TITLE 173 CONTROL OF COMMUNICABLE DISEASE

CHAPTER 3 SCHOOL HEALTH, COMMUNICABLE DISEASE CONTROL, ~~PHYSICAL EXAMINATION, VISUAL EVALUATION~~, AND IMMUNIZATION STANDARDS

3-001 SCOPE AND AUTHORITY: These regulations are intended to implement Neb. Rev. Stat. §§ ~~79-214 and~~ 79-217 to 79-223.

3-002 DEFINITIONS: For purposes of these regulations:

Booster dose means a dose of vaccine given after the initial series to enhance waning immunity to specific disease(s).

Child or children means any student or students enrolled in a public or private elementary or secondary school system in Nebraska.

Department means the Department of Health and Human Services.

Local health department means a county, district, or city-county health department approved by the Department of Health and Human Services as a local full-time public health service.

Reportable communicable disease means those diseases which are required by law to be reported pursuant to 173 NAC 1.

3-003 SYMPTOMS OF COMMUNICABLE DISEASE; EXCLUSION FROM SCHOOL: Children showing any signs or symptoms of a contagious or infectious disease are required by law to be sent to their homes immediately, or as soon as safe and proper conveyance can be found.

Teachers are encouraged to observe each child carefully for signs of illness each time the child returns to school. This is particularly important when epidemic diseases are known to be present in the community.

The presence of one or more of the following signs or symptoms should make the teacher suspect a communicable disease:

Fever, flushed face, headache, aches in muscles or joints, unexplained tiredness or listlessness, loss of appetite, stomach ache, nausea or vomiting, diarrhea, convulsions, sore throat, nasal congestion or discharge, unexplained skin eruption, sore or inflamed eyes.

3-004 REPORTING

3-004.01 Suspected Contagious or Infectious Disease: When a child is sent home because of a suspected contagious or infectious disease, the law requires the proper school authority, school board, or board of education to be notified without delay.

3-004.02 Suspected Reportable Disease: When a school nurse or an individual acting in the capacity of a school nurse identifies a case or suspected case of a reportable disease, s/he must report that case to the local public health department or the DHHS Division of Public Health as provided in 173 NAC 1-007.04.

3-005 DURATION OF EXCLUSION PERIOD: Children excluded for a confirmed communicable disease should not be allowed to return to school until the minimum isolation period has elapsed, and all signs or symptoms of acute illness have disappeared. The period of exclusion should extend throughout the period when acute signs of illness are present, or until the student is fever-free for 24 hours without the use of fever-reducing medication.

Minimum isolation periods are shown in the table on Attachment 1, Contagious and Infectious Disease/Condition Chart, which is attached to 173 NAC 3 and incorporated by this reference. School boards and boards of education may observe these periods, or adopt and enforce their own exclusion regulations which may not be shorter or less restrictive than those contained in 173 NAC 3.

3-006 EXCLUSION OF HEALTH CONTACTS: With a few exceptions (which are shown in the table on Attachment 1) there are no restrictions placed upon the health contacts of communicable diseases by these regulations; consequently, they may attend school unless the local health department, board of health, school board or board of education has adopted rules and regulations to the contrary. If officials consider exclusion of health contacts necessary, it is suggested that whenever possible this be confined to the latter portion of the incubation period and enforced only for those children who are not known to be immune.

~~3-007 PHYSICAL EXAMINATION AND VISUAL EVALUATION STANDARDS: School boards must require evidence of a physical examination and a visual evaluation within six months prior to the entrance of a child into the beginner grade or, in the case of a transfer from out of state, to any other grade of the local school. The visual evaluation must consist of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity.~~

~~3-007.01 Evidence of Physical Examination: A printed or typewritten statement signed by a physician, physician assistant, or advanced practice registered nurse indicating that a physical examination was administered on a specific date within the previous six months on a specifically named child constitutes sufficient evidence of a physical examination within six months prior to the entrance of the child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade of the local school.~~

~~3-007.02 Evidence of Visual Evaluation: A printed or typewritten statement signed by a physician, physician assistant, advanced practice registered nurse, or optometrist indicating that a visual evaluation was administered on a specific date within the previous~~

~~six months on a specifically named child constitutes sufficient evidence of a visual evaluation within the six months prior to the entrance of the child into the beginner grade or, in the case of a transfer from out of state, to any other grade of the local school. The statement must verify that the visual evaluation consisted of testing:~~

