



Communicable Disease Case and Outbreak Toolkit for Schools and Childcare

Guidance for schools and childcare sites to report and manage communicable disease cases and outbreaks.

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This toolkit provides guidance for reporting and responding to specific communicable diseases commonly encountered in childcare and school settings.

Revised January 2024



Illness and outbreak reporting



What is reportable? [Title 17 §2508](#) requires schools and childcare sites to report the following to Public Health:

- Individual cases of [Title 17 diseases](#) (measles, pertussis).
- Outbreaks, as defined in Table 1 below.
- Unusual disease occurrences.

To report to Public Health, call 408-885-4214, select option 3 and ask for Nurse of the Day.

How do I respond to individual cases of communicable diseases?

- Answer these questions with APPENDIX A:**
- Is this disease reportable?
 - Do I need to post an exposure notice?
 - Does the individual need to be excluded?
 - When can the individual return?

Refer to [APPENDIX A- Common Childhood Diseases](#) for Public Health's recommendations on individual cases of specific communicable diseases.

Am I experiencing an outbreak?

In general, an outbreak is defined as more cases of an illness than expected for a particular group at a particular time.

Refer to [Table 1](#) below for Public Health's specific reporting thresholds for Gastrointestinal or Respiratory illnesses.

Table 1: Outbreak Reporting Thresholds for County of Santa Clara Public Health Department

Gastrointestinal Illness	Respiratory Illness	Reportable Title 17 Disease
3 or more cases of vomiting and/or diarrhea (3 or more loose stools in a 24-hour period) in a student or staff member, with symptom onset occurring within 72 hours and within an epidemiologically-linked group (such as a single classroom, sports team, or after-school group).	<ul style="list-style-type: none"> • 10% or more of the total population of students and staff, facility-wide, are absent with influenza-like illness* within a 3-day period. • OR, 20% or more of students and staff in an epidemiologically-linked group (such as a single classroom, sports team, or after-school group) with influenza-like illness,* with a minimum of 5 ill, within a 3-day period. <p><i>Note: If 5% of the total population of students and staff, facility-wide, test positive for COVID, see COVID reporting guidelines.</i></p>	1 or more cases *For COVID-19, refer to the County's reporting requirements .

*Influenza-like illness is defined as fever ($\geq 100^{\circ}\text{F}/37.8^{\circ}\text{C}$) plus cough and/or sore throat.

Am I required to report the outbreak? For most illnesses, report any suspected outbreak.

You do not need to report the following outbreaks, but you can still call Public Health for guidance:

- Lice
- Hand, foot, and mouth disease
- Scabies
- Bed bugs

To report to Public Health, call 408-885-4214, select option 3 and ask for Nurse of the Day.

Basics of Gastrointestinal Illnesses

Gastrointestinal (GI) viruses spread quickly and easily through small particles of poop and vomit, potentially contaminating nearby food, surfaces, and objects.

Be sure to:

Thoroughly clean and disinfect soiled high-touch areas.

Promote proper handwashing with soap and water.

Hand-sanitizers may not be effective against all GI illnesses.

Wash fruits and vegetables before eating.

Cook meat thoroughly.

Do not handle food or care for others when you are sick.



Generally, people with GI illness are most contagious while symptomatic and in the first few days of feeling better.

The specifics on symptom type, onset, duration, and guidelines for return will vary depending on the illness.

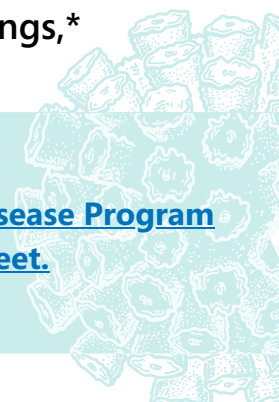
For specific known diseases, see [APPENDIX A- Common Childhood Diseases](#).

Refer to [CDPH symptom guidance](#) for considerations on returning to school with unspecified GI illnesses.

Norovirus is the most common cause of GI outbreaks in school/childcare settings,* but GI outbreaks can still be caused by other viruses, bacteria, or parasites.

Frequently, the exact pathogen causing a GI outbreak will not be known. In such instances, schools should apply Norovirus outbreak control measures, which involves a bleaching or disinfecting response comprehensive enough to eliminate any GI microbe.

See [APPENDIX F- Communicable Disease Program Norovirus Fact Sheet](#).



*Claire P. Mattison, Laura E. Calderwood, Zachary A. Marsh, Mary E. Wikswo, Neha Balachandran, Anita K. Kambhampati, Michelle E. Gleason, Hannah Lawinger, Sara A. Mirza; Childcare and School Acute Gastroenteritis Outbreaks: 2009–2020. Pediatrics November 2022; 150 (5): e2021056002. 10.1542/peds.2021-056002

Gastrointestinal (GI) Illnesses and Outbreaks



How do I manage a GI outbreak?

- 1** ISOLATE and track symptomatic individuals.
- 2** CLEAN and DISINFECT soiled and high-touch areas.
- 3** REPORT to Public Health at 408-885-4214, option 3.
- 4** EDUCATE on hand hygiene, cleaning, and disinfection.
- 5** MONITOR absences and illnesses to identify additional cases.
- 6** For sites with nutrition services, follow steps under FOOD SAFETY.

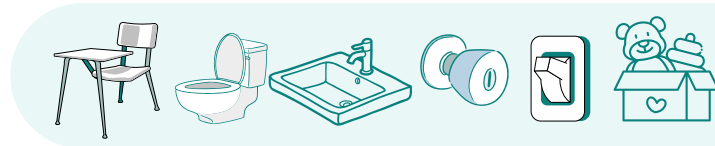
1. ISOLATE

- Send home anyone with diarrhea or vomiting.
Contact parents or guardians to pick up their children as soon as possible.
- Keep all sick people away from others while they wait to be picked up.
Avoid common areas like hallways, cafeterias, and lunch areas.
- Start a list of anyone with diarrhea or vomiting.
Note their symptoms, name, grade, classroom number, and date of symptom onset.
- Notify all sick people that they can return to school 48 hours after vomiting and diarrhea have stopped.

