H7 infection which starts about one (1) week after the onset of the diarrhea. HUS damages kidneys and blood vessels. Most people do not develop HUS; however, young children and the elderly are at greater risk of developing HUS. Antibiotics are NOT recommended to treat this infection.

What is the incubation period and how long is it communicable?

The incubation period ranges from two (2) to ten (10) days with a median of three (3) to four (4) days. The pathogen may be transmitted for one (1) week in adults to three (3) for children. Prolong carrier state (having the bacteria in one's gut without any symptoms) is uncommon.

How can *E. coli* 0157:H7 be prevented?

The best prevention is to wash your hands vigorously with soap and water especially:

After:

- Toilet visits
- Cleaning up vomitus or diarrhea
- Handling diapers (use glove)
- Handling soiled clothes or linens
- Contact with a symptomatic person

Before:

- Eating
- Preparing food

This disease can also be prevented by proper disposal of soiled diapers, human waste, and prevention of food and beverage contamination. It is recommended to use only pasteurized milk and dairy products, and heat beef to an internal temperature of 155°F for at least 15-16 seconds. Kitchen counters and cutting boards should be sanitized after use.

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

This may potentially be a serious illness. Persons who have these symptoms should see their physicians. Students and/ or staff members should be cleared by a health care provider before they return to school/ work. Antibiotics are generally not used.

***This disease is reportable to Santa Rosa CHD.**

FIFTH DISEASE (HUMAN PARVOVIRUS B19)

What is Fifth Disease?

Fifth Disease is a mild, self-limiting rash illness caused by a virus (parvovirus B19) and primarily affects school age children. Occasionally, the rash may itch.

How is Fifth Disease spread?

It is spread mainly through contact with respiratory secretions from the nose and throat of infected individuals and their saliva. It can be passed from mother to fetus. It can also be spread through transfusion of blood and blood products and is resistant to inactivation by various methods.

What are the signs and symptoms of Fifth Disease?

Fifth Disease is a mild, lace-like rash occurring on the body, arms and legs; usually with low grade fever. It usually presents with 'cold-like' symptoms (malaise and fatigue, runny nose). Diagnosis is made when the most striking symptom, the redness of the cheeks ('slapped-cheek'), appears. This rash usually resolves in seven (7) to ten (10) days but may re-appear and fade away with changes in temperature, sunlight and emotional stress for up to six (6) weeks.

What is the incubation period and how long is it communicable?

The incubation period varies from four (4) to twenty (20) days. It is more communicable in the week before the rash appears and is probably not after the rash begins.

How can Fifth Disease be prevented?

There is no vaccine currently. Approximately 50% of adults have had the disease and have developed lifelong immunity. Since individuals are infectious before the rash appears, the best prevention is to practice good hygiene:

- Wash hands frequently with soap and water and cover nose and mouth when coughing or sneezing.
- Students should be taught to blow their noses into a tissue, discard the tissue into the trash, and then wash their hands with soap and water.
- Students and adults should also avoid sharing drinking cups or utensils.

How is it treated?

Under normal circumstances, treatment of symptoms such as fever, pain, or itching is all that is needed. Antibiotics are not useful because this is a viral disease.

What should I do about it?

Persons who have these symptoms should see their physicians. People with sickle-cell disease, immunocompromised, or pregnant since they are at risk for serious complications. Students and adults with fifth disease should NOT be excluded from schools unless they have a fever. When their fever subsides and they feel well, they can return to school.

GIARDIASIS *

(GIARDIA INFECTION)

What is Giardiasis?

Giardiasis is a diarrheal disease caused by a protozoan parasite *Giardia lamblia*. Once an animal or a person is infected, the parasite lives in the intestine and is passed in the stool. Because the parasite has a protective shell, it can survive outside the body and in the environment for long periods of time. It is one of the most common causes of waterborne disease (found in drinking and recreational water).

How is Giardiasis spread?

Giardiasis is spread from person to person through hand-to-mouth contact and from swallowing contaminated water. Children are infected more frequently than adults and it is a common occurrence in day care centers where diapers are changed. Though it may not cause symptoms for some people, they can still be carriers and pass it on to others.

What are the signs and symptoms of Giardiasis?

Giardia infection can cause multiple intestinal symptoms including: diarrhea, gas or flatulence, greasy stools that tend to float, stomach cramps, and upset stomach or nausea. These symptoms may lead to weight loss and dehydration. Some people with giardiasis have no symptoms at all.

What is the incubation period and how long is it communicable?

Symptoms normally begin in three (3) to twenty-five (25) days (on average 7-10) after becoming infected and may last two (2) to six (6) weeks and transmission may occur for the length of the infection. Asymptomatic carrier's rate is high.

Can I prevent this disease?

The best prevention is to wash your hands vigorously with soap and water especially:

After:

- Toilet visits
- Handling soiled clothes or linens
- Cleaning up vomitus or diarrhea
- Contact with a symptomatic person
- Handling diapers (use glove)

Before:

- Eating
- Preparing food

Students with diarrhea should not use recreational water venues (e.g., pools, lakes, interactive fountains, water parks) until two weeks after symptoms resolve.

It is recommended to use spray bottles to apply disinfectant (1 part bleach to 9 parts cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

Persons with the above symptoms should see their physician. Several medications are available for the treatment of this infection. Students and sensitive workers can NOT attend school and will need to be symptom free for 24 hours before being readmitted.

***This disease is reportable to Santa Rosa CHD.**

HAND, FOOT AND MOUTH DISEASE (COXSACKIEVIRUS)

What is Hand, Foot and Mouth disease?

Hand, foot and mouth disease is an infection that is usually caused by a virus called the coxsackie A virus.

How is Hand, Foot and Mouth disease spread?

It is mainly spread by direct contact with nose and throat discharges and feces of infected persons (who may be asymptomatic) and by aerosol droplet spread.

What are the signs and symptoms of Hand, Foot and Mouth disease?

It usually affects children under 10 years of age and starts with a feeling of general malaise. Some may have low grade fever and a loss of appetite, followed by a sore throat and small spots inside the mouth. These spots soon progress into small mouth ulcers. A day or so later, small spots usually appear on the hands and feet and sometimes on the buttocks, legs and genitals, but rarely on other parts of the body. The spots are similar to chickenpox but are smaller and usually not itchy. The fever and spots usually clear within a few days but the mouth ulcers may last up to a week. In a very small number of cases, the virus can cause more severe illness such as inflammation of the heart muscle or brain.

What is the incubation period and how long is it communicable?

The symptoms start 3-6 days after being infected from another person. It is infectious until spots and mouth ulcers have disappeared. However, children remain mildly infectious for several weeks as the virus may be passed through the feces.

How can Hand, Foot and Mouth disease be prevented?

Maintain good hygiene to reduce the chance of passing on the virus. Give careful attention to prompt hand washing when handling discharges, feces and any soiled articles.

It is recommended to use spray bottles to apply the disinfectant (1part bleach to 9 parts cool water; prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

Persons who have these symptoms should see their physicians.

