

School Exclusion Guidance for Childcare and School Settings

Chicago Department of Public Health

Youth Settings Team

August 2024



MISSION AND VISION

- Our purpose is to work with communities and partners to create an equitable, safe, resilient, and Healthy Chicago.
- The impact we seek is that everyone in Chicago thrives and achieves their optimal health and wellness.



CDPH



Goals of the Youth Settings Team

- To keep Chicago children and staff in schools and daycares
- To keep Chicago students and staff healthy and free of communicable diseases
- To minimize the burden on school and childcare staff





Agenda

1. Icebreaker and Objectives
2. IDPH Communicable Disease Guidance
3. Review of Common Childhood Illnesses
 - a. Respiratory Illness
 - a. *Case Scenario 1*
 - b. Strep Throat
 - c. Impetigo
 - a. *Case Scenario 2*
 - d. Hand, Foot and Mouth Disease (HFMD)
 - e. Conjunctivitis (Pink Eye)
 - f. Head Lice
 - g. Gastroenteritis (Stomach Illness)
 - a. *Case Scenario 3*
4. Infection Prevention
5. Resources





Icebreaker

What inspired you to work in a youth setting?





Objectives

- Identify how to prevent the spread of common communicable diseases in childcare settings, including how and when children should be excluded
- Recognize the symptoms for common childhood diseases including different respiratory conditions, skin conditions, and gastrointestinal conditions
- Identify how and when diseases should be reported to CDPH
- Locate where to find available resources regarding communicable diseases in childcare settings.





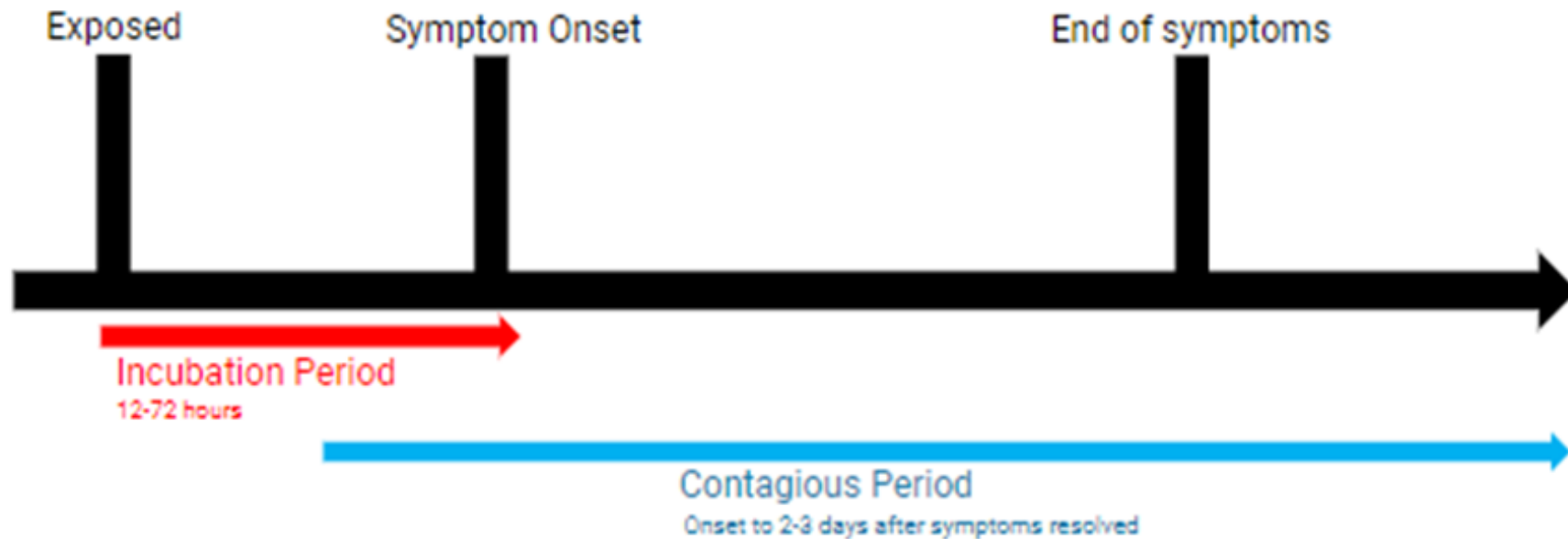
IDPH Guidance for Schools

- [Communicable Disease School Nurse Guidance \(illinois.gov\)](https://www.idph.state.il.gov/communicable-disease-school-nurse-guidance)

Disease/ Illness	Mode of Transmission	Symptoms	Incubation Period	Period of Communicability	Criteria for Exclusion from School*	Reporting Requirement	Prevention & Control Measures
RSV https://dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/cd-school-nurse-guidance/rsv-facts-for-parents.html https://www.cdc.gov/rsv/	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Fever, runny nose, cough. May have wheezing	2 to 8 days (4 to 6 days most common)	Variable, from the day before until 3 to 8 days or longer; may last up to 3 to 4 weeks	No exclusion unless febrile or other symptoms meeting exclusion criteria are present	Individual cases do not have to be reported.	• Respiratory Syncytial Virus: Avoid sharing linens, toys, and other items
Strep throat/Scarlet Fever https://dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/cd-school-nurse-guidance/strep-throat-facts-for-parents.html http://www.cdc.gov/groupastrep/ http://www.ilga.gov/commission/icar/admincode/077/077006900D06700R.html	Contact with droplets from nose and mouth; close crowded contact, direct contact	Fever, sore throat with pus spots on tonsils, tender swollen glands Scarlet fever has above symptoms plus a sandpaper-like rash Symptoms may vary.	2 to 5 days	Highest during acute infection; no longer contagious within 24 hours after antibiotics	Schools: Exclude until fever free without the use of fever-reducing medications or symptoms improving if fever not present AND on appropriate antibiotics for AT LEAST 12 hours. However, during outbreaks or in the setting of recurrent infection, IDPH recommends individuals stay home for at least 24 hours after on effective antibiotics AND fever free or symptoms improving if fever not present. Child Care: rules: Exclude until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours; http://www.ilga.gov/commission/icar/admincode/077/077006900D06700R.html	Clusters of 10 epidemiologically linked cases of strep throat/scarlet fever within a 10 day period are reportable to the local health department. Invasive disease from streptococcal bacteria is reportable.	• Strep Throat: Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling; symptomatic contacts of documented cases should be tested, and if results are positive, should be treated. • Tuberculosis (TB): Routine TB skin testing is not recommended at this time for children; however, it is recommended that all adults who have contact with children in a child care setting are screened for TB; local health department personnel should be informed for contact investigation.
TB (tuberculosis) http://www.cdc.gov/TB/ http://www.ilga.gov/commission/icar/admincode/077/07700696sections.html	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Fever, fatigue, weight loss, cough (lasting 3+ weeks), night sweats, loss of appetite	2 to 10 weeks to years; risk of developing disease is highest 6 months to 2 years after infection	Individuals with infection but without active disease (latent TB) are not infectious. Individuals with active disease are infectious until treatment.	For active disease: after therapy started, adherence documented, symptoms diminished, and determined to be non-infectious; consult with public health officials; no exclusion for latent infection	Report suspect or confirmed TB cases to local health department within 7 days	• Whooping Cough: Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at 11 years. All adults caring for children younger than 12 months should receive a booster dose of Tdap. Close contacts that are unimmunized should have pertussis immunization initiated. Chemoprophylaxis is recommended for targeted groups of close contacts regardless of age and immunization status. Contact the local health department for more information.
Pertussis (Whooping Cough) https://dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/cd-school-nurse-guidance/pertussis-facts-for-parents.html http://www.cdc.gov/pertussis/ http://www.ilga.gov/commission/icar/admincode/077/077006900D07500R.html	Contact with droplets from nose, eyes or mouth of infected person	Initially cold-like symptoms, later cough; may have inspiratory whoop, post-tussive vomiting	5 to 21 days (usually 7 to 10 days)	Before cough onset (with onset of runny nose), continuing until child has been on antibiotics for 5 days If untreated, infectious for 3 weeks after cough begins	School exclusion: Cases must be excluded from school until 5 days of appropriate antibiotic treatment is completed or 21 days after cough onset if no treatment is received. Susceptible contacts do not need to be excluded unless they become symptomatic.	Report as soon as possible, within 24 hours Outbreaks: Five or more cases epidemiologically linked	
Novel Coronavirus SARS-CoV-2 (COVID-19)	Breathing in air when close to an infected person who is exhaling	May have no symptoms or can have any of the	2-14 days	From 2 days before symptom onset	Refer to COVID-19-specific guidance at the ISBE website:	Report case to local health department within 3 hours.	Refer to COVID-19-specific guidance at the ISBE website: https://www.isbe.net/Pages/covid19.aspx



