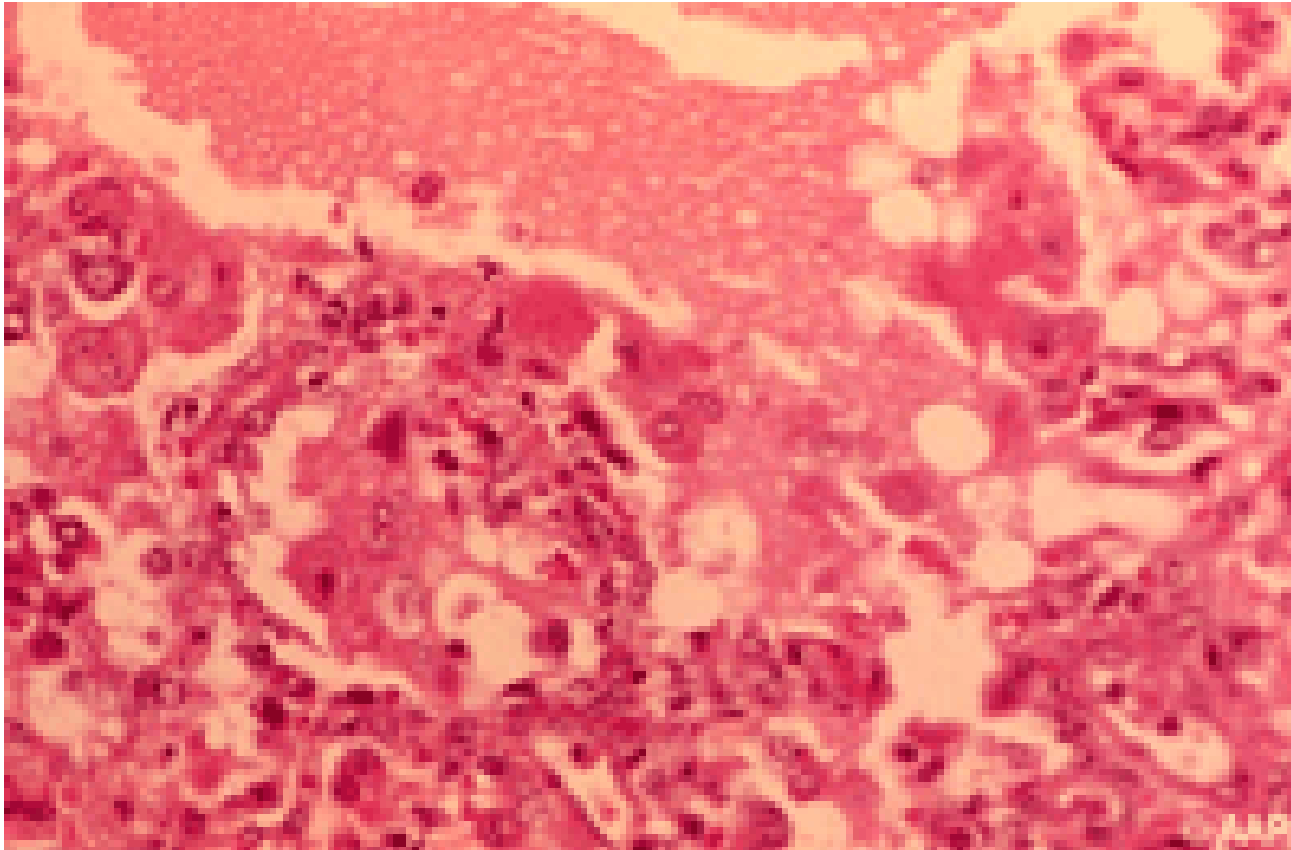


Infectious Diseases

School Rules
and what to do



Schools are great places for children and teens to share and spread diseases. Infection and infestation of skin, eyes, and hair can spread through direct contact with the infected area or through contact with contaminated hands or items, such as hair brushes, hats, or clothes.