2. CLEAN¹ AND DISINFECT²

Clean

- Remove vomit or diarrhea right away.
 - Soak liquids with disposable absorbent materials, such as cloth, baking soda, paper towels, sawdust, or kitty litter. Do not vacuum material. Steam cleaning may be preferable for carpets.
 - Using gloves, pick up material with paper towels.
- Clean up soiled and high-touch areas immediately.
 - Wash areas with soapy water.
 - Rinse areas with plain water.
 - Wipe areas dry with paper towels.
 - Discard all waste into a plastic trash bag or biohazard bag. Immediately close and dispose of bag.
- For [Food/Mouth Contact Items](#) (such as toys or dishes), carefully remove vomit and diarrhea.
 - Discard soiled objects that are too difficult to clean and disinfect, like puzzle pieces, crayons, or chalk. Routinely clean high-touch surfaces and objects (aim for twice or more a day).



See [Table 2: Cleaning instructions for specific surfaces and items.](#)

Disinfect (*should only be done by trained staff following standard precautions and OSHA guidelines*).

- Apply bleach solution or an [EPA-registered disinfectant](#) to all contaminated and frequently touched surfaces.
 - For bleach solution, mix 1 gallon of water with $\frac{3}{4}$ cup of concentrated bleach or 1 cup of regular strength bleach.
 - For food contact surfaces, rinse with clean water after disinfectant has fully dried.
 - For [Food/Mouth Contact Items](#), disinfect with bleach solution and rinse thoroughly with clean water.
 - Make sure rooms are [well ventilated](#).
- Aim to disinfect high-touch surfaces and objects at least twice daily until the outbreak is over.

1. "Cleaning" removes most germs, dirt, and impurities from surfaces. Clean with water, soap, and scrubbing

2. "Disinfecting" kills most germs on surfaces and objects. Disinfecting is done with stronger bleach solutions or chemicals. Clean surfaces before you disinfect them.



Table 2: Cleaning instructions for specific surfaces and items.

<p>High-Touch Surfaces Door handles, hand rails, light switches, toilets, faucets, tables, counters, chairs, walls, toys, phones, playground equipment, activity centers, and shared items.</p>	<p>Carefully remove any vomit and diarrhea, and clean contaminated objects and surfaces with soap and hot water. Then, disinfect with the bleach solution. Be sure to clean nearby objects that may also have been contaminated by vomit or diarrhea. This should be done multiple times a day if possible.</p>
<p>Non-Porous (Hard) Surfaces Toilets, sinks, furniture, walls, floors and other hard surfaces.</p>	<p>Carefully remove vomit and diarrhea, and clean contaminated objects and surfaces with soap and hot water. Then, disinfect with the bleach solution.</p>
<p>Porous Surfaces Carpets, upholstery, and other porous surfaces.</p>	<p>Carefully remove vomit and diarrhea, and clean with soap and hot water. Then, steam clean at a temperature of 158°F for five minutes or 212°F for one minute. To minimize aerosolization of particles, do not vacuum.</p>
<p>Food/Mouth Contact Items Objects that may come in contact with food or the mouths of people (such as toys or dishes).</p>	<p>Carefully remove vomit and diarrhea. Then, disinfect with the bleach solution. Rinse thoroughly with clean water afterwards. Alternatively, dishes, utensils, and cups can be cleaned with a dishwasher (using hot water and dishwasher detergent) immediately after use.</p>
<p>Cloth and Plush Items Clothing, linens, textiles and plush items including stuffed animals, bedding, curtains, and mattress covers.</p>	<p>Carefully remove vomit and diarrhea. Wash items in a pre-wash cycle, followed by a regular wash cycle with detergent. Dry items at a temperature greater than 170° F. Do not mix contaminated and uncontaminated items in one load; it is better to discard soiled materials than to risk exposure during cleaning. If there are no on-site laundry facilities, double wrap soiled items in plastic bags, and take them to an off-site facility to be washed and dried. If soiled items are sent home, be sure to provide guidance on proper washing and drying procedures to parents or guardians.</p>
<p>Diaper Changing Stations and Potty Chairs</p>	<p>Clean with soap and hot water, and disinfect using the bleach solution after each use (including equipment or supplies that were touched). Rinse thoroughly with clean water afterwards.</p>
<p>Objects Not Easily Cleaned Soiled items that are difficult to clean, like puzzle pieces, chalk, crayons and clay.</p>	<p>Discard.</p>

3. REPORT



- Report gastrointestinal outbreaks to Public Health.
 - Call 408-885-4214, select option 3 and ask for Nurse of the Day.
- Prepare to answer the following questions for the Public Health Department:
 - When did this outbreak start?
 - What symptoms do ill individuals have?
 - How many students have been ill in total?
 - How many staff have been ill in total?
 - Are the ill individuals from a specific grade/classroom/activity?
 - If yes: Approximately how many staff and students/children are in that group?
 - If no: Are cases of ill individuals dispersed across the entire school or childcare site?
 - If yes: Approximately how many students/children and staff do you have at your site?
 - Any events, field trips, or activities held during the week prior to the first illness, especially if food was served.
 - Have any ill students or staff been absent for more than a couple of days?
 - Are there any positive test results for any ill student?
 - Are any students or staff known to have visited the emergency room, been hospitalized or died?
 - Any custodial protocols for cleaning areas with vomit and diarrhea?
 - If, when, and where any vomiting incidents or diarrheal accidents happened in the school.
 - A map of your site marked with student initials in areas where students had episodes of diarrhea/vomiting/gastrointestinal symptoms.
 - If there is a kitchen on site:
 - Have any kitchen staff been ill?
 - Is there a record of the breakfast, lunch, and snack menus for the past two weeks?
- Notify and consult your school administration or [regional licensing office](#) about this outbreak.



