



Communicable Disease Summary

A Guide for Schools

Developed by:

Montana Department of Public Health and Human Services
Communicable Disease Epidemiology Program



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Office of Public Instruction**
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Introduction

About the Communicable Disease Summary

This summary is a tool for school personnel. It contains general information about communicable diseases, recommendations for communicable disease prevention, and recommendations for the exclusion of ill students. This document contains recommended procedures from science-based literature to provide guidance to school personnel regarding the provision of services to students enrolled in Montana K-12 schools. School district policy, state, and/or federal laws and regulations apply for some diseases. Montana school personnel are encouraged to be familiar with local school district and public health policies and procedures.

NOTE: These recommendations apply only to school-aged children; for information on day care centers see *Licensing Requirements for Child Day Care Centers*: ARM 37.95.139. A more complete discussion of these conditions and other communicable diseases may be found in the current edition of *Control of Communicable Diseases Manual* published by the American Public Health Association, the *Red Book Report of the Committee on Infectious Diseases* published by the American Academy of Pediatrics, and *Managing Infectious Diseases in Child Care and Schools: A quick reference guide* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department. For a complete listing of local health departments see Appendix B: Links.

Information and recommendations regarding communicable disease are frequently changed. Updates of this document can be located at the following website: <http://cdepi.hhs.mt.gov> under *School Resources*.

Disclaimer

This document provides health information for your general knowledge. Concerns about a medical condition, either your own or that of a student, should always be presented to a health care provider for individual advice and care. Self-diagnosis or self-management of health problems is not recommended. In the event of an emergency, dial 9-1-1 immediately.

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Recommendations

Recommendations are science-based, generally accepted strategies for controlling the spread of communicable diseases. Information was gathered from the *Red Book, Managing Infectious Diseases in Child Care and Schools: A quick reference guide*, and *Control of Communicable Diseases Manual 19th ed*. These recommendations are generally not regulatory in nature. However, if there are regulations that apply, the corresponding Administrative Rules of Montana (ARM) citation is included in Appendix C: Applicable Montana State Laws. Local health jurisdictions may have additional regulations that apply; contact your local health department for more information. In addition, local health departments are responsible for disease control activities related to reportable conditions and must be contacted regarding control measures including, but not limited to, exclusion and antibiotic prophylaxis. For a complete listing of local health departments see Appendix B: Links.



Standard Practices for Preventing Infection

Five simple steps can help prevent and control infections

1. Hand hygiene is the single most important behavior in preventing the transmission of many infectious diseases.
2. Keep open wounds clean and covered.
3. Don't share personal items such as towels, razors, and clothing.
4. Clean environmental surfaces regularly.
5. Practice respiratory etiquette.

Adapted from (Montana Department of Public Health and Human Services [MT DPHHS], 2007b, p.1)

See Glossary, Appendix B: Links, and Posters.

Standard Precautions

Standard Precautions are practices that prevent the transmission of infectious agents by assuming that the body fluids and mucous membranes of every person are potentially infected or colonized with microorganisms that could be transmitted to others.

Standard precautions include the use of one or more of the following practices:

- Practice good hand hygiene
 - Wash hands when visibly soiled (e.g., with body fluids) or use an alcohol-based hand rub if not visibly soiled
- Wear gloves when contact with body fluids is anticipated, including mucous membranes and contaminated environmental surfaces; always wash hands or use an alcohol-based hand rub after removing gloves
- Wear other personal protective equipment, such as gowns or eye protection if sprays of body fluids are anticipated
- Practice and instruct others regarding respiratory etiquette to prevent the transmission of respiratory illnesses
 - Cover mouth/nose when sneezing/coughing
 - Dispose of tissues in no-touch receptacle
 - Practice good hand hygiene

Adapted from (Siegel, Rhinehart, Jackson, Chiarello, and the Healthcare Infection Control Practices Advisory Committee, 2007, p. 77-83).

- Place used sharps (e.g., needles) in a puncture-resistant container. (Siegel et al., 2007, p.129).

See Glossary and Appendix B: Links.

Disease	R†	VPD‡	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Chickenpox * (Varicella)	X	X	A rash consisting of small, red spots and bumps which will blister over 3-4 days, then scab over. Blister crops will appear over the course of several days so spots, bumps, blisters and scabs may be present at the same time. The rash is more prevalent on the trunk of the body than on the limbs. The rash may appear inside of the mouth, ears, genitals and over the scalp. Fever, runny nose and cough may also be present. (American Academy of Pediatrics [AAP], 2009a, p.61)	Usually 14-16 days; range 10-21 days. (American Public Health Association [APHA], 2008, p.111)	Highly contagious. Direct contact with the fluid from the blisters or the mucus from the eyes, nose or mouth of an infected person. Coughing or sneezing can produce droplets for airborne transmission of the disease. (AAP, 2009a, p.61)	Usually 1-2 days before appearance of rash until all sores are scabbed over - usually 5 days. (APHA, 2008, p.111-112)	Administrative Rules of Montana 37.114.514 (1) A confirmed or probable case must be excluded from school, medical offices, and other public places and instructed to avoid contact with individuals who are susceptible until vesicles become dry. See Appendix B: Links and Appendix C: Applicable Montana Laws. Vaccination recommended for prevention. (CDC, 2009b) Vaccine given within 72 hours of exposure is likely to prevent or at least modify disease. (APHA, 2008, p.112)
Chlamydia	X		Genital infection. May be asymptomatic. Signs / symptoms can include pus-like discharge from the genitals, painful urination, and lower abdominal pain. (MD DHMH, 2008, p.6)	Poorly defined, probably 7-14 days, may be longer. (APHA, 2008, p.118)	Sexual intercourse / contact. (APHA, 2008, p.118)	Unknown. (APHA, 2008, p.118)	All cases should be seen by a healthcare provider for appropriate treatment and possibly contact follow up. Safe sex practices are recommended for prevention. See Appendix B: Links.
Common Cold			Cough, sore throat, runny nose, sneezing, watery eyes, headache, fever, earache. (AAP, 2009a, p.147)	Usually 48 hours, range 12 hours to 5 days. (APHA, 2008, p.516)	Direct or close contact with mouth and nose secretions. Indirect by touching contaminated objects or surfaces (e.g., touching used tissue, contaminated doorknobs, or handrails). (AAP, 2009a, p.147)	24 hrs before to 5 days after onset. (APHA, 2008, p.517)	Hand hygiene and respiratory etiquette are recommended for prevention. Antibiotics are not effective.