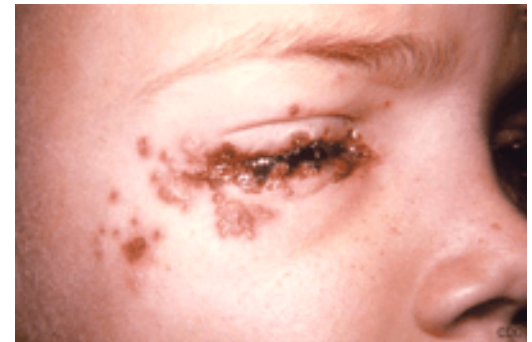
Diseases by Direct Contact

person to person

- Herpes simplex (cold sores) Virus
- Ringworm Fungus
- Athlete's foot Fungus
- Tinea cruris (jock itch) Fungus
- Pink Eye Bacteria
- Head lice Parasite
- Chickenpox (cover under next section) Virus
- Bed Bug (on the rise) Parasite
- Warts Virus

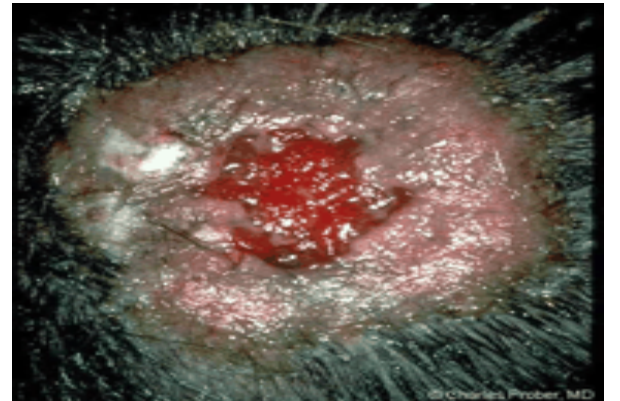
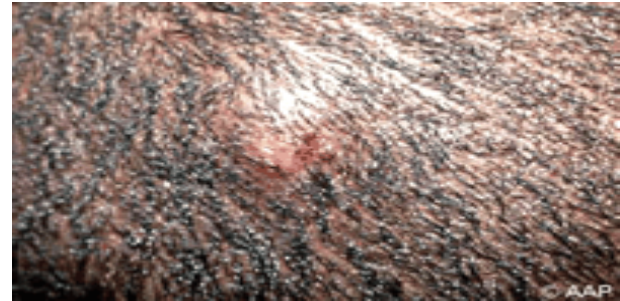
Herpes simplex (cold sores)

- **Identification:**
vesicular lesions, usually lips,
mucous membranes
- **Incubation:** 2 days to 2
weeks
- **Treatment:** None for
children, Antiviral medication
if over age 12
- **School Rules:** Good
handwashing



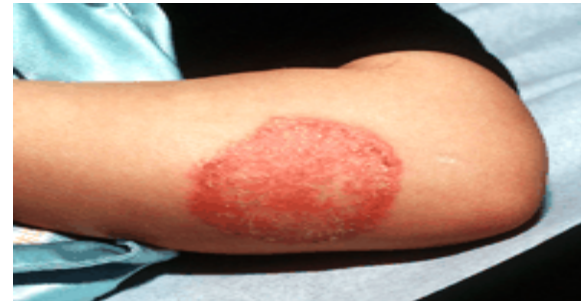
Tinea capitis (ringworm) scalp

- **Identification:**
Round scaly patch on the scalp, often confused with dandruff, seborrheic dermatitis, or atopic dermatitis
- **Incubation:** unknown
- **Treatment:** prescription oral antifungal, not topical
- **School Rules:**
Exclude until under treatment, cover with hat while at school



Tinea corporis (ringworm) body

- **Identification:** lesion generally is circular hence, the term "ringworm"), slightly erythematous, and well demarcated with a scaly, vesicular, or pustular border.
- **Incubation:** unknown
- **Treatment:** topical antifungal 2-4 weeks
- **School Rules:** Exclude until under treatment, recommend covering while at school



Tinea pedis (athlete's foot)

Identification: fine vesiculopustular or scaly lesions that commonly are pruritic predisposition to fissures and scaling between toes

Incubation: unknown

- **Treatment:** topical antifungal til clear
- **School Rules:** No bare feet, recommend socks until cleared up



Tinea cruris (jock itch)

Identification: common superficial fungal disorder of the groin and upper thighs; lesion is marginated sharply and usually is bilaterally symmetric. Moisture, close-fitting garments, friction, and obesity are predisposing factors. This infection commonly occurs in association with tinea pedis

