

Managing Communicable Disease in Schools and Child Care Settings

A Guide for Nevada County



**Public
Health**



We care
about the health of our children.

Nevada County Public Health Department

It is the goal of the Communicable Disease Program of the Nevada County Public Health Department (NCPHD) to protect the health of the community through prevention, early diagnosis, and appropriate management and control of communicable diseases and conditions. This is achieved through disease surveillance and investigation, health education, and being a resource to local institutions and healthcare professionals. This guide will provide Nevada County child care settings and schools with general information about preventing and controlling communicable diseases.



Nevada County Public Health Communicable Disease Contacts

- Communicable Disease Program
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- Infection Control Specialist
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Online Resources

Local guidance and resources: [Nevada County Public Health Department \(NCPHD\)](#)

State guidance and resources: [California Department of Public Health \(CDPH\)](#)

General disease information by search: [Centers for Disease Control and Prevention \(CDC\)](#)

Below are links to frequently accessed information. Additional helpful links can be found throughout this document.

[How to Clean and Disinfect Early Care and Education Settings | CDC](#)

[Guidance for School & Child Care Communicable Disease Mitigation | CDPH](#)

[Considerations when a Child has Symptoms of Illness in Child Care or School | CDPH](#)

[Immunization Tools - Shots for Schools | CDPH](#)

[Registered Disinfectants | EPA](#)

[Communicable Disease Control Reporting | NCPHD](#)

Communicable Disease Transmission and Prevention

Schools and child care settings can play a major role in helping to reduce or prevent the spread of illness among children and adults in our community by enforcing student and employee illness policies. In addition, illness can be prevented by teaching proper handwashing and coughing methods and maintaining a sanitary learning environment.



Communicable Diseases

Communicable diseases are illnesses that spread from one person to another or from an animal to a person, or from a surface or a food.

Common Routes of Transmission

- **Fecal-Oral:** Contact with human stool; usually ingestion after contact with food or objects that have stool from a sick person on them.
- **Respiratory:** Contact with respiratory particles or droplets from the nose, throat, and mouth.
- **Airborne:** Contact with aerosolized particles or droplets.
- **Direct Skin-to-Skin:** Contact with infected skin.
- **Indirect:** Contact with contaminated objects on surfaces.
- **Bloodborne:** Contact with blood or body fluids.

Handwashing

Handwashing is one of the best ways to prevent the spread of communicable diseases. Hands should be washed frequently, including after using the restroom, following contact with bodily fluids, before and after eating and handling food, and any time hands are soiled.

Teach children the following steps for handwashing:

- Wet hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and under nails.
- Scrub hands for at least 20 seconds (or sing the Happy Birthday song twice).
- Rinse hands well under clean, running water.
- Dry hands using a clean towel or an air dryer.
- When running water and soap are unavailable, hands may be cleaned with an alcohol-based hand sanitizer containing at least 60% alcohol. Hand sanitizers do not eliminate all types of germs so they should be used to supplement, not replace, handwashing with soap and water.

Coughing & Sneezing

Teach children to cover their mouth and nose with a tissue when coughing or sneezing and to immediately discard the tissue into the trash. After using a tissue, hands should be washed using the steps outlined above. Teach children to cough and sneeze into their sleeve if tissues are not available.

Vaccination

Every year, tens of thousands of Americans get sick from diseases that could be prevented by vaccines – some people are hospitalized, some even die. Vaccination is our best protection against these



diseases. Vaccines are recommended for children, teens, and adults based on different factors like age, health conditions, lifestyle, jobs, and travel. The Centers for Disease Control and Prevention (CDC) and other medical experts update vaccine recommendations every year based on the latest research. Vaccination is a critical step in protecting most individuals including those vulnerable to illness – infants and young children, the elderly, and those with chronic conditions and weakened immune systems.

Under the California School Immunization Law (California Health and Safety Code, Sections 120325-120375), children **are required** to receive certain immunizations in order to attend child care or school. Although not all recommended immunizations are required for child care or school, it is important that children receive all of them. Visit [CDPH Shots for School - California Immunization Requirements for K-12th Grade including TK](#) for more information.

Exclusion for Sick Children

Safe, in-person learning is critical to the well-being and development of children. However, when a child arrives with symptoms of illness or develops symptoms onsite, a decision must be made about what to do next. The first priority is to evaluate the need for emergency medical attention. If the child does not require immediate medical attention, a decision must then be made to either send the child home (i.e., temporarily exclude) or allow them to remain on site. Many factors should be considered when making this decision, including how to limit the potential for spreading harmful diseases to others and how to limit educational, social, and other losses that might occur due to unnecessary or excessive absence.

It is important for staff to be aware of school policies regarding exclusions for illness. Exclusion guidance for children with certain known conditions can be found in Table 1: Guidelines for Disease Control in Child Care and School. Generally, it is recommended that children should not return to school until 24 hours after fever or diarrhea have subsided without medications that reduce symptoms. For illnesses that involve multiple episodes of vomiting, NCPHD recommends exclusion for a minimum of 48 hours after vomiting has ended, unless otherwise indicated based on diagnosis. For additional guidance on symptom-based exclusion consult the CDPH document: [Considerations When a Child has Symptoms of Illness in Child Care or School](#).