* image available see Appendix A

R† = reportable; see Glossary and Appendices B & C

VPD‡ = vaccine preventable disease



Disease	R†	VPD‡	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Diarrhea (infectious)			Frequent, loose or watery stool with or without other symptoms (e.g., abdominal pain, fever, blood in stool, headache, vomiting; other symptoms may occur). (MD DHMH, 2008, p. 7-9) (AAP, 2009a, p. 67)	Variable depending on cause.	Fecal-oral route (food, water, hands, or surfaces that are contaminated with feces are then placed in the mouth). Contact with raw or undercooked poultry. Contact with animals (e.g., pets, zoos, or farms). (AAP, 2009a, p.67)	Variable depending on cause.	Consider exclusion in accordance with disease specific recommendations. (APHA, 2008) Hand hygiene is recommended for prevention.
German Measles* (Rubella)	X	X	May be asymptomatic. Red or pink rash appearing first on the face, then spreading down the body. Swollen glands behind ears. Slight fever. May experience joint aches or pain. (AAP, 2009a, p.129)	Usually 14-17 days; range 14-21 days. (APHA, 2008, p. 531)	Droplets from sneezing or coughing. Direct contact with nose or throat secretions. (AAP, 2009a, p. 129)	For about 1 week before and at least 4 days after onset of rash. Highly contagious. (APHA, 2008, p. 531)	Exclude for 7 days after onset of rash. (APHA, 2008, p. 533) Vaccination recommended for prevention. (CDC, 2009b)
Gonorrhea	X		Males: Cloudy or creamy discharge from penis, pain with urination. Females: may be asymptomatic, or may have vaginal discharge, frequent urination, or abdominal pain. (MD DHMH, 2008, p.11)	Usually 1-14 days; can be longer. (APHA, 2008, p.263)	Contact with fluids from mucous membranes of infected people, almost always as a result of sexual activity. In children over 1 year, it is considered an indicator of sexual abuse. (APHA, 2008, p.263)	Effective treatment ends communicability within hours. May extend for months in untreated individuals. (APHA, 2008, p.263)	All cases should be seen by a healthcare provider for appropriate treatment and possibly contact follow up. Safe sex practices are recommended for prevention. See Appendix B: Links.
Hand, Foot, and Mouth Disease (Coxsackievirus)			Tiny blisters in the mouth and on the fingers, palms of hands, buttocks, and soles of feet. May have common cold signs / symptoms with fever, sore throat, runny nose and cough. Vomiting and diarrhea may occur. (AAP, 2009a, p.81)	Usually 3-5 days. (APHA, 2008, p.153)	Respiratory route (e.g., coughing or sneezing), direct contact, or fecal-oral route. (AAP, 2009a, p.81)	During the active stage of illness and perhaps longer, since viruses persist in stool for several weeks. (APHA, 2008, p.153)	Hand hygiene and respiratory etiquette are recommended for prevention.

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Disease	R†	VPD‡	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Head Lice* (Pediculosis)			Itching of skin where lice feed on the scalp or neck. Nits may be glued to hair, most easily seen behind ears and at nape of neck. (AAP, 2009a, p. 95)	Under optimal conditions, lice eggs hatch in 7-10 days. The egg-to-egg cycle averages about 3 weeks. (APHA, 2008, p.453)	Direct contact with an infested person and objects used by them (e.g., hats, combs, brushes). (APHA, 2008, p.453)	As long as lice or eggs are alive on the infested person or their belongings. Nits are capable of living on clothing for 1 month. (APHA, 2008, p.453-454)	Consider excluding until after treatment is started. “No-nits” policies that require a child to be free of nits before they can return to school are not recommended. (CDC, 2009c) Avoid sharing personal items such as hats, combs, or brushes for prevention. (AAP, 2009a, p. 95)
Hepatitis A*	X	X	Children may be asymptomatic. Signs / symptoms include fever, jaundice, abdominal discomfort, tiredness, dark-brown urine, loss of appetite, nausea, occasionally diarrhea. (AAP, 2009a, p. 83)	Usually 28-30 days; range 15-50 days. (APHA, 2008, p.280)	Person-to-person by the fecal-oral route. Outbreaks have been related to poor hand washing and contaminated water or food. (APHA, 2008, p.279-280)	Most infectious in the 2 weeks before appearance of signs / symptoms; the risk for transmission is minimal 1 week after onset of jaundice. (AAP, 2009a, p.83)	Consider excluding from school for 1 week after onset of illness. (AAP, 2009a, p.83) Vaccination recommended for prevention. (CDC, 2009b)
Hepatitis B	X	X	Children may be asymptomatic. Signs / symptoms include flu-like (e.g., muscle aches, nausea, vomiting), jaundice, loss of appetite, joint pain, or tiredness. Most people fully recover, but some carry the virus in their blood for a lifetime. (AAP, 2009a, p. 85)	Usually 45-180 days, average 60-90 days, range 2 weeks to 9 months. (APHA, 2008, p.287)	Blood or blood products, sexual contact. Uncommonly through saliva, contact with open sores or body fluids. Hepatitis B virus can remain contagious on surfaces for 7 days or more. (AAP, 2009a, p.85)	Variable. As long as the virus is present in the blood of an infected person. (AAP, 2009a, p. 85)	Do not share blood contaminated items. Vaccination recommended for primary prevention. (CDC, 2009b) All cases should be seen by a healthcare provider for appropriate treatment and possibly contact follow up. Safe sex practices are recommended for secondary prevention. See Appendix B: Links.

