

# COMMUNICABLE DISEASE INFORMATION AND RECOMMENDATIONS

CLACKAMAS COUNTY PUBLIC HEALTH DEVISION  
Communicable Disease Office: (503) 655-8411

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Please contact the Clackamas County Communicable Disease Office with any questions about reporting, exclusions and lengths of exclusions.

DISEASE/Agent	SYMPTOMS	INCUBATION PERIOD	TRANSMISSION (Tr), PERIOD OF COMMUNICABILITY (Cm)	SCHOOL EXCLUSION REPORTABLE	PREVENTION
<p><u>CHICKEN POX</u></p> <p>(see also <i>Shingles</i> for Herpes zoster)</p> <p><i>Varicella zoster virus</i></p>	Slight fever, rash, blisters that scab over, leaves granular scab: rash usually begins on trunk of body and then moves to the extremities; mild atypical, & inapparent infections may occur	2-3 weeks, commonly 14-16 days.	<ul style="list-style-type: none"> <li>• (Tr) Direct contact, droplet or airborne; indirectly through soiled articles.</li> <li>• (Cm) Up to 5 days prior to rash, no longer than 6 days after first crop of vesicles or when all blisters are crusted</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, exclude for 6 days after appearance of first lesion;</li> <li>• Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>• Varicella vaccine;</li> <li>• Good handwashing;</li> <li>• Cover mouth &amp; nose when coughing or sneezing;</li> <li>• Dispose of dressings or tissues by burning or wrapping in plastic bag</li> </ul>
<p><u>COLD SORES/FEVER BLISTERS</u></p> <p><i>Herpes simplex virus</i></p>	Superficial, clear vesicles on an erythematous base, erupting on face or lips, which crust and heal within days.	2-12 days	<ul style="list-style-type: none"> <li>• (Tr) Direct contact with lesion or saliva;</li> <li>• (Cm) 2-7 weeks after primary infection; up to 5 days in recurrent lesions</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – No;</li> <li>• Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid direct physical contact with affected areas;</li> <li>• Discourage sharing of eating utensils, beverage containers, cigarettes, etc.</li> </ul>
<p><u>DIARRHEAL DISEASE</u></p> <p><i>Many bacterial and viral agents</i></p>	Diarrhea may have blood or pus. Fever, vomiting, fatigue; pt may experience dehydration	Variable, depending on organism	<ul style="list-style-type: none"> <li>• (Tr) Fecal-oral;</li> <li>• (Cm) Variable, depending on organism</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, until 24 hours have passed without symptoms</li> <li>• Reports? – No, unless an unusual number of students become ill.</li> </ul>	<ul style="list-style-type: none"> <li>• Good handwashing;</li> <li>• Discourage sharing of eating utensils, beverage containers, cigarettes, etc.</li> </ul>
<p><u>FIFTH DISEASE</u></p> <p>(Erythema infectiosum)</p> <p><i>Human parvovirus B19</i></p>	Bright red cheeks (slapped appearance), lace-like rash on trunk & extremities which fades & recurs; runny nose, sore throat, headache, low grade fever before rash appears	4-20 days	<ul style="list-style-type: none"> <li>• (Tr) Primarily through respiratory secretions;</li> <li>• (Cm) Greatest before onset of rash, not after onset of rash.</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – No;</li> <li>• Reports? - No</li> </ul>	<ul style="list-style-type: none"> <li>• Good handwashing;</li> <li>• Cover mouth &amp; nose when coughing or sneezing</li> </ul>