Maintaining a Sanitary Setting

Maintaining a sanitary environment is an important part of preventing the spread of illnesses. Follow the setting's standard procedures for routine cleaning and disinfecting. This means daily sanitizing surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucets, phones, and toys.

Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids (such as vomit) or blood, use gloves and take other precautions that might be needed to avoid

coming into contact with the fluid. Remove the body fluids, and then clean and disinfect the surface.

It is important to match cleaning and disinfecting activities to the types of germs you want to kill. **Always** follow label directions on cleaning products and disinfectants. The school must maintain material safety data sheets for the disinfectants utilized. Wash visibly soiled surfaces with a general cleaner, rinse with water, and follow with an [EPA-registered disinfectant](#) to kill germs. If a surface is not visibly dirty, it can be cleaned with an EPA-registered product that both cleans (removes germs) and disinfects (kills germs) instead. Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant. Disinfection usually requires the product to remain on the surface for a certain period of time (e.g., 3 to 5 minutes).

Use disinfecting wipes on electronic items that are touched often, such as phones and computers. Pay close attention to the directions for using disinfecting wipes. Verify the wipes are appropriate to use on electronic equipment and note that more than one wipe may be needed to keep the surface wet for the length of time stated in the directions.

Responding to Disease in Child Care or School

Every child care setting or school should have a plan for how to address illnesses and minimize spread. Prompt action by school nurses and staff can help prevent a serious outbreak of a communicable disease. NCPHD is available for consultation about any disease or condition. By law, child care settings and schools are required to report individual cases of certain reportable diseases and outbreaks of any disease.

Reporting Guidance

Title 17, California Code of Regulations (§2500), requires school nurses and child care or school personnel to report suspect, probable and confirmed cases of listed reportable diseases (see Appendix) to the local health officer. When a student is suspected of having a serious, highly infectious disease like measles or pertussis or when an outbreak occurs, reporting should be immediate.

Outbreak Case Reporting

Definitions of outbreaks and clusters can vary (guidelines for reporting are included in Table 1). However, NCPHD requests that school nurses and other personnel follow the guideline of “if in doubt, please report”. NCPHD staff will assist schools and child care settings in determining whether an outbreak or cluster is occurring and the need for further action.

Reporting Requirements

Notifying the local public health department of a reportable disease is not a breach of confidentiality laws. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule of Federal Regulations § 164.512 (a) and § 164.512 (b) explicitly permit disclosure of protected health information to public health authorities, including state and local health departments, to aid them in their mission of protecting the health of the public. Close cooperation and consultation between schools and NCPHD is essential for effective disease control.

To report an individual case or outbreak, call (530) 265-1450

Nuisance Conditions

Some conditions are “nuisance” conditions and, although they can cause considerable disruption in schools, they do not pose a public health threat. These are generally not reportable to NCPHD.

Examples of nuisance conditions that **are not reportable** to NCPHD:

- **Bed Bugs:** Bed bugs are small, flat insects that feed solely on the blood of people and animals, usually at night when they sleep. Symptoms of bed bug bites include itching, small bite marks in the skin, and trouble sleeping. To prevent and control bed bugs, inspect regularly for signs of an infestation and consult an experienced professional pest control company if bed bugs are discovered.

Resource: [About Bed Bugs | CDC](#)

- **Head Lice:** Head lice are parasitic insects that feed on blood. They can be found on the head, eyebrows, and eyelashes of people. To prevent and control the spread of head lice, ensure children avoid hair-to-hair contact during play and other activities and do not share clothing, combs, brushes, or towels with others. Disinfect personal items used by an infested person.

Do not exclude children with head lice. Inform parent/guardian at the end of the school day and recommend treatment same day. May return to school next day.

Resources:

- [Guidance on Head Lice Prevention and Control for School and Child Care | CDPH](#)
- [About Head Lice | CDC](#)

- **Ringworm:** Ringworm, also known as “athlete’s foot” or “jock itch”, is a common skin infection that is caused by a fungus. It is called “ringworm” because it can cause a circular rash that is usually red and itchy. To prevent and control the spread of ring worm, ensure children do not walk barefoot in locker rooms, gyms, or public showers and do not share towels, sports gear, or other personal items. Consistent and correct handwashing is especially important, especially after exposure to animals, those infected with ringworm, or contaminated surfaces.