* image available see Appendix A

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Disease	R†	VPD‡	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Hepatitis C	X		May be asymptomatic. Signs / symptoms include abdominal discomfort, nausea, vomiting, or jaundice. (APHA, 2008, p.293)	Usually 6-9 weeks, range 2 weeks to 6 months. (APHA, 2008, p.295)	Contact with blood or blood products, sexual contact. (APHA, 2008, p.294)	Variable. May persist indefinitely. (APHA, 2008, p. 295)	Do not share blood contaminated items. All cases should be seen by a healthcare provider for appropriate treatment and possibly contact follow up. Safe sex practices are recommended for prevention. See Appendix B: Links.
Herpes Cold Sores,* Fever Blisters (Herpes Simplex Virus)			Fever, irritability, tender, swollen lymph nodes. Painful, small, fluid-filled blisters in the mouth, on the gums or lips. Blisters weep clear fluid and bleed, and are slow to crust over. (AAP, 2009a, p. 87)	From 2-12 days. (APHA, 2008, p.302)	Direct contact through kissing and contact with open sores. Contact with saliva. (AAP, 2009a, p.87)	First episode of sores/blisters: 2 - 7 weeks. Recurrent episodes of sores/blisters: 5 days after appearance. Persons may be asymptomatic and contagious. (APHA, 2008, p.302)	Avoid contact with open sores. (AAP, 2009a, p.87) Hand hygiene is recommended for prevention. See Appendix B: Links.
Herpes Genital Herpes Sores (Herpes Simplex Virus)			May be asymptomatic. Signs / symptoms include lesions on the genitals, in the anus and rectum, as well as the mouth depending on sexual practices. (APHA, 2008, p.301)	From 2-12 days. (APHA, 2008, p.302)	Direct contact with open sores. Usually by sexual contact. (APHA, 2008, p.302)	First episode of sores/blisters: 2 - 7 weeks. Recurrent episodes of sores/blisters: 5 days after appearance. Persons may be asymptomatic and contagious. (APHA, 2008, p.302)	All cases should be seen by a healthcare provider for appropriate treatment and possibly contact follow up. Safe sex practices are recommended for prevention. See Appendix B: Links.

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Disease	R†	VPD‡	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
HIV/AIDS	X		Children with HIV infection may show few signs or symptoms. Children with HIV may have failure to grow and develop well, enlarged lymph nodes, swelling of salivary glands, enlargement of the liver and spleen, frequent infections, inflammation of the heart, liver, kidneys, central nervous system disease, specific types of tumors. (AAP, 2009a, p. 89)	Variable. (APHA, 2008, p.4)	Direct contact with blood (e.g., shared needles), body fluids (including breast milk), or sexual intercourse/contact. HIV is not spread by the type of contact that occurs in school settings, such as typical classroom activities, or with surfaces touched by infected people. It is not spread through non-bloody saliva, tears, stool, or urine. (AAP, 2009a, p.89) (APHA, 2008, p.3-4)	Begins early after onset of HIV infection and presumably extends throughout life. (APHA, 2008, p. 5)	Do not share blood contaminated items. Call the local health department if exposure to blood or body fluids occurs. See Appendix B: Links. All cases should be seen by a healthcare provider for appropriate treatment and possibly contact follow up. Safe sex practices are recommended for prevention. See Appendix B: Links. Isolation of the HIV-positive person is unnecessary, ineffective and unjustified. (APHA, 2008, p.8)
Impetigo (<i>Staphylococcus aureus</i>)			Small, red pimples or fluid-filled blisters with crusted yellow scabs found most often on the face, but may be anywhere on the body. (AAP, 2009a, p. 91)	Skin sores develop in 7-10 days after bacteria attach to the skin. (AAP, 2009a, p.91)	Direct contact with an infected person or from contaminated surfaces. (AAP, 2009a, p.91)	Until the skin sores are treated with antibiotics for at least 24 hours or the crusting lesions are no longer present. (AAP, 2009a, p. 91)	Consider excluding until antibiotic therapy has started. (AAP, 2009a, p. 91) Cover sores. (AAP, 2009a, p.91) Hand hygiene is recommended for prevention.

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Disease	R†	VPD‡	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Influenza	X	X	Sudden onset of fever, headache, chills, muscle aches and pains, sore throat, cough, mild pinkeye, decreased energy, abdominal pain, nausea, vomiting. (AAP, 2009a, p.93)	Usually 2 days, range 1-4 days for seasonal influenza. (APHA, 2008, p.318)	Direct contact from sneezing or coughing. Indirect contact from contaminated hands and articles soiled with nose and throat secretions. (AAP, 2009a, p. 93)	In adults, usually the first 3-5 days of illness. In young children 7-10 days. (APHA, 2008, p. 318)	Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs. (CDC, August 7, 2009) Vaccination recommended for prevention. (CDC, 2009b) Hand hygiene and respiratory etiquette are also recommended for prevention.
Measles* (Rubeola)	X	X	Fever, cough, runny nose, and red, watery eyes. Small red spots in mouth. Appearance of rash at hairline spreading downward over the body. May have diarrhea or ear infection as a complication. Complications may be serious and result in pneumonia, brain inflammation, convulsions, deafness, mental retardation, or death. (AAP, 2009a, p. 99)	Usually 10 days, but may be 7-18 days from exposure to onset of fever, usually 14 days until rash appears; rarely, as long as 19-21 days. (APHA, 2008, p.404)	Direct contact with respiratory secretions or inhalation of airborne respiratory droplets (e.g., from a sneeze or a cough). (AAP, 2009a, p. 99)	Usually about 4 days before rash appearance to 4 days after rash appearance. (APHA, 2008, p.404)	Children with measles should be kept out of school for 4 days after appearance of rash. (APHA, 2008, p.407) Vaccination recommended for prevention. (CDC, 2009b)

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Meningitis, meningococcal (<i>Neisseria meningitidis</i>)	X	X	Fever, may have blood-red rash, severe headache, nausea, loss of appetite, sometimes a stiff neck, irritability, discomfort when looking into bright lights, confusion, drowsiness, seizures, coma. (AAP, 2009a, p.101)	Usually 3-4 days; range 2-10 days. (APHA, 2008, p.417)	Direct contact, including respiratory droplets from nose and throat. (APHA, 2008, p.417)	Until live meningococci bacteria are no longer present in discharges from nose and mouth. Meningococci usually disappear within 24 hours of appropriate antibiotic therapy. (APHA, 2008, p.417)	See healthcare provider as soon as possible. Vaccination recommended for prevention in certain high risk groups. (CDC, 2009b)
Meningitis, viral or aseptic	X		Sudden onset of fever with severe headache and sometimes a stiff neck. (APHA, 2008, p.412)	Variable, depending on cause. (APHA, 2008, p. 413)	Variable, depending on cause. (APHA, 2008, p. 413)	Variable, depending on cause. (APHA, 2008, p. 413)	Hand hygiene and respiratory etiquette are recommended for prevention.
Mononucleosis (Epstein-Barr virus)			Young children may be asymptomatic or have mild signs / symptoms. Fever, sore throat, fatigue, swollen lymph nodes, rash may occur with those treated with ampicillin or other penicillins. (AAP, 2009a, p.105)	From 4 -6 weeks. (APHA, 2008, p. 430)	Person-to-person contact. Kissing on the mouth or sharing objects contaminated with saliva (e.g., cups, toothbrushes). (AAP, 2009a, p.105)	Prolonged. (APHA, 2008, p. 430)	Avoid kissing that involves transfer of saliva or sharing respiratory secretions directly or through contact with objects. (AAP, 2009a, p.105) Hand hygiene and respiratory etiquette are recommended for prevention.