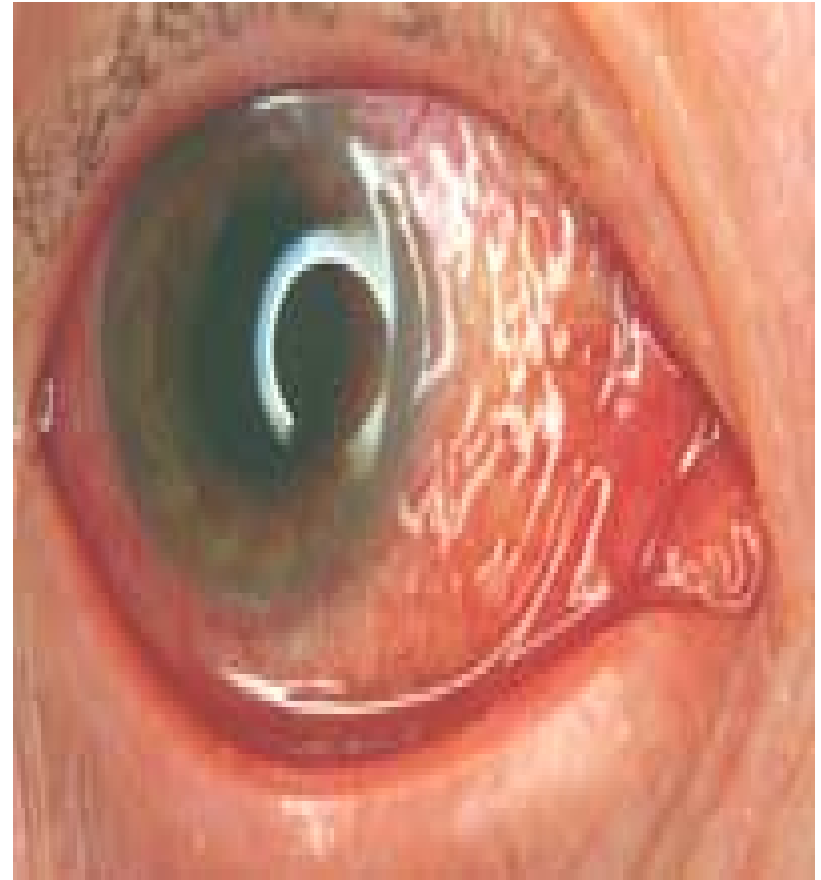
Incubation: unknown

Treatment: topical antifungal til clear

School Rules: Infections should be treated promptly. Potentially involved areas should be kept dry, and loose undergarments should be worn. Students should be advised to dry the groin area before drying their feet to avoid transferring infection into the groin area.

Bacterial/purulent Conjunctivitis

- **Identification:** pink or red conjunctiva with white or yellow eye discharge, often with matted **eyelids** after sleep and **eye** pain or redness of the **eyelids** or skin surrounding the **eye**
Incubation: 3-7 days
- **Treatment:** prescription antibiotic
- **School Rules:** Exclude until examined by a physician and approved for readmission, usually 24 hours after start of antibiotic.



Pediculus capitis (head lice)

- **Identification:** Itching is usually the only symptom, inspection reveals white lice eggs/nits or the lice bugs
- **Incubation:** 8-10 days
- **Treatment:** Shampoo, comb for nit removal, see handouts
- **School Rules:** **We are a no nit school**, exclude until nit free.



Cimex lectularius (Bed Bug)

- **Identification:** Wingless, red-brown, blood-sucking insect that grows up to 7 mm in length and has a lifespan from 4 months up to 1 year. Injects fluid to obtain human blood, fluid causes a welt on the skin that becomes irritated, inflamed, and itchy.
- **Incubation:** Female will lay 200 eggs, 3-4 per day. It takes the eggs 6 to 17 days to hatch, and the newly emerged nymphs will feed immediately.
- **Treatment:** Find all the hiding places and treat with an insecticide labeled for this use.
- **School Rules:** None, but suggest that nurse notify parents of possible infestation due to objective and subjective evidence, based on child's report.

Bed Bug



WARTS human papillomavirus (HPV) infections

Identification: benign dome-shaped with conical projections that give the surface a rough appearance. They usually are painless and multiple

Incubation: 3 months to several years

Treatment: Topical OTC or surgical removed

School Rules: Keep covered if any drainage



Diseases spread through respiratory secretions or airborne droplets

- Measles virus
- Mumps virus
- Rubella virus
- Chickenpox virus (Varicella)
- Shingles Virus
- Pertussis Bacteria
- Meningitis (both)
- Strep throat bacteria
- Common Cold Virus
- Influenza Virus
- Mononucleosis virus

Measles

Identification: fever, cough, running nose with erythematous maculopapular rash,

Incubation: 8-10 days from exposure contagious from 1 to 2 days before onset of symptoms (3–5 days before the rash) to 4 days after appearance of the rash

Treatment: signs and symptoms include -rest, fluids, cool-mist vaporizer, Tylenol (Never use Aspirin!)