Resource: [About Ringworm | CDC](#)

- **Scabies:** Scabies is an infestation of the skin by the human itch mite. The microscopic scabies mite burrows into the upper layer of the skin where it lives and lays its eggs. The most common symptoms of scabies are intense itching and a pimple-like skin rash. The scabies mite usually is spread by direct, prolonged skin-to-skin contact with a person who has scabies. Products used to treat human scabies are available only with a prescription from a healthcare provider; **no over-the-counter (non-prescription) products have been tested and approved for humans.**

Resources:

- [Recommendations for Scabies Prevention and Control for School and Child Care | CDPH](#)
- [About Scabies | CDC](#)

Guidelines for Disease Control in Child Care and School

Table 1. This table provides information about communicable diseases that may occur in child care settings and schools. This is not an all-inclusive list of significant diseases or a comprehensive guide to all information about each disease or condition. More specific information about these and other diseases may be obtained by contacting NCPHD.

Disease / Condition	Common Symptoms	Exclusion for Students / Attendees	Report to NCPHD
Chickenpox (Varicella) (see page 11)	Blister-like rash, itching, tiredness, fever.	Until all the blisters have crusted over (usually 6 days after their appearance) and no new lesions appear within a 24-hour period.	Individual cases and outbreaks (2 or more cases)
COVID-19, Influenza, RSV, and Other Respiratory Viruses (see page 12)	Fever, runny nose, nasal congestion, sore throat, body aches, chills, headache, cough, nausea/vomiting, diarrhea, loss of taste or smell (generally specific to COVID-19).	Until fever-free for 24 hours without fever-reducing medication and other symptoms are mild and the child can participate comfortably in routine activities.	Outbreaks Only ¹ (3 cases in a cohort or 5% of student body within 7 days)
E. coli O157:H7 and all other Shiga toxin-producing E. coli (STEC)	Nausea, vomiting, bloody diarrhea, abdominal cramps.	Child care: Until symptom-free for 24 hours and have 2 consecutive negative stools samples ² . School: Until symptom-free for 24 hours ³ .	Individual cases and outbreaks (2 or more cases)
Giardia	Diarrhea, gas, greasy stools that tend to float, stomach or abdominal cramps, upset stomach or nausea/vomiting, dehydration.	Child ≤ 5 years in group setting: Restrict/exclude until 48 hours after resolution of signs/symptoms, and on treatment for 24 hours if indicated. School: May return to school when well enough to participate in regular school activities. Exclude from swimming pool or other recreational water activities until 2 weeks after diarrhea has stopped.	Individual cases and outbreaks (2 or more cases)
Hand, Foot, and Mouth Disease (Coxsackievirus A16, Enterovirus A71, and other enteroviruses) (see page 14)	Symptoms usually begin with a fever, decreased appetite, sore throat, and fatigue. 1-2 days after fever starts, a skin rash with flat red spots can develop on the palms of hands and soles of feet.	Until fever-free for 24 hours without the use of fever-reducing medications. Children with uncontrolled drooling and mouth sores should be excluded until the mouth sores crust over.	Outbreaks Only ¹ (5 or more cases)
Hepatitis A	Fever, loss of appetite, nausea, abdominal discomfort, weakness followed by jaundice.	Until at least 7 days after jaundice (yellowing of the skin or eyes) or other symptoms appeared and fever-free for 24 hours without the use of fever-reducing medication and until diarrhea resolves.	Immediately

Disease / Condition	Common Symptoms	Exclusion for Students / Attendees	Report to NCPHD
Measles (see page 15)	Initially characterized by fever, reddened eyes, runny nose, cough. Dusky blotchy rash on day 3 or 4, present on head and/or neck.	Until 4 days after onset of rash, and child is able to participate in activities.	Immediately
Meningococcal Disease	Meningitis: Fever, headache, stiff neck, nausea, vomiting, photophobia, altered mental status. Bacteremia: Sudden onset of fever, chills, severe aches or pain, vomiting, diarrhea, fatigue, rash.	Until at least 24 hours after being given appropriate antibiotics, fever-free for 24 hours without fever-reducing medication, and with written approval by healthcare provider to return to school.	Individual cases and outbreaks (2 or more cases)
Mpox	Rash that may be located on hands, feet, chest, face or mouth, or near the genitals, fever, chills, enlarged lymph nodes, exhaustion, muscle aches and back ache, headache, sore throat, nasal congestion, cough.	Until all lesions have resolved, the scabs have fallen off, and a new layer of intact skin has formed.	Individual cases and outbreaks (2 or more cases)
Mumps (see page 16)	Swollen salivary glands leading to puffy cheeks and a swollen jaw. Fever, headache, muscle aches, tiredness, loss of appetite.	Until 5 days after onset of swelling. Exclude unvaccinated children or staff if 2 or more cases of mumps occur.	Individual cases and outbreaks (2 or more cases)
Norovirus (see page 17)	Vomiting, nausea, stomach pain, fever, headache, body aches and diarrhea.	Until 48 hours after vomiting and diarrhea has ended.	Outbreaks ¹ (2 or more cases); Individual cases if food handler
Pink Eye (Conjunctivitis)	Pink or red conjunctivae with white or yellow discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye.	Children with pink eye may stay in child care/school or return to child care/school if they are able to participate meaningfully in activities and can perform good hand hygiene.	Outbreaks Only ¹ (2 or more cases)
Rubella	Fever, sore throat, rash that starts on face and spreads to the rest of body, headache, conjunctivitis, enlarged lymph nodes, cough, runny nose.	Until 7 days after onset of rash. A vaccinated child that develops rubella may not return to school until approved by their healthcare provider.	Individual cases and outbreaks (2 or more cases)
Salmonella infection (Salmonellosis) (see Typhoid fever / Paratyphoid fever for infection caused by <i>S. typhi</i> or <i>S. paratyphi</i>)	Fever, nausea, vomiting, non-bloody diarrhea, abdominal cramps.	Child ≤ 5 years in group setting should be restricted/excluded until they have 2 negative stool specimens ² . School aged children can return once stool frequency is no more than 2 stools above normal for that child during the time the child is at school ³ .	Individual cases and outbreaks (2 or more cases)