Incubation period is the Time from **Exposure** until Individual Develops **Symptoms** AND **Contagious** Period is the Timeframe that an Individual **Can Spread** the Disease



Respiratory Conditions

State of Illinois
Illinois Department of Public Health

COVID-19 Know the Difference

Is it a COLD or FLU or COVID-19?

Signs and Symptoms	COLD	FLU	COVID-19
Symptom onset	Gradual	2 days	2-14 days
Body Aches	Slight	Common	Common
Cough	Common	Common	Common
Diarrhea	Rare	Sometimes	Sometimes
Fatigue/Weakness	Sometimes	Common	Common
Fever/Chills/Shaking	Rare	Common	Common
Loss of Taste or Smell	Never	Never	Sometimes
Shortness of breath or Difficulty Breathing	Rare	Common	Common
Stuffy nose	Common	Common	Rare
Sneezing	Common	Sometimes	Rare
Sore throat	Common	Common	Common
Headache	Rare	Common	Common

Emergency Warning Signs of Flu Complications

People experiencing these warning signs should obtain medical care right away.

In children

- Fast breathing or trouble breathing
- Bluish lips or face
- Ribs pulling in with each breath
- Chest pain
- Severe muscle pain (child refuses to walk)
- Dehydration (no urine for 8 hours, dry mouth, no tears when crying)
- Not alert or interacting when awake
- Seizures
- Fever above 104°F
- In children younger than 12 weeks, any fever
- Fever or cough that improve but then return or worsen
- Worsening of chronic medical conditions

In adults

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest or abdomen
- Persistent dizziness, confusion, inability to arouse
- Seizures
- Not urinating
- Severe muscle pain
- Severe weakness or unsteadiness
- Fever or cough that improve but then return or worsen
- Worsening of chronic medical conditions

****This List is not all inclusive. Consult medical provider for any symptom that is severe or concerning****



Recognize Signs that Your Child is Having Trouble Breathing

- Breathing Fast
- Wheezing (whistling sound)
- Grunting (noise when breathing out)
- Retractions (Chest pulling in under/between the ribs)
- Nasal Flaring (spreading out of nostrils with each breath)
- Discoloration of mouth, lips, or fingernails (gray/blue color)



[Signs of RSV in Babies | American Academy of Pediatrics - YouTube](#)



Flu and Covid

Flu

Symptoms

- Fever, chills, muscle/body aches
- Fatigue
- Headache
- Cough
- Runny nose/congestion, sore throat

Diagnosis


- Only by testing with healthcare provider
- Must be fever-free 24 hours before returning

Covid-19

Symptoms

- Fever, chills, muscle/body aches
- Fatigue
- Headache
- Cough, shortness of breath
- New loss of taste/smell
- Nausea, vomiting, diarrhea

Diagnosis

- Testing via at-home test or by healthcare provider
 - Must be fever-free 24 hours before returning
- 



RSV and Bronchitis Symptoms and Diagnosis

RSV

What is it?

- A common respiratory virus that usually causes mild cold-like symptoms

Diagnosis

- A healthcare provider will do a physical exam and may perform a nasal swab to test for RSV

Bronchitis

What is it?

- A condition that develops when the bronchial tubes become inflamed and cause coughing, often with mucus production.
- **Acute Bronchitis:** very common, usually a result of viral infection
- **Chronic Bronchitis:** usually lasts for at least three months and returning at least two years in a row.

Diagnosis

- A healthcare provider will do a physical exam
- 



Transmission

RSV

Spreads when

- Virus droplets
- Direct contact
- Contaminated surfaces

Communicability

- Can be contagious 1-2 days before symptoms begin
- Infants and people with weakened immune systems can spread the virus up to 4 weeks after they stop showing symptoms

Bronchitis (acute)

- The virus or bacteria that caused bronchitis may be contagious.
- **Acute Bronchitis** is caused by airway inflammation from viral infections



★ Common cold

What is it?

- An illness affecting your nose and throat.
- Caused by viruses
- Most people recover from a common cold in 7 to 10 days.
 - Symptoms will last longer in people who smoke.
- Most times you do not need medical care for a common cold.