School Rules: Exclude until fever and rash are gone



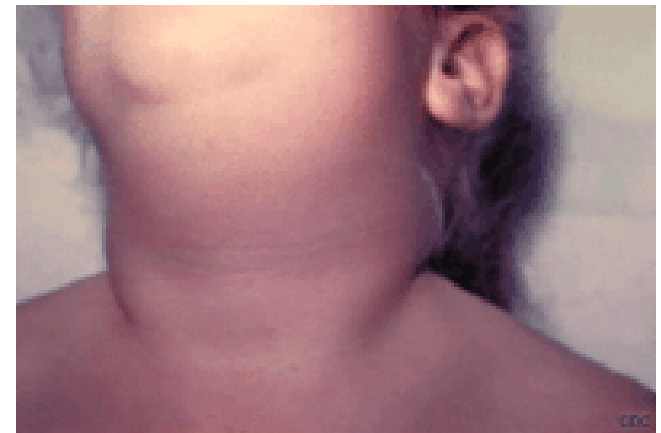
Mumps

Identification: swelling of one or more of the salivary glands, usually the parotid glands, fever, headache, earache, weakness and fatigue

Incubation: May vary from 16 to 18 days (range 12-25 days).

Treatment: Supportive

School Rules: Exclude for 9 days from onset of swelling



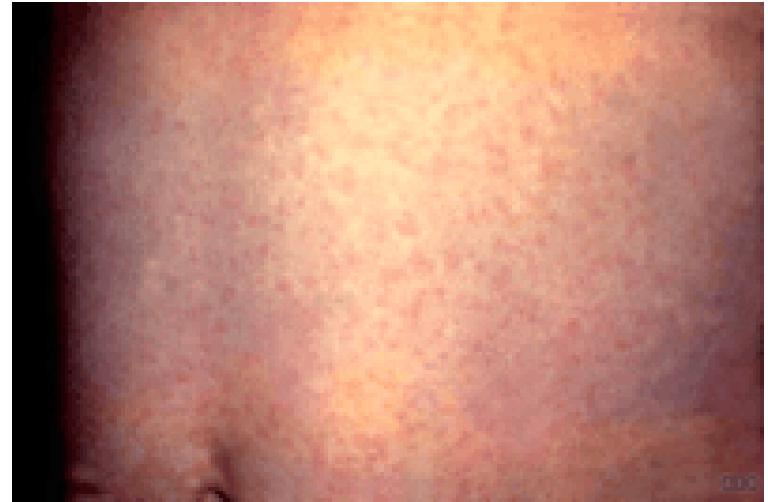
Rubella (German measles)

Identification: generalized erythematous maculopapular rash, lymphadenopathy, and slight fever. The rash starts on the face, becomes generalized in 24 hours, and lasts a median of 3 days.

Incubation: 14-23 days

Treatment: Supportive

School Rules: exclude 7 days after onset of rash



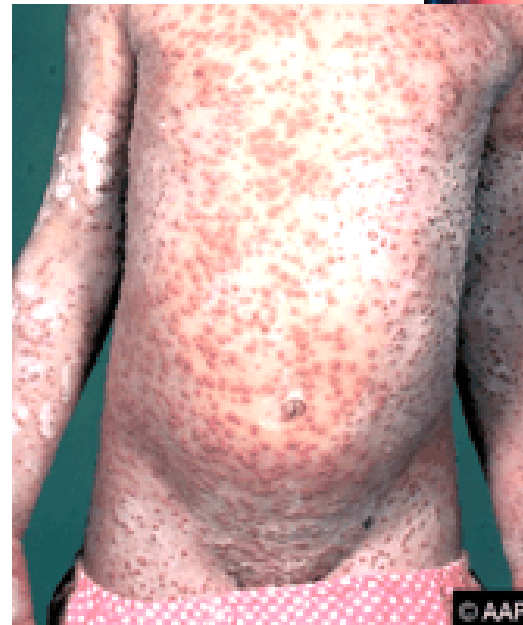
Varicella-zoster virus (chickenpox)