A student may return to school once the fever and the spots/mouth ulcers have disappeared.

HEAD LICE

What are Lice?

Lice are the infestation of the head with adult lice, larvae and mites.

How is Lice spread?

Lice are spread by direct contact (head to head) with an infected person and by indirect contact with their personal belongings, especially shared headgear, combs and clothing. Lice from pets do not infest man, although they may be present temporarily. Personal hygiene or cleanliness in home or school has nothing to do with getting head lice.

What are the signs and symptoms of Lice?

Lice are characterized by a tickling feeling of something moving in the hair, severe itching due to allergic reaction to bites, and sores of the scalp or body which may become infected. Individuals may show signs of irritability.

What is the incubation period and how long is it communicable?

The eggs or nits of lice hatch in 7-10 days and mature 8 to 10 days after hatching. The egg to egg cycle lasts about three (3) weeks. Lice can be transferred to another person as long as lice or eggs remain alive on the infested person or in clothing. Nits remain viable for approximately one (1) month on clothing.

Can Lice be prevented?

Infestation can be avoided by the following:

- Avoid physical contact with infested individuals and their belongings, especially clothing and bedding
- Launder clothing and bedding in hot water (over 129 °F) or dry clean to destroy lice and nits.
- Dry clothes in hot clothes dryer.
- Storing clothes in a plastic bag for 10 days is also effective in killing lice or nymphs. Regularly inspect all children for head lice and excuse those infested until treatment has been done.

What should I do about it?

Students with head lice should not return to school/daycare until they are clear of both lice and nits. Several medicated shampoos are available for treatment and should be used as directed.

- Following the shampoo, it is necessary to comb the hair thoroughly using a specially designed comb for nits.
- Applying vinegar to the hair helps the nits adhere to the comb. (1/4 cup vinegar and 3/4 cup of water)
- A thorough laundry and soaking of hair equipment needs to be done. A spray is available for furniture, mattresses pillows, car upholstery and carpets.
- Retreatment after 7 to 10 days is recommended to assure that no eggs have survived.

CAUTION: Kwell (Lindane) is not recommended for infants, young children and pregnant or breastfeeding women.

HEPATITIS A*

What is Hepatitis A?

Hepatitis A (formerly known as infectious hepatitis) is a virus that causes infection of the liver. Anyone can get Hepatitis A but it is most common in children and young adults. Unlike Hepatitis B and C, the infection does not become long-term or chronic.

How is Hepatitis A spread?

The Hepatitis A virus enters through the mouth, multiplies in the liver, and is passed in the stool. The virus is spread when an infected individual does not wash his/her hands after using the bathroom. The virus enters another person when hands, food, or objects contaminated with stool are put in the mouth. In some cases, it can be spread by consuming water or shellfish contaminated with sewage.

What are the signs and symptoms of Hepatitis A?

The symptoms of Hepatitis A may include nausea, fatigue, poor appetite, fever, diarrhea and vomiting. Urine may become darker in color and jaundice (a yellowing of the skin and whites of the eyes) may appear. The disease is rarely fatal. Infants and young children tend to have very mild or no symptoms and are less likely to develop jaundice than are older children and adults. Not everyone who is infected will have all of the symptoms.

What is the incubation period and how long is it communicable?

Symptoms may appear two to six weeks after exposure, but usually between three to four weeks after exposure. The contagious period begins about two weeks before the symptoms appear and continues up to one week after onset of jaundice. Most people recover within three weeks without any complications. Once an individual recovers from Hepatitis A, he/she is immune for life and does not continue to carry the virus.

How can Hepatitis A be prevented?

There is a Hepatitis A vaccine. It is recommended for all children between 12 to 23 months of age. The two doses in the series should be administered at least six months apart. Children not fully vaccinated by age two can be vaccinated at subsequent visits. International travelers to regions with high rate of infections should also be vaccinated at least one month prior to departure. Persons with chronic liver disease should also be vaccinated.

The best prevention for all diseases that are transmitted through fecal-oral route is to wash your hands vigorously with soap and water especially:

After:

- Toilet visits
- Handling soiled clothes or linens
- Handling diapers (use glove)
- Cleaning up vomit or diarrhea
- Contact with a symptomatic person

Before:

- Eating
- preparing food

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

There are no special medicines or antibiotics that can be used to treat a person once the symptoms appear. Avoid alcohol and check with your healthcare provider before taking any medicine.

Students can NOT be in school and need to be excluded for one (1) week after the onset of symptoms. Hepatitis A vaccine or immune globulin (IG) may be given within 14 days of exposure to prevent persons at risk from becoming ill.

***This disease is reportable to Santa Rosa CHD.**

Students with religious exemptions to vaccinations may be excluded from school with the occurrence of any vaccine preventable disease up to a period of twenty-one (21) days after the last case develops.

IMPETIGO

What is Impetigo?

Impetigo is a bacterial skin infection caused by either *Streptococcus* or *Staphylococcus* that occurs in people of any age but most frequently in children. Often bites and cuts become infected; the infection scratching the sores and then touching unaffected areas of the body.

How is Impetigo spread?

Impetigo is spread by direct contact with the moist discharges of the lesions or less commonly through touching articles (such as clothing, bedding, towels, etc.).

What are the signs and symptoms of Impetigo?

The infection begins as a sore that becomes pustular and may be itchy. It then ruptures producing a discharge and forms a thick yellow crust and is surrounded by a characteristic red ring. If not properly treated, it may cause scarring and can be serious or even fatal to newborn infants.

What is the incubation period and how long is it communicable?

The incubation period varies but is generally between one and ten days. All types are communicable for as long as purulent lesions continue.

How can Impetigo be prevented?

Good personal hygiene is the best way to prevent infection. Keeping fingernails short, frequent hand washing with soap and water, and using personal or disposable towels may prevent the spread of the infection. Infectious individuals should avoid contact with others. Wounds should be thoroughly cleaned with soap and water.

What should I do about it?

Treatment consists of cleansing the lesions with soap and water and then wiping the surrounding skin with an antiseptic. Local applications of an antibiotic ointment may clear up the lesions; however, administration of oral antibiotics usually is recommended for severe cases. The lesions should be kept dry and should be left open to the air as much as possible to allow proper healing since the organism thrive in environments without air.

Persons with these symptoms should see their physician. Complications arise if the bacteria invade beyond the skin, though this is very rare. Some of the organisms causing impetigo are more dangerous than others. One bacterium, *Streptococcus pyogenes*, can cause damage to the kidneys or heart. It can also affect other major organs.

Students should not be in school or at work until 24 hours after initiation of antibiotic treatment.

INFLUENZA (FLU)

What is the Flu?

Influenza (flu) is a virus of the upper respiratory tract. Many people who are sick with the flu may recover without requiring medical treatment. However, some people have been hospitalized for the flu, so early evaluation by a doctor is important.

What are the symptoms of the flu?