Potential next steps after reporting

- Public Health may instruct sick people to visit their healthcare providers to get stool testing and report back. This will help confirm the outbreak cause.
- Public Health may email you an Outbreak Worksheet to document illnesses.
[See APPENDIX D- Example Outbreak Worksheet](#)
- Send the Outbreak Worksheet back to Public Health as soon as possible and no later than within 1 business day of reporting the outbreak. It is okay if it is not complete; additional information can always be updated as it becomes available.





4. EDUCATE

- Review outbreak response and prevention measures with staff.
 - See [APPENDIX C- Considerations for Outbreak Responsibility Areas, by Role.](#)
- Post and distribute the [Vomiting/Diarrhea exposure notice](#) to families of students in affected classrooms.
- Refer parents to cleaning and disinfection practices for Norovirus.
 - See [APPENDIX F- Communicable Disease Program Norovirus Fact Sheet.](#)
 - In the setting of an outbreak, students, staff, and volunteers with diarrhea and/or vomiting should not return to school until at least 48 hours AFTER vomiting and diarrhea have stopped.
- Educate all children, students, staff and volunteers on appropriate hand hygiene.
 - Schedule handwashing breaks for students and staff to encourage frequent handwashing.
 - Have staff supervise the handwashing of younger students and children.
 - During outbreaks, consider periodically broadcasting public announcements to remind people to practice frequent handwashing, especially before lunch and snack times.
 - See [APPENDIX E- CDC Handwashing Promotion Library.](#)

PROPER HANDWASHING MEANS:

Covering all parts of the hands with soap and water.



Rubbing soapy hands together vigorously for at least 20 seconds.



Thoroughly rinsing hands with water.



Drying hands with a clean towel or air drying them.



5. MONITOR

- On a daily basis, use existing data sources (such as attendance data, call out logs) to track additional illnesses.
 - Consider including a message in the attendance office voicemail asking the caller to give specifics on symptom type and onset date when reporting an illness.

If requested by Public Health:

- Log case information into the Outbreak Worksheet.
- Email Public Health daily case updates.
 - If there are any new cases, email Public Health the updated Outbreak Worksheet.
 - If no new cases, email Public Health stating "We have no new cases on MM/DD/YY."
- Continue active surveillance until Public Health notifies you that the outbreak is over (generally 1 to 2 incubation periods with decreasing cases, varies by disease).

6. FOOD SAFETY



For sites with nutrition services.

Staff

- Exclude ill food service staff from work until at least 48 hours after symptom resolution.
 - If a food worker is diagnosed with certain Title 17 diseases (e.g., salmonella, shigella), Public Health may restrict this individual from returning to work until stool specimens are negative. In these instances, clearance to return to work can only be issued by Public Health.
- Require food service staff to wear disposable gloves and masks when handling, serving, or preparing food.
- Ensure that all food service staff have access to a dedicated bathroom facility that is not shared with students or other non-food service staff.
 - Ensure handwashing station is located either within or adjacent to bathrooms.
 - Handwashing station should have warm water, handwashing cleanser, and sanitary single-use towels, or a heated-air hand drying device.
- Ensure that all food service staff wash their hands thoroughly before food handling and immediately after using the restroom.



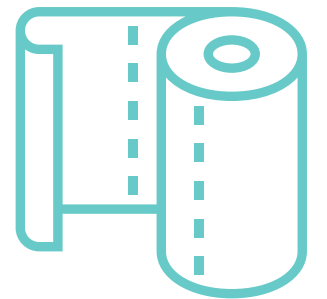
Food Preparation and Handling

- Throw away all potentially contaminated food.
- Clean and disinfect food preparation equipment and surfaces frequently.
 - Refer to [APPENDIX F- Communicable Disease Program Norovirus Fact Sheet](#)
- Use safe food-handling techniques, such as washing fruits and vegetables and cooking meat thoroughly.
- Run dishes, utensils, and cups through a dishwasher (using hot water and dishwasher detergent) immediately after use.



Food Service and Consumption

- Stop all self-service food and drinks (including ice storage bins). Instead, have kitchen staff or other adults serve.
- Prohibit the use of shared food utensils and cups.
- Consider using single-use dining materials during time of outbreak.
- Ensure that clean water, soap, and paper towels are available in dining areas and other areas where eating may occur.
 - See [APPENDIX G- Norovirus Fact Sheet for Food Workers.](#)



Basics of Respiratory Illnesses



There is substantial overlap between the common cold and more serious illnesses like COVID-19 and influenza.

Flu, COVID-19, and the common cold spread similarly.

They're transmitted by small particles that come from your nose and mouth when you:

Sneeze,



Cough,



Sing,



or Talk



which raises the possibility of infecting those nearby.



Generally, people with respiratory illnesses can be infectious for hours to days before they show symptoms.

Once symptoms begin, infectiousness can last for multiple days. The specifics on symptom type, onset, duration, and guidelines for return will vary depending on the illness.

For specific known diseases, see [APPENDIX A- Common Childhood Diseases](#).

Refer to [CDPH symptom guidance](#) for considerations on returning to school with unspecified respiratory illnesses.

Most common respiratory illnesses are treated with rest and hydration, with some notable exceptions.

COVID-19, influenza, and pertussis are examples of respiratory illnesses that have treatments.



Respiratory Illnesses and Outbreaks:



How do I manage a respiratory outbreak?

- 1** ISOLATE and track symptomatic individuals.
- 2** CLEAN and DISINFECT soiled and high-touch areas.
- 3** REPORT to Public Health at 408-885-4214, option 3.
- 4** EDUCATE on respiratory and hand hygiene.
- 5** MONITOR absences and illnesses to identify additional cases.