Disease / Condition	Common Symptoms	Exclusion for Students / Attendees	Report to NCPHD
Scarlet fever & Strep Throat (Streptococcal pharyngitis)	Fever, sore throat, exudative tonsillitis or pharyngitis, enlarged lymph nodes. May also have a sandpaper-like rash.	Until 12 hours after antibiotic treatment has been initiated and child is fever-free without the use of fever-reducing medications.	Outbreaks only ¹ (3 or more cases)
Typhoid fever and Paratyphoid fever	Fever, weakness, stomach pain, headache, constipation or diarrhea, cough, loss of appetite.	Until 3 consecutive stool and urine specimens taken at least 24 hours apart, beginning at least 1 week after discontinuation of antibiotics and not earlier than 1 month from onset, are negative for <i>S. typhi</i> or <i>S. paratyphi</i> at a PHL.	Individual cases and outbreaks (2 or more cases)
Tuberculosis	Cough, pain in the chest, and coughing up blood or sputum (phlegm), weakness, tiredness, loss of appetite, chills, fever, night sweats.	Until NCPHD and healthcare provider state the child is non-infectious.	Individual cases and outbreaks (2 or more cases)
Whooping Cough (Pertussis) (see page 18)	Usually starts with cold-like symptoms including a runny nose, low-grade fever, mild cough, and trouble breathing. 1-2 weeks later the child develops coughing fits followed by “whoop” sound, vomiting, and exhaustion.	Until 5 days after appropriate antibiotic treatment begins or 21 days after cough onset if no treatment. If child is suspected but not confirmed for pertussis, exclude until 5 days of antibiotics are completed or until lab tests come back negative.	Individual cases of laboratory confirmed pertussis and outbreaks (2 or more cases)

¹An outbreak may be occurring and, therefore, notify NCPHD if:

- Several children who exhibit similar symptoms are in the same classroom, same wing or attended a common event;
- There is a significant increase in school absences due to a specific illness or set of symptoms;
- Two or more students are diagnosed with the same reportable disease in a relatively short time period; or
- A single case of a highly infectious disease exists or is suspected to exist.

²Negative stool specimens taken at least 24 hours apart and at least 48 hours after cessation of antibiotic treatment.

³During an outbreak, negative stool specimens may be required before return to school and/or food handling.

Sources:

a. American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 6th edition.

b. Centers for Disease Control and Prevention, <http://www.cdc.gov>.

Select Disease Overview

Chickenpox (Varicella)

Chickenpox is a very contagious disease caused by the varicella-zoster virus (VZV). The virus spreads mainly by touching or breathing in the virus particles that come from chickenpox blisters, and possibly through breathing in tiny droplets from infected people that get into the air after they breathe or talk.

Chickenpox can be serious, especially in babies, adults, pregnant people, and people with weakened immune systems.



Symptoms: The classic symptom of chickenpox is a rash that turns into itchy, fluid-filled blisters that eventually turn into scabs. The rash may first show up on the face, chest, and back then spread to the rest of the body, including inside the mouth, eyelids, or genital area, causing between 250 and 500 itchy blisters. It usually takes about one week for all the blisters to become scabs. Other typical symptoms that may begin to appear 1-2 days before the rash include fever, fatigue, loss of appetite, and headache.

A person with chickenpox can spread the disease from 1 to 2 days before they get the rash until all their chickenpox blisters have formed scabs (usually 5-7 days). It takes 10 to 21 days after exposure to a person with chickenpox or shingles for someone to develop chickenpox. If a person vaccinated for chickenpox gets the disease, they can still spread it to others.

Treatment: Calamine lotion and colloidal oatmeal baths may help relieve some of the itching. Keeping fingernails trimmed short may help prevent skin infections caused by scratching blisters.

For more serious cases, a health care provider can advise parents on treatment options. Antiviral medications are recommended for people with chickenpox who are more likely to develop serious disease including:

- Otherwise healthy people older than 12 years of age;
- People with chronic skin or lung disease;
- People receiving steroid therapy; and
- Pregnant people.

The antiviral medication works best if it is given within the first 24 hours after the rash starts.