- Fever/chills*
- Cough
- Sore throat
- Headache
- Runny Nose
- Muscle Aches
- Weakness and Fatigue
- Sometimes diarrhea and vomiting

*Not everyone with influenza gets fever

How does the flu spread from person to person?

The flu is spread when an infected person coughs or sneezes into the air around them. Tiny droplets that hold the flu virus are coughed into the air and are inhaled by the next person. Nasal secretions can also be spread from the infected person through a handshake or touching a surface.

How do I protect myself from getting the flu?

- Avoid contact with people who have been diagnosed with flu or who appear to have symptoms.
- Keep a distance of 6 feet from infected people.
- Wash your hands frequently.
- Keep surfaces clean that you touch.

What do I do if I think my child has the flu?

- Call a doctor and ask about testing and treatment options.
 - Give your child plenty of fluids and get rest.
 - Cover coughs and sneezes and wash hands frequently.
 - Do NOT send your child to school with fever reducing medications. Make sure they are clear of all symptoms (fever, cough, sore throat) for at least 24-48 hours before return.
 - Do not go out in public except to see a doctor if possible. Avoid group settings—football games, church etc.
 - Keep surfaces that are touched sanitized with a mild bleach solution (1 part bleach, 9 parts cool water) or other disinfectant.
- Avoid contact with immune compromised people: pregnant women, elderly, infants, small children, and anyone with HIV, Diabetes, Cancer, Asthma, or any other immune compromising condition.

MEASLES*

(RUBEOLA)

What is measles?

Measles is a highly contagious, vaccine-preventable respiratory disease caused by the measles virus. Although measles was declared eliminated in the United States in 2000, measles is still common in many parts of the world, and large outbreaks in the U.S. are occurring among unvaccinated individuals. Measles can be dangerous, especially for babies and young children.

What are the signs and symptoms of measles?

Symptoms of measles generally occur 7-10 days after exposure to the measles virus. Symptoms include a prodrome, characterized by high fever (may spike to more than 104° F), cough, runny nose (coryza) and red, watery eyes (conjunctivitis). Koplik spots (tiny, white spots inside the mouth) may appear two to three days after symptoms begin. Three to five days after symptoms begin, a rash consisting of flat, red spots breaks out. There may also be small, raised bumps on top of the flat, red spots. The rash usually begins on the face and at the hairline and spread downward to the neck, trunk, arms, legs and feet.

How is measles spread?

Measles can be spread to others through coughing and sneezing. Also, measles virus can live for up to two hours in an airspace where the infected person coughed or sneezed. If other people breathe the contaminated air or touch the infected surface, then touch their eyes, noses, or mouths, they can become infected. Measles is so contagious that if one person has it, up to 90% of the people close to that person who are not immune will also become infected.

How long is a person with measles contagious?

Infected people can spread measles to others from four days before through four days after the rash appears.

How can measles be prevented?

The best protection against measles is measles-mumps-rubella (MMR) vaccine. MMR vaccine provides long-lasting protection against all strains of measles. The vaccine is recommended for children at 12 through 15 months of age with a second dose at 4 through 6 years of age.

What should I do if I think I have measles?

Call a healthcare provider as soon as possible. Do not present to a doctor's office or hospital without calling ahead as to avoid exposing others.

Students can NOT be in school and need to be excluded for four days after the rash appears.

***This disease is reportable to Santa Rosa CHD.**

Students with religious exemptions to vaccinations may be excluded from school with the occurrence of any vaccine preventable disease up to a period of twenty-one (21) days after the last case develops.

BACTERIAL MENINGITIS*

What is bacterial meningitis?

Bacterial meningitis is usually severe. While most people with meningitis recover, it can cause serious complications such as brain damage, hearing loss, and/or learning disabilities. Some of the leading causes of bacterial meningitis in the United States include *Haemophilus influenza* (often caused by type b, Hib), *Streptococcus pneumoniae*, group B *Streptococcus*, *Listeria monocytogenes*, and *Neisseria meningitides*.

What are the signs and symptoms of bacterial meningitis?

Meningitis infection may show in a person by a sudden onset of fever, headache, and/or stiff neck. Other symptoms include nausea, vomiting, increased sensitivity to light (photophobia), and/or altered mental status (confusion).

How is bacterial meningitis spread?

The germs that cause bacterial meningitis can be contagious. Some bacteria can spread through the exchange of respiratory and throat secretions. Fortunately, most of the bacteria that can cause meningitis are not as contagious as viruses that can cause the common cold or the flu. The bacteria are also not spread by casual contact or by simply breathing the area where a person with meningitis has been. Other meningitis-causing bacteria are not spread person-to-person, but can cause disease because the person has certain risk factors such as a weakened immune system or head trauma.

How long is a person with bacterial meningitis contagious?

The symptoms of bacterial meningitis can appear quickly or over several days. Typically symptoms develop within 3-7 days after exposure.

How can bacterial meningitis be prevented?

The most effective way to protect you and your child against certain types of bacterial meningitis is to complete the recommended vaccine schedule. There are vaccines available for the three types of bacteria that can cause meningitis:

- *Neisseria meningitides* (meningococcal)
- *Streptococcus pneumoniae* (pneumococcus)
- *Haemophilus influenza type b* (Hib)

What should I do if I think I have bacterial meningitis?

Bacterial meningitis can be treated effectively with antibiotics. It is important that treatment be started as soon as possible. Appropriate antibiotic treatment of the most common types of bacterial meningitis can reduce the risk of dying from meningitis to below 15%, although the risk remains higher among infants and the elderly. Children should not return to school until cleared by a healthcare provider.

***This disease is reportable to Santa Rosa CHD.**

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) INFECTIONS

What is MRSA?

Staphylococcus aureus or “*Staph*” are bacteria that live on the skin and in the nose of healthy individuals. The name Methicillin-resistant *Staphylococcus aureus* (MRSA) is used for the drug resistant strain of the bacteria. This infection may lead to internal organ involvement.

What are the symptoms of a MRSA infection?

A “*Staph*” infection, including MRSA, can appear as a pimple, rash, boil or an open wound that does not heal on its own. Symptoms of a MRSA infection may include redness, warmth, swelling, pus and tenderness of the skin. Some people may also have fever and chills.

How are MRSA infections spread?

Anyone can get a MRSA infection. MRSA is most commonly spread through direct physical contact (skin-to-skin) with an infected person. Poor hand washing plays an important role in the spread of the bacteria. A person can also become infected by touching or sharing objects that have been contaminated (such as towels, bed sheets, clothes, razors and even athletic equipment).

How can I prevent others and myself from getting a MRSA infection?