1. ISOLATE

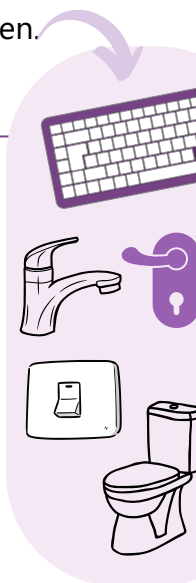
- Send home AND recommend COVID-19 testing to anyone with fever, cough, sore throat, or acute respiratory illness symptoms in accordance with [CDPH symptom guidance](#) or your facility's protocol.
- Notify individuals that they can return to school/childcare once they are fever-free for 24 hours without medication and symptoms are mild and improving. If COVID-19 positive, follow [CDPH's Isolation Guidelines](#).

2. CLEAN¹ AND DISINFECT²

- Immediately clean up visibly soiled and high-touch areas, like doorknobs and desks.
 - Follow your school's standard procedures for routine cleaning and disinfecting. Typically, this means daily cleaning or disinfecting surfaces and objects that are touched often.

3. REPORT

- Report respiratory³ outbreaks to Public Health.
 - Call 408-885-4214, select option 3 and ask for Nurse of the Day.
- Prepare to answer the following questions for the Public Health Department:
 - When did this outbreak start?
 - What symptoms do ill individuals have?
 - How many students have been ill in total?
 - How many staff have been ill in total?
 - Are the ill individuals from a specific grade/classroom/activity?
 - If yes: Approximately how many staff and students/children are in that group?
 - If no: Are cases of ill individuals dispersed across the entire school or childcare site?
 - If yes: Approximately how many students/children and staff do you have at your site?
 - Any events, field trips, or activities held during the week prior to the first illness.
 - Have any ill students or staff been absent for more than a couple of days?
 - Are there any positive test results for any ill student?
 - Are any students or staff known to have visited the emergency room, been hospitalized or died?
- Notify and consult your school administration or regional licensing office about this outbreak.



1. "[Cleaning](#)" removes most germs, dirt, and impurities from surfaces. Clean with water, soap, and scrubbing.
2. "[Disinfecting](#)" kills most germs on surfaces and objects. Disinfecting is done with stronger bleach solutions or chemicals. Clean surfaces before you disinfect them.
3. For COVID-19 reporting requirements, please defer to [Public Health's specific requirements](#). File reports through the [School Portal for Outbreak Tracking](#).

Potential next steps after reporting:



Public Health may email you an Outbreak Worksheet to track respiratory illness cases.

- See [APPENDIX D- Example Outbreak Worksheet](#).
 - Send the Outbreak Worksheet back to Public Health as soon as possible and no later than within 1 business day of reporting the outbreak. It is okay if it is not complete; additional information can always be updated as it becomes available.

4. EDUCATE

- Review outbreak response and prevention measures with staff.
 - See [APPENDIX C- Considerations for Outbreak Responsibility Areas, by Role](#).

Exposure Notices and Return

- If the cause of the outbreak is known, visit our [exposure notices webpage](#) to post and distribute the appropriate exposure notice.
- Advise exposed individuals and/or their guardians to watch for signs and symptoms of respiratory disease, especially fever, and to notify a designated school staff if these develop. The staff person may be the attendance clerk, health technician/clerk, classroom teacher, school nurse, or school administrator.
- Individuals can return once they are fever-free for 24 hours without medication and symptoms are mild or improving.

Prevention

Masking

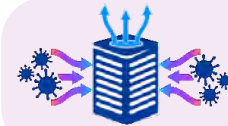
- Recommend masking to anyone with confirmed COVID-19, per [CDPH COVID guidelines](#).
- Recommend masking for anyone with respiratory symptoms, per [CDPH masking guidance](#).

Vaccinations

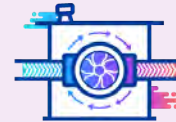
- Encourage students, staff, and volunteers to stay up to date on [influenza and COVID-19 immunizations](#).

Ventilation and Filtration

- Optimize or upgrade your HVAC mechanical ventilation system.
- Open doors and windows for natural ventilation.
- Add portable air cleaning devices to classrooms.
- Review [CDPH ventilation guidance](#).



Use portable air cleaners/purifiers.



Optimize your HVAC system.



Open doors and windows.

5. MONITOR

- On a daily basis, use existing data sources (attendance data, call out logs) to track additional illnesses.
 - Consider including a message in the attendance office voicemail asking the caller to give specifics on symptom type and onset date when reporting an illness.

If requested by Public Health:

- Log case information into the Outbreak Worksheet.
- Email Public Health daily case updates.
 - If there are any new cases, email Public Health the updated Outbreak Worksheet.
 - If no new cases, email Public Health stating "We have no new cases on MM/DD/YY."
- Continue active surveillance until Public Health notifies you that the outbreak is over (generally 1 to 2 incubation periods with decreasing cases, varies by disease).

APPENDIX A- Common Childhood Diseases

Notices available online at
sccphd.org/ExposureNotice

Reportable diseases or conditions
 highlighted in green.

Disease/Condition	Reporting	Notification	Exclusion and Return	
<i>Linked to additional information.</i>	Is this disease reportable to Public Health?	Exposure notice needed?	Exclude from childcare/school while symptomatic?	When can individual return?
Amebiasis	No, unless individual is a food handler	No, unless instructed by PHD in the case of a food handler	Yes	If not a food handler, 48 hours after symptoms resolve If a food handler, when directed by PHD
Bed Bugs	No	No	No	N/A
Campylobacter	Yes	No	Yes	After diarrhea ⁴ resolves
Chickenpox	No, unless individual is hospitalized, died, or part of an outbreak	Yes, available on PHD website Consult with PHD if there are concerns for exposure to pregnant or immunocompromised people	Yes, nonimmune siblings of cases should <i>also</i> be excluded from Day 8 after sibling's rash onset through Day 21	For cases: after all blisters have scabs For non-immune siblings of cases: after 21 days have passed since the sibling's rash appeared

⁴ Diarrhea is when within a 24-hour period 3 or more episodes of loose stools or an occurrence of loose stools that is above normal for the person.