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MRSA (methicillin-resistant <i>Staphylococcus aureus</i>)			Depends on the site of infection. When MRSA causes skin infections, there may be red bumps that progress to pus-filled boils or abscesses. Boils may spontaneously drain pus. Sometimes boils and abscesses can progress to cellulitis, an enlarging red area of the skin that extends beyond the boil. Cellulitis may be associated with fever. Rarely, the infection spreads from the skin into the deeper tissue, causing a rapidly spreading, dangerous and very painful infection called fasciitis. It is impossible to tell the difference between MRSA and other staphylococci based on appearance alone. Symptoms of MRSA infection in areas other than the skin include fever, tiredness, pain and swelling of the joints or bones, and cough when the infection is in the lungs. (AAP, 2009a, p. 111)	Unknown. (AAP, 2009a, p. 111)	Direct skin-to-skin contact with an infected person or a carrier. Direct contact with open sores or boils. Crowded conditions and poor hygiene. The sharing of towels, personal hygiene items, athletic equipment, clothing. (MT DPHHS, 2007a, p. 4-5) (AAP, 2009a, p. 111)	MRSA most commonly causes infection through a break in the skin. MRSA is present in some children and adults who do not have symptoms (carriers). Children who have actively draining sores are more contagious. (AAP, 2009a, p.111)	MT DPHHS has developed extensive guidance for MRSA; see References. Evaluate: The school nurse or physician should take an active role in evaluating students who complain of painful skin lesions, including lesions that resemble a "bug bite." Refer: When a skin infection is suspected, students should be referred to their primary care provider for evaluation and treatment. Communicate: Following the medical evaluation, the student or parent should be asked to provide verification of the healthcare providers' treatment plan to school officials. (MT DPHHS, 2007a, p. 8-9) continued ...
MRSA Recommendations continued...			Prevention Strategies: <u>Hand washing</u> is the single most important behavior in preventing the transmission of infectious disease (see hand hygiene in Glossary). <u>Keep open wounds covered</u> . Pus from infected wounds can contain bacteria, including MRSA, and spread the bacteria to others. Bandages should be disposed of in a closed baggie. In situations in which open wounds cannot be kept covered, consider temporary exclusion from the school until the wound has healed or drainage can be contained. Practice good basic hygiene including showering and washing with soap after all athletic practices and competitions. <u>Don't share personal items</u> (e.g., towels, razors). <u>Clean potentially contaminated surfaces</u> carefully with a disinfectant or bleach solution. Ensure that frequently touched surfaces (e.g., counters, desks, and computers) are cleaned at least daily with a disinfectant solution. See Glossary and Appendix B: Links for more information. (MT DPHHS, 2007a, p. 8-9)				

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Mumps*	X	X	Swollen glands in front of and below the ear, or under the jaw (no swelling or symptoms in 1/3 of infections). Fever, headache, earache. In teenage boys, painful swelling of the testicles may occur. Girls may have swelling of the ovaries, which may cause abdominal pain. Complications include meningitis, deafness (usually permanent), glomerulonephritis (kidney), and inflammation of the joints. Infections during pregnancy may kill or severely harm the fetus. (AAP, 2009a, p. 113)	Usually 16-18 days; range 14-25 days. (APHA, 2008, p.432)	Direct contact with mouth or nose secretions. (AAP, 2009a, p. 113)	Maximum infectiousness occurs between 2 days before onset of illness and 4 days afterwards. (APHA, 2008, p. 432)	Exclude from school until 5 days after onset of swelling if susceptible contacts (those not immunized) are present. (APHA, 2008, p. 434) Vaccination recommended for prevention. (CDC, 2009b)
Norovirus (Epidemic viral gastroenteropathy)			Nausea, vomiting, diarrhea, abdominal pain, muscle aches, headache, generally feeling unwell, fever. (APHA, 2008, p. 256)	Usually 24 - 48 hours, range 10-50 hours. (APHA, 2008, p.257)	Primarily fecal-oral route by contact with stool contaminated items or hands. (APHA, 2008, p. 257)	During vomiting episodes and up to 48 hours after diarrhea / vomiting stops. (APHA, 2008, p.257)	Consider excluding from school during period of communicability (i.e., during acute stage of disease and up to 48 hours after Norovirus diarrhea stops). (APHA, 2008,p.257). Hand hygiene is recommended for prevention.

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Pink Eye (Conjunctivitis)			Pink or red eyes. Swelling of the eyelids. Itchy, irritated, painful eyes; may produce a lot of tears. Green or yellow discharge. Infected eye may be crusted shut in the morning. May affect one or both eyes. (AAP, 2009a, p. 115)	Usually 24-72 hours. (APHA, 2008, p.143)	Contact with eye discharge or fluids from nose, mouth, or throat. Contact with contaminated fingers, articles of clothing or sharing eye makeup. (APHA, 2008, p.143)	During the course of active infection when signs / symptoms are present. (APHA, 2008, p. 143)	Consider exclusion from school in accordance with disease specific recommendation. (APHA, 2008) Avoid sharing make-up and other items that touch the eyes such as towels. Hand hygiene and respiratory etiquette are recommended for prevention.
Ringworm of the body* (<i>Tinea corporis</i>)			Red, circular patches with raised edges. As it spreads out, the center may clear, leaving apparently normal skin. (APHA, 2008, p.175) (AAP, 2009a, p.123)	Usually 4-10 days. (APHA, 2008, p.175)	Direct or indirect contact with skin and scalp rash of infected persons or animals. Contact with contaminated floors, benches, shower stalls and similar articles. (APHA, 2008, p.175)	As long as rash is present and live fungus remains on contaminated materials. (APHA, 2008, p. 175)	Avoid direct contact with rash. Cover rash. Avoid sharing personal items such as towels or clothing. (AAP, 2009a, p.123) Hand hygiene is recommended for prevention.
Ringworm of the scalp* (<i>Tinea capitis</i>)			Patchy areas of dandruff-like scaling with or without hair loss. Redness and scaling of scalp with broken hairs or patches or hair loss. (AAP, 2009a, p.123)	Usually 10-14 days. (APHA, 2008, p.173)	Direct skin-to-skin contact, or, indirect contact with surfaces such as seatbacks, combs, brushes, clothing, or hats contaminated with hair from infected people or animals. (APHA, 2008, p.173)	May persist on contaminated materials for long periods. (APHA, 2008, p.173)	Avoid sharing bike helmets, hats, combs, brushes, barrettes, scarves, clothing, bedding or towels. (AAP, 2009a, p. 123) Hand hygiene is recommended for prevention.
Rubella see German Measles							