Identification: Slight fever, skin eruptions that initially look like insect bites

Incubation: 14-16 days

Treatment: Supportive, may give Tylenol, never Aspirin for fever

School Rules: Exclude until rash has crusted

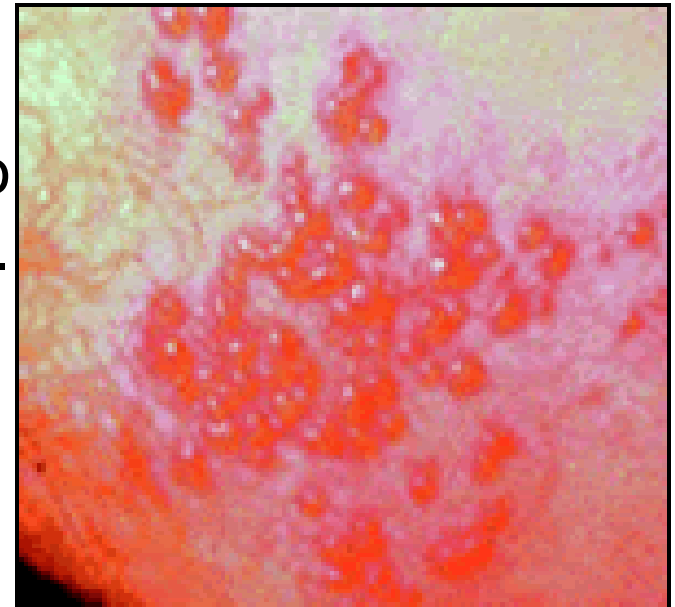


Shingles (herpes zoster)

Identification: Rash on one side of the face or body as blisters that scab after 3 to 5 days. Very painful. Same virus that causes Chickenpox -stays in body and reappears years later.



Treatment: Supportive, may give Tylenol, never Aspirin for fever. Now available vaccine for persons over 60 to decrease the chances of reappearance.



Pertussis (Whooping Cough)

Identification: begins with mild upper respiratory tract symptoms similar to the common cold and progresses to cough inspiratory whoop and commonly followed by vomiting. Fever is absent or minimal.

Incubation: 7-10 days

Treatment: May require hospitalization to assess care for apnea, hypoxia, feeding difficulties, and other complications.

School Rules: Excluded a minimum of 5 days if on a 14 day course of antibiotics, or 21 days if not treated with antibiotics.



Meningococcal Infections

Meningitis Bacterial

Identification: abrupt onset with fever, chills, malaise, prostration, and a rash that initially can be macular, maculopapular, or petechial. result in brain damage, hearing loss, or learning disability

Incubation: 1-10 days

Treatment: Possible hospitalization for IV antibiotics if severe

School Rules: Exclude until cleared by MD or 24 hours after start of antibiotics



Strep throat

Identification: most common group A streptococcal (GAS) infection is acute pharyngotonsillitis.

Incubation: 2-5 days

Treatment: Penicillin V if not allergic

School Rules: Exclude 24 hours after start of antibiotics



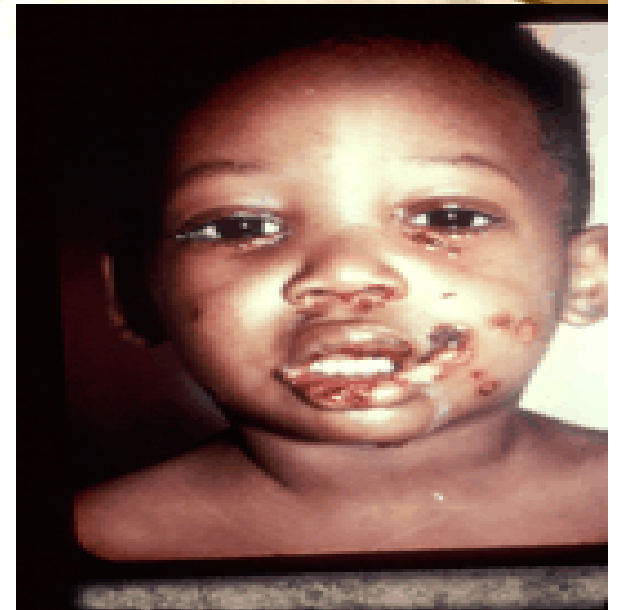
Group A Streptococcal Infections (Impetigo)