- Wash hands frequently with soap and warm water, especially after changing your own bandages or the bandages of another person.
- Do not share personal items (such as: razors, towels, bed sheets, clothes, deodorant, sporting equipment).
- Wash all cuts, scratches and abrasions with soap and water. Keep them covered with a clean, dry bandage until healed.
- Avoid contact with any open wounds and cuts.
- Wash soiled towels, bed sheets and clothes in hot water with soap and bleach. Dry clothes in a hot dryer; heat helps kill the bacteria.
- Never touch, squeeze or pop any boils. This can spread the bacteria to other parts of your body or to other people. The pus is full of bacteria.
- Keep all common areas, like bathrooms and kitchens clean. A water and bleach cleaning solution (9 parts water, 1 part bleach prepared daily with cool water) will kill the bacteria.

What should I do if I think I have a MRSA infection?

See a healthcare provider as soon as possible. MRSA infections are treatable. Do not try to drain, pop or squeeze any boils, pimples or other pus-filled skin infections. Early treatment can help keep the infection from getting worse. Depending on how serious the infection is, your doctor may drain the fluid and send a sample for laboratory testing. The doctor will probably bandage the infected area and may prescribe antibiotics. Follow all of the doctor’s instructions, even if you begin to feel better or the infection looks like it is healing, to prevent the infection coming back or becoming worse.

Students and adults should not be in school or at work until 24 hours after initiation of antibiotic treatment. In addition, he/she must keep the lesions covered while in the facility.

MONONUCLEOSIS (MONO) (EPSTEIN-BARR VIRUS)

What is Mononucleosis?

Mononucleosis, also called “mono,” is a contagious disease. Epstein-Barr virus (EBV) is the most common cause of mononucleosis, but other viruses can also cause this disease. It is common among teenagers and young adults, especially college students. At least 25% of teenagers and young adults who get infected with EBV will develop infectious mononucleosis.

What are the signs and symptoms of Mononucleosis?

Symptoms of mononucleosis may develop slowly and may not all occur at the same time. These symptoms include extreme fatigue, fever, sore throat, headache, body aches, swollen lymph nodes in the neck and armpits, swollen liver, swollen spleen, and/or rash.

How is Mononucleosis spread?

EBV is the most common cause of mononucleosis, but other viruses can cause this disease. Typically, these viruses spread most commonly through bodily fluids, especially saliva. However, these viruses can also spread through blood and semen during sexual contact, blood transfusions, and organ transplants.

How long is a person with Mononucleosis contagious?

Typical symptoms of mononucleosis usually appear 4 to 6 weeks after an individual is infected with EBV. The illness lasts anywhere from 1 to 4 weeks. Persons infected may be able to spread the virus for several weeks. The virus can be found in the saliva of an infected person for a year or longer after the infection.

How can Mononucleosis be prevented?

There is no vaccine to protect against mononucleosis. You can help protect yourself by not sharing drinks, food, or personal items like toothbrushes with people who have mononucleosis. Also do not kiss people who have mononucleosis.

What should I do about it?

Individuals with the above symptoms should see their healthcare providers. You can help relieve symptoms of mononucleosis by drinking fluids to stay hydrated, getting plenty of rest, and taking over-the-counter medications for pain and fever. Based on the severity of symptoms, a healthcare provider may recommend treatment of specific organ systems affected by mononucleosis. Because your spleen may become enlarged as a result of the infectious mononucleosis, you should avoid contact sports until you fully recover. Individuals with mononucleosis should not be excluded from school unless other exclusion criteria are present, such as fever.

NOROVIRUS

What are Noroviruses?

Noroviruses are a group of viruses that cause gastroenteritis in people. Viruses are not affected by treatment with antibiotics.

How is Norovirus spread?

Noroviruses are spread mainly by fecal-oral route. People can become infected with the virus in several ways including: eating food or drinking liquids that are contaminated; touching contaminated surfaces and then placing their hand in their mouth; or having direct contact with another person who is infected and showing symptoms. Schools, daycare centers and nursing homes should pay special attention to infected children or residents because this virus is very contagious and can spread rapidly throughout such environments.

What are the signs and symptoms?

The signs and symptoms are nausea, vomiting, diarrhea, low-grade fever, chills, headache, muscle aches and a general sense of tiredness. Dehydration, especially in infants and the elderly, may occur.

What is the incubation period and how long is it communicable?

The incubation period is approximately 24 to 48 hours after digestion of the norovirus but can sometimes be as short as 12 hours after exposure. Recovery time is usually 1-2 days after exposure, but a person is still considered contagious 3 days after they recover from their illness.

How can Norovirus infections be prevented?

**Noroviruses are not affected by alcohol-based hand sanitizers! ** The best prevention is to wash your hands vigorously with soap and water especially:

After:

- Toilet visits
- Cleaning up vomitus or diarrhea (use gloves)
- Handling diapers (use gloves)
- Handling soiled clothes or linens (use gloves)
- Contact with a symptomatic person

Before:

- Eating
- Preparing Foods

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do if I think I have Norovirus?

No treatment is available; the best thing to do is drink plenty of fluids to prevent dehydration. Persons who experience severe symptoms should see their physician. Students and adults with this illness should be free of symptoms for a minimum of 24 hours before returning to school/work.

PINWORMS

What is pinworm infection?

Pinworms are parasites that look like tiny half-inch long white threads and live in the bowel. They usually travel to the rectal opening during the night while the person is sleeping and lay eggs on the outside skin.

What are the symptoms of a pinworm infection?

The worms sometimes cause itching, which may be very annoying. If it is a severe infection, symptoms may include: nervousness, restlessness, loss of appetite, weight loss, and girls may experience vaginal itching and irritation (vaginitis), if pinworms are near the vagina.

How is pinworm infection spread?

Scratching will cause pinworm eggs to stick to the fingers. The pinworms then infect other or even re-infect the individual if the fingers are placed in the mouth. The eggs, which are too small to see, will contaminate whatever they come in contact with: bedclothes, underwear, hands and food touched by contaminated hands. Even pinworm eggs floating in the air can be swallowed and cause infection. Pinworms are very contagious. Even the cleanest and most careful people can get them.

What is the incubation period and how long is it communicable?

Pinworm eggs are infective within a few hours after being deposited on the skin. They can survive up to two (2) weeks on clothing, bedding, or other objects. The pinworms grow to adult size within two (2) to six (6) weeks. Pinworm infections can be spread as long as either worms or eggs are present.

How can pinworms infestation be prevented?

To help prevent re-infection follow these rules:

- Consult your physician to treat pinworms with medication.
- Wash hands and fingernails with soap often during the day, especially before eating and after using the toilet.
- Daily morning bathing with showers (or stand up baths) is preferred to tub baths.
- Wear clean underpants both day and night. Change them daily.
- For several days after treatment, clean the bedroom floor by vacuuming or damp mopping.
- After treatment, wash bed lines and night clothes. Boiling or using a washing machine set on the hot cycle can destroy eggs.
- Keep the toilet seats clean.

What should I do about it?

If you suspect a pinworm infection, consult your healthcare provider for diagnosis and treatment. The treatment usually consists of one (1) tablet taken by mouth. Re-infection is possible and repeated treatment of the patient and close family contacts may be recommended two (2) weeks after initial treatment.

Students must receive treatment prior to returning to school.