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VPD‡ = vaccine preventable disease

Disease	R†	VPD‡	Signs / Symptoms	Incubation Period	How it is Spread	Contagious Period	Recommendations
Scabies			Rash, severe itching (increased at night). Itchy red bumps or blisters found on skin folds between the fingers, toes, wrists, elbows, armpits, waistline, thighs, penis, abdomen and lower buttocks. (AAP, 2009a, p. 133)	In persons without previous infestation, 2-6 weeks before onset of itching. Persons previously infested develop symptoms 1-4 days after re-exposure. (APHA, 2008, p.541)	Person-to-person contact. Sexual contact. Sharing of bedding, towels, and clothing. (AAP, 2009a, p.133) (APHA, 2008, p.541)	Until mites and eggs are destroyed by treatment, ordinarily after 1 or occasionally 2 courses of treatment one week apart. (APHA, 2008, p.541)	Exclude infested individuals from school or work until the day after treatment. (APHA, 2008, p.542) Avoid contact with contaminated items. Hand hygiene is recommended for prevention.
Strep Throat (Streptococcal Disease)			Sore throat, fever, stomach ache, headache, swollen lymph nodes in neck, decreased appetite. (AAP, 2009a, p.139)	Usually 1-3 days, rarely longer. (APHA, 2008, p.581)	Direct contact, respiratory droplets. (AAP, 2009a, p.139)	With adequate penicillin treatment, transmissibility generally ends within 24 hours. In untreated, uncomplicated cases, 10-21 days. (APHA, 2008, p.581-582)	Consider excluding until 24 hours after antibiotic therapy started. (AAP, 2009a, p.139) Hand hygiene and respiratory etiquette are recommended for prevention.
Whooping Cough (Pertussis)	X	X	Begins with cold-like signs / symptoms. Coughing that may progress to severe coughing, which may cause vomiting, loss of breath, difficulty catching breath or cyanosis (blueness). Whooping (high pitched crowing) sound when inhaling after a period of coughing (may not occur in very young children). Coughing persists for weeks to months. Fever is usually absent or minimal. (AAP, 2009a, p.155)	Usually 9-10 days; range 6-20 days. (APHA, 2008, p.457)	Direct or close contact with mouth and nose secretions. (AAP, 2009a, p.155)	From the beginning of cold-like signs / symptoms (e.g., runny nose) until 2 weeks after the cough begins, depending on age, immunization status, previous episodes of infection with whooping cough, and antibiotic treatment. No longer contagious after 5 days of treatment on appropriate antibiotics. (AAP, 2009a, p.155) (APHA, 2008, p. 457)	Symptomatic persons should be excluded from child care or school for the first 5 days of a full course of antimicrobial treatment. (CDC, 2000, p.8-8) Vaccination recommended for prevention. (CDC, 2009b)

* image available see Appendix A

R† = reportable; see Glossary and Appendices B & C

VPD‡ = vaccine preventable disease

Glossary

asymptomatic – showing no signs or symptoms of disease; however, can still spread the disease to others.

bacteria – microscopic organisms that may cause diseases and can survive in the body or on environmental surfaces. Bacterial illnesses, such as strep throat, can usually be treated effectively with antibiotics. (AAP, 2009a, p.185)

bleach solution - for sanitizing environmental surfaces – use a spray solution of a quarter (¼) cup of household liquid chlorine bleach (sodium hypochlorite) in 1 gallon of water, prepared fresh daily. (AAP, 2009a, p. 185) See Appendix B: Links for more information.

body fluids – urine, feces, blood, saliva, nasal discharge, eye discharge, and pus. (AAP, 2009a, p. 185)

carrier – a person who carries a specific disease-causing organism within his or her body, has no symptoms of the disease, and can spread the disease to others (AAP, 2009a, p. 185). For example MRSA.

clean – to remove dirt and debris (e.g., blood, urine, feces) by scrubbing and washing with a detergent solution and rinsing with water. (AAP, 2009a, p. 185) Must be done prior to disinfection. See Appendix B: Links for more information.

communicable disease – an infectious disease caused by a microorganism (e.g., bacterium, virus) that can be spread from person to person through an infected body fluid or an environmental object (e.g., table surfaces). Many communicable diseases are reportable. (AAP, 2009a, p. 185) See **reportable disease**.

contact – people who have been exposed to the disease and may be at risk of getting sick later.

contagious period – the time during which a germ can be spread, directly (person-to-person) or indirectly (through environmental surfaces), from an infected person to a susceptible person. (APHA, 2008, p.711)

diarrhea – loose or watery stools of increased frequency that are not associated with a change in diet. (MD DHMH, 2008, p.4) Diarrhea is a symptom of several infectious diseases.

disinfect – to remove almost all germs from environmental surfaces by using chemicals. (AAP, 2009a, p. 186) See Appendix B: Links for more information.

exclusion – denying admission of an ill child or staff member to a facility or asking them to leave if they are present. (AAP, 2009a, p. 186)

fever – an elevation of body temperature. Fever is defined as an oral temperature above 101°F (38.3°C). (AAP, 2009a, p. 186)

germ – small particles (viruses) or organisms (bacteria, fungi, or parasites) which may cause infections. (AAP, 2009a, p. 186)

hand hygiene – Hand washing is a simple thing and it's the best way to prevent infection and illness.

When washing hands with soap and water:

- Wet your hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces.
- Continue rubbing hands for 15-20 seconds. Need a timer? Imagine singing "Happy Birthday" twice through to a friend.
- Rinse hands well under running water.
- Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.
- Always use soap and water if your hands are visibly dirty.

continued ...

hand hygiene continued ...