COMMON COLD – SYMPTOMS



★ Treatment

- Use over-the-counter (OTC) medicine for cold/coughs
- Drink hot tea or water with honey
- Suck on throat lozenges
- Keep humidifier nearby
- Use inhaled medication, such as albuterol, if prescribed

The Ultimate Cough & Cold Guide for Infants & Toddlers



★ CDC Respiratory Virus Guidance

- Stay up to date with immunizations
- Practice good hygiene
- Take steps for cleaner air
- When ill with a respiratory virus:
 - Stay home and away from others
 - Return to normal activities when, for at least 24 hours:
 - Symptoms are better overall AND
 - No fever (without the use of a fever reducer)
 - When returning to normal activities take precautions for next 5 days:
 - Take steps for cleaner air, hygiene, masking, distancing, and testing



★ Post Exclusion Expectations

Reporting

- Individual cases are not reportable
- Clusters of severe illness should be reported to CDPH

Notification

- Notify exposed families and advise them to monitor for symptoms and report to school if any symptoms noted





Case Scenario 1

It is October and many children at your facility have a runny nose or sore throat. One or two of the children also have a fever.

What do you do next?

Who should be excluded?





Case Scenario 1

It is October and many children are at your facility with a runny nose or sore throat. One or two of the children also have a fever?

Who should you exclude from your facility?

- *Exclude any children with fever until fever-free 24 hours (without fever reducers)*
- *Exclude any children that cannot participate in activities comfortably*
- *Exclude any children that require greater care than staff can provide without compromising health and safety of other children*

What do you do next?

- *Encourage hand hygiene and cough/sneezing hygiene*
- *Report to CDPH if there is an unusual number/cluster of illnesses*
- *Monitor for any specific diagnoses (l.e. Covid-19, flu, etc...)*
- *If Covid-19 symptoms, encourage testing for Covid-19 (and other diseases as appropriate such as flu, strep throat)*
- *Contact CDPH if any questions or if you need support or guidance*



Strep Throat Symptoms and Diagnosis

What is it?

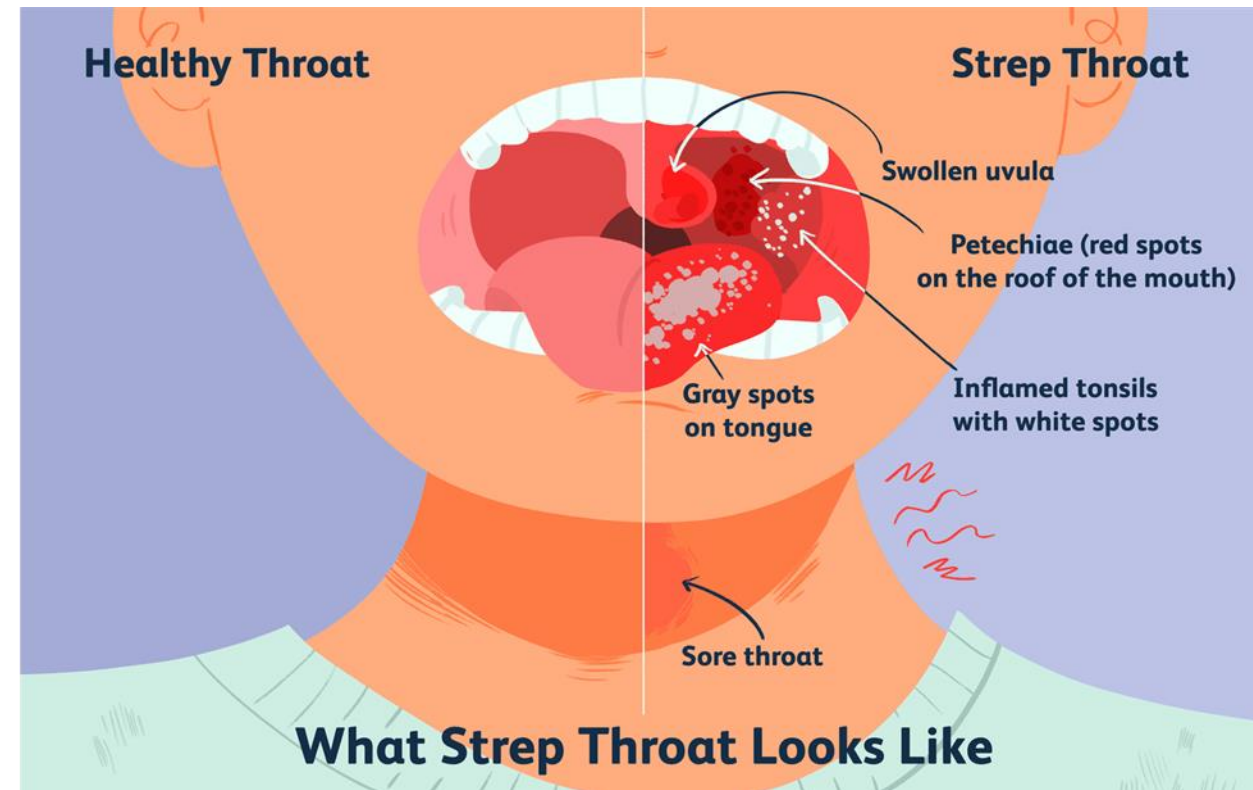
- Group A Streptococcus bacterial infection in the throat and tonsils

Symptoms

- Sudden high fever
- Sore throat
- Red throat with white patches
- Swollen lymph nodes in the neck
- Swollen tonsils
- Nausea, Vomiting