Disease/Condition	Reporting	Notification	Exclusion and Return	
<i>Linked to additional information.</i>	Is this disease reportable to Public Health?	Exposure notice needed?	Exclude from childcare/school while symptomatic?	When can individual return?
Clostridioides difficile (C. diff)	No	No	Yes	48 hours after diarrhea ⁴ resolves
COVID-19	Yes, see COVID-19 reporting guidance for childcare and TK-12 schools	No, but schools are encouraged to send a general notification to the entire school community during times of elevated community transmission of COVID-19	Yes	Follow CDPH COVID-19 guidelines
Cryptosporidiosis	Yes	Yes, if recreational water exposure occurred on site, contact PHD for exposure notice.	Yes	48 hrs. after symptoms resolve, and stay out of public swimming pools until 2 weeks after diarrhea ⁴ resolves.
E. coli O157:H7/Shiga toxin producing E. coli	Yes	Yes, available on PHD website	Yes	If restricted, ⁵ when directed by PHD. If not restricted, 48 hrs. after symptoms resolve.

⁴ Diarrhea is when within a 24-hour period 3 or more episodes of loose stools or an occurrence of loose stools that is above normal for the person.

⁵ Certain staff (food, healthcare, or childcare staff) and some children (5 years of age and under OR over 5 and need toileting assistance) may be restricted from work/school/group care by the Public Health Department. This means they can go back only when their stool is tested by the Public Health Department Laboratory confirming no bacteria or toxins are found.

Disease/Condition	Reporting	Notification	Exclusion and Return	
<i>Linked to additional information.</i>	Is this disease reportable to Public Health?	Exposure notice needed?	Exclude from childcare/school while symptomatic?	When can individual return?
Giardia	No	Yes, available on PHD website	Yes	48 hrs. after symptoms resolve
Hand, Foot, and Mouth Disease	No	Yes, available on PHD website	Yes, if symptoms of fever or uncontrolled drooling with mouth sores	After fever-free for 24 hrs. without the use of fever-reducing medication; children should not return with difficulty or pain while eating or drinking
Head Lice	No	Yes, available on PHD website	Yes, at end of day	After receiving appropriate treatment
Hepatitis A	Yes	Yes, contact PHD for exposure notice	Yes	7 days after onset of jaundice [or onset of symptoms if no jaundice] AND diarrhea ⁴ resolves
HiB (Haemophilus influenzae Type b) - Invasive	Yes (if less than 5 years of age, any invasive disease is reportable; if 5 and older, only meningitis cases are reportable)	Yes, contact PHD for exposure notice	Yes	24 hrs. after starting antibiotics and symptoms are improving

⁴ Diarrhea is when within a 24-hour period 3 or more episodes of loose stools or an occurrence of loose stools that is above normal for the person.

Disease/Condition	Reporting	Notification	Exclusion and Return	
<i>Linked to additional information.</i>	Is this disease reportable to Public Health?	Exposure notice needed?	Exclude from childcare/school while symptomatic?	When can individual return?
Influenza	No, unless individual was less than 18 years of age and died	No	No, unless individual meets sign/symptom-based exclusion criteria	After exclusion criteria are resolved
Impetigo	No	Yes, available on PHD website	Yes, at end of day (keep blisters covered)	After starting appropriate treatment; keep blisters covered until dry
Measles	Yes	Yes, contact PHD for exposure notice	Yes	Per direction of the PHD
Meningococcal Meningitis	Yes	Yes, contact PHD for exposure notice	Yes	Per direction of the PHD
MRSA	No	No	No	N/A
Mumps	Yes	Yes, contact PHD for exposure notice	Yes	Per direction of the PHD
Norovirus	No, unless a food handler or outbreak	Yes, available on PHD website	Yes	If not a food handler and no outbreak, after symptoms resolve; If a food handler or an outbreak, 48 hrs. after symptoms resolve
Parvovirus B19 (Fifth Disease)	No	Yes, available on PHD website	No, unless child has a fever	After fever-free for 24 hrs. without the use of fever-reducing medication

Disease/Condition	Reporting	Notification	Exclusion and Return	
<i>Linked to additional information.</i>	Is this disease reportable to Public Health?	Exposure notice needed?	Exclude from childcare/school while symptomatic?	When can individual return?
Pertussis (Whooping Cough)	Yes	Yes, contact PHD for exposure notice	Yes	After 5 days of appropriate antibiotic treatment
Pink Eye (Conjunctivitis)	No	Yes, available on PHD website	No	N/A
Pinworm	No	Yes, available on PHD website	No	N/A
Respiratory Syncytial Virus (RSV)	No, unless individual was less than 5 years of age and died	Yes, available on PHD website	No, unless they meet sign/symptom-based exclusion criteria	After exclusion criteria are resolved
Ringworm	No	Yes, available on PHD website	Yes, at end of day	General: After treatment started. Athletes with tinea corporis: 72 hours after treatment initiation unless affected area can be covered
Roseola (Sixth disease)	No	Yes, available on PHD website	No, unless individual has fever	After fever-free for 24 hrs. without the use of fever-reducing medication

