

COMMUNICABLE DISEASES - STUDENTS

Students with a communicable disease will be allowed to attend school provided their presence does not create a substantial risk of illness or transmission to other students or employees. The term "communicable disease" shall mean an infectious or contagious disease spread from person to person, or animal to person, or as defined by law.

Prevention and control of communicable diseases shall be included in the school district's blood borne pathogens exposure control plan. The procedures shall include scope and application, definitions, exposure control, methods of compliance, universal precautions, vaccination, post-exposure evaluation, follow-up, communication of hazards to employees and record keeping. This plan shall be reviewed annually by the superintendent and school nurse.

The health risk to immunodepressed students shall be determined by their personal physician. The health risk to others in the school district environment from the presence of a student with a communicable disease shall be determined on a case-by-case basis by the student's personal physician, a physician chosen by the school district or public health officials.

When a student athlete is suspected of having a communicable disease, they will be immediately removed from practice and/or competition and may return after presenting an appropriate note or form from a medical doctor or other qualified health care provider to the Activities Director. If the communicable disease is found or suspected at an away event or the Activities Director is not available, the coach shall receive the documentation/communication as appropriate from the qualified health care provider and make the determination if the student should participate or not. The coach will also notify the Activities Director of his decision.

It shall be the responsibility of the superintendent, in conjunction with the school nurse, to develop administrative regulations stating the procedures for dealing with students with a communicable disease.

Legal Reference: School Board of Nassau County v. Arline, 480 U.S. 273 (1987).
 29 U.S.C. §§ 701 *et seq.* (1994).
 45 C.F.R. Pt. 84.3 (2002).
 Iowa Code ch. 139 (2005).
 641 I.A.C. 1.2-.5, 7.

Cross Reference: 403.3 Communicable Diseases - Employees
 506 Student Records
 507 Student Health and Well-Being

COMMUNICABLE DISEASE CHART

Source: Iowa Department of Public Health (1992).

CONCISE DESCRIPTIONS AND RECOMMENDATIONS FOR EXCLUSION OF CASES FROM SCHOOL

DISEASE <i>*Immunization is available</i>	Usual Interval Between Exposure and First Symptoms of Disease	MAIN SYMPTOMS	Minimum Exclusion From School
CHICKENPOX	13 to 17 days	Mild symptoms and fever. Pocks are "blistery." Develop scabs, most on covered parts of body.	7 days from onset of pocks or until pocks become dry
CONJUNCTIVITIS (PINK EYE)	24 to 72 hours	Tearing, redness and puffy lids, eye discharge.	Until treatment begins or physician approves readmission.
ERYTHEMIA INFECTIOSUM (5 TH DISEASE)	4 to 20 days	Usual age 5 to 14 years – unusual in adults. Brief prodrome of low-grade fever followed by Erythema (slapped cheek) appearance on cheeks, lace-like rash on extremities lasting a few days to 3 weeks. Rash seems to recur.	After diagnosis no exclusion from school.
GERMAN MEASLES* (RUBELLA)	14 to 23 days	Usually mild. Enlarged glands in neck and behind ears. Brief red rash.	7 days from onset of rash. Keep away from pregnant women.
HAEMOPHILUS MENINGITIS	2 to 4 days	Fever, vomiting, lethargy, stiff neck and back.	Until physician permits return.
HEPATITIS A	Variable – 15 to 50 (average 28 to 30 days)	Abdominal pain, nausea, usually fever. Skin and eyes may or may not turn yellow.	14 days from onset of clinical disease and at least 7 days from onset of jaundice.
IMPETIGO	1 to 3 days	Inflamed sores, with puss.	48 hours after antibiotic therapy started or until physician permits return.
MEASLES*	10 days to fever, 14 days to rash	Begins with fever, conjunctivitis, runny nose, cough, and then blotchy red rash.	4 days from onset of rash.
MENINGOCOCCAL MENINGITIS	2 to 10 days (commonly 3 to 4 days)	Headache, nausea, stiff neck, fever.	Until physician permits return.
MUMPS*	12 to 25 (commonly 18) days	Fever, swelling and tenderness of glands at angle of jaw.	9 days after onset of swollen glands or until swelling disappears.
PEDICULOSIS (HEAD/BODY LICE)	7 days for eggs to hatch	Lice and nits (eggs) in hair.	24 hours after adequate treatment to kill lice and nits.
RINGWORM OF SCALP	10 to 14 days	Scaly patch, usually ring shaped, on scalp.	No exclusion from school. Exclude from gymnasium, swimming pools, and contact sports.
SCABIES	2 to 6 weeks initial exposure; 1 to 4 days reexposure	Tiny burrows in skin caused by mites.	Until 24 hours after treatment.
SCARLET FEVER SCARLATINA STREP THROAT	1 to 3 days	Sudden onset, vomiting, sore throat, fever, later fine rash (not on face). Rash usually on with first infection.	24 hours after antibiotics started and no fever.
WHOOPIING COUGH* (PERTUSSIS)	7 to 10 days	Head cold, slight fever, cough, and characteristic whoop after 2 weeks.	5 days after start of antibiotic treatment.