Diagnosis

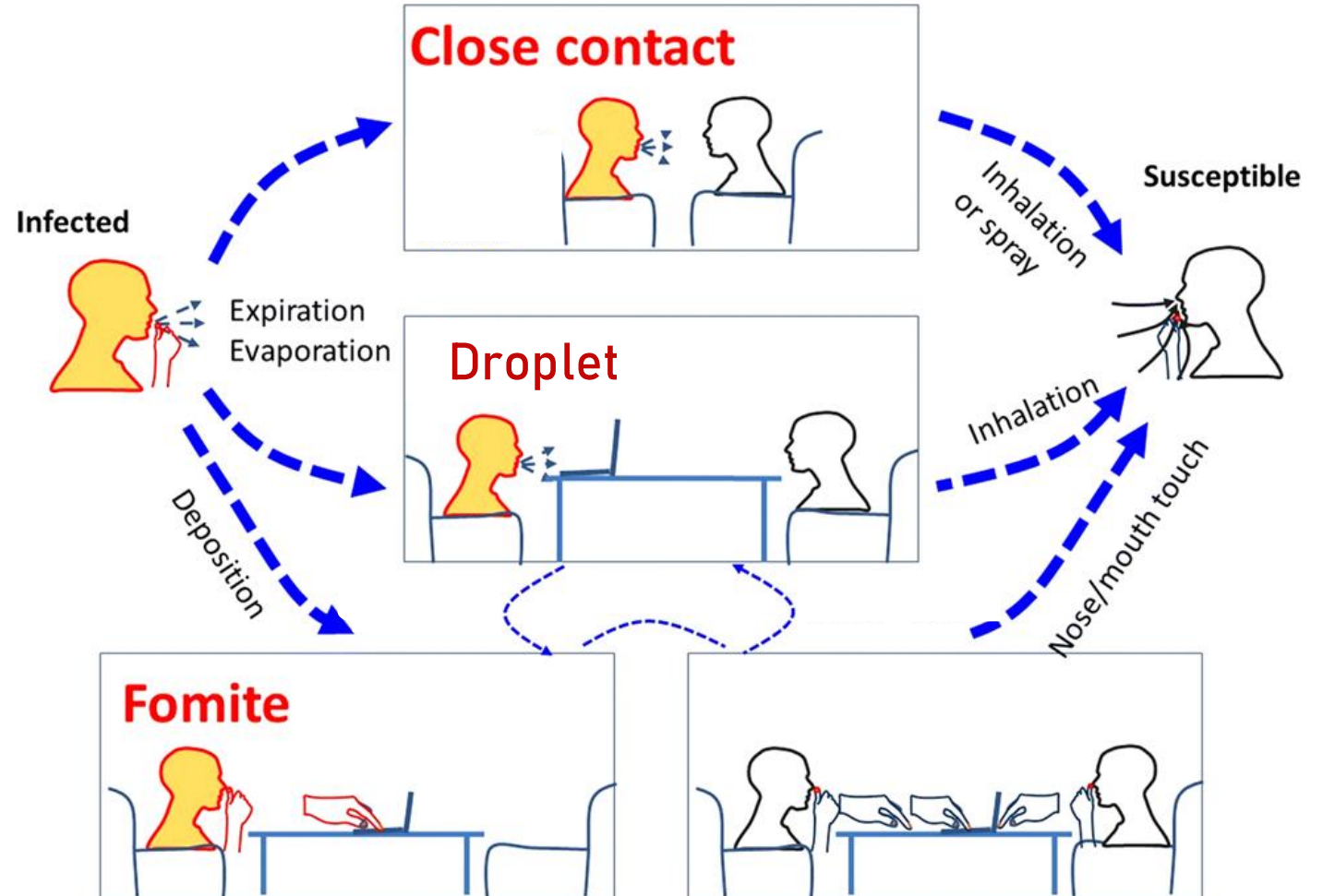
- Parent should provide note from a healthcare provider



★ Strep Throat Transmission

Transmission

- The time from exposure to symptom onset is 2 to 5 days.
- The contagious period is highest during acute infection, no longer contagious within 24 hours after antibiotics.



★ Strep Throat Exclusion

Sick Person

- Antibiotics may need to be given for up to 10 days.
- CHILDCARE SETTINGS: Exclude until after 24 hours of antibiotics and fever-free for 24 hours
- Encourage children to avoid sharing drinks or utensils; exclude infected adults from food handling
- No special cleaning required





Post Exclusion Expectations

Close Contacts

- Close contacts of documented cases who develop symptoms should be tested and if positive, treated.

Notifications

- Send a notification letter to parents if a lab confirmed case is reported in a classroom

Reporting

- Be aware of clusters in the facility
- 2 cases of Individual Invasive Group A Strep within 4 months are reportable to CDPH
- In the case of an outbreak, send a line list of reported cases to CDPH



★ Impetigo Symptoms

What is Impetigo?

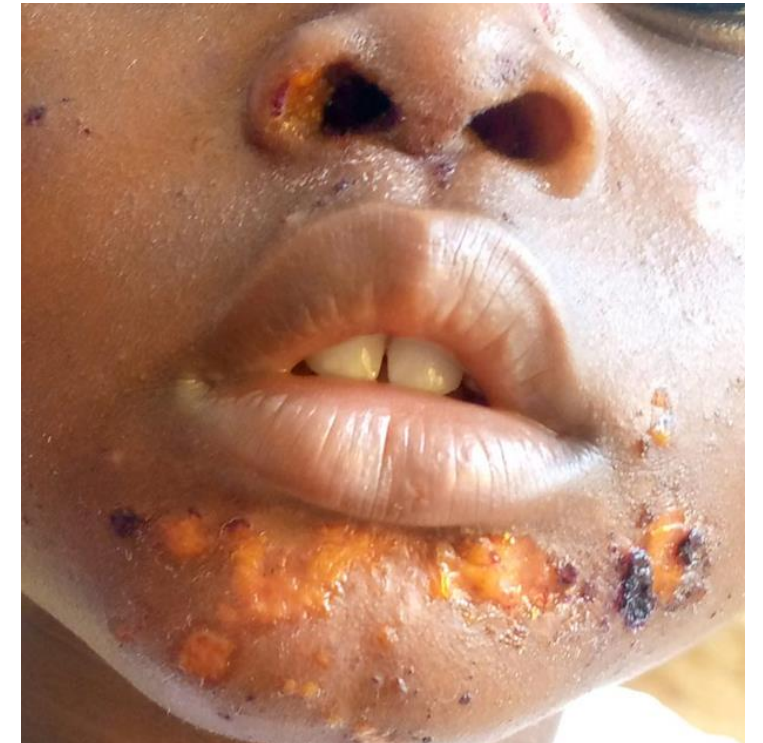
- Bacterial skin infection caused by Staphylococcus or Streptococcus (Group A strep) bacteria
- Most common in young children (ages 2-5)
- People with scabies are at increased risk

Symptoms

- Small red pimples of fluid-filled blisters with crusted yellow (honey-colored) scabs
- Itching
- Most often on the face (around nose/mouth), but can appear anywhere on the body

Diagnosis

- Typically diagnosed on physical exam, based on appearance



★ Impetigo Transmission

Transmission

- Direct skin to skin contact (especially contaminated hands), nasal discharge, or contaminated surfaces
- Contact with fluid from the sores
- Contagious until crusting lesions are gone OR 24 hours of antibiotics

Treatment

- Oral or topical antibiotics, depending on severity
- Keep lesions covered where possible

Exclusion

- Sores should be covered and child excluded at end of day, excluding until 24 hours after antibiotic treatment started
- A doctor's note is required to indicate when treatment was started and student is cleared to return





Post Exclusion Expectations

- **Reporting**
 - Individual cases not reportable
 - Clusters should be reported to CDPH
- **Notifications**
 - Inform class/cohort in outbreak situations





Case Scenario 2

After a family event, you have several children with a fever and sore throat. One child is diagnosed with strep throat.

What do you do?





Case Scenario 2

After a family event, you have several children with a fever and sore throat. One child is diagnosed with strep throat.

- *Send notification letter to parents in affected classroom (of lab confirmed case)*
- *Notify CDPH if multiple confirmed cases*
- *Exclude symptomatic children/staff, highly encourage strep testing*
- *Reinforce hand hygiene*
- *Increased cleaning, especially of high touch surfaces*
- *Continue to notify CDPH of cases*





Hand Foot and Mouth (HFMD) Disease

Symptoms

What is Hand, Foot and Mouth Disease?