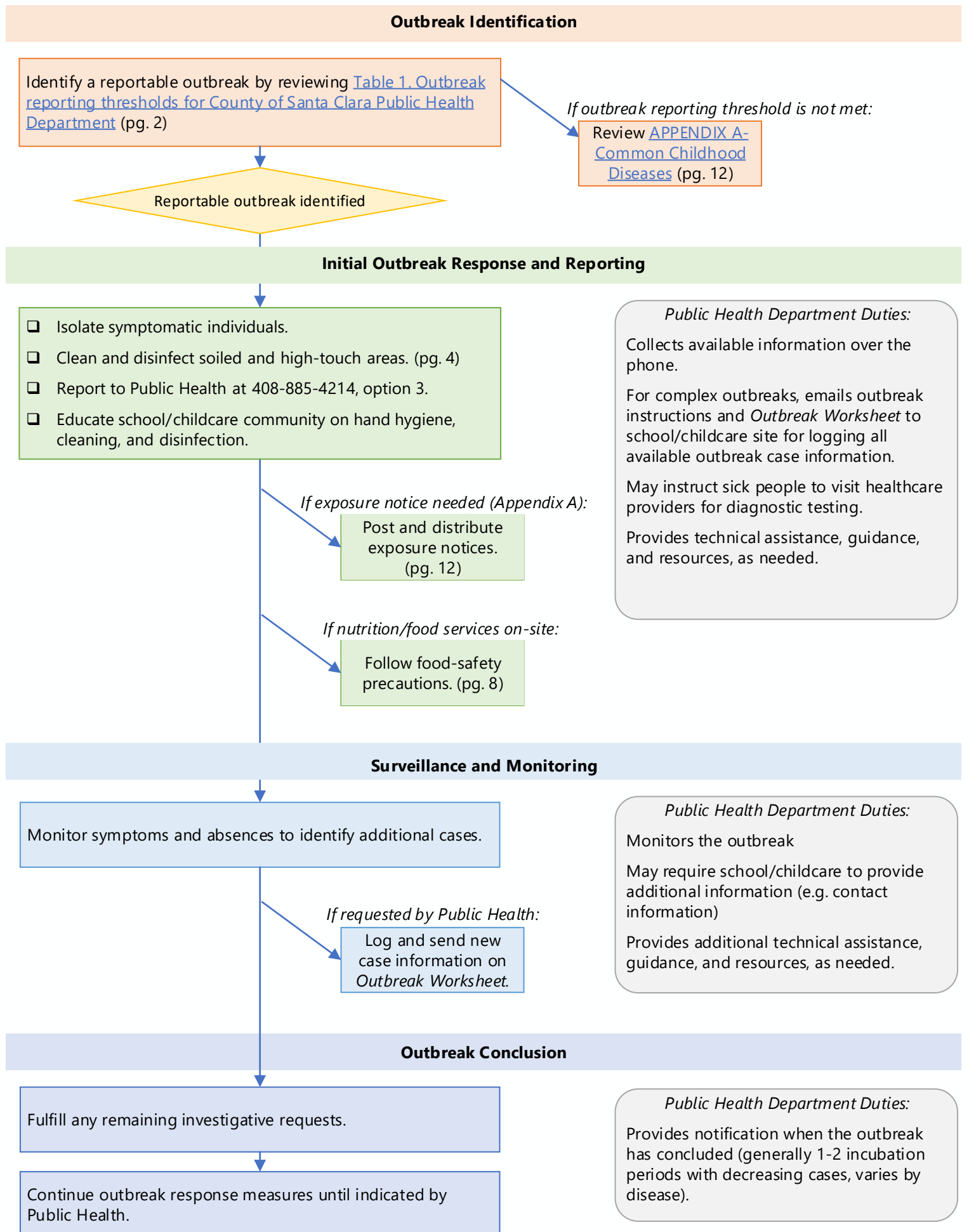
Disease/Condition	Reporting	Notification	Exclusion and Return	
<i>Linked to additional information.</i>	Is this disease reportable to Public Health?	Exposure notice needed?	Exclude from childcare/school while symptomatic?	When can individual return?
Rotavirus	No, unless a food handler or outbreak	Yes, available on PHD website	Yes	If not a food handler and no outbreak, after symptoms resolve If a food handler or an outbreak, 48 hrs. after symptoms resolve
Rubella	Yes	Yes, contact PHD for exposure notice	Yes	For cases: 7 days after onset of rash For unvaccinated close contacts: once they receive MMR vaccine or 23 days after last exposure to a case
Salmonella	Yes	Yes, available on PHD website	Yes	If restricted, ⁵ when directed by PHD If not restricted, 48 hrs. after symptoms resolve

⁵ Certain staff (food, healthcare, or childcare staff) and some children (5 years of age and under OR over 5 and need toileting assistance) may be restricted from work/school/group care by the Public Health Department. This means they can go back only when their stool is tested by the Public Health Department Laboratory confirming no bacteria or toxins are found.

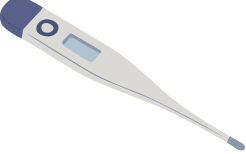





Disease/Condition	Reporting	Notification	Exclusion and Return	
<i>Linked to additional information.</i>	Is this disease reportable to Public Health?	Exposure notice needed?	Exclude from childcare/school while symptomatic?	When can individual return?
Scabies	No	Yes, available on PHD website	Yes	After receiving appropriate treatment
Shingles	No	Yes, available on PHD website	No, unless the rash cannot be covered	When rash can be covered or when all lesions have crusted
Shigella	Yes	Yes, available on PHD website	Yes	If restricted, ⁵ when directed by PHD If not restricted, 48 hrs. after symptoms resolve
Strep Throat/Scarlet Fever	No	Yes, available on PHD website	Yes	24 hrs. after starting antibiotics and symptoms are improving
Typhoid/Paratyphoid Fever	Yes	Yes, available on PHD website	Yes	If restricted, ⁵ when directed by PHD If not restricted, 48 hrs. after symptoms resolve

⁵ Certain staff (food, healthcare, or childcare staff) and some children (5 years of age and under OR over 5 and need toileting assistance) may be restricted from work/school/group care by the Public Health Department. This means they can go back only when their stool is tested by the Public Health Department Laboratory confirming no bacteria or toxins are found.

APPENDIX B- School and Childcare Outbreak Flowchart



APPENDIX C- Considerations for Outbreak Responsibility Areas, by Role.