Prevention: The best way to prevent chickenpox is to get the chickenpox vaccine. Children, adolescents, and adults should get two doses of chickenpox vaccine. Chickenpox vaccine is very safe and effective at preventing the disease. Most people who get the vaccine will not get chickenpox. If a vaccinated person does get chickenpox, it is usually mild, with fewer red spots or blisters and mild or no fever. The chickenpox vaccine prevents almost all cases of severe disease.

Reporting / Exclusion Requirements: **Immediately report** varicella outbreaks to NCPHD. Child care settings and schools are encouraged to report even single cases of chickenpox to allow the NCPHD to be of assistance in preventing disease outbreaks. **Exclude** children until all the blisters have crusted over (usually 6 days after their appearance) and no new lesions appear within a 24-hour period.

Resource: [Chickenpox \(Varicella\) | CDPH](#)

Updated 8/13/2024

COVID-19, Influenza, RSV, and Other Respiratory Viruses

Some respiratory viruses, including SARS-CoV-2 which causes COVID-19, circulate year-round in the United States and California. Others are more active from October through March, such as influenza (flu), respiratory syncytial virus (RSV), and many others.

Most people with respiratory viruses have mild cold or flu-like symptoms, but the viruses can lead to serious illness, hospitalization, or death. Respiratory viruses spread easily and quickly in child care, schools, and communities.

Respiratory viruses can spread through the air by coughing or sneezing. Less often, they can spread when a surface or object contaminated with a virus is touched by someone who then touches their own eyes, nose, or mouth.

Symptoms: Fever or feeling feverish/chills, cough, shortness of breath or difficulty breathing, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, and new loss of taste or smell (generally specific to COVID-19). Some people may have nausea, vomiting, or diarrhea. Some people after having COVID-19, including those with minor or no symptoms, will develop Post-COVID Conditions, also called “Long COVID”.

Treatment: Most children with respiratory viruses have mild illness and do not need medical care or antiviral drugs. People identified as high risk for developing severe disease may be treated with antiviral drugs by their healthcare provider.

Prevention: Encourage children and staff to stay up to date with recommended influenza, COVID-19, and RSV vaccines for individual protection and to reduce transmission of the viruses and potentially protect vulnerable community members. Other recommended actions to mitigate against transmission of respiratory viruses include:

- Teach children and staff on proper handwashing technique and appropriate times to wash their hands, e.g. after using the restroom, before and after preparing/handling/eating food, after contact with potentially contaminated surfaces/items, and after nose-blowing, coughing, or sneezing;
- Follow [CDPH recommendations to improve indoor air quality](#). Facility maintenance staff may also review [technical considerations](#) (PDF);
- For those who are sick with symptoms of respiratory viral illness, follow the recommendations provided in CDC [Preventing Spread of Respiratory Viruses When You're Sick](#); and
- Follow and provide recommendations from the [CDPH guidance on When and Why to Wear a Mask](#). Promote education on when to mask, such as when around others if you have respiratory symptoms (e.g., cough, runny nose, and/or sore throat) or when around those who are at higher risk of getting sick. Infants and children younger than 2 years old, all persons when they are eating or sleeping, and persons who are unable to wear a mask safely should not wear a mask.



COVID-19, Influenza, RSV, and Other Respiratory Viruses), continued

Reporting / Exclusion Requirements: **Report** any suspected respiratory virus outbreaks or increases in reports of influenza-like illnesses, regardless of laboratory confirmation or diagnosis by a healthcare provider. **Exclude** children until fever-free for 24 hours without fever-reducing medication and other symptoms are mild and the child can participate comfortably in routine activities.

Resource: [Preventing Spread of Infections in K-12 Schools | CDC](#)

Hand, Foot, and Mouth Disease

Hand, foot, and mouth disease (HFMD) is a common, contagious illness caused by different viruses that causes a blister-like rash involving the hands, feet, and mouth. It typically affects infants and children under age 5, but older kids and adults can catch it as well. It is often caused by the Coxsackievirus (most often A16), an enterovirus.



The virus is spread through the stool of an infected person when hands, food, or objects (such as toys) contaminated with stool are placed in the mouth. It is also spread through droplets that are expelled from the nose and mouth of an infected person during sneezing and coughing and by direct contact with respiratory secretions. It can also be spread through close contact with infected blister fluid.

From the time a child is exposed to hand, foot, and mouth disease, it takes 3 to 6 days for the first symptoms to show up. Children are generally most contagious during the first week of illness. Children with hand, foot, and mouth disease may shed the virus from the respiratory tract (nose, mouth and lungs) for 1-3 weeks and in the stool for weeks to months after the infection starts and they are no longer having any symptoms.

Symptoms: The first symptoms of HFMD are usually fever, sore throat, and loss of appetite. About 1 to 2 days after fever begins, small red spots form in the mouth on the inside of the cheek, gums, and tongue. The spots may turn into blisters. A skin rash can also form on the hands, feet, and butt, and sometimes on the arms and legs. The rash might have raised or flat red spots and blisters. Not everyone with HFMD gets all of these symptoms. HFMD symptoms are usually mild and go away on their own in 7 to 10 days.