- Contagious viral infection
- Usually NOT serious, but VERY contagious and can spread quickly in school and daycare settings, especially among young children.

Symptoms

- Rash to hands (palms and fingers) and feet (soles)
- Rash appears as flat or slightly raised red spots that may blister
- Mouth sores (often painful, small red spots that blister)
- Fever
- Loss of appetite
- Sore throat



Diagnosis

- Health care providers can diagnose based on symptoms reported, the appearance and location of blisters

★ HFMD Transmission

Transmission

- Nose and throat secretions (saliva, drool, mucus)
- Fluid from popped/opened blisters
- Feces

Treatment

- No specific treatment, can treat symptoms, such as fever and/or pain
- Monitor for dehydration, especially with younger children, who may not be drinking an adequate amount of liquids due to painful mouth sores

Exclusion

- Exclude with fever; Exclude if the child cannot maintain hygiene (excessive drooling, putting hands/objects in their mouth, open blisters), cannot avoid contact with others, and/or if they are unable to participate in classroom activities due to symptoms
- A clearance note from a health care provider is not required to return to school or daycare





HFMD Post-Exclusion Expectations

Notifications

- Notify exposed families and advise them to monitor for symptoms and report if any symptoms noted
- Encourage parents to seek medical advice if the child is unwilling to eat or drink due to mouth sores and monitor for signs and symptoms of dehydration
- Advise following up with healthcare provider if symptoms such as fever and sore throat. Should be evaluated for other diseases such as Covid-19 and influenza

Reporting

- Individual cases are NOT reportable
- Clusters of cases should be reported to CDPH



★ Conjunctivitis (Pink Eye)

What is Conjunctivitis?

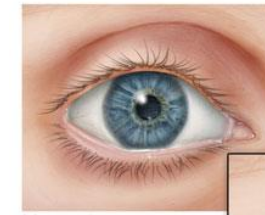
- Often called 'pink eye' as it can cause the white of the eye to become red. The hallmark symptoms are a pink eye and swelling.

Causes

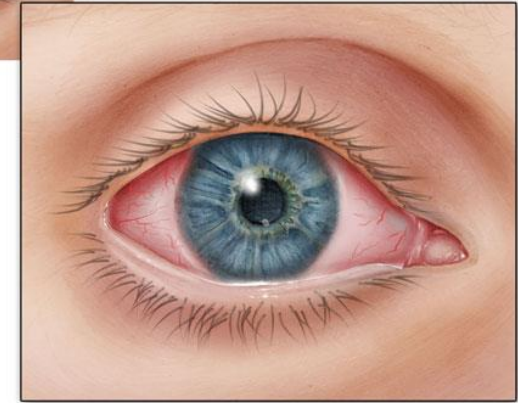
- **Viral:** many different viral causes
- **Allergen:** pollen, dust mites, pet dander, mold
- **Bacterial:** several common bacteria can cause pink eye
- **Miscellaneous:** a foreign object in the eye, contact lenses, chemical, dust, smoke

Transmission

- Spreads when respiratory tract secretions/discharge from an infected person's eye comes into contact with another person's mucus membranes/eyes, either by direct contact or through a contaminated surface

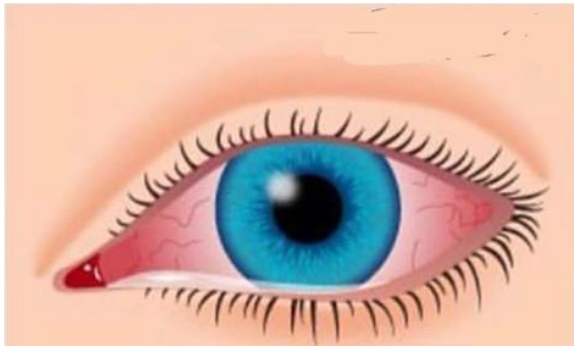


Normal eye



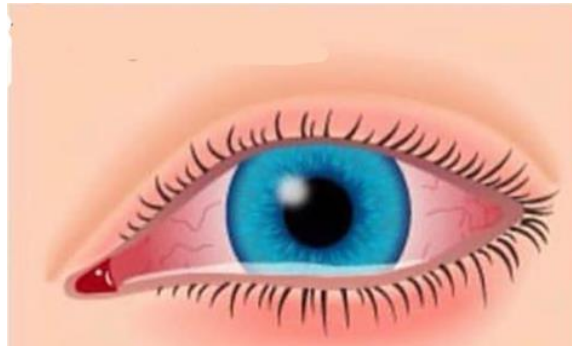
Eye with inflamed or irritated conjunctiva

★ Symptoms



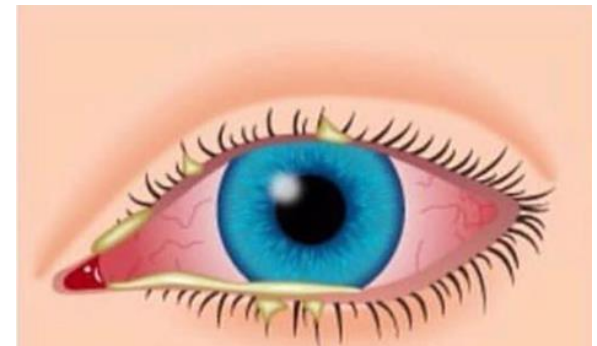
Viral conjunctivitis

The type of conjunctivitis most commonly associated with the term "pink eye." Appearance: red, itchy, watery eye. Can affect one or both eyes. Highly contagious.



Allergic conjunctivitis

Very similar in appearance to viral conjunctivitis, but accompanied by nasal congestion, sneezing, eyelid swelling and sensitivity to light. Both eyes are affected. Not contagious.



Bacterial conjunctivitis

A red eye with a sticky yellow or yellow/green discharge. Eyelids may be stuck together upon waking. Can affect one or both eyes. Usually spread by direct contact only.

★ Treatment

- **Viral**
 - Typically no treatment is necessary, viral infection needs to clear on its own.
 - Usually clears in 7-14 days, but can take 2-3 weeks or more
- **Allergic**
 - Removing allergen from the environment
 - Allergy medication, eye drops
 - Is NOT contagious
- **Bacterial**
 - Topical antibiotic (eye drops/ointment) may shorten the length of infection

Antibiotics will only be effective against bacterial conjunctivitis, and will not be effective against viral or allergic conjunctivitis





Exclusion Criteria (for ALL types of Conjunctivitis)

Most children DO NOT need to be excluded. Exclude only if

- Accompanied by signs of systemic illness (i.e. fever) or child unable to keep hands away from eye
- Exclude with purulent drainage (yellow/green discharge) until after 24 hours of antibiotic treatment - Antibiotic treatment is only required if purulent drainage

Notifications

- Individual cases are NOT reportable
- Clusters should be reported to CDPH

Reporting

- No action for close contacts

Additional

- No doctor's note is required to return if viral pink eye. If you are unsure of the cause, you may require a doctor's note for return instead of an antibiotic
- No special cleaning required

PROTECT YOURSELF AND OTHERS FROM PINK EYE

- 👁️ Wash your hands often with soap and water, and help young children do the same. Wash hands especially well after touching someone with pink eye or their personal items.