Role	Outbreak Responsibility Areas
<p>School nurses and/or health staff/supervisors</p> 	<p>ISOLATE, REPORT, EDUCATE, and MONITOR.</p>
<p>Custodial staff and supervisors</p> 	<p>CLEAN and DISINFECT.</p>
<p>Nutrition services staff and director (gastrointestinal illnesses and outbreaks only)</p> 	<p>FOOD SAFETY.</p>
<p>Administrators (site directors, principals, superintendent)</p> 	<p>Supporting ISOLATE, CLEAN and DISINFECT, REPORT, EDUCATE, MONITOR.</p>
<p>Teachers and classroom staff</p> 	<p>ISOLATE, CLEAN, EDUCATE, MONITOR.</p>
<p>Other organizations or programs that use school facilities (such as sports, after school programs)</p> 	<p>ISOLATE, CLEAN, EDUCATE, MONITOR.</p>

APPENDIX D- Example Outbreak Worksheet

General					Symptoms				
Name (Last Name, First Name)	Student/Staff	Grade	Classroom Number	First Date with Symptoms (MM/DD)	Vomiting (Y/N)	If applicable, where in school did they vomit?	Diarrhea (Y/N)	Notes	Examples of how line list is helpful
Dog, Goofy	Student	4	19	4/22	Y	classroom	N		index case (exposed room 19 and then other students got sick 1-3 days later)
Mouse, Mickey	Student	4	19	4/24	Y		N		
Duck, Huey	Student	4	19	4/24	Y		N		
Duck, Dewey	Student	4	19	4/24	Y		N		
Duck, Louie	Student	4	19	4/24	Y		N		
Dog, Pluto	Student	4	19	4/24	Y		N		
Powers, Austin	Student	4	19	4/25	Y		N	Room 19 cleaned after school 4/24	
Skywalker, Luke	Student	4	19	4/24	Y	hallway	N		
Picard, Jean Luc	Student	4	19	4/24	Y		N		
Duck, Donald	Staff	KN	5	4/26	N		Y		Uncle of Huey, Dewey, and Louie (likely got sick from them and then introduced it to kindergarten classes)
Darling, Wendy	Student	5	16	4/26	Y	health office	Y		
Arellano, Jessica	Student	KN	1	4/26	Y		Y		
Appleseed, Johnny	Student	1	3	4/26	Y		Y		
Cody, George	Student	1	3	4/26	Y		Y		
Blow, Joe	Student	2	2	4/29	N		Y		
Mouse, Minnie	Staff	3	7	4/29	Y		Y		
Pan, Peter	Student	3	7	4/29	N		Y		
Perez, Aileen	Student	KN	4	4/29	Y		N		Carpools with Jessica Arellano, so might have gotten it from her.
Woman, Wonder	Student	KN	1	4/30	Y		N		
Poppins, Mary	Student	3	6	4/30	Y	cafeteria	N		
Han, Sara	Student	5	9	4/30	Y		N		George Cody is Sara's first grade reading buddy, so she might have gotten it from him. Shows that it's important to think about interactions between different classrooms and minimize them during outbreaks.
America, Captain	Staff	KN	1	4/30	Y		N		
Darling, Michael	Student	2	10	4/30	Y		N		Sibling of Wendy. No other cases in room 10. Michael probably was exposed at home. Important to provide families with instructions on how to prevent transmission at home.
Cottontail, Peter	Student	5	9	4/30	Y		N		

APPENDIX E- CDC Handwashing Promotion Library

Available at www.cdc.gov/handwashing/materials.html

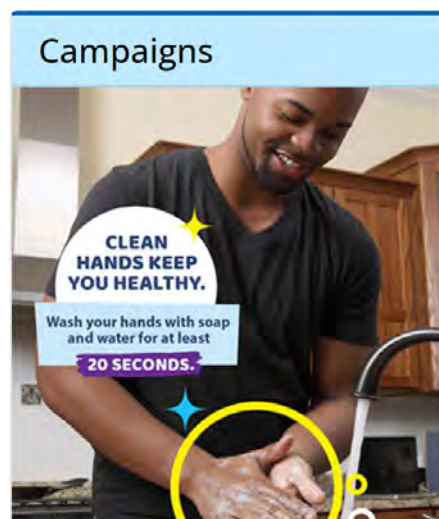
Includes:



Social media graphics to promote healthy handwashing habits



Printable fact sheets on handwashing-related topics



Health promotion campaigns on handwashing



Printable posters about handwashing-related topics for public display



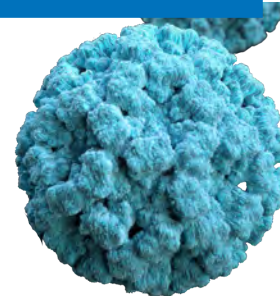
Printable stickers to promote handwashing in schools and child care centers



Handwashing videos for adults and kids

"Stomach flu"

Norovirus



Norovirus causes nausea, vomiting, and diarrhea.

- Symptoms usually begin 12 to 48 hours after exposure and last up to 3 days.
- Focus on managing your symptoms and staying hydrated.
- Call a doctor if dehydration is severe.
- Stay home until you've been symptom free for 48-hours without medication.

Prevent norovirus with cleaning and disinfection.

Clean

Remove vomit or poop right away.

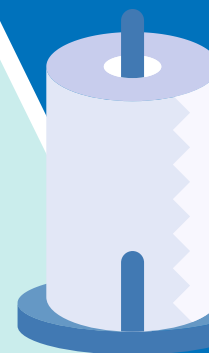
- Wear protective clothing like gloves, aprons or masks.
- For carpets or upholstery, use baking soda or other absorbent materials to absorb liquid.
- Do not vacuum. Pick up any mess using paper towels.
- Throw away any food items that may have become contaminated.

Use soapy water to wash surfaces that contacted vomit or diarrhea.