PERTUSSIS *

(WHOOPIING COUGH)

What is Pertussis?

Pertussis (whooping cough) is a highly contagious, bacterial disease marked by severe coughing. It is named after the "whoop" sound children and adults make when they try to breathe in during or after a severe coughing spell.

Who gets it?

Pertussis can occur at any age, but infants and young children are at highest risk of life-threatening consequences. Undiagnosed mild disease in older children, adolescents, and adults contribute to the spread of the illness among infants and young children.

How is Pertussis spread?

Pertussis is caused by bacteria found in the mouth, nose and throat of an infected person. Transmission to others occurs during close contact with an infected person, most commonly by airborne droplets of respiratory secretions.

What are the symptoms of Pertussis?

Pertussis usually starts with cold or flu-like symptoms such as runny nose, sneezing, fever and a mild cough. These symptoms can last up to 2 weeks and are followed by increasingly severe coughing spells. The coughing attacks may last for many months in the "classic illness" or just a few days in the mild form of the disease. Mild pertussis disease is difficult to diagnose because its symptoms mimic those of a cold. Usually a prolonged cough is present, but without the "whoop". Recovery occurs gradually over 2 to 3 weeks. Fever, if present, is usually mild.

How soon do symptoms appear?

Symptoms appear between 6 to 21 days (average 7-10) after exposure to the bacteria.

When and for how long can it be spread?

The contagious period is from 7 days following exposure to 3 weeks after onset of severe coughing spells. It is most contagious during the first two to three weeks of infection, often before the beginning of severe coughing spells.

Does past infection with pertussis make a person immune?

Students who have recovered from culture-confirmed pertussis do not need further doses of pertussis vaccine.

How do you treat it?

Pertussis is treated with antibiotics and patients are advised to take all prescribed medication and avoid contact with anyone, particularly small infants and children. Anyone who is exposed to pertussis should also be given antibiotics to prevent the disease.

What are some potential complications of Pertussis?

Pneumonia is the most common complication and cause of pertussis-related deaths. Young infants are at highest risk for pertussis-related complications, including seizures, encephalopathy (swelling of the brain), and otitis media (severe ear infection). There are about 10-15 deaths each year in the United States.

How do you prevent it?

Immunization against pertussis with DTaP vaccine is required by both the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) and should be administered in 5 doses: at 2, 4, 6, and 15-18 months of age and 4 – 6 years of age. The vaccine is not given to people 7 years of age and older.

Tdap is required for adolescents who got DTaP or DTP as children but have not yet gotten a dose of Td. The preferred age is 11-12. Tdap is not available for anybody who has already gotten Tdap, adults 65 years of age and older and children 7 through 9 years of age.

***This disease is reportable to Santa Rosa CHD.**

Students with religious exemptions to vaccinations may be excluded from school with the occurrence of any vaccine preventable disease up to a period of twenty-one (21) days after the last case develops.

RESPIRATORY SYNCYTIAL VIRUS (RSV)

What is RSV?

RSV is a viral infection that is the major cause of pneumonia, croup, bronchiolitis, ear infection and upper respiratory illness with fever.

How is RSV spread?

RSV is spread by ingesting or inhaling droplets, by handling soiled objects such as handkerchiefs, and the eating utensils of infected persons. The feces also contain the virus.

What are the signs and symptoms of RSV?

Symptoms may include fever, chills, headache, general aching, tiredness and a loss of appetite. Other signs may include inflammation of the lining of the nose, throat, tonsils, upper breathing tubes or bronchial tubes of the lungs. In premature infants, the signs may be minimal and often include lethargy, irritability, poor feeding and apnea (temporary cessation of breathing).

What is the incubation period and how long is it communicable?

The incubation period is from one to ten days. It is communicable prior and for the duration of the illness. It may be found for several weeks in the stool after symptoms are gone.

How can RSV be prevented?

There is no vaccine at this time; however, RSV—IGIV (Immune Globulin) may be given to premature infants and other infants with chronic lung disease to prevent serious complications in these high-risk groups. Consult your physician for the schedule.

Good and frequent hand washing and disinfecting changing tables will help stop the spread of the virus. Also, children and adults should not share items such as cups, glasses, and utensils. It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

Persons who have these symptoms should see their physicians.

A student should not be in school or at work until 24 hours after symptoms subside. If more than one case is identified, the individual must be excluded until 48 hours after symptoms subside.

RINGWORM (TINEA)

What is Ringworm?

Ringworm is a fungus that affects different parts of the body such as scalp, groin (jock itch), toe nails and feet (Athlete's Foot).

How is Ringworm spread?

Ringworm is spread by direct skin-to-skin contact or indirectly from furniture, hair equipment, toilet articles, clothing and even pets (cats and dogs). Common areas like gyms, shower stalls, floors, and even the soil harbor the fungus.

What are the signs and symptoms of Ringworm?

A small, circular sore develops on the scalp and spreads leaving scaly patches or temporary baldness. Infected hairs become brittle and break off easily. Circular patches with a characteristic raised edge may develop on the hairless body parts. Athlete's Foot is characterized by itchy, scaly, soggy skin between the toes. Swelling and/or open sores may develop around the toes. If the nail is diseased, it will be humped, cracked, broken and appear dark and dirty. There is no pain or itch.

What is the incubation period and how long is it communicable?

Ringworm of the scalp has an incubation period of 10 to 14 days. The incubation period for other types of ringworm is 4-10 days. All types are communicable for as long as an active lesion is present.

How can Ringworm be prevented?

Avoiding direct skin contact with infected persons or animals can prevent ringworm. Athlete's Foot can be prevented by:

- Wearing shoes that are not too tight.
- Bathing your feet daily and scrubbing away loose, dead skin.
- Wearing socks and putting on clean ones daily.
- Using talcum powder to keep your shoes and feet dry.
- Changing or alternating shoes daily so they can dry out.
- Wearing shower shoes when using public showers

What should I do about it?

Persons who have these symptoms should see their physicians. Systemic and topical medications may be used. Contaminated articles and floors need to be disinfected. Students and adults should be excluded from school center or work until 24 hours after the antifungal treatment is initiated. When readmitted to the facility, lesions must remain covered. It is necessary to wear a cap for scalp ringworm and individuals with athlete's foot should not be allowed to walk barefoot. Individuals with any form of ringworm should NOT use swimming pools.

ROTAVIRUS

What is Rotavirus?

Rotavirus is a vaccine-preventable viral infection affecting the intestines which affects mostly children.

How is Rotavirus spread?

Rotavirus is spread mainly by the fecal-oral route and is extremely contagious. People can become infected with the virus in several ways including: eating food or drinking liquids that are contaminated; touching contaminated surfaces and then placing their hand in their mouth; or having direct contact with another person who is infected and showing symptoms. Viruses may also be spread through the respiratory tract.

What are the signs and symptoms of Rotavirus?

The signs and symptoms of rotavirus may include vomiting, fever and watery diarrhea. It is sometimes associated with severe dehydration and death in young children.