- 👁️ Avoid touching or rubbing your eyes. This can worsen the condition or spread it to your other eye.
- 👁️ Avoid sharing personal items, such as makeup, eye drops, towels, bedding, contact lenses and containers, and eyeglasses.
- 👁️ Do not use the same eye products for your infected and non-infected eyes.
- 👁️ Stop wearing contact lenses until your eye doctor says it's okay.
- 👁️ Clean, store, and replace your contact lenses as instructed by your eye doctor.



WWW.CDC.GOV/PINKEYE

★ Head Lice Symptoms

What is it?

- The head louse is a parasitic insect that can be found on the human head, eyebrow, and eyelashes. Head lice feed on human blood and live close to the human scalp.

They are not known to spread disease.

- Presence of head lice DO NOT indicate anything about the hygiene of the person or family

Symptoms

- Itching and scratching of scalp, sense of something moving/tickling
- Presence of live lice noted
- Pinpoint-sized eggs (nits) that will not flick off the hair shaft

Diagnosis

- Students with suspected infestation may receive a confidential scalp inspection by a nurse or a designated staff member.
- Parents may also self-report finding lice at home or visiting a physician for diagnosis.



★ Head Lice Transmission

Mode of Transmission

- Direct person-to-person contact, less commonly through contaminated/shared objects
- Most transmission is from direct and sustained head-to-head contact
- Lice DO NOT jump or fly, they ONLY crawl
- An individual is contagious while live lice are present



★ Head Lice Identification

Adult lice: Tan to grayish color, size of sesame seed. They move very quickly and can be easily missed.

Eggs: Yellow, brown, or tan. Viable eggs will be grayish brown in color, empty casings (nits) clear or white

Active infestation: The presence of live lice and/or eggs/nits within ¼ inch from the scalp. Requires treatment. Nits farther than ¼ inch may or may not require treatment.

- Nits are easily confused for dandruff. Dandruff/debris easily flake off hair shaft, while nits will seem 'glued' to the hair shaft and need to be pulled off

How to Examine for Head Lice

Use bright light to look at:

- ① Crown of head
- ② Bangs
- ③ Behind both ears
- ④ Nape of neck

How to inspect

- ① Place gloves on your hands
- ② Use fingers to separate hair and create a part. The part should allow you to clearly see the person's scalp.
- ③ Look for lice crawling on the scalp where the hair is parted or on the hair shaft. The lice will be dark in color and the size of a poppyseed.
- ④ Look for nits near hair follicle about ¼ inch from scalp. Nits (eggs) will be white or yellowish-brown. Nits are often more easily seen than lice, especially when the person has dark hair.
- ⑤ Also look behind both ears and near the back of the neck. You may see lice or nits. You may also see bites.

The size of a nit (egg), nymph, and louse relative to a penny



A. Checking hair for lice



B. Nits (lice eggs) on hair



Image used with permission of the American Academy of Dermatology National Library of Dermatology Teaching Slides



Chang BK, Boon JA, Datto GA, Mertz PS (Eds). Visual Diagnosis in Pediatrics. Philadelphia: Lippincott Williams & Wilkins, 2006. Courtesy of Hans B Kerstan, MD. Copyright © 2006. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA, 2014.

SCREENING TIP: To distinguish between dandruff and nits, try to flick or pull off the white speck. Dandruff is easily pulled off, but nits are not. Change gloves between each child's examination and wash your hands after all examinations are completed.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



Treatment and Exclusion Criteria

Treatment

- Many over-the-counter options, may follow up with healthcare provider if lice do not respond to over-the-counter treatments
- Most treatments need to be repeated in 7-10 days, individual should be checked daily for 2-3 weeks
- Moderate environmental cleaning (bedsheets, jackets/hats, couches, carpets, car seats, combs/brushes)
- All family members should be checked and treated if lice found

Exclusion Criteria

- CHILDCARE RULES: exclude until the morning after the first treatment. Nit free policies are not recommended.



★ Post Exclusion Expectations

Return to school

- Individuals should be treated before returning either by over-the-counter or prescription treatment

Notifications

- Notify staff and family members to monitor for symptoms
- Send notification letter to classroom/cohort so families can monitor and report lice
- Advise families on identifying lice and treatment options

Reporting

- Not reportable to CDPH





Gastroenteritis

Type of "Stomach Bug"	Mode of Transmission	Symptom ONSET after exposure to virus	Symptom DURATION after exposure to virus
Norovirus	Contact with food, water surfaces contaminated with vomit or feces, person-to-person, aerosolized vomit	1-2 Days	1-3 Days
Rotavirus	fecal-oral route direct contact or contact with contaminated hands, objects, food, or water	1-3 Days	3-7 Days
Campylobacter Bacteria	Eating undercooked meat contaminated food or water, or raw milk	1-5 days	7-14 Days
Shigella Bacteria	Fecal-oral: person-to-person contaminated food or water	1-2 Days	5-7 Days
Salmonella Bacteria	Fecal-oral : person-to person contact with infected animals contaminated food or water	1- 6 Days	4-7 Days
E.coli Bacteria (Travelers Diarrhea)	Person-to person contaminated food or liquids contact with infected animals	1-3 Days	3-5 Days

What is it?

- Occurs when a virus, bacteria, or parasite infects the stomach and intestines, causing inflammation

Signs

- Vomiting or diarrhea
- Abdominal pain/cramping
- Bloody stools
- Fever
- Dehydration