~~1. For amblyopia;~~
~~2. For strabismus;~~
~~3. For internal and external eye health; and~~
~~4. Sufficient to determine visual acuity.~~

~~3-007.03 Objection by Parent or Guardian: As a substitute for the evidence specified in 173 NAC 3-007.01 and 3-007.02, an objection in writing to a physical examination or visual evaluation of a child signed and dated by a parent or guardian of the child may be submitted to the local school.~~

3-007 (RESERVED)

3-008 IMMUNIZATION STANDARDS: Each student must be protected by immunization against the following diseases, unless otherwise exempted from this requirement under the provisions of 173 NAC 3-010:

Measles	Diphtheria	Invasive pneumococcal disease
Mumps	Tetanus	
Rubella	Pertussis	
Polio	Haemophilus Influenzae type b (Hib)	
Hepatitis B	Varicella	

3-008.01 For the purposes of complying with the requirement of immunization against the diseases listed above:

3-008.01A Students 2-5 years of age enrolled in a school-based program not licensed as a child care provider are considered to be immunized if they have received:

3 doses of hepatitis B vaccine;
4 doses of DTaP, DTP, or DT vaccine;
3 doses of polio vaccine;
1 dose of MMR vaccine given no earlier than 4 days before the first birthday;
3 doses of hib vaccine or 1 dose of hib vaccine given at or after 15 months of age;
1 dose of varicella vaccine; and
4 doses of pneumococcal vaccine or 1 dose of pneumococcal vaccine given at or after 15 months.

3-008.01B Students enrolling for the first time (kindergarten or 1st grade, depending on the school district's entering grade), enrolling in 7th grade, and all transfer students from outside the state regardless of the grade they are entering are considered immunized if they have received:

3 doses DTaP, DTP, DT, or Td vaccine with at least 1 dose given no earlier than 4 days before 4 years of age;
3 doses of polio vaccine;
2 doses of MMR vaccine with the first dose given no earlier than 4 days before the first birthday and the 2 doses separated by at least 28 days;
3 doses of pediatric hepatitis B vaccine, or, if the alternate hepatitis B vaccination schedule is used, 2 doses of a licensed adult hepatitis B vaccine specified for adolescents 11-15 years of age; and
~~1 dose of varicella vaccine given before the 13th birthday, or 2 doses of varicella vaccine with the first dose given on or after the 13th birthday and the second dose given no less than 28 days later. Beginning July 1, 2011 and thereafter,~~ 2 doses of varicella vaccine with the first dose given no earlier than 4 days before the first birthday and the 2 doses separated by at least 28 days.

~~Beginning July 2010 and thereafter, s~~ Students enrolling in 7th grade must provide evidence of having 1 booster dose of a tetanus, diphtheria, and pertussis (Tdap) vaccine, given on or after ~~10~~ 7 years of age.

3-008.01C All other students are considered immunized if they have received:

3 doses of DTaP, DTP, DT, or Td vaccine, with at least 1 dose given no earlier than 4 days before 4 years of age;
3 doses of polio vaccine;
2 doses of MMR vaccine with the first dose given no earlier than 4 days before the first birthday and the 2 doses separated by at least 28 days;
3 doses of hepatitis B vaccine; and
~~Beginning July 1, 2011 and thereafter,~~ 2 doses of varicella vaccine with the first dose given no earlier than 4 days before the first birthday and the 2 doses separated by at least 28 days.

3-009 REQUIRED EVIDENCE OF IMMUNIZATION

3-009.01 For purposes of compliance with the immunization requirement, the board of education or school board or other governing authority, must require the presentation of an immunization history which includes the name of the vaccine and the month, day, and year of administration.

3-009.02 Laboratory evidence of circulating antibodies for measles, mumps, or rubella constitutes evidence of immunity against those diseases provided the following information is supplied: name of laboratory, date of test, name of test, test result, signature of laboratory technician performing the test or of the laboratory director, and date of signature. For purposes of compliance with this rule, clinical history of measles, mumps, or rubella without laboratory or epidemiologic confirmation does not constitute evidence of immunity.