If soap and clean water are not available, use an alcohol-based hand rub to clean your hands. (CDC, 2009d)

See Be A Germ-Buster Poster and <http://cdepi.hhs.mt.gov>

hand sanitizer – commercially available products that can be used when soap / water are not available. Select a product with 60% or greater alcohol content (CDC, *Put Your Hands Together*, 2008b, p. 1)

When using an alcohol-based hand sanitizer: Apply product to the palm of one hand. Rub hands together. Rub the product over all surfaces of hands and fingers until hands are dry. (CDC, 2009d)

incubation period – the time between exposure to the germ and the first appearance of symptoms (AAP, 2009a, p. 187). A person may be able to spread the germ to others during a portion of the incubation period.

jaundice – yellowish discoloration of the whites of the eyes, skin and mucous membranes. (AAP, 2009a, p. 187) A symptom of Hepatitis A, see Appendix A: Images.

mucous membrane – parts of the body that contain mucus (e.g., eyes, nose, mouth, vagina, and anus).

outbreak – greater than normal rate of disease in a given population. Outbreaks of communicable diseases are reportable to the health department.

reportable disease – illnesses that are required by law to be reported to the state or local health department. Outbreaks of any communicable disease should also be reported. *Call the local health department for further management of cases and contacts.*

The Administrative Rules of Montana (37.114.201) state that **any person** who knows or has reason to believe that a case of reportable disease exists shall report the required information to the designated health authorities.

With accurate and timely information, health officials can control or prevent the spread of disease much more effectively. For additional information and a complete list of reportable diseases see Appendix C: Applicable Montana Laws and the following website: <http://cdepi.hhs.mt.gov> select *disease reporting*.

respiratory droplets – small infected particles originating from the nose or mouth via sneezing or coughing.

respiratory etiquette – practices that reduce the chance of spreading respiratory infections, including the common cold and influenza. To help stop the spread of germs,

- Cover your mouth and nose with a tissue when you cough or sneeze.
- If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Put your used tissue in the waste basket.
- Clean your hands after coughing or sneezing. (CDC, 2007)

See Be A Germ Stopper Poster.

standard precautions – practices that prevent the transmission of infectious agents by assuming that the body fluids and mucous membranes of every person are potentially infected or colonized with microorganisms that could be transmitted to others. Standard precautions include the use of one or more of the following practices:

- Practice good hand hygiene
 - Wash hands when visibly soiled (e.g., with body fluids) or use an alcohol-based hand rub if not visibly soiled

continued ...

standard precautions continued ...

- Wear gloves when contact with body fluids is anticipated, including mucous membranes and contaminated environmental surfaces; always wash hands or use an alcohol-based hand rub after removing
- Wear other personal protective equipment, such as gowns or eye protection if sprays of body fluids are anticipated
- Practice and instruct others regarding respiratory etiquette to prevent the transmission of respiratory illnesses
 - Cover mouth/nose when sneezing/coughing
 - Dispose of tissues in no-touch receptacle
 - Practice good hand hygiene

Adapted from (Siegel, Rhinehart, Jackson, Chiarello, and the Healthcare Infection Control Practices Advisory Committee, 2007, p. 77-83).

- Place used sharps (e.g., needles) in a puncture-resistant container. (Siegel et al., 2007, p.129).

vaccine preventable – many communicable diseases can be prevented through proper vaccination. Immunization schedules are updated regularly. Please check the CDC ACIP website for the most up to date vaccine schedules for children and adolescents.

www.cdc.gov/vaccines/recs/schedules/child-schedule.htm

virus – a microscopic particle which may cause disease. Viruses can grow or reproduce only in living cells. (AAP, 2009a, p. 188)
Antibiotics are not effective in treating viruses. Examples of viral illnesses include the flu and the common cold.

vomiting – two or more episodes of vomiting in a 24 hour period (MD DHMH, 2008, p.4) can be associated with some infections.

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Appendix A: Images

<p style="text-align: center;">Chicken Pox</p>  <p>http://phil.cdc.gov, Content providers CDC/ Dr. John Noble, Jr., Creation date: 1968, ID # 10484</p>	<p style="text-align: center;">Cold Sores</p>  <p>http://phil.cdc.gov, Content providers CDC/ Dr. Herrmann. Creation date: 1964, ID # 1573</p>	<p style="text-align: center;">German Measles (Rubella)</p>  <p>http://phil.cdc.gov, Content providers CDC. Creation Date: 1966, ID # 10145</p>
<p style="text-align: center;">Hepatitis A / Jaundice</p>  <p>http://phil.cdc.gov, Content providers CDC/Dr. Thomas F. Sellers/Emory University. Creation date: 1963, ID # 2860</p>	<p style="text-align: center;">Head Lice</p>  <p>University of Nebraska-Lincoln Extension, Department of Entomology, http://lancaster.unl.edu</p>	<p style="text-align: center;">Measles (Rubeola)</p>  <p>http://phil.cdc.gov, Content providers CDC. Creation Date: 1963, ID # 1151</p>
<p style="text-align: center;">Mumps</p>  <p>http://phil.cdc.gov, Content providers CDC/NIP/ Barbara Rice, Creation date: n.d., ID # 130</p>	<p style="text-align: center;">Ring Worm of the Body</p>  <p>http://phil.cdc.gov, Content providers CDC/ Dr. Lucille K. Georg, Creation Date: 1964, ID #2938</p>	<p style="text-align: center;">Ring Worm of the Scalp</p>  <p>http://phil.cdc.gov, Content providers CDC Creation Date: 1975, ID #4806</p>

Appendix B: Links

Cleaning and Disinfecting

National Resource Center for Health and Safety in Child Care and Early Education *Healthy Kids, Healthy Care*
http://healthykids.us/chapters/cleaning_main.htm under *want to know more*

Disease Reporting

Frequently asked questions and forms for communicable disease reporting
<http://cdepi.hhs.mt.gov> under *disease reporting*

General Resources

Administrative Rules of Montana (ARM)
<http://www.mtrules.org>

American Academy of Pediatrics (AAP)
<http://www.aap.org/healthtopics/infectiousdiseases.cfm>

The Center for Health and Healthcare in Schools
<http://www.healthinschools.org/>

Centers for Disease Control and Prevention Infectious Disease Information Childhood Diseases
<http://www.cdc.gov/ncidod/Diseases/children/index.htm>

Communicable Disease Epidemiology Program
<http://cdepi.hhs.mt.gov>

Infectious Diseases in Childcare Settings and Schools
<http://www.hennepin.us/childcaremanual>

Montana Code Annotated 2009 (MCA)
<http://opi.mt.gov/MCAsearch/index.html>

Montana Office of Public Instruction Coordinated School Health Programs
<http://www.opi.mt.gov/Health/CSH.html>

Appendix B: Links

General Resources continued ...