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<u>HAND, FOOT &amp; MOUTH DISEASE</u>  <i>Coxsackie virus</i>	Sudden onset, fever, sore throat & oral lesions in mouth, blistered lesions on palms, fingers & soles	3-5 days	<ul style="list-style-type: none"> <li>• (Tr) Direct contact with nose &amp; throat discharges &amp; feces;</li> <li>• (Cm) During acute stage of illness and perhaps longer as virus is in the stool for several weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – No</li> <li>• Reports? - No</li> </ul>	<ul style="list-style-type: none"> <li>• Good handwashing;</li> <li>• Dispose of tissues by burning or wrapping in plastic bag;</li> <li>• Good personal hygiene, especially after changing diapers &amp; toileting.</li> </ul>
<u>HEAD LICE</u> (Pediculosis)  (see <i>Clackamas County's Statement on Pediculosis</i> )  <i>Pediculosis humanus capitis</i>	Itching, scratching, redness of scalp; nits on hair shafts	6-10 days	<ul style="list-style-type: none"> <li>• (Tr) Direct head-to-head contact, sharing of clothing, combs, head gear, etc;</li> <li>• (Cm) As long as nits and lice are present</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, but only students with <i>live</i> lice</li> <li>• Reports? - No</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid sharing pillows, head gear, combs/brushes, barrettes, etc;</li> <li>• Screen classmates, friends, and household contacts;</li> <li>• See County Statement for additional preventative measures</li> </ul>
<u>HEPATITIS A</u>  <i>Hepatitis A virus (HAV)</i>	Children have fewer symptoms than adults; fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain and jaundice.	15-50 days, average of 28-30 days	<ul style="list-style-type: none"> <li>• (Tr) Fecal-oral;</li> <li>• (Cm) Two weeks before symptoms to one week after jaundice</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, until cleared by primary care provider</li> <li>• Reports? – Yes, within one working day</li> </ul>	<ul style="list-style-type: none"> <li>• Careful handwashing, particularly after using the toilet;</li> <li>• Discourage sharing of eating utensils, beverage containers, cigarettes, drug paraphernalia, etc.</li> </ul>
<u>HEPATITIS B</u>  <i>Hepatitis B virus (HBV)</i>	Children have fewer symptoms than adults; Mild fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, & jaundice; sometimes joint pain and rash.	45 days to 6 months, average 60-90 days	<ul style="list-style-type: none"> <li>• (Tr) Direct contact with blood and blood products, saliva, sexual contact, or IV drug use;</li> <li>• (Cm) Acute – Many weeks prior through acute clinical course; all HbsAG+ persons potentially infective;</li> <li>• 5% of adult cases develop chronic infection.</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, but <i>acute</i> cases only; may return when cleared by primary care provider</li> <li>• Reports? – Yes, within one working day</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccination;</li> <li>• Safe sex practices;</li> <li>• Discourage IV drug use;</li> <li>• Wear rubber gloves in wound management or blood spills clean-up;</li> <li>• Disinfect with bleach solution to clean contaminated areas;</li> <li>• No sharing or toothbrushes, razors, needles or any item that may be contaminated with blood.</li> </ul>