3-009.03 Epidemiologic confirmation of a diagnosis means that the clinical history of measles, mumps, or rubella is corroborated by association with laboratory proven case(s)

and that such epidemiologic case(s) have been reported to and counted by the Department.

3-009.04 A documented history of varicella disease from a parent or health care provider with the year of infection constitutes evidence of immunity to varicella. The documentation must include one of the following:

1. Signature of the parent or legal guardian and the date (year) of the child's varicella illness, or
2. Signature of a health care provider and the date (year) of the child's varicella illness, or
3. Laboratory evidence of a child's varicella immunity, or
4. A clinical diagnosis of shingles.

3-010 MEDICAL AND RELIGIOUS EXEMPTION; PROVISIONAL ENROLLMENT: Each student must be protected against the diseases listed using the standards described in 173 NAC 3-008 and submit evidence of immunization as described in 173 NAC 3-009. Any student who does not comply with these requirements must not be permitted to enroll in school, except as provided in 173 NAC 3-010.01 through 3-010.03.

3-010.01 Immunization is not required for a student's enrollment in any school in this state if he or she submits to the admitting official either of the following:

3-010.01A A statement signed by a physician, physician assistant, or nurse practitioner stating that, in the health care provider's opinion, the specified immunization(s) required would be injurious to the health and well-being of the student or any member of the student's family or household; or

3-010.01B A notarized affidavit signed by the student or, if he or she is a minor, by a legally authorized representative of the student, stating that the immunization conflicts with the tenets and practice of a recognized religious denomination of which the student is an adherent or member or that immunization conflicts with the personally and sincerely followed religious beliefs of the student.

3-010.02 A student may be provisionally enrolled in a school in Nebraska if he or she has begun the immunizations against the specified diseases prior to enrollment and continues the necessary immunizations as rapidly as is medically feasible. For purposes of complying with these requirements:

3-010.02A A student is considered to have begun immunizations against polio, diphtheria, tetanus, pertussis, hepatitis B, measles, mumps, and rubella and varicella if he or she has had at least one dose of DTaP/DTP/DT/Td, one dose of hepatitis B, one dose of either trivalent OPV or one dose of IPV, either one dose of the combined measles, mumps, and rubella vaccine or one dose of each vaccine for measles, mumps, and rubella, and one dose of varicella vaccine.

3-010.02B Continuation of necessary immunizations as rapidly as is medically feasible must be documented by a written statement from the student's

immunization provider which shows the scheduled dates to complete the required immunization series. Failure to receive the necessary immunizations as rapidly as is medically feasible will result in exclusion of the student from attending school until either documentation of immunization or a medical statement or religious affidavit is provided to the school. The time interval for the completion of the required immunization series must not exceed nine months.

3-010.03 A student may also be provisionally enrolled in a school in Nebraska if he or she is the child or legal ward of an officer or enlisted person, or the child or legal ward of the spouse of such officer or enlisted person on active duty in any branch of the military services of the United States, and said student is enrolling in a Nebraska school following residence in another state or in a foreign country.

3-010.03A As a condition for the provisional enrollment of a student under this Section, a parent or adult legal guardian of the student must provide the school with a signed written statement certifying that the student has completed the course of immunizations required by 173 NAC 3-008.

3-010.03B The provisional enrollment of a student qualified for such enrollment under 173 NAC 3-010.03 must not continue beyond 60 days from the date of such enrollment. At such time, the school must be provided, with regard to said student, written evidence of compliance with 173 NAC 3-008. The student must not be permitted to continue in school after such date until evidence of compliance is provided.

3-011 TIME OF COMPLIANCE: Each student must present documentation as outlined in 173 NAC 3-009 and 3-010 prior to enrollment.

3-012 REPORTING REQUIREMENTS: A report to the Department summarizing immunization status is required by November 15 of each year from the board of education or school board of each school district, or other governing authority of the school. The report must include the following information regarding those entering school for the first time (kindergarten or 1st grade), those entering the 7th grade, and all transfer students from outside the state (excluding the entering and 7th grades):

3-012.01 For children in the entering grade (kindergarten or 1st grade depending on the school district's entering grade):

1. The total number of students enrolled.

2. The total number of students with an exemption on file or who are in the process of completing immunizations.

3. Diphtheria, tetanus, and pertussis (DTP/DTaP/DT/Td):

   a. The number of students with 3 or more doses of DTP/DTaP/DT/Td, with at least one dose given at or after 4 years of age.

b. The number of students with medical exemptions on file for diphtheria, tetanus, and pertussis.
c. The number of students with religious exemptions on file for diphtheria, tetanus, and pertussis.
d. The number of students provisionally enrolled.