Treatment: HFMD is usually not serious. Most people get better on their own in 7 to 10 days with minimal or no medical treatment. Symptoms can often be managed at home with rest, fluids, and/or fever-reducing medication.

Prevention: Teach children to cover the nose and mouth with a tissue when coughing and sneezing and to dispose of used tissues or cough/sneeze into their sleeve. Staff and children should wash hands thoroughly with soap and running water after using the bathroom, after changing diapers, after handling anything soiled with stool or secretions from the nose or mouth, and before preparing food or eating. Staff should closely monitor handwashing of all children after children have used the bathroom or have been diapered, and prior to eating or snacking. Clean and disinfect the diapering area and potty chairs after each use and bathroom toilets, sinks, and toys at least daily and when visibly soiled. Clean and sanitize mouthed toys, objects, and surfaces at least daily and when visibly soiled.

Reporting / Exclusion Requirements: **Report** outbreaks of 5 or more cases to NCPHD. Because HFMD is normally mild, children can continue to go to child care and schools as long as they have no fever, feel well enough to participate in regular activities, and have no uncontrolled drooling with mouth sores.

Exclude children who do not meet the criteria until fever-free for 24 hours without the use of fever-reducing medications, mouth sores crust over, and feeling well enough to participate in regular activities.

Resource: [Hand, Foot, and Mouth Disease | CDC](#)

Measles

Measles is caused by a highly contagious virus that can spread to others when an infected person coughs or sneezes. If other people breathe the contaminated air or touch an infected surface, then touch their eyes, noses, or mouths, they can become infected. The virus can live for up to two hours in an airspace where the infected person coughed or sneezed. Measles is so contagious that if one person has it, 90% of the people close to that person who are not immune will also become infected.



Symptoms: The symptoms of measles generally appear about 7 to 14 days after a person is infected. Measles starts with a fever that can get very high, up to 104° F. Other possible symptoms include cough, runny nose, red eyes, rash of tiny, red spots that start at the head and spread to the rest of the body, diarrhea, and ear infection. Infected people can spread measles to others from four days before through four days after the rash appears. Measles can cause severe illness and complications, especially for babies and young children. About 1 in 5 unvaccinated people in the U.S. who get measles is hospitalized. For some children, measles can lead to pneumonia (a serious lung infection), lifelong brain damage, and death.

Treatment: There is no specific treatment for measles. Home care may include rest, fluids, and/or fever-reducing medication.

Prevention: The best way to protect against measles is to get the measles-mumps-rubella (MMR) vaccine. Two doses of measles-containing vaccine, as combination MMR, separated by at least 4 weeks, are routinely recommended for all children 12 months of age or older. Adults who do not have presumptive evidence of immunity should get at least one dose of MMR. Certain adults may need two doses of MMR.

Reporting / Exclusion Requirements: **Immediately report** measles cases and outbreaks to NCPHD. **Exclude** children until 4 days after the onset of rash and child is able to participate in activities. Exclude exposed unvaccinated children and staff who are not vaccinated within 72 hours of exposure for at least 2 weeks after onset of rash in the last person who developed measles.

Resources:

- [Measles | CDPH](#)
- [Measles Information | NCPHD](#)
- [Learn About Measles Poster | NCPHD](#)

Mumps

Mumps is best known for the puffy cheeks and swollen jaw that it causes. This is a result of swollen salivary glands. Before there was a vaccine, mumps was a common childhood disease in the United States. In some cases, the disease causes complications, such as permanent deafness in children, swelling of the testicles (orchitis) which can lead to permanent infertility, and, occasionally, swelling of the brain (encephalitis), which in rare cases results in death.



Mumps is a contagious disease caused by a virus. It spreads through saliva or mucus from the mouth, nose, or throat. An infected person can spread the virus by coughing, sneezing, or talking, sharing items, such as cups or eating utensils, with others, and touching objects or surfaces with unwashed hands that are then touched by others.

Mumps spreads before the salivary glands begin to swell and up to five days after the swelling begins.

Symptoms: Symptoms typically appear 16-18 days after infection, but this period can range from 12-25 days after infection. Some people who get mumps have very mild or no symptoms, and often they do not know they have the disease.

The most common symptoms include fever, headache, muscle aches, tiredness, loss of appetite, swollen and tender salivary glands under the ears on one or both sides (parotitis).

Mumps can cause serious, lasting problems, including:

- Meningitis (swelling of the tissue covering the brain and spinal cord);
- Deafness (temporary or permanent);
- Encephalitis (swelling of the brain);
- Orchitis (swelling of the testicles) in males who have reached puberty;
- Oophoritis (swelling of the ovaries) and/or mastitis (swelling of the breasts) in females who have reached puberty; and
- In rare cases, mumps is deadly.

Treatment: There is no specific treatment for mumps. Home care may include rest, fluids, and fever-reducing medication.

