

Communicable Diseases and Clusters of Communicable Diseases in School

Intended Audiences

This document is intended primarily for school nurses. It is also useful for school administrators who are faced with communicable disease issues in the absence of a school nurse.

Purpose of Document

Schools must respond appropriately to situations where a communicable disease may be spread in school. The most appropriate response:

- *may* be to exclude a staff member or student;
- *may* be to allow that student or staff member to continue at school;
- *may* be to notify staff and parents of students;
- *may* be to take no immediate action.

An inappropriate response can cause undue alarm or it can endanger others unnecessarily.

This protocol will assist school nurses and administrators to appropriately manage circumstances where one or more people are suspected to have a communicable disease in schools and there is concern of spread in schools.

This protocol does NOT apply to symptoms of the common cold, ear infections, or to flu like illnesses (unless there is an epidemic, in which case there will be specific instructions).

Also, this does not apply to head lice or TB. Both are covered under separate protocols.

Tuberculosis (TB) is a communicable disease that requires school action in managing identified or potential cases of active tuberculosis on a school site. San Diego County Health and Human Services Agency (SD-HHSA) Public Health -TB Control will coordinate with the school nurse and school district or school site administration to implement the necessary steps for TB testing of contacts and communication with the school community. TB Control # 619-692-8610

Head lice (pediculosis) – information and school guidance is available through the California Department of Public Health <http://www.cdph.ca.gov/healthinfo/discond/Pages/HeadLice.aspx>

Refer to this document when:

- a) A student or staff member claims to have an infectious illness that may be serious (for example, meningitis, MRSA skin infection, shigella), or
- b) You suspect that there may be clusters of students or staff with the same diagnosis in school (for example, more than one case of chicken pox, Strep throat, or ringworm), or
- c) You suspect that there may be clusters of students or staff with the same set of symptoms that may be from a communicable disease (e.g., a similar rash; diarrhea with vomiting, etc.)

What are the next steps?

Step 1. Record and verify the information you are hearing.

If you have been told that someone or several people have a certain diagnosis, then try to find out:

- Who gave that person(s) that diagnosis (i.e. was it their doctor)?
- What the symptoms and signs of disease were?
- What date the symptoms began?
- What days they were in school during the period they had symptoms?
- Were they in school one to two days before symptoms began?

If you have been told that several people in the same classroom, sports team, after-school club, or other grouping have similar symptoms of disease, determine the above questions for each person who has