4. Polio (IPV/OPV):

a. The number of students with 3 or more doses of polio vaccine.
b. The number of students with medical exemptions on file for polio.
c. The number of students with religious exemptions on file for polio.
d. The number of students provisionally enrolled.

5. Measles, mumps, and rubella (MMR):

a. The number of students with 2 doses of MMR with the first dose given no earlier than 4 days before the ~~1st~~ first birthday and the 2 doses separated by at least 28 days.
b. The number of students presenting laboratory evidence of circulating antibodies or epidemiologic confirmation of measles, mumps, and rubella.
c. The number of students with medical exemptions on file for MMR.
d. The number of students with religious exemptions on file for MMR.
e. The number of students provisionally enrolled.

6. Hepatitis B:

a. The number of students with 3 doses of pediatric hepatitis B, or, if the alternate hepatitis B vaccination schedule is used, the number of students with 2 doses of a licensed adult hepatitis B vaccine specified for adolescents 11-15 years of age.
b. The number of students with medical exemptions on file for hepatitis B.
c. The number of students with religious exemptions on file for hepatitis B.
d. The number of students provisionally enrolled.

7. Varicella:

a. The number of students with ~~1 dose of varicella vaccine, and beginning July 1, 2011 and thereafter,~~ 2 doses of varicella vaccine with the first dose given no earlier than 4 days before the first birthday and the 2 doses separated by at least 28 days.
b. The number of students with documented history of varicella disease on file.
c. The number of students with medical exemptions on file for varicella.
d. The number of students with religious exemptions on file for varicella.
e. The number of students provisionally enrolled.
f. The number of students with a documented clinical diagnosis of shingles.

3-012.02 For children entering 7th grade:

1. The total number of students enrolled.

2. The total number of students with an exemption on file or who are in the process of completing immunizations.

3. Measles, mumps, and rubella (MMR):

   a. The number of students with 2 doses of MMR, with the first dose given no earlier than 4 days before the ~~1st~~ first birthday and the 2 doses separated by at least 28 days.
   b. The number of students presenting laboratory evidence of circulating antibodies or epidemiologic confirmation of measles, mumps, and rubella.
   c. The number of students with medical exemptions on file for MMR.
   d. The number of students with religious exemptions on file for MMR.
   e. The number of students provisionally enrolled.

4. Hepatitis B:

   a. The number of students with 3 doses of pediatric hepatitis B, or, if the alternate hepatitis B vaccination schedule is used, the number of students with 2 doses of a licensed adult hepatitis B vaccine specified for adolescents 11-15 years of age.
   b. The number of students with medical exemptions on file for hepatitis B.
   c. The number of students with religious exemptions on file for hepatitis B.
   d. The number of students provisionally enrolled.

5. Varicella:

   a. The number of students with ~~1 dose of varicella vaccine given before the 13th birthday, or 2 doses of varicella vaccine with the first dose given on or after the 13th birthday and the second dose given no less than 28 days later. Beginning July 1, 2011 and thereafter, the number of students with~~ 2 doses of varicella vaccine with the first dose given no earlier than 4 days before the first birthday and the two doses separated by at least 28 days.
   b. The number of students with documented history of varicella disease on file.
   c. The number of students with medical exemptions on file for varicella.
   d. The number of students with religious exemptions on file for varicella.
   e. The number of students provisionally enrolled.
   f. The number of students with a documented clinical diagnosis of shingles.

6. Beginning July 2010, and thereafter, one booster dose containing tetanus, diphtheria and pertussis (Tdap):

   a. The number of students with 1 dose of Tdap (tetanus, diphtheria and pertussis).
   b. The number with a medical exemptions on file for Tdap.
   c. The number of students with religious exemptions on file for Tdap.
   d. The number of students provisionally enrolled.