Prevention: The measles-mumps-rubella (MMR) vaccine prevents most, but not all, cases of mumps and complications caused by the disease. People who have received two doses of the MMR vaccine are about nine times less likely to get mumps than unvaccinated people who have the same exposure to mumps virus. However, some people who receive two doses of MMR can still get mumps, especially if they have prolonged, close contact with someone who has the disease. If a vaccinated person does get mumps, they will likely have less severe illness than an unvaccinated person.

Reporting / Exclusion Requirements: **Immediately report** individual cases and outbreaks to NCPHD. **Exclude** children until 5 days after the onset of swelling. Exclude exposed unvaccinated children or staff if 2 or more cases of mumps occur.

Resource: [Mumps | CDPH](#)

Norovirus

Norovirus is a common cause of viral gastroenteritis ("stomach flu") outbreaks. Norovirus is not related to flu or influenza. Although people who have norovirus infection may feel very sick for several days, the illness is seldom serious. Norovirus outbreaks are more common during the winter months, when people are indoors and in close contact.

Symptoms: Nausea and vomiting, watery diarrhea, stomach cramps, fever, chills, headache, and muscle aches. Norovirus is found in the stool and vomit of infected people. It is very contagious and usually spreads person-to-person, or by contaminated food. People can become infected with the virus by eating food or drinking liquids that are contaminated with norovirus, touching surfaces or objects contaminated with norovirus and then putting their hands in their mouth, or direct contact with a person who is infected and showing symptoms.

Treatment: There is no specific treatment for norovirus. If someone is infected with norovirus, fluid loss from vomiting and diarrhea can lead to dehydration. Oral rehydration fluids can be used for mild dehydration. Severe dehydration may require hospitalization.

Prevention: Children and staff should be advised on appropriate times to wash their hands, e.g. after using the restroom, before and after preparing, handling, and eating food, after contact with potentially contaminated surfaces or items, and after nose-blowing, coughing, or sneezing. Toilets, bathroom fittings, and other frequently contacted surfaces (including tables and toys) are advised to be cleaned daily; more frequently if visibly soiled. Clean contaminated surfaces with soap and water first. Then use an Environmental Protection Agency (EPA)-registered disinfecting product labeled effective against norovirus or a diluted bleach solution. To make a diluted bleach solution, mix 5 tablespoons (1/3 cup) of regular unscented household bleach (containing 5%-9% sodium hypochlorite) per gallon of room temperature water.

Reporting / Exclusion Requirements: **Report** any suspected norovirus outbreak or increases in reports of diarrhea, nausea, and vomiting, regardless of laboratory confirmation. **Exclude** children until 48 hours after symptoms go away. Restrict children and staff from food handling for 72 hours after recovering.

Resource: [Norovirus Toolkit for School and Childcare Outbreaks | CDPH](#)



Whooping Cough (Pertussis)

Pertussis, also known as whooping cough, is a highly contagious respiratory disease caused by the bacterium *Bordetella pertussis*. It is usually spread by coughing or sneezing. Pertussis is known for uncontrollable, violent coughing which often makes it hard to breathe and may be followed by gagging or vomiting. After cough fits, someone with pertussis may need to take deep breaths, which result in a “whooping” sound. Pertussis can affect people of all ages, but is especially serious, even deadly, for babies less than a year old.



Symptoms: Pertussis in its early stages appears to be nothing more than the common cold. Therefore, healthcare professionals often do not suspect or diagnose it until the more severe symptoms appear.

After 1 to 2 weeks and as the disease progresses, the traditional symptoms of pertussis may appear and include:

- Paroxysms (fits) of many, rapid coughs followed by a high-pitched “whoop” sound;
- Vomiting (throwing up) during or after coughing fits; and
- Exhaustion (very tired) after coughing fits.

The coughing fits can go on for up to 10 weeks or more.

Treatment: Healthcare providers generally treat pertussis with antibiotics. Starting treatment early is very important. Treatment may make the infection less serious if started early, before coughing fits begin. Treatment can also help prevent spreading the disease. Treatment after three weeks of illness is unlikely to help. The bacteria are gone from the body by then, even though symptoms still occur.

Prevention: The best way to prevent pertussis (whooping cough) among babies, children, teens, and adults is to get vaccinated. In the United States, the recommended pertussis vaccine for babies and children is called DTaP. This is a combination vaccine that helps protect against three diseases: diphtheria, tetanus and pertussis. Vaccine protection for these three diseases fades with time. There is a booster called Tdap for preteens, teens, and adults that contains protection against all three diseases.

Reporting / Exclusion Requirements: **Report** individual cases and outbreaks of laboratory confirmed pertussis. **Exclude** children until 5 days after appropriate antibiotic treatment begins (or 21 days after cough onset if no treatment). If child is suspected but not confirmed for pertussis, exclude until 5 days of antibiotics are completed or until lab tests come back negative.

Resource: [Whooping Cough \(Pertussis\) | CDPH](#)

APPENDIX

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5- 2643.20, and §2800-2812 Reportable Diseases and Conditions *

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

⓪! = Report immediately by telephone (designated by a ♦ in regulations).

† = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).

⓪ = Report by telephone within one working day of identification (designated by a + in regulations).