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<u>HEPATITIS C</u>  <i>Hepatitis C virus (HCV)</i>	Initial infection may be asymptomatic in 90% of individuals; anorexia, vague abdominal discomfort, nausea & vomiting	2 weeks to 6 months, commonly 6-9 weeks	<ul style="list-style-type: none"> <li>• (Tr) Shared blood or body fluids; IV drug use, low risk associated with sexual transmission;</li> <li>• (Cm) 1 or more weeks before onset of initial symptoms;</li> <li>• 75-85% of adult cases develop chronic infection</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, but <i>acute</i> cases only; may return when cleared by primary care provider;</li> <li>• Reports? – Yes, but only <i>acute</i> cases</li> </ul>	<ul style="list-style-type: none"> <li>• Discourage IV drug use;</li> <li>• Wear rubber gloves in wound management or blood spills clean-up;</li> <li>• Disinfect with bleach solution to clean contaminated areas;</li> <li>• No sharing of toothbrushes, razors, needles or items that may potentially contain blood.</li> </ul>
<u>HIV/AIDS</u> <i>Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome</i>	Swollen lymph nodes, anorexia, chronic diarrhea, weight loss, fever or fatigue, and opportunistic infections	1-3 months from infection to development of detectable antibodies; 1-15 years or longer for development of AIDS; Average time is 10-11 years from HIV infection to symptoms of AIDS if untreated	<ul style="list-style-type: none"> <li>• (Tr) Person-to-person via sexual contact;</li> <li>• IV substance abuse (sharing needles);</li> <li>• Transfusion of infected blood or transplantation of infected tissue or organs;</li> <li>• (Cm) Unknown; presumed to begin early after onset and continue lifelong</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – No;</li> <li>• Reports? – Yes, within on working day</li> </ul>	<ul style="list-style-type: none"> <li>• Safe sex practices;</li> <li>• Wear gloves in wound management or blood spills;</li> <li>• Use bleach solution to clean contaminated surfaces;</li> <li>• Dispose of needles safely in a puncture proof container.</li> </ul>
<u>INFLUENZA “FLU”</u>  <i>Influenza viruses A, B, C</i>	Fever, chills, myalgia, headache, fatigue, sore throat cough	24-72 hours	<ul style="list-style-type: none"> <li>• (Tr) Airborne spread of respiratory droplets; direct contact;</li> <li>• (Cm) 3-5 days after onset for adults, up to 7 for children</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, as long as illness interferes with child’s performance</li> <li>• Reports? – Yes, but only if unusual number of students absent with similar symptoms (&gt;=20%).</li> </ul>	<ul style="list-style-type: none"> <li>• Good handwashing;</li> <li>• Cover mouth &amp; nose when coughing or sneezing;</li> <li>• Vaccine annually for high-risk persons (i.e. children with asthma, cardiac disease, other chronic conditions)</li> </ul>
<u>MENINGOCOCCAL DISEASE</u>  <i>Neisseria meningitides</i>	Abrupt onset of fever, nausea, vomiting, intense headache and stiff neck; may develop blotchy, purplish, non-blanching rash; delirium & coma often appear.	2-10 days; average of 3-4 days	<ul style="list-style-type: none"> <li>• (Tr) Direct contact with respiratory droplets of nose and throat;</li> <li>• (Cm) Until 24 hours after antibiotic treatment is started</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, until cleared by primary care provider;</li> <li>• Reports? – Yes, within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Discourage sharing of eating utensils, beverage containers, cigarettes, drug paraphernalia, etc.;</li> <li>• Good handwashing;</li> <li>• Cover mouth &amp; nose when coughing or sneezing</li> </ul>

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<u>MONONUCLEOSIS</u>  <i>Epstein-Barr Virus</i>	Fever, sore throat, swollen lymph nodes, headache, fatigue.	4-6 weeks	<ul style="list-style-type: none"> <li>• (Tr) Oropharyngeal route via saliva;</li> <li>• (Cm) Prolonged – up to a year or more in 20% of cases</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – No;</li> <li>• Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>• Discourage sharing of eating utensils, beverage containers, cigarettes, etc.;</li> <li>• Good handwashing;</li> <li>• Cover mouth and nose when coughing and sneezing</li> </ul>
<u>MUMPS</u>  <i>Mumps virus</i>	Fever, swelling & tenderness of facial & neck glands	15-18 days, range of 14-25 days	<ul style="list-style-type: none"> <li>• (Tr) Airborne, droplet spread, direct contact with saliva;</li> <li>• (Cm) Six days before gland involvement to 9 days after symptoms begin</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, until cleared by primary care provider</li> <li>• Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>• Immunization;</li> <li>• Good handwashing;</li> <li>• Cover mouth &amp; nose when coughing or sneezing;</li> <li>• Discourage sharing of eating utensils, beverage containers, cigarettes, etc.</li> </ul>
<u>PERTUSSIS</u> (Whooping cough)  <i>Bordetella pertussis bacillus</i>	Slow onset, irritating cough, gradually becoming spasms of severe coughing often followed by a high-pitched inspiratory “whoop”; sometimes expulsion of clear, tenacious mucus, vomiting. (Whoop often not present in infants, teens and adults.)	7-20 days	<ul style="list-style-type: none"> <li>• (Tr) Direct contact with respiratory discharges, by airborne route;</li> <li>• (Cm) From onset of cough to 3 weeks, if not treated. From onset of cough to 5-7 days, if treated</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, until cleared by primary care provider;</li> <li>• Reports? – Yes, within one working day.</li> </ul>	<ul style="list-style-type: none"> <li>• Immunization;</li> <li>• Good handwashing;</li> <li>• Cover mouth and nose when coughing and sneezing;</li> <li>• Dispose of tissues by burning or wrapping in plastic bag</li> </ul>
<u>PIN WORM</u>  <i>Enterobius vermiculus, an intestinal nematode</i>	Often causes no symptoms; may be anal itching, disturbed sleep, irritability & sometimes secondary infections from scratching.	Life cycle of nematode requires 2-6 weeks	<ul style="list-style-type: none"> <li>• (Tr) By hand to anus to mouth or indirectly through clothing, bedding or food;</li> <li>• (Cm) Until medically treated; eggs remain infective for 2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – No;</li> <li>• Reports? - No</li> </ul>	<ul style="list-style-type: none"> <li>• Careful handwashing;</li> <li>• Clean, short fingernails;</li> <li>• Discourage nail biting, scratching bare anal areas;</li> <li>• Daily bathing to reduce egg contamination;</li> <li>• Treatment of close family contacts;</li> <li>• Clean underclothing, night clothes and bed linens.</li> </ul>