National Association of School Nurses
<http://www.nasn.org/>

Immunizations

Immunization schedules change regularly. Please check the CDC website for the most up-to-date vaccine schedules.
<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>

Montana Department of Public Health and Human Services Immunization Section
<http://www.immunization.mt.gov>

Local Health Departments

A list of local health departments including contact information can be found at the following:
<http://www.naccho.org/about/lhd/> under *MT*

Montana Antimicrobial Resistance Awareness

This website has information specific for schools under Childcare Providers/School Staff. And a MRSA Resources link for MRSA specific information.
<http://mara.mt.gov>

Respiratory Etiquette and Hand Hygiene Posters

Download and print posters to post in bathrooms and high traffic areas.
<http://cdepi.hhs.mt.gov>

Sexually Transmitted Disease Prevention

Montana Department of Public Health and Human Services STD/HIV Treatment and Prevention Program
<http://www.dphhs.mt.gov/PHSD/STD-HIV/std-hiv-index.shtml>

OPI – HIV * AIDS * STD
www.opi.mt.gov/hived/index.html

Appendix C: Applicable Montana State Laws

Montana Code Annotated 2009 (MCA)

50-1-206. REGULATION OF SCHOOLS IN MATTERS OF HEALTH

(1) The department shall adopt regulations prescribing the requirements for school sites, water supply, sewage and waste disposal, and any other matters pertinent to the health and physical well-being of the pupils, teachers, and others who frequent schools.

(2) The department shall furnish to the districts copies of such regulations.

Administrative Rules of Montana (ARM)

37.111.825 HEALTH SUPERVISION AND MAINTENANCE

(1) Soap and disposable towels or other hand-drying devices must be available at all handwashing sinks. Common-use cloth towels are prohibited.

(2) Sanitary napkin disposal must be provided for girls of age ten or older and in teachers' toilet rooms and nurses' toilet rooms. The school must provide either sanitary napkin dispensers in the girls', nurses', and teachers' toilet rooms or some other readily available on-site access to sanitary napkins.

(3) If a child develops symptoms of illness while at school, the responsible school officials shall do the following:

(a) isolate the child immediately from other children in a room or area segregated for that purpose; and

(b) inform the parent or guardian as soon as possible about the illness and request him or her to pick up the child.

(4) Schools shall develop and enforce policies on first aid which include, at a minimum, the following:

(a) obtaining emergency phone numbers for parents or guardians;

(b) procedures to be followed in the event of accidents or injuries;

and

(c) emergency coverage, including the presence of a person with a currently valid American Red Cross standard first aid card or current certification from an equivalent first aid course, during school-sponsored activities, including field trips, athletic, and other off-campus events. Recommendations for first aid supplies and policies may be secured from the Department of Public Health and Human Services, Public Health and Safety Division, Food and Consumer Safety Section, 1400 Broadway, P.O. Box 202951, Helena, Montana 59620-2951.

(5) Smoking must be prohibited during school hours in rooms and any other areas used by children, and no smoking signs must be posted in each hallway, entryway, gymnasium, lunchroom, and restroom, though not in each classroom. Smoking must be prohibited in school vehicles while used by children for school-related functions.

(6) In addition to the requirements of this rule, school officials should also be aware of the need to comply with the laws and rules relating to the immunization of children (20-5-402 , et seq., MCA; ARM 37.114.701 , et seq.) , the health of school employees (ARM 37.114.1010) , and the reporting of communicable diseases (ARM 37.114.201 , 37.114.202 , and 37s.114.501 , et seq.) . Copies of these requirements may be obtained from the Department of Public Health and Human Services, Public Health and Safety Division, Food and Consumer Safety Section, 1400 Broadway, P.O. Box 202951, Helena, Montana 59620-2951.

(7) Pursuant to the advisory authority of 50-1-202 (11) and (12) , MCA, the department recommends that students be evaluated by registered professional nurses or other appropriately qualified health professionals on a periodic basis in order to identify those health problems which have the potential for interfering with learning, including:

(a) assessment of student's health and developmental status;

(b) vision screening;

(c) hearing screening;

(d) scoliosis screening;

(e) chemical and alcohol abuse;

(f) nutritional screening; and

(g) dental screening.

Appendix C: Applicable Montana State Laws

37.114 : COMMUNICABLE DISEASE CONTROL

REPORTING REQUIREMENTS – SUBCHAPTER 2

37.114.201 REPORTERS

(1) With the exception noted in (3) below, **any person**, including but not limited to a physician, dentist, nurse, medical examiner, other health care practitioner, administrator of a health care facility, **public or private school administrator**, or laboratorian **who knows or has reason to believe that a case exists shall immediately report to the local health officer** the information specified in ARM 37.114.205(1) through (2).

(2) A local health officer must submit to the department, on the schedule noted in ARM 37.114.204, the information specified in ARM 37.114.205 concerning each confirmed or suspected case of which the officer is informed.

(3) A state funded anonymous testing site for HIV infection is not subject to the reporting requirement in (1) with regard to HIV testing.

37.114.203 REPORTABLE DISEASES AND CONDITIONS

(1) The following communicable diseases and conditions are reportable:

- (a) AIDS, as defined by the centers for disease control, or HIV infection, as determined by a positive result from a test approved by the federal food and drug administration for the detection of HIV, including but not limited to antibody, antigen, or HIV nucleic acid tests;
- (b) Amebiasis;
- (c) Anthrax;
- (d) Botulism (including infant botulism);
- (e) Brucellosis;
- (f) Campylobacter enteritis;
- (g) Chancroid;
- (h) Chickenpox;
- (i) Chlamydial genital infection;
- (j) Cholera;
- (k) Colorado tick fever;

- (l) Cryptosporidiosis;
- (m) Cytomegaloviral illness;
- (n) Diarrheal disease outbreak;
- (o) Diphtheria;
- (p) Encephalitis;
- (q) Escherichia coli 0157:H7 enteritis;
- (r) Gastroenteritis outbreak;
- (s) Giardiasis;
- (t) Gonorrhea;
- (u) Gonococcal ophthalmia neonatorum;
- (v) Granuloma inguinale;
- (w) Haemophilus influenzae B invasive disease (meningitis, epiglottitis, pneumonia, and septicemia);
- (x) Hansen's disease (leprosy);
- (y) Hantavirus pulmonary syndrome;
- (z) Hemolytic uremic syndrome;
- (aa) Hepatitis A, B (acute or chronic), or C (acute or chronic);
- (ab) Kawasaki disease;
- (ac) Influenza;
- (ad) Lead poisoning (levels >10 micrograms per deciliter);
- (ae) Legionellosis;
- (af) Listeriosis;
- (ag) Lyme disease;
- (ah) Lymphogranuloma venereum;
- (ai) Malaria;
- (aj) Measles (rubeola);
- (ak) Meningitis, bacterial or viral;
- (al) Mumps;
- (am) Ornithosis (psittacosis);
- (an) Pertussis (whooping cough);
- (ao) Plague;
- (ap) Poliomyelitis, paralytic or non-paralytic;
- (aq) Q-fever;
- (ar) Rabies or rabies exposure (human);
- (as) Reye's syndrome;
- (at) Rocky Mountain spotted fever;
- (au) Rubella (including congenital);
- (av) Salmonellosis;
- (aw) Severe acute respiratory syndrome (SARS);