Identification: **second** most common site group A streptococcal (GAS) infection is the skin

Incubation: 7-10 days

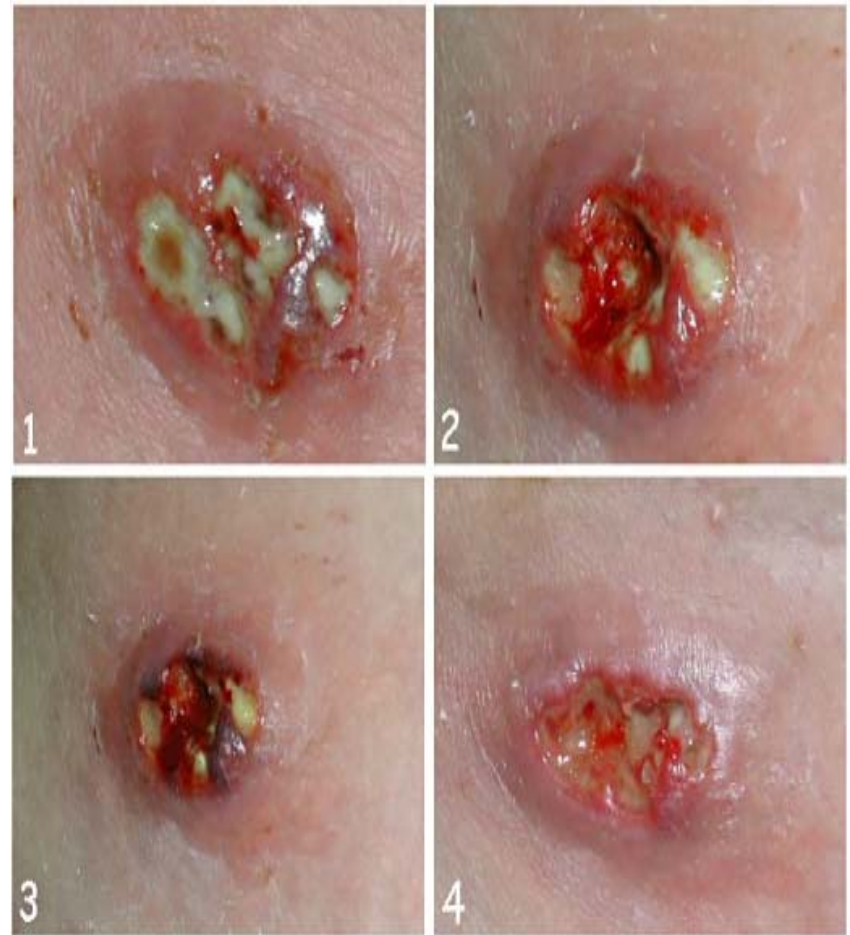
Treatment: mupirocin ointment if localized or antimicrobial regimens administered systemically if multiple lesions or family members infected

School Rules: Exclude 24 hours after start of antibiotics and avoid close contact with other children



MRSA is methicillin-resistant *Staphylococcus aureus*

- **Identification:** appear as a bump or infected area on the skin that may be:
 - Red
 - Swollen
 - Painful
 - Warm to the touch
 - Full of pus or other drainage
 - Accompanied by a fever



Mononucleosis

Mononucleosis, also called “mono,” or the “kissing disease” is a common viral illness that can leave you feeling tired and weak for weeks or months. Mono is caused by the [Epstein-Barr virus \(EBV\)](#). It is most often seen in teens and young adults. If you have mono, you can avoid passing the virus to others by not kissing anyone and by not sharing things like glasses, eating utensils, or toothbrushes.

Influenza (the flu)

Identification: sudden onset of fever, often with chills or shivering, headache, muscle aches and pain, and nonproductive cough. Later, the respiratory tract will be effected , sore throat, nasal congestion, runny nose, and cough become more prominent.