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<u>PINK EYE</u> (Conjunctivitis)  <i>Viral and bacterial agents</i>	Tearing, irritation, red eyes, puffy eyelids. May be purulent discharge.	24-72 hours	<ul style="list-style-type: none"> <li>• (Tr) Contact with discharges from the conjunctival or upper respiratory tract of infected persons through contaminated fingers, clothing, etc.;</li> <li>• (Cm) During the course of active infection</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – No;</li> <li>• Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>• Careful handwashing;</li> <li>• Keep hands away from face;</li> <li>• Avoid sharing personal articles such as makeup, towels, etc.</li> </ul>
<u>RINGWORM</u> (Body) Tinea corporis  <i>Species of Microsporum &amp; Trichophyton fungi</i>	Flat, spreading, ring-shaped lesions	4-10 days	<ul style="list-style-type: none"> <li>• (Tr) Direct or indirect contact with skin lesions, lesions of animals, contaminated floors, showers, etc.;</li> <li>• (Cm) As long as lesions are present &amp; viable fungus persists.</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, until 24 hours after treatment is started; After 24 hours of tx, exclude children from activities that are likely to expose others &amp; considering location of infection;</li> <li>• Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>• Careful handwashing;</li> <li>• Avoid sharing personal clothing items;</li> <li>• Proper cleaning of locker rooms and associated areas/items (showers, benches, towels).</li> </ul>
<u>RINGWORM</u> (Foot) (aka: Athletes' foot) (Tinea pedis)  <i>Trichophyton rubrum; T. mentagrphytes; Epidermophyton floccosum</i>	Dry, scaling or cracking of skin, or blisters containing thin, watery fluid usually between the toes or bottom of feet, with itching	Unknown	<ul style="list-style-type: none"> <li>• (Tr) Direct or indirect contact with skin lesions or infected people, contaminated floors, shower stalls, etc.;</li> <li>• (Cm) As long as lesions are present and viable fungus persists on contaminated materials.</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, see Ringworm (body);</li> <li>• Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>• Prohibit bare foot walking;</li> <li>• Strict personal hygiene, such as wearing clean socks daily;</li> <li>• Disinfection of showers, dressing rooms, floors, benches;</li> <li>• Recommend use of things in showers;</li> <li>• Launder towels and clothing.</li> </ul>
<u>RINGWORM</u> (Scalp) Tinea capitis  <i>Species of Microsporum &amp; Trichophyton fungi</i>	Begins as small papules & spreads peripherally leaving scaly patches of temporary baldness; infected hairs become brittle & break off easily.	10-14 days	<ul style="list-style-type: none"> <li>• (Tr) Direct skin-to-skin contact or indirect contact via toilet articles, clothing, hats, etc.;</li> <li>• (Cm) As long as lesions are present &amp; fungus is viable on contaminated articles.</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, see Ringworm (body);</li> <li>• Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>• Careful handwashing;</li> <li>• Avoid sharing combs, caps or towels;</li> <li>• Daily washing of scalp;</li> <li>• Check pets for evidence of infection (loss of hair).</li> </ul>
<u>RUBELLA</u> (aka: 3 day measles or German measles)  <i>Rubella virus</i>	Children may present w/few constitutional symptoms; low grade fever, headache, malaise, conjunctivitis & mild coryza. Diffuse rash, swollen lymph nodes – head and neck	14-17 days, with a range of 14-21 days	<ul style="list-style-type: none"> <li>• (Tr) Contact with nasopharyngeal secretions; droplet spread or direct contact with patients;</li> <li>• (Cm) One week before to 4 days after rash begins.</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, for 4 days after appearance of rash;</li> <li>• Reports? – Yes, within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Immunization;</li> <li>• Careful handwashing;</li> <li>• Cover mouth and nose when coughing and sneezing</li> </ul>