What is the incubation period and how long is it communicable?

The incubation period is approximately 24 to 72 hours. It is communicable during the acute stage of the disease and for approximately thirty days after symptoms cease.

How can Rotavirus be prevented?

There is a vaccine to protect against Rotavirus. There are two rotavirus vaccines licensed for use in infants. One is given in three doses at 2 months, 4 months, and 6 months of age, and the other is given in two doses at 2 months and 4 months of age. The best prevention is to wash your hands vigorously with soap and water especially:

After:

- Toilet visits
- Cleaning up vomitus or diarrhea (use gloves)
- Handling diapers (use gloves)
- Handling soiled clothes or linens (use gloves)
- Contact with a symptomatic person

Before:

- Eating
- Preparing Food

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts water, prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

Persons who have these symptoms should see their physicians.

Students and adults with this illness should be free of symptoms for a minimum of 24 hours before returning to school/work.

SALMONELLOSIS*

(SALMONELLA INFECTION)

What is Salmonellosis?

Salmonellosis is an infection with bacteria called *Salmonella* and is diagnosed by testing stools for the organism. It may be found in the blood stream of some patients but not always.

How is *Salmonella* spread?

Salmonella is classified as a foodborne disease because contaminated food is the predominate mode of transmission. However, fecal-oral person-to-person transmission also occurs especially when children are not toilet-trained. Some family members may not have symptoms but be infected and able to transmit the disease to others. These family members are considered carriers. Some domestic animals and pets, particularly chicks, ducklings, and reptiles (turtles, snakes, and iguanas), often carry the *Salmonella* bacteria and can pass it on to humans.

What are the signs and symptoms of *Salmonella*?

Symptoms are headache, abdominal pain, diarrhea, nausea, sometimes vomiting, and fever is almost always present. Dehydration, especially in infants and the elderly, may be severe.

What is the incubation period and how long is it communicable?

The incubation period is 6 to 72 hours with most occurring within 12-36 hours. The individual is contagious throughout the course of the infection, usually several days to several weeks. A temporary carrier state occasionally continues for months and is prolonged by using antibiotics. A sensitivity study should be done to show which antibiotics will be effective in clearing the disease.

Can I prevent this disease?

The best prevention is to wash your hands vigorously with soap and water especially:

After:

- Toilet visits
- Cleaning up vomit or diarrhea (use gloves)
- Handling diapers (use gloves)
- Handling soiled clothes or linens (use gloves)
- Contact with a symptomatic person

Before:

- Eating
- Preparing food

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

Salmonellosis is also prevented by thoroughly cooking all foods that come from animal sources, particularly poultry, egg products (do NOT consume raw cake batter, or use raw egg in eggnog and homemade ice cream) and meat dishes; keeping hot foods HOT and cold food COLD, only using pasteurized milk and milk products. Kitchen counters and cutting boards should be sanitized after use.

What should I do about it?

Persons who have these symptoms should see their physicians.

Students and adults with this illness should be free of symptoms for a minimum of 24 hours before returning to school/work.

***This disease is reportable to Santa Rosa CHD.**

SCABIES

What is Scabies?

Scabies is a parasitic disease of the skin caused by a mite. A diagnosis is made by recovering the mite from its burrow and identifying it microscopically.

How is Scabies spread?

Scabies is spread by direct skin-to-skin contact. It can also be transferred from clothing, bed linens and furniture of infected persons.

What are the signs and symptoms of Scabies?

The mite burrows beneath the skin laying its eggs and leaving tracks. Lesions are prominent between fingers, wrists, elbows, the belt line, thighs and external genitalia in men, nipples, abdomen and lower portion of the buttocks in women. In infants the head, neck, palms and soles may be involved. Itching is intense, especially at night. Secondary infections often occur from scratching the skin lesions.

What is the incubation period and how long is it communicable?

The incubation period varies from one to four days for previously infected individuals to as long as two to six weeks for first time infection. It is communicable until the mites and eggs are destroyed by treatment, ordinarily after one or two courses of treatment a week apart.

What should I do about it?

Persons affected should see a physician for diagnosis, take a hot soapy bath or shower, and dry thoroughly with a freshly laundered towel. A thin layer of medicated lotion should be applied to all portions of the skin except the head and neck. Dress in freshly laundered clothing and leave the medication on the skin for 24 hours before washing. A second treatment should usually occur a week later. Because the parasite can reside in clothing and linens, they should be thoroughly washed and dried in clothes dryer. A spray may be obtained for furniture and mattresses. Students should NOT remain in a school and must be excluded until 24 hours after the first topical treatment.

CAUTION: Itching may persist for one to two weeks and should NOT be regarded as a drug failure or reinfestation. Over treatment is common and should be avoided because of the toxicity of some of the medicated lotions.

SHIGELLOSIS *

What is Shigellosis?

Shigellosis is a highly infectious intestinal infection caused by the *Shigella* bacteria.

How is it spread?

Shigellosis is spread mainly by the fecal-oral route. People can become infected in several ways including: eating food or drinking liquids that are contaminated; touching contaminated surfaces and then placing their hand in their mouth; or having direct contact with another person who is infected and showing symptoms.

What are the signs and symptoms of Shigellosis?

The signs and symptoms of shigellosis may include headache, abdominal pain, diarrhea, fever, nausea and sometimes vomiting. Loss of appetite and loose stools often persist for several days. Dehydration, especially in infants and the elderly, may occur.

What is the incubation period and how long is it communicable?

The incubation period is usually one (1) to three (3) days but may range from 12 to 96 hours. It is communicable during the acute infection and until the shigella bacteria is no longer present in the feces, usually in about four weeks. Appropriate antibiotic treatment should reduce the carriage to a few days.

How can Shigellosis be prevented?

The best prevention is to wash your hands vigorously with soap and water especially:

After:

- Toilet visits
- Cleaning up vomitus or diarrhea (use gloves)
- Handling diapers (use gloves)
- Handling soiled clothes or linens (use gloves)
- Contact with a symptomatic person

Before:

- Eating
- Preparing Food

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

Persons who have these symptoms should see their physicians. Students and adults with this illness should be free of symptoms for a minimum of 24 hours before returning to school/work.

***This disease is reportable to Santa Rosa CHD.**

STAPHYLOCOCCUS AUREUS

What is *Staph*?

Staphylococcus aureus or “*Staph*” are bacteria that live on the skin and in the nose of healthy individuals.

What are the symptoms of a *Staph* infection?

A “*Staph*” infection can appear as a pimple, rash, boil or an open wound that does not heal on its own. Symptoms of a *staph* infection may include redness, warmth, swelling, pus and tenderness of the skin. Some people may also have fever and chills.

How are *Staph* infections spread?

Anyone can get a *staph* infection. *Staph* is most commonly spread through direct physical contact (skin-to-skin) with an infected person. Poor hand washing plays an important role in the spread of the bacteria. A person can also become infected by touching or sharing objects that have been contaminated (such as towels, bed sheets, clothes, razors and even athletic equipment).