FAX ⓪☒ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).

WEEK = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(i)

Disease Name	Urgency	Disease Name	Urgency
Anaplasmosis	WEEK	Listeriosis	FAX ⓪☒
Anthrax, human or animal	⓪!	Lyme Disease	WEEK
Babesiosis	FAX ⓪☒	Malaria	FAX ⓪☒
Botulism (Infant, Foodborne, Wound, Other)	⓪!	Measles (Rubeola)	⓪!
Brucellosis, animal (except infections due to <i>Brucella canis</i>)	WEEK	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ⓪☒
Brucellosis, human	⓪!	Meningococcal Infections	⓪!
Campylobacteriosis	FAX ⓪☒	Middle East Respiratory Syndrome (MERS)	⓪!
<i>Candida auris</i> , colonization or infection	⓪	Monkeypox or orthopox virus infection	⓪
Chancroid	WEEK	Mumps	WEEK
Chickenpox (Varicella)(Outbreaks, hospitalizations and deaths)	FAX ⓪☒	Novel Coronavirus Infection	⓪!

Disease Name	Urgency	Disease Name	Urgency
Chikungunya Virus Infection	FAX ☏✉	Novel Virus Infection with Pandemic Potential	☏!
Cholera	☏!	Paralytic Shellfish Poisoning	☏!
Ciguatera Fish Poisoning	☏!	Paratyphoid Fever	FAX ☏✉
Coccidioidomycosis	WEEK	Pertussis (Whooping Cough)	FAX ☏✉
Coronavirus Disease 2019 (COVID-19)	☏	Plague, human or animal	☏!
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	WEEK	Poliovirus Infection	FAX ☏✉
Cryptosporidiosis	FAX ☏✉	Psittacosis	FAX ☏✉
Cyclosporiasis	WEEK	Q Fever	FAX ☏✉
Cysticercosis or taeniasis	WEEK	Rabies, human or animal	☏!
Dengue Virus Infection	FAX ☏✉	Relapsing Fever	FAX ☏✉
Diphtheria	☏!	Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less than five years of age	WEEK
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	☏!	Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses	WEEK
Ehrlichiosis	WEEK	Rocky Mountain Spotted Fever	WEEK
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ☏✉	Rubella (German Measles)	WEEK
<i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157	FAX ☏✉	Rubella Syndrome, Congenital	WEEK
Flavivirus infection of undetermined species	☏!	Salmonellosis (Other than Typhoid Fever)	FAX ☏✉
Foodborne Disease	†FAX ☏✉	Scombroid Fish Poisoning	☏!
Giardiasis	WEEK	Shiga toxin (detected in feces)	☏!
Gonococcal Infections	WEEK	Shigellosis	FAX ☏✉
<i>Haemophilus influenzae</i> , invasive disease, all serotypes (report an incident less than 5 years of age)	FAX ☏✉	Smallpox(Variola)	☏!
Hantavirus Infections	FAX ☏✉	Syphilis (all stages, including congenital)	FAX ☏✉
Hemolytic Uremic Syndrome	☏!	Tetanus	WEEK
Hepatitis A, acute infection	FAX ☏✉	Trichinosis	FAX ☏✉
Hepatitis B (specify acute, chronic, or perinatal)	WEEK	Tuberculosis	FAX ☏✉
Hepatitis C (specify acute, chronic, or perinatal)	WEEK	Tularemia, animal	WEEK
Hepatitis D (Delta) (specify acute case or chronic)	WEEK	Tularemia, human	☏!
Hepatitis E, acute infection	WEEK	Typhoid Fever, Cases and Carriers	FAX ☏✉

Disease Name	Urgency	Disease Name	Urgency
Human Immunodeficiency Virus (HIV), acute infection	☉	<i>Vibrio</i> Infections	FAX ☉✉
Human Immunodeficiency Virus (HIV) infection, any stage	WEEK	Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)	☉!
Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)	WEEK	West Nile Virus (WNV) Infection	FAX ☉✉
Influenza-associated deaths in laboratory- confirmed cases less than 18 years of age	WEEK	Yellow Fever	FAX ☉✉
Influenza due to novel strains (human)	☉!	Yersiniosis	FAX ☉✉
Legionellosis	WEEK	Zika Virus Infection	FAX ☉✉
Leprosy (Hansen Disease)	WEEK	OCCURRENCE of ANY UNUSUAL DISEASE	☉!
Leptospirosis	WEEK	OUTBREAKS of ANY DISEASE (Including diseases not listed in §2500). Specify if institutional and/or open community.	☉!

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person- to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see [Title 17, CCR, §2641.30-2643.20](#) and the [California Department of Public Health's HIV Surveillance and Case Reporting Resource page](#) (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_resources.aspx)

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases) **

Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593) ***

LOCALLY REPORTABLE DISEASES (If Applicable):

* The Confidential Morbidity Report (CMR) is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). The CMR form can be found here: [Communicable Disease Reporting Forms](#). Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

** Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).

*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA on the [California Cancer Registry website](#) (www.ccrca.org).

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