3-012.03 For transfer students from outside the state:

1. The total number of students enrolled.

2. The total number of students with an exemption on file or who are in the process of completing immunizations.

3. Measles, mumps, and rubella (MMR):

   a. The number of students with 2 doses of MMR, with the first dose given no earlier than 4 days before the ~~1st~~ first birthday and the 2 doses separated by at least 28 days.
   b. The number of students presenting laboratory evidence of circulating antibodies or epidemiologic confirmation of measles, mumps, and rubella.
   c. The number of students with medical exemptions on file for MMR.
   d. The number of students with religious exemptions on file for MMR.
   e. The number of students provisionally enrolled.

4. Hepatitis B:

   a. The number of students with 3 doses of pediatric hepatitis B, or, if the alternate hepatitis B vaccination schedule is used, the number of students with 2 doses of a licensed adult hepatitis B vaccine specified for adolescents 11-15 years of age.
   b. The number of students with medical exemptions on file for hepatitis B.
   c. The number of students with religious exemptions on file for hepatitis B.
   d. The number of students provisionally enrolled.

5. Varicella:

   a. The number of students with ~~1 dose of varicella vaccine given before the 13th birthday or 2 doses with the first dose given on or after the 13th birthday and the doses separated by 28 days. Beginning July 1, 2011 and thereafter, the number of students with~~ 2 doses of varicella vaccine with the first dose given no earlier than 4 days before the first birthday and the 2 doses separated by at least 28 days.
   b. The number of students with documented history of varicella disease on file.

c. The number of students with medical exemptions on file for varicella.
d. The number of students with religious exemptions on file for varicella.
e. The number of students provisionally enrolled.
f. The number of students with a documented clinical diagnosis of shingles.

3-012.04 The abbreviated reporting requirements for entering 7th graders and transferring students do not exempt them from meeting the immunization standards outlined in 173 NAC 3-008.01B.

CONTAGIOUS AND INFECTIOUS DISEASES/CONDITIONS

DISEASE / CONDITION	INCUBATION PERIOD *	SYMPTOMS OF ILLNESS	INFECTION PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
Chickenpox	2-3 weeks	Fever, skin eruption begins as red spots that become small blisters (vesicles) and then scab over.	For up to 5 days before eruption until all lesions are crusted.	Exclude until all lesions are crusted; avoid contact with susceptibles. No exclusion of contacts. Alert parents of immune-suppressed child(ren) of possible exposure.
Conjunctivitis (Pink Eye)	24-72 hours	Redness of white of eye, tearing, discharge of pus.	During active phase of illness characterized by tearing and discharge.	Exclude symptomatic cases. Urge medical care. May return when eye is normal in appearance or with documentation from physician that child is no longer infectious. No exclusion of contacts.
Coryza (Common Cold)	12-72 hours	Nasal discharge, soreness of throat.	One day before symptoms and usually continuing for about 5 days.	Exclusion unnecessary. No exclusion of contacts.
Diphtheria	2-5 days	Fever, sore throat, often gray membrane in nose or throat.	Usually 2 weeks or less. Seldom more than 4 weeks.	Exclude cases. Return with a documented physician approval. Exclude inadequately immunized close contacts as deemed appropriate by school officials following investigation by the local and/or Nebraska Department of Health and Human Services. ***Report immediately by telephone*** all cases to local and/or state health departments.

DISEASE / CONDITION	INCUBATION PERIOD *	SYMPTOMS OF ILLNESS	INFECTION PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
Enterobiasis (Pinworm, Thread-worm, Seatworm)	Life cycle about 3-6 weeks	Irritation around anal region. Visible in stool.	As long as eggs are being laid; usually 2 weeks.	Exclude until treated as documented by physician. No exclusion of contacts. Careful handwashing essential.
Fifth Disease	Estimated at 6-14 days	Minimal symptoms with intense red "slapped cheek" Appearing rash; lace-like rash on body.	Unknown.	Exclude until fever and malaise are gone. May return with rash; no longer contagious once rash appears. No exclusion of contacts; however, alert any students or staff who are pregnant, have chronic hemolytic anemia or immunodeficiency to consult their physician.
Hand, Foot and Mouth	3-5 days	Fever, sore throat, elevated blisters occurring on hands, feet or in the mouth.	During acute illness, usually one week. Spread through direct contact with nose and throat discharge and aerosol droplets.	Exclude cases during acute phase and until fever-free for 24 hours without the use of fever-reducing medication.
Hepatitis A	15-50 days, average 28-30 days	Fever, nausea, loss of appetite, abdominal discomfort and jaundice.	Two weeks before jaundice until about 7 days after onset of jaundice.	Exclude for no less than 7 days after onset of jaundice. Return with documented physician approval. No exclusion of contacts. Immune globulin (IG) <u>or hepatitis A vaccine</u> prevents disease if given within two weeks of exposure. IG to family contacts only. Careful handwashing essential.