- Clean all nearby high-touch surfaces, like doorknobs and toilet handles.
- Rinse thoroughly with plain water and wipe dry with paper towels.
- Steam cleaning may be necessary for carpets and upholstery.

Machine-wash and dry affected clothes

- Use hot water, bleach, and detergent. Run on longest setting.



Disinfect.

For hard surfaces, prepare a chlorine bleach solution.

If using regular strength bleach (5.25%), increase the amount of bleach to 1 cup.



3/4 cup of
concentrated
bleach



1 gallon of
water

- Leave surfaces wet for at least 5 minutes.
- Rinse all surfaces intended for food or mouth contact with water before use.

Wash your hands thoroughly with soap and water.

Hand sanitizers may not be effective against norovirus.

What do you *need to know*?

- Norovirus spreads easily and quickly.
- Norovirus particles are found in the poop or vomit of infected people.
- Proper cleaning and handwashing are best ways to prevent spread.

Norovirus is spread through tiny particles of poop and vomit.

You can get norovirus from:

- Contaminated food and drink.
- Direct contact with someone infected with norovirus, such as sharing foods.
- Touching contaminated surfaces and then your mouth.

Don't do this!



Handle and prepare food safely.

- Wash hands before eating, preparing, or handling food.
- Cook meat thoroughly.
- Wash produce carefully.



Food can be contaminated by:

- Direct contact with contaminated hands or surfaces.
- Tiny droplets in the air from nearby vomit.

Anyone can get norovirus, but certain groups are at a higher risk for serious illness and death.

- Adults older than 65 years old
- Children younger than 5 years old
- Immunocompromised individuals

Prevent norovirus spread with cleaning and disinfection.

- Wash hands with soap and water.
- Disinfect surfaces in areas exposed to vomit and poop.



There is no treatment for norovirus.

Antibiotics will not help.

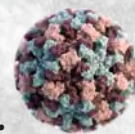
Antibiotics fight bacteria, not viruses.

Stay hydrated and stay home.

- Stay home until you've been symptom free for 48 hours without medication.
- Drink plenty of liquids.
- Call a doctor if dehydration is severe.

Norovirus: Facts for Food Workers

Norovirus spreads easily and can make you very sick with diarrhea, vomiting, and stomach pain. All food workers should know how to prevent the spread of norovirus.



Foods contaminated with norovirus can make people sick.

Norovirus is the leading cause of foodborne illness outbreaks in the United States. Norovirus causes about half of all outbreaks of food-related illness. Most reported norovirus outbreaks are caused by people who touch or prepare food when they are sick, or sometimes by food that comes from contaminated water. Because the virus is very tiny and spreads easily, it only takes a very small amount of virus to contaminate food and make someone sick.

Food can get contaminated with norovirus when—

- infected people who have feces (poop) or vomit on their hands touch the food,
- food is placed on counters or surfaces that have tiny drops of feces (poop) or vomit on them,
- tiny drops of vomit from an infected person spray through the air and land on the food or surfaces like countertops, or
- feces (poop) or vomit is in areas where food is grown or harvested.

Food workers with norovirus illness can spread the virus to others.

People who are infected with norovirus can shed billions of norovirus particles in their feces (poop) or vomit. You are most contagious—

- when you feel sick with norovirus, and
- during the first few days after you feel better.

If you work with food when you have norovirus, you can easily contaminate the food and drinks you touch. People who have the contaminated food or drinks you touched can also get norovirus and become sick.

Norovirus causes about half of all outbreaks of food-related illness.

Any food served raw or handled after being cooked can get contaminated with norovirus.



4 Tips to Prevent Norovirus from Spreading

1. When you are sick, do not prepare, serve, or touch food for others

Food workers should stay home when sick and for at least 48 hours after symptoms stop. This also applies to sick workers in schools, daycares, healthcare facilities, and other places where they may expose people to norovirus.

Food workers should inform managers if they have any symptoms of norovirus illness or were recently sick. Even when returning to work, it is especially important that food workers continue to take precautions like frequent handwashing.

For more information see the FDA Food Code (<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/>)

2. Practice proper hand hygiene

Always wash hands carefully with soap and water—

- Especially after using the toilet and
- Before eating, preparing, or handling food.

Alcohol-based hand sanitizers can be used in addition to hand washing. However, they should not be used as a substitute for washing with soap and water. In addition, food workers should avoid touching food, especially ready-to-eat food, with bare hands, and use gloves or tongs instead. Hands should still be washed before and after use of gloves in order to prevent cross-contamination.

3. Wash fruits and vegetables and cook seafood thoroughly

Carefully wash fruits and vegetables before preparing and eating them. Cook oysters and other shellfish thoroughly before eating.

Thorough cooking is important because noroviruses can survive temperatures as high as 140°F, and quick steaming processes that are often used for cooking shellfish won't kill the virus.

Food that might be contaminated with norovirus should be thrown out.

4. Clean and disinfect contaminated surfaces

After throwing up or having diarrhea, immediately clean and disinfect contaminated surfaces like countertops. Use a chlorine bleach solution with a concentration of 1000–5000 ppm (5–25 tablespoons of household bleach [5.25%] per gallon of water) or other disinfectant registered as effective against norovirus by the Environmental Protection Agency (EPA).

See EPA's Registered Hospital Disinfectants Effective Against Norovirus (Norwalk-like virus) (<https://www.epa.gov/pesticide-registration/list-g-antimicrobial-products-registered-epa-claims-against-norovirus-feline>)

What is the Right Way to Wash Your Hands?

1. Wet your hands with clean, running water (warm or cold) and apply soap.
2. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
3. Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "ABC" song from beginning to end twice.
4. Rinse your hands well under running water.
5. Dry your hands using a clean towel or air dry them.
6. Use a paper towel or your elbow to open the bathroom door.

See Handwashing: Clean Hands Saves Lives (www.cdc.gov/handwashing/)



Visit CDC's Norovirus Web site at www.cdc.gov/norovirus for more information.