Readmission to School – It is advisable that school authorities require written permission from the health officer, school physician or attending physician before any pupil is readmitted to class following any disease which requires exclusion, not mere absence, from school.

REPORTABLE INFECTIOUS DISEASES

While the school district is not responsible for reporting, the following infectious diseases are required to be reported to the state and local public health offices:

Acquired Immune Deficiency Syndrome (AIDS)	Leprosy	Rubella (German measles)
Amebiasis	Leptospirosis	Rubeola (measles)
Anthrax	Lyme disease	Salmonellosis
Botulism	Malaria	Shigellosis
Brucellosis	Meningitis (bacterial or viral)	Tetanus
Campylobacteriosis	Mumps	Toxic Shock Syndrome
Chlamydia trachomatis	Parvovirus B 19 infection (fifth disease and other complications)	Trichinosis
Cholera	Pertussis (whooping cough)	Tuberculosis
Diphtheria	Plague	Tularemia
E. Coli 0157:h7	Poliomyelitis	Typhoid fever
Encephalitis	Psittacosis	Typhus fever
Giardiasis	Rabies	Venereal disease
Hepatitis, viral (A,B, Non A-Non-B, Unspecified)	Reye's Syndrome	Chancroid
Histoplasmosis	Rheumatic fever	Gonorrhea
Human Immunodeficiency Virus (HIV) infection other than AIDS	Rocky Mountain spotted fever	Granuloma Inguinale
Influenza	Rubella (congenital syndrome)	Lymphogranuloma Venereum
Legionellosis		Syphilis
		Yellow fever

Any other disease which is unusual in incidence, occurs in unusual numbers of circumstances, or appears to be of public health concern, e.g., epidemic diarrhea, food or waterborne outbreaks, acute respiratory illness.

REPORTING FORM

Source: Iowa Department of Public Health (1997).

REPORT THE FOLLOWING DISEASES IMMEDIATELY BY TELEPHONE (1-800-362-2736)

Botulism	Poliomyelitis	Yellow Fever
Cholera	Rabies (Human)	Disease outbreaks of
Diphtheria	Rubella	any public health concern
Plague	Rubeola (measles)	

REPORT ALL OTHER DISEASES BELOW.

WEEK ENDING _____

See other side for list of reportable infectious diseases.

DISEASE	PATIENT	COUNTY OR CITY	DOB	SEX
	Name Parent (If applicable)			
	Address			
	Attending Physician			
	Name Parent (If applicable)			
	Address			
	Attending Physician			
	Name Parent (If applicable)			
	Address			
	Attending Physician			
	Name Parent (If applicable)			
	Address			
	Attending Physician			
	Name Parent (If applicable)			
	Address			
	Attending Physician			

Reporting Physician, Hospital, or Other Authorized Person

Address

Remarks:

FOR SCHOOLS ONLY: Report over 10% absent only. Total enrollment: _____					
	Monday	Tuesday	Wednesday	Thursday	Friday
No. Absent					
% of Enrollment					
REPORT NUMBER OF CASES ONLY					
___	Chickenpox	___	Gastroenteritis		
___	Erythema infectiosum (5 th Disease)	___	Influenza-like illness (URI)		