DISEASE / CONDITION	INCUBATION PERIOD *	SYMPTOMS OF ILLNESS	INFECTION PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
Herpes Simplex (Type 1)	2-12 days	Onset as clear vesicle, later purulent. Following rupture, scabs and in 1-2 weeks, heals. Commonly about lips and in mouth.	For a few weeks after appearance of vesicle.	Exclusion unnecessary. No exclusion of contacts. Avoid contact with immunesuppressed or eczematous persons. Good personal hygiene, avoid sharing toilet articles.
Impetigo	4-10 days	Running, open sores with slight marginal redness.	As long as lesions draining and case hasn't been treated.	Exclude until brought under treatment and acute symptoms resolved. No exclusion of contacts. Good personal hygiene is essential. Avoid common use of toilet articles.
Influenza	24-72 hours	Fever and chills, often back or leg aches, sore throat, nasal discharge and cough; prostration.	A brief period before symptoms until about a week thereafter.	Exclude for duration of illness. No exclusion of contacts.
~~**Meningitis (Bacterial and Viral)**~~	~~Varies depending on causative agent; 2-10 days~~	~~Sudden onset of fever. Intense headache, nausea, often vomiting. Stiff neck, delirium or petechial rash, shock.~~	~~Variable.~~	~~Exclude for duration of illness. Return with documented physician approval. No exclusion of contacts. Chemoprophylaxis appropriate for family and intimate contacts.~~
Measles (Rubeola)	10-14 days	Begins like a cold; fever, blotchy rash, red eyes, hacking frequent cough.	5 days before rash until 4 days after rash.	Exclude for duration of illness and for no less than 4 days after onset of rash. Exclude unimmunized students on same campus from date of diagnosis of first case until 14 days after rash onset of last known case or until measles immunization received or laboratory proof of immunity is presented or until history of previous measles infection is verified as per records or the Nebraska

DISEASE / CONDITION	INCUBATION PERIOD *	SYMPTOMS OF ILLNESS	INFECTION PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
				Department of Health and Human Services. ***Report immediately by telephone*** all cases to local and/or state health departments.
Meningitis (bacterial)	3-4 days with a range of 2-10 days	Sudden onset of fever, headache, stiff neck, nausea, vomiting, sensitivity to light, and altered mental status	Infectious until 24 hours into antibiotic course	Local or state health authorities will determine appropriate follow-up and investigation on a case-by-case basis. Student should be excluded from school until antibiotic course has been initiated and symptoms have fully resolved, and may return with medical clearance.
Meningitis (viral)	3-7 days	Sudden onset of fever, headache, stiff neck, nausea, vomiting, sensitivity to light, sleepiness, altered mental status; rubella-like rash may be present.	Infectious until symptoms have fully resolved.	Active illness seldom exceeds 10 days. Student should be excluded from onset of symptoms until full resolution, and may return with medical clearance.
MRSA (staph bacterial infection)	Variable and indefinite.	Skin lesion; can take on different forms.	As long as purulent lesions drain or the carrier state persists.	Exclusion unnecessary unless directed by physician. Keep lesions covered at school. Good handwashing and sanitation practices; no sharing of personal items.
Mumps (Epidemic Parotitis)	2-3 weeks	20-40% of those infected do not appear ill or have swelling. 60-70% have swelling with pain above angle of lower jaw on one or both sides.	About 7 days before gland swelling until 9 days after onset of swelling or until swelling has subsided.	Exclude 5 days from onset of swelling in the neck. No exclusion of contacts. Inform parents of unimmunized students on campus of possible exposure and encourage immunization.
Pediculosis (Infestation with	Eggs of lice hatch in about a week;	Itching; infestation of hair and/or clothing	While lice remain alive and until eggs in	Nits are not a cause for school exclusion. Parents of students with live