Appendix C: Applicable Montana State Laws

- (ax) Shigellosis;
- (ay) Smallpox;
- (az) Streptococcus pneumoniae invasive disease, drug resistant;
- (ba) Syphilis;
- (bb) Tetanus;
- (bc) Tickborne relapsing fever;
- (bd) Transmissible spongiform encephalopathies;
- (be) Trichinosis;
- (bf) Tuberculosis;
- (bg) Tularemia;
- (bh) Typhoid fever;
- (bi) Yellow fever;
- (bj) Yersiniosis;
- (bk) Illness occurring in a traveler from a foreign country;

(bl) An occurrence in a community or region of a case or cases of any communicable disease in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004), 2000, with a frequency in excess of normal expectancy; and
(bm) Any unusual incident of unexplained illness or death in a human or animal.

37.114 : COMMUNICABLE DISEASE CONTROL

GENERAL CONTROL MEASURES – SUBCHAPTER 3

37.114.301 SENSITIVE OCCUPATIONS

(1) A local health officer or the department may restrict a person employed in direct care of children, the elderly, or individuals who are otherwise at a high risk for disease from practicing an occupation while infected by a reportable disease if, given the means of transmission of the disease in question, the nature of the person's work would tend to spread the disease.

(2) No infectious person may engage in any occupation involving the preparation, serving, or handling of food, including milk, to be consumed by others than his/her immediate family, until a local health officer determines him/her to be free of the infectious agent or unlikely to transmit the infectious agent due to the nature of his/her particular work.

37.114 : COMMUNICABLE DISEASE CONTROL

SPECIFIC CONTROL MEASURES – SUBCHAPTER 5

There are specific control measures for the following conditions:

37.114.503 ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) AND HIV INFECTION

37.114.504 AMEBIASIS

37.114.506 ANTHRAX

37.114.507 BOTULISM: INFANT BOTULISM

37.114.509 BRUCELLOSIS

37.114.510 CAMPYLOBACTER ENTERITIS

37.114.512 CHANCROID

37.114.514 CHICKENPOX (VARICELLA)

37.114.515 CHLAMYDIAL GENITAL INFECTION

37.114.516 CHOLERA

37.114.518 COLORADO TICK FEVER

37.114.519 CRYPTOSPORIDIOSIS

37.114.521 DIARRHEAL DISEASE OUTBREAK

37.114.522 DIPHThERIA

37.114.524 ENCEPHALITIS

37.114.525 ESCHERICHIA COLI 0157:H7 ENTERITIS

37.114.527 GASTROENTERITIS OUTBREAK

37.114.528 GIARDIASIS

37.114.530 GONORRHEA

37.114.531 GRANULOMA INGUINALE

37.114.533 HAEMOPHILUS INFLUENZA B INVASIVE DISEASE

37.114.534 HANSEN'S DISEASE (LEPROSY)

37.114.536 HANTAVIRUS PULMONARY SYNDROME

Appendix C: Applicable Montana State Laws

37.114.537 HEMOLYTIC UREMIC SYNDROME
37.114.539 HEPATITIS TYPE A
37.114.540 HEPATITIS TYPE B (ACUTE OR CHRONIC)
37.114.542 HEPATITIS C (ACUTE OR CHRONIC)
37.114.544 INFLUENZA
37.114.546 LEAD POISONING: ELEVATED BLOOD LEAD
LEVELS IN CHILDREN
37.114.548 LEGIONELLOSIS
37.114.549 LISTERIOSIS OUTBREAK
37.114.551 LYME DISEASE
37.114.552 LYMPHOGRANULOMA VENEREUM
37.114.554 MALARIA
37.114.555 MEASLES: RUBEOLA
37.114.557 MENINGITIS: BACTERIAL OR VIRAL
37.114.558 MUMPS
37.114.560 OPHTHALMIA NEONATORUM
37.114.561 ORNITHOSIS (PSITTACOSIS)
37.114.563 PERTUSSIS (WHOOPING COUGH)
37.114.565 PLAGUE
37.114.566 POLIOMYELITIS
37.114.568 Q-FEVER (QUERY FEVER)
37.114.570 RABIES: HUMAN
37.114.571 RABIES EXPOSURE
37.114.573 ROCKY MOUNTAIN SPOTTED FEVER
37.114.574 RUBELLA
37.114.575 RUBELLA: CONGENITAL
37.114.577 SALMONELLOSIS (OTHER THAN TYPHOID
FEVER)
37.114.578 SEVERE ACUTE RESPIRATORY SYNDROME
(SARS)
37.114.579 SHIGELLOSIS
37.114.581 SMALLPOX
37.114.582 STREPTOCOCCUS PNEUMONIAE INVASIVE
DISEASE, DRUG RESISTANT
37.114.583 SYPHILIS

37.114.585 TRICHINOSIS
37.114.586 TUBERCULOSIS
37.114.588 TULAREMIA
37.114.589 TYPHOID FEVER
37.114.591 YELLOW FEVER
37.114.592 YERSINIOSIS
37.114.595 ILLNESS IN TRAVELER FROM FOREIGN
COUNTRY

See Appendix B: Links



USE A TISSUE

E A GERM STOPPER.N

Over Noughs and Sneezes. Mean Hands.

Be a germ stopper at school — and home. Cover your mouth and nose when you cough or sneeze. Use a tissue and throw it away.

Clean your hands a lot

- After you sneeze or cough
- After using the bathroom
- Before you eat
- Before you touch your eyes, mouth or nose

Washing hands with soap and water is best. Wash long enough to sing the “Happy Birthday” song twice. Or, use gels or wipes with alcohol in them. This alcohol kills germs!

Stop germs. And stop colds and flu.



OVER MOUTH AND NOSE



LEAN HANDS



www.cdc.gov/germstopper

DPHHS
MONTANA
Communicable Disease
Epidemiology Program



Be a Germ-Buster...

WASH YOUR HANDS!