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<u>RUBEOLA</u> (aka: Hard measles)  <i>Measles virus</i>	Fever, followed in 4 days by conjunctivitis, coryza, cough, red blotchy rash beginning on face & spreading to rest of body, white spots in mouth.	About 10 days, but may be 7-18 days from exposure to onset of fever, 14 days to rash	<ul style="list-style-type: none"> <li>(Tr) Airborne by droplet spread or direct contact with nasal or throat secretions; less common by soiled articles;</li> <li>(Cm) 4 days before rash onset to 4 days after appearance of rash.</li> </ul>	<ul style="list-style-type: none"> <li>Exclude? – Yes, until 4 days after appearance of rash</li> <li>Reports? – Yes, within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>Immunization;</li> <li>Good handwashing;</li> <li>Cover mouth and nose when coughing or sneezing</li> </ul>
<u>SCABIES</u>  <i>Sarcoptes scabiei</i> , a mite	Caused by a mite that burrows under the skin and lays its eggs. Causes severe itching. Small vesicles that may be found between fingers, wrists, elbows, beltline, thighs.	2-6 weeks in people without previous exposure; 1-4 days after re-exposure	<ul style="list-style-type: none"> <li>(Tr) Transfer of parasite by direct skin-to-skin contact or indirect by sharing of clothing, bedclothes;</li> <li>(Cm) Until mites &amp; eggs are destroyed by treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Exclude? – Yes, until 24 hours after treatment is started</li> <li>Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>Avoid sharing clothing and personal effects;</li> <li>Observe close contacts for scratching;</li> <li>Launder underclothing, bed sheets &amp; clothing used 48 hours prior to treatment initiation.</li> </ul>
<u>SHINGLES</u> (Herpes zoster)  <i>Varicella zoster virus</i>	A localized reactivation of varicella infection in dorsal root ganglia; lesions are vesicles with an erythematous base which may appear along nerve pathways; pain and parathesia are common	Up to many years; risk increases with increasing age	<ul style="list-style-type: none"> <li>(Tr) Contact with fluid from the vesicles;</li> <li>(Cm) One week after the appearance of vesiculopustular lesions.</li> </ul>	<ul style="list-style-type: none"> <li>Exclude? – No, but cover lesions with clothing; exclude infected children from contact sports for one week after lesions appear;</li> <li>Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>Cover lesions;</li> <li>Avoid sharing personal clothing items.</li> </ul>
<u>STAPH SKIN INFECTIONS</u> (Boils, impetigo, folliculitis etc.)  <i>Staphylococcus aureus bacillus</i>	Draining lesions; fever, malaise, headache & anorexia may be present if lesions extend or are widespread.	Usually 4-10 days, but variable and indefinite	<ul style="list-style-type: none"> <li>(Tr) Direct or indirect contact with purulent discharge; autoinfection from nares;</li> <li>(Cm) As long as sore drains, if untreated.</li> </ul>	<ul style="list-style-type: none"> <li>Exclude? – Yes, until treated with antibiotics for 24 hours</li> <li>Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>Careful handwashing;</li> <li>Avoid sharing bathing &amp; toileting articles, clothing;</li> <li>Strict personal hygiene</li> </ul>
<u>STREP INFECTIONS</u> (Scarlet fever, strep throat)  <i>Streptococcus pyogenes bacillus</i>	<i>Scarlet fever</i> : High fever, nausea, vomiting, erythematous rash (typically not on face); <i>Strep throat</i> – sudden fever, sore throat, tonsillitis or pharyngitis	1-3 days	<ul style="list-style-type: none"> <li>(Tr) Respiratory droplets or direct contact with pt; rarely indirect through objects;</li> <li>(Cm) 10-21 days, ends within 24 hrs treatment</li> </ul>	<ul style="list-style-type: none"> <li>Exclude? – Yes, until treated with antibiotics for 24 hours</li> <li>Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>Careful handwashing;</li> <li>Cover mouth &amp; nose when coughing or sneezing</li> </ul>