Diagnosis

- Usually based on symptoms, testing not typically performed

★ Gastroenteritis Transmission

Direct Contact

- Person-to-person (fecal-oral)
- Person-animal

Indirect Contact

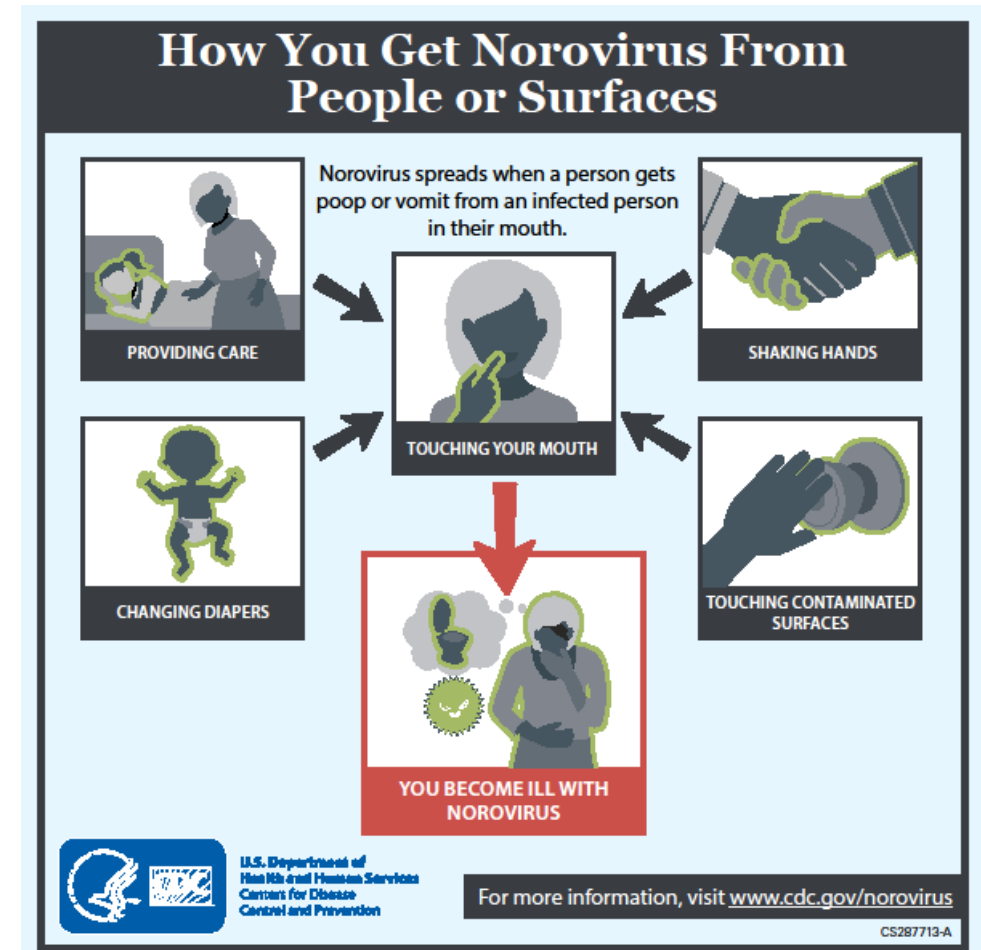
- Contaminated objects
- Contaminated food or drink

Airborne

- Aerosolization of vomit

Exclusion

- People with acute vomiting or diarrhea
- Should be **excluded for a minimum of 24 hours after diarrhea/vomiting has resolved**





Post Exclusion Expectations

Close Contacts

- Notify exposed family and staff members in the event of a cluster, or in the event of a reportable diagnosis
- Use EPA approved cleaning products
- Encourage good hand washing amongst staff and students

Reporting

- In the absence of a diagnosis, notify CDPH in the event of a cluster (4 or more cases or otherwise 10% of a classroom, grade, or cohort, within a 24-hour period)
- Refer sick people to their healthcare provider for additional support.





Case Scenario 3

**It is Friday the week after Thanksgiving and you have 4 children in a room out sick.
Parents all report vomiting and/or diarrhea.**

What do you do next?





Case Scenario 3

It is Friday the week after Thanksgiving and you have 4 children in a room out sick. Parents all report vomiting and/or diarrhea.

- *Report to CDPH*
- *Exclude all children and staff with symptoms for a minimum of 24 hours*
- *Send parent letter to affected classrooms*
- *Encourage handwashing (over hand sanitizer)*
- *Check that your facility is using products effective against norovirus (and using properly)*
- *Check if any food handlers have had symptoms recently*
- *Increased cleaning/disinfection*
- *Continue to monitor children/staff for symptoms and exclude/report further cases*
- *Notify CDPH if anyone is given a specific diagnosis (I.e. Norovirus, Shigella, E. coli, etc...)*





What are some examples of regular infection control practices your facilities use (or could use) to prevent transmission of common diseases?



★ Infection Prevention

- Encourage good hand hygiene!!
 - Encourage appropriate hand hygiene amongst children and staff, especially after using the toilet or changing diapers
 - #1 way to prevent the spread of disease!
- Teach children to cover coughs/sneezes
- Avoid touching your eyes, nose and mouth
- Prevent scratching of rashes
- Clean and care for wounds
- Take medications as prescribed (i.e. antibiotics for impetigo)





Infection Prevention

- Exclude children when required (i.e. must be fever free 24 hours without use of fever reducing medication, must be 24 hours free vomiting/diarrhea)
- Encourage regular cleaning and disinfecting
- Clean and disinfect soiled items, such as toys and commonly touched surfaces
- Encourage good ventilation through opening windows/doors, HEPA filters
- Discourage sharing of personal items such as hairbrushes, food, drinks, clothing, hats, pacifiers or other items; separate children's coats, hats, and bedding items





- **Infection Prevention**

- **CDC Handwashing Resources:**

- <https://www.cdc.gov/handwashing/handwashing-school.html>

- **CDC Cleaning Resources:**

- <https://www.cdc.gov/flu/school/cleaning.htm>



STOP GERMS! WASH YOUR HANDS

Keeping hands clean is one of the most important things we can do to stop the spread of germs and be healthy.



Wet your hands with clean, running water, and apply soap.



Lather your hands by rubbing them together with the soap.



Scrub your hands for at least 20 seconds.



Rinse hands well under running water.



Dry hands using a clean towel or air dry them.



329459-A

[cdc.gov/handwashing](https://www.cdc.gov/handwashing)