How can I prevent others and myself from getting a *Staph* infection?

- Wash hands frequently with soap and warm water, especially after changing your own bandages or the bandages of another person
- Do not share personal items (such as: razors, towels, bed sheets, clothes, deodorant, sporting equipment)
- Wash all cuts, scratches and abrasions with soap and water. Keep them covered with a clean, dry bandage until healed
- Avoid contact with any open wounds and cuts
- Wash soiled towels, bed sheets and clothes in hot water with soap and bleach. Dry clothes in a hot dryer; heat helps kill the bacteria
- Never touch, squeeze or pop any boils. This can spread the bacteria to other parts of your body or to other people. The pus is full of bacteria.
- Keep all common areas, like bathrooms and kitchens clean. A water and bleach cleaning Solution (9 parts water, 1 part bleach prepared daily with cool water) will kill the bacteria.

What should I do if I think I have a *Staph* infection?

See a healthcare provider as soon as possible. *Staph* infections are treatable. Do not try to drain, pop or squeeze any boils, pimples or other pus-filled skin infections. Early treatment can help keep the infection from getting worse. Depending on how serious the infection is, your doctor may drain the fluid and send a sample for laboratory testing. The doctor will probably bandage the infected area and may prescribe antibiotics. Follow all of the doctor’s instructions, even if you begin to feel better or the infection looks like it is healing, to prevent the infection coming back or becoming worse. Student and adults should not be in school or at work until 24 hours after initiation of antibiotic treatment. In addition he/she must keep the lesions covered while in the facility.

STREP THROAT

(STREPTOCOCCAL THROAT INFECTION)

What is Strep Throat?

Strep Throat is a throat infection caused by the streptococcal bacteria.

How is it spread?

Strep throat is spread through large respiratory droplets or direct contact with someone who has the disease. Nasal carriers are particularly likely to spread the disease.

What are the signs and symptoms of Strep Throat?

The symptoms of strep throat may include an elevated temperature, sore throat, and swollen neck glands.

What is the incubation period and how long is it communicable?

The incubation period is usually one to three days. It is communicable for ten to twenty-one days possibly weeks or months in untreated cases. Antibiotic therapy is usually given to prevent complications involving the heart and kidneys.

How can Strep Throat be prevented?

Good and frequent hand washing will help stop the spread of the virus. Also, children and adults should not share items such as cups, glasses, and utensils.

Preventive measures include covering mouth and nose when coughing or sneezing, blowing the nose into a tissue and discarding the tissue into the trash. Avoid public places when sick and avoid eating or drinking from another's plate, glass or utensils.

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

Persons who have these symptoms should see their physicians. Contaminated articles and floors need to be disinfected.

Students can NOT attend school and may be readmitted 24 hours after the initiation of antibiotic treatment.

CDC STANDARD PRECAUTIONS FOR INFECTION CONTROL

The following standard precautions measures replace the old universal precaution system in the recently finalized patient isolation guidelines by the Centers for Disease Control and Prevention. Key tenets of the new standard infection control precautions are summarized as follows:

HANDWASHING – Wash hands after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts and when otherwise indicated to avoid transfer of microorganisms to the other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross contamination of different body sites. Use a plain, non-antimicrobial soap for routine hand washing. Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances such as outbreaks.

GLOVES – Wear clean, non-sterile gloves when touching blood, body fluids, secretions, excretions and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces and before going to another patient, wash hands immediately to avoid transfer of microorganisms to other patients or environments.

MASKS, EYE PROTECTION, FACE SHIELDS – Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.

APRONS/GOWNS – Wear a clean, non-sterile apron or gown to protect skin and to prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Select a gown or apron appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown or apron as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.

PATIENT CARE EQUIPMENT – Handle used patient care equipment soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other patients and environment. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Make sure single-use items are discarded properly.

LINEN – Handle transports and process used linen soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing and that avoids transfer of microorganisms to other patients and environments.

OCCUPATIONAL HEALTH AND BLOODBORNE PATHOGENS – Take care to prevent injuries when using needles, scalpels and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles or otherwise manipulate them using both hands or use any other technique that involves directing the point of a needle toward any part of the body. Instead use either a non-handed “scoop” technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand and do not bend, break or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades and other sharp items in appropriate puncture-resistant containers, which are located as close as practical

to the area in which the items were used. Use mouthpieces, resuscitation bags or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

References: Centers for Disease Control and Prevention. Hospital Infection Control Practices Advisory Committee. Guidelines for isolation precautions in hospitals. *Infection Control Hosp Epidemiology* 1996; 17:53-80.

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016



Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida!

Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a disease or condition, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

! Report immediately 24/7 by phone upon initial suspicion or laboratory test order

☎ Report immediately 24/7 by phone

• Report next business day

+ Other reporting timeframe

! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance

+ Acquired immune deficiency syndrome (AIDS)

☎ Amebic encephalitis

! Anthrax

• Arsenic poisoning

! Arboviral diseases not otherwise listed

• Babesiosis

! Botulism, foodborne, wound, and unspecified

• Botulism, infant

! Brucellosis

• California serogroup virus disease

• Campylobacteriosis

+ Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors

• Carbon monoxide poisoning

• Chancroid

• Chikungunya fever

☎ Chikungunya fever, locally acquired

• Chlamydia

! Cholera (*Vibrio cholerae* type O1)

• Ciguatera fish poisoning

+ Congenital anomalies

• Conjunctivitis in neonates <14 days old

• Creutzfeldt-Jakob disease (CJD)

• Cryptosporidiosis

• Cyclosporiasis

! Dengue fever

! Diphtheria

• Eastern equine encephalitis

• Ehrlichiosis/anaplasmosis

• *Escherichia coli* infection, Shiga toxin-producing

• Giardiasis, acute

! Glanders

• Gonorrhea

• Granuloma inguinale

! *Haemophilus influenzae* invasive disease in children <5 years old

• Hansen's disease (leprosy)

☎ Hantavirus infection

☎ Hemolytic uremic syndrome (HUS)

☎ Hepatitis A

• Hepatitis B, C, D, E, and G

• Hepatitis B surface antigen in pregnant women and children <2 years old

☎ Herpes B virus, possible exposure

• Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old

+ Human immunodeficiency virus (HIV) infection

• HIV-exposed infants <18 months old born to an HIV-infected woman

• Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old

! Influenza A, novel or pandemic strains

☎ Influenza-associated pediatric mortality in children <18 years old

• Lead poisoning (blood lead level ≥5 µg/dL)

• Legionellosis

• Leptospirosis

☎ Listeriosis

• Lyme disease

• Lymphogranuloma venereum (LGV)

• Malaria

! Measles (rubeola)

! Melioidosis

• Meningitis, bacterial or mycotic

! Meningococcal disease

• Mercury poisoning

• Mumps

+ Neonatal abstinence syndrome (NAS)