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<u>TUBERCULOSIS</u> (Active)  <i>Mycobacterium tuberculosis</i> , a bacillus	Cough, loss of appetite, weight loss, night sweats	May develop weeks or years after the initial infection	<ul style="list-style-type: none"> <li>• (Tr) Airborne during expiratory efforts (sneezing, coughing, singing); <i>children with active TB are not infectious</i>;</li> <li>• (Cm) As long as infection TB bacilli are being discharged in the sputum</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, only <i>active</i> cases among adolescents until cleared by primary care provider;</li> <li>• Reports? – Yes, within one working day. (See OSHD rule at the end of the table.)</li> </ul>	<ul style="list-style-type: none"> <li>• Cover mouth &amp; nose when coughing or sneezing;</li> <li>• Good handwashing;</li> <li>• TB skin test of close contacts;</li> <li>• Completion of appropriate preventative therapy</li> <li>• Treatment of active disease</li> </ul>
<u>VIRAL MENINGITIS</u> (aka: aseptic meningitis)  <i>Man viral agents; in US, enteroviruses are common causative agents</i>	Fever, severe headache, stiff neck, light sensitivity, drowsiness or confusion, nausea and vomiting; viral meningitis is diagnosed through exclusion via spinal tap in order to rule-out bacterial meningitis.	Usually 3 to 7 days, but varies with specific viral agent	<ul style="list-style-type: none"> <li>• (Tr) Direct contact with respiratory secretions (e.g. saliva, sputum, nasal mucus) and fecal/oral;</li> <li>• (Cm) 3 days after infection until 10 days after developing symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude? – Yes, until cleared by primary care provider;</li> <li>• Reports? – No</li> </ul>	<ul style="list-style-type: none"> <li>• Good handwashing;</li> <li>• Cover mouth &amp; nose when coughing or sneezing;</li> <li>• Discourage sharing of eating utensils, beverage containers, cigarettes, etc.</li> </ul>

\*\*The OSHD rules regarding tuberculosis states: “Any student born in a free country other than the U.S., Canada, Australia, New Zealand, and Western Europe shall, at time of entry into any grade from kindergarten through grade 12, present evidence of freedom from communicable TB to that school. Such evidence shall consist of a negative Mantoux tuberculin skin test or if the skin test is positive, a chest X-ray which documents freedom from communicable TB.”

References:

- 1) Control of Communicable Diseases Manual, James Chin (editor), Washington, D.C.: APHA, 2000.
- 2) Oregon State Department of Human Services, Disease Prevention and Epidemiology, Investigative Guidelines, <http://www.oshd.org/odpe/guideln/index.cfm>