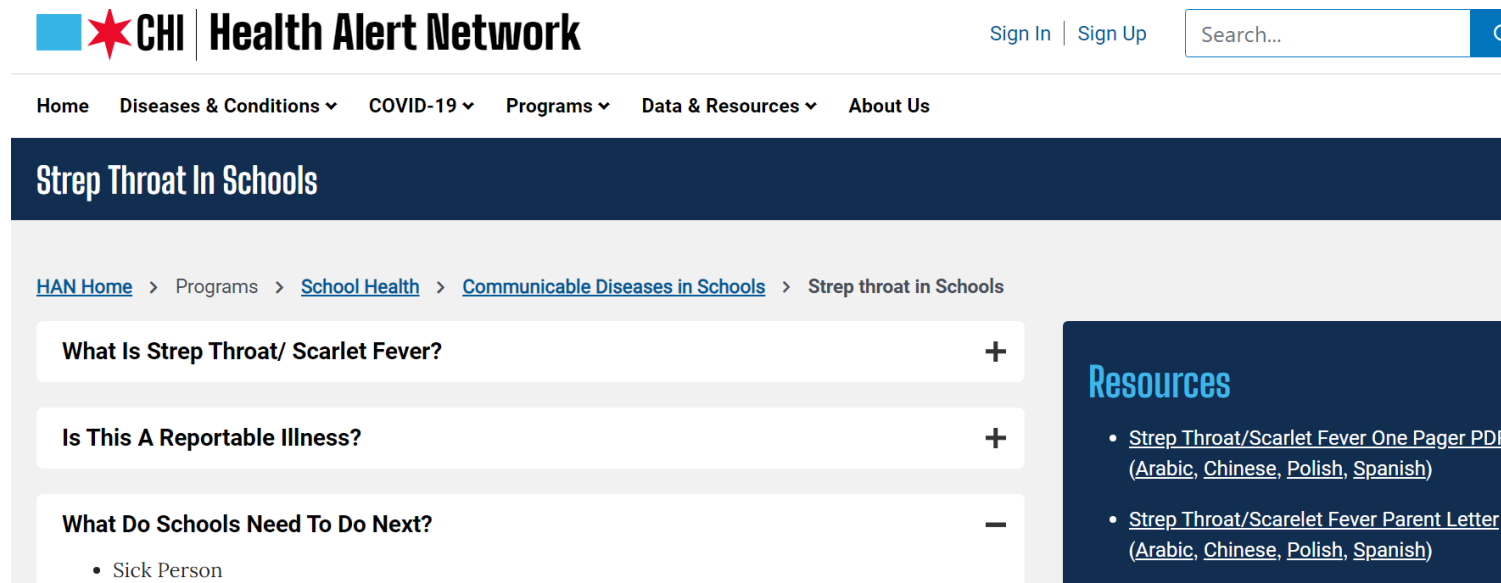


<https://www.cdc.gov/handwashing/images/329459-A-01.png>

Chicago Health Alert Network (HAN)

Resources available:

- [Reporting requirements](#)
- [Next steps for schools and childcare settings](#)
- [Disease information, including sample parent letters and One page info sheets](#)
- [Link to REDcap reporting page](#)



The screenshot shows the Chicago Health Alert Network (HAN) website. The header includes the CHI logo and the text "Health Alert Network", with links for "Sign In" and "Sign Up", and a search bar. The navigation menu includes "Home", "Diseases & Conditions", "COVID-19", "Programs", "Data & Resources", and "About Us". The main content area is titled "Strep Throat In Schools" and contains a breadcrumb trail: "HAN Home > Programs > School Health > Communicable Diseases in Schools > Strep throat in Schools". Below the breadcrumb trail are three expandable sections: "What Is Strep Throat/ Scarlet Fever?", "Is This A Reportable Illness?", and "What Do Schools Need To Do Next?". The "What Do Schools Need To Do Next?" section is expanded, showing a list item: "Sick Person". On the right side of the page, there is a "Resources" section with two links: "Strep Throat/Scarlet Fever One Pager PDF (Arabic, Chinese, Polish, Spanish)" and "Strep Throat/Scarlet Fever Parent Letter (Arabic, Chinese, Polish, Spanish)".

CHI | Health Alert Network [Sign In](#) | [Sign Up](#)

[Home](#) [Diseases & Conditions](#) [COVID-19](#) [Programs](#) [Data & Resources](#) [About Us](#)

Strep Throat In Schools

[HAN Home](#) > [Programs](#) > [School Health](#) > [Communicable Diseases in Schools](#) > Strep throat in Schools

What Is Strep Throat/ Scarlet Fever?

+

Is This A Reportable Illness?

+

What Do Schools Need To Do Next?

—

- Sick Person

Resources

- [Strep Throat/Scarlet Fever One Pager PDF \(Arabic, Chinese, Polish, Spanish\)](#)
- [Strep Throat/Scarlet Fever Parent Letter \(Arabic, Chinese, Polish, Spanish\)](#)



Communicable Disease Resources

- **IDPH Communicable Disease Guide:**
[comm-chart-school-03-04-2024.pdf \(illinois.gov\)](#)
- **Chicago HAN Communicable Disease Page:**
[https://www.chicagohan.org/school_health/communicable-diseases-in-schools](#)
- **Email:** schoolscd@cityofchicago.org
- **Phone:** 312-746-6015
- **Non-Covid Redcap reporting form:**
[https://redcap.dph.illinois.gov/surveys/?s=PLMPXN9LX7XWYHWY](#)





Gateways to Opportunity

Gateways Credentials are symbols of professional achievement that validate knowledge, skills and experience. They are an individual achievement that you can be proud of.

- Gateways Credentials are awarded and recognized by the Illinois Department of Human Services (IDHS) Bureau of Child Care and Development. They are required for some Circles of Quality in ExceleRate Illinois and can be used to help with employment decisions in early learning programs.
- There are many credentials offered by Gateways. Click [here](#) to find out about applying, specific requirements, and the forms you will need.
- Join the Gateways to Opportunity Registry [here](#)



Office Hours from Youth Settings Team

Youth Settings Office Hours

Schools and early childcare settings can hear updates regarding communicable diseases, school health, and ask questions of our nurses. Held monthly on the 2nd Tuesday of the month.

Youth Settings Office Hours (English)

Date: September 10th

Time: 10:00 am – 11:00 am

Microsoft Teams

[Join the meeting now](#)

Meeting ID: 284 019 740 125

Passcode: syJcvc

Youth Settings Office Hours (Spanish)

Date: September 10th

Time: 11:0 am – 12:00 pm

Microsoft Teams

[Join the meeting now](#)

Meeting ID: 238 757 229 617

Passcode: VXCfPV



[CHICAGO HEALTH ALERT NETWORK \(HAN\)](#)

CDPH Immunization Services

- Reviewing center's immunization records to help compliance
- Educational sessions and resources for parents and staff on the importance of vaccines and being up to date. Can be offered in English and Spanish
- Helping coordinate a vaccine event with our BCBS Care Van
 - The Chicago Care Van is a mobile immunization clinic that provides no out of pocket cost vaccine to all children from birth through 18 years of age.
 - The Care Van provides all immunizations that are recommended by the CDC with the exceptions of varicella (chicken pox) and rotavirus
 - Please request an event using this link: [CareVan Event Request Form \(illinois.gov\)](#)
 - **The CareVan DOES NOT PROVIDE SCHOOL PHYSICALS.**
- Contacting the team:
 - Atinuke Ajibola (Atinuke.Ajibola@cityofchicago.org)
 - Whiney Bellido (Whitney.Bellido@cityofchicago.org)
 - Ariel Ornelas (Ariel.Ornelas@cityofchicago.org)



Thank You!



[Chicago.gov/Health](https://chicago.gov/Health)



HealthyChicago@cityofchicago.org



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