☎ Neurotoxic shellfish poisoning

☎ Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)

☎ Pertussis

• Pesticide-related illness and injury, acute

! Plague

! Poliomyelitis

• Psittacosis (ornithosis)

• Q Fever

☎ Rabies, animal or human

! Rabies, possible exposure

! Ricin toxin poisoning

• Rocky Mountain spotted fever and other spotted fever rickettsioses

! Rubella

• St. Louis encephalitis

• Salmonellosis

• Saxitoxin poisoning (paralytic shellfish poisoning)

! Severe acute respiratory disease syndrome associated with coronavirus infection

• Shigellosis

! Smallpox

☎ Staphylococcal enterotoxin B poisoning

☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)

• *Streptococcus pneumoniae* invasive disease in children <6 years old

• Syphilis

☎ Syphilis in pregnant women and neonates

• Tetanus

• Trichinellosis (trichinosis)

• Tuberculosis (TB)

! Tularemia

☎ Typhoid fever (*Salmonella* serotype Typhi)

! Typhus fever, epidemic

! Vaccinia disease

• Varicella (chickenpox)

! Venezuelan equine encephalitis

• Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)

! Viral hemorrhagic fevers

• West Nile virus disease

! Yellow fever

! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

*Subsection 381.0031(2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that "The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."



ANIMAL BITE REPORT

1. Case Number:

RABIES CONTROL INVESTIGATION

Date of Report: _____

2. Name (Last, First):		3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Age:	5. Telephone:
6. Address (No. & Street): _____ (City) _____ (State) _____ (Zip)					
7. Name of Parent/Guardian (if victim is a minor):			8. Address (if different than above):		
9. Source of Information (Person or Office):				Telephone:	
10. Place of Attack:			11. Time and Date of Attack:		
12. Circumstances of Attack: <input type="checkbox"/> K-9 (Police Action) <input type="checkbox"/> Unknown <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Provoked <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Other _____					
13. Animal Owner (Custodian):				Telephone:	
14. Address (No. & Street): _____ (City) _____ (State) _____ (Zip)					
15. Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Owned <input type="checkbox"/> Male <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Estimated Age: <input type="checkbox"/> Stray <input type="checkbox"/> Female <input type="checkbox"/> Unaltered <input type="checkbox"/> Wild <input type="checkbox"/> Unknown					
16. Description (Breed, Color, Etc.):		17. License Number:		Date:	From:
18. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown			19. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unk. VET: _____			Vaccination Date:	Rabies Tag No.:	<input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine <input type="checkbox"/> 4 Year Vaccine
21. Animal Location: <input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined			From Date: _____ To Date: _____		
22. If at owner's home, has Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
23. Cause of Death: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date: _____					
24. Quarantine Released:			Date: _____ By: _____		
25. Veterinarian <input type="checkbox"/> Did <input type="checkbox"/> Did Not See Animal			26. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
27. Remarks:					
28. Head Sent to Lab:		Date: _____	By: _____	Telephone: _____	
29. Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY					
30. Victim Notified By: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail			Date: _____	By: _____	
31. <input type="checkbox"/> Case Closed		Date: _____	By: _____		
32. Person Completing Form:				Telephone: _____	

Instructions for completing the form “Animal Bite Report” 6/07

The purpose of this form is to collect information about animal bites in the context of a rabies control investigation. It should be used by county health department staff when conducting an animal bite investigation.

1. **Case Number:** Provide the number assigned to the case being investigated. This number is intended for internal tracking and will be specific to each county.
2. **Name:** Provide the first and last name of the bite victim.
3. **Sex:** Indicate if the victim is male or female.
4. **Age:** Provide the victim's age.
5. **Telephone:** Enter the victim's contact telephone number.
6. **Address:** Enter the victim's address, including number and street, city, state, and zip code.
7. **Name of Parent/Guardian:** If the victim is a minor, enter the name of a parent or guardian.
8. **Address:** Enter the parent/guardian's address, if different from that of the victim.
9. **Source of Information:** Indicate the name and contact telephone number of the person or office providing the information for the report.
10. **Place of Attack:** Enter the geographic location where the bite occurred (i.e. victim's home, owner's home, etc.).
11. **Time and Date of Attack:** Indicate the time and date when the attack took place.
12. **Circumstances of Attack:** Check the appropriate box to describe the circumstances surrounding the bite. If there is relevant information that is not captured by the check boxes, please write it in the space provided.
13. **Animal Owner:** Enter the name and contact telephone number of the animal's owner or custodian.
14. **Address:** Enter the animal owner's address, including number and street, city, state, and zip code.
15. **Type of Animal:** Check the box next to the type of animal involved in the bite. If “other”, write the type of animal in the space provided. Indicate whether the animal is owned, wild, or stray. Indicate the gender and whether or not the animal has been spayed or neutered. If the animal has definitely not been spayed or neutered, select the “Unaltered” box. Enter the estimated age of the animal.
16. **Description:** Provide a description of the animal, including the breed, color, and other relevant identifying information.
17. **License Number:** If the animal is licensed, indicate the license number, the date the license was issued, and the dates for which the license is valid.
18. **Behavior:** Indicate if the animal's behavior at the time of the bite was normal, abnormal, or unknown.
19. **Prior Bite History:** Indicate whether the animal has a history of prior bites.
20. **Vaccination Status:** Indicate whether the animal has been vaccinated against rabies. Write in the name of the providing veterinarian, the vaccination date, the tag number, and check the box to indicate whether the animal received a 1-, 3-, or 4-year vaccine.
21. **Animal Location:** Check the box to indicate if the animal was unable to be located, or if the animal is being confined. If the animal is being confined, write in the dates of confinement.
22. **Quarantine Agreement:** If the animal is being confined at the owner's home, indicate whether the owner signed a Home Quarantine Agreement form (see the Rabies Guidebook for an example).
23. **Cause of Death:** If the animal is dead, indicate the cause of death by checking the appropriate box, and writing in the date of death.
24. **Quarantine Released:** Indicate if the animal has been released from quarantine. If yes, write in the date of the release and the name of the person authorizing the release.
25. **Veterinarian:** Check the box to indicate whether the animal has been seen by a veterinarian.
26. **Head Examination:** Check the box to indicate if an examination of the animal's head has been requested or is not warranted.
27. **Remarks:** Enter any additional remarks regarding the investigation that were not captured elsewhere in the form.
28. **Head Sent to Lab:** Enter the date the head was sent, and the name and contact telephone number of the person submitting the head for testing.
29. **Results:** Check the appropriate box to indicate if the head tested positive or negative for rabies, or if the results were unsatisfactory.

30. ***Victim Notified:*** Check the appropriate box to indicate the method by which the victim was notified of the laboratory results. Enter the date the victim was notified, and the name of the person who contacted the victim.
31. ***Case Closed:*** Check the box to indicate if the case has been closed. Enter the date of closure, and the name of the person who closed the case.
32. ***Person Completing Form:*** Enter the name and contact telephone number of the person completing the form.