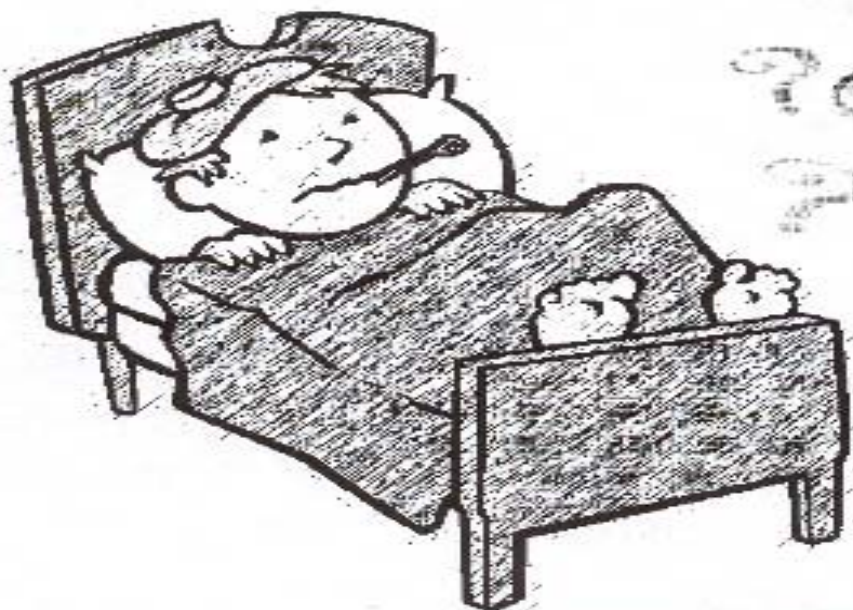
Incubation: 1-4 days

Treatment: rest, fluids, treat symptoms

School Rules: Exclude until fever is gone

Possible Complications

Cold: Sinus Congestion, Earache
Flu: Bronchitis, Pneumonia



Is it a
COLD
 or the
FLU

Prevention

Cold: Hand Washing
Flu: Annual Vaccination
 and Hand Washing

SYMPTOMS	COLD	FLU
Fever	Rare	Characteristic (102-104 F), last 3 to 4 days
Headache	Rare	Noticeable
Aches and Pains	Slight	Usual, Often Severe
Fatigue/Weakness	Mild	Last 2 to 3 Weeks
Extreme Exhaustion	Never	Early and Noticeable
Stuffy Nose	Common	Sometimes
Sneezing	Common	Sometimes

These steps may help prevent the spread of respiratory illnesses such as the flu:

- **Cover your nose and mouth** with a tissue when you cough or sneeze—throw the tissue away after you use it.
- **Wash your hands often with soap and water**, especially after you cough or sneeze. If you are not near water, use an alcohol-based hand cleaner.
- **Avoid close contact with people who are sick.** When you are sick, keep your distance from others to protect them from getting sick too.
- **If you get the flu, stay home from work, school, and social gatherings.** In this way you will help prevent others from catching your illness.
- **Try not to touch your eyes, nose, or mouth.** Germs often spread this way.

Blood Borne Pathogens

- **Hepatitis B virus (HBV),**
- **Hepatitis C (HCV)**
- **Human Immunodeficiency Virus (HIV)**

In the community, HIV and hepatitis are typically spread through unprotected sex, IV drug use and needles contaminated with infected blood or body fluids.

In schools, HIV and hepatitis can be spread when students, staff or volunteers touch blood or body fluids from an infected person.

Hepatitis A, B,C

Identification: Signs and symptoms of Hepatitis A, B, C virus infection are **impossible to tell them apart from each other.** Acute disease tends to be mild and the onset is gradual with mild nonspecific symptoms (loss of appetite, nausea, or a general feeling of being ill), and most infections have no symptoms. Students are rarely identified until after they have seen a doctor and have returned to school.

There are vaccines to prevent Hepatitis A and B

HIV

HIV the virus that can lead to acquired immune deficiency syndrome, or AIDS. HIV damages a person's body by destroying specific blood cells, which are crucial to helping the body fight diseases.

While current medications can dramatically improve the health of people living with HIV and slow progression from HIV infection to AIDS, existing treatments need to be taken daily for the rest of a person's life, need to be carefully monitored, and come with costs and potential side effects. At this time, there is no cure for HIV infection

Students/Staff with HIV

No one is required to disclose their medical condition and their medical records are considered confidential.

Unless the individual is ill and unable to attend school/work, there are no restrictions.

Everyone is considered potentially infected and precautions are taken to protect oneself when exposed to blood and bodily fluids .

Websites for further information and used for presentation

- <http://aapredbook.aappublications.org/>
- <http://www.cdc.gov/>