DISEASE / CONDITION	INCUBATION PERIOD *	SYMPTOMS OF ILLNESS	INFECTION PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
head or body lice)	maturity in about 2-3 weeks	with insects and nits (lice eggs).	hair and clothing have been destroyed. Direct and indirect contact with infested person and/or clothing required.	lice are to be notified and the child treated prior to return to school. Only persons with active infestation need be treated. Avoid head-to-head contact. No exclusion of contacts.
Pertussis (Whooping Cough)	7 days – usually within 10 days	Irritating cough – symptoms of common cold usually followed by typical whoop in cough in 2-3 weeks.	About 7 days after exposure to 3 weeks after typical cough. When treated with erythromycin, 5-7 days after onset of therapy.	Exclude until physician approves return per written documentation. Exclude inadequately immunized close contacts as deemed appropriate by school officials following investigation by the local and/or state Department of Health and Human Services. Chemoprophylaxis may be considered for family and close contacts. ***Report immediately by telephone*** all cases to local and/or state health departments.
Poliomyelitis (Infantile Paralysis)	3-35 days; 7-14 days for paralytic cases	Fever, sore throat, malaise, headache, stiffness of neck or back, muscle soreness.	Not accurately known. Maybe as early as 36 hours after infection; most infectious during first few days after onset of symptoms.	Exclude until physician approves return. Report immediately by telephone.
Ringworm (Tinea Infections)	10-14 days	Scaly oval patches of baldness of scalp; brittle and falling hair, scaly oval lesions of skin.	As long as infectious lesions are present, especially when untreated.	No exclusion of contacts. Good sanitation practices and don't share toilet articles. If affected areas cannot be covered with clothing/dressing during school, exclude until treatment started.
Rubella (German Measles)	14-21 days	Low-grade fever, slight general malaise; scattered Measles-like rash;	About one week before rash until 7 days after onset of rash.	Exclude for duration of illness and for no less than 4 days* after onset of rash. Exclude unimmunized students on same campus from date of diagnosis of first

DISEASE / CONDITION	INCUBATION PERIOD *	SYMPTOMS OF ILLNESS	INFECTION PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
		duration of approximately 3 days.		case until 23* days after rash onset of last known case or until rubella immunization received or laboratory proof of immunity is presented. ***Report immediately by telephone*** all cases to local and/or state health departments.
Scabies	Infection caused by almost invisible mite. Lesions symptomatic after 4-6 weeks.	Severe itching; lesions around loose fleshy tissue (e.g., finger webs, elbows, crotch, etc.)	Until mites and eggs destroyed.	Exclude until the day after treatment is started. No exclusion of contacts.
Shingles / Herpes Zoster	Latent form after primary infection with chickenpox.	Grouped small blisters (vesicles) often accompanied by pain localized to area	Physical contact with vesicles until they become dry.	Exclude children with shingles / zoster if the vesicles cannot be covered until after the vesicles have dried. Individuals with shingles /zoster should be instructed to wash their hands if they touch the potentially infectious vesicles.
Streptococcal Infection; (Scarlet Fever, Scarlatina, Strep Throat)	1-3 days	Sore throat, fever, headache. Rough rash 12-48 hours later.	Until 24-48 hours after treatment begun.	Exclude until afebrile and under treatment for 24 hours. No exclusion of contacts. Early medical care important and usually requires 10 days of antibiotic treatment. Screening for asymptomatic cases not recommended.
Tuberculosis Pulmonary	Highly variable – depends on age, life style, immune status. Primary: 4-12 weeks. Latent: 1-2 years after infection. Life-long risk.	Weakness, cough, production of purulent sputum, loss of weight, fever. Urinary tract symptoms if this system involved.	Until sputum is free from tuberculosis bacteria. Generally after a few weeks of effective treatment.	Exclude. Physician treatment essential. May return with documented physician approval. No exclusion of contacts. Skin test contacts and chemoprophylaxis with INH if positive (in absence of disease). Exclusion of nonpulmonary tuberculosis unnecessary.

* Day of onset of specific symptom is counted as "day zero;" the *day after onset* is "day **1**;" *second day* after onset is "day **2**;" and etc.

NOTE: ***Careful handwashing*** is the most important thing that can be done to prevent the spread of most infectious diseases.

Questions about this chart may be directed to the DHHS Division of Public Health, Lifespan Health Services, Immunization Program (402-471-6423) or School Health Program (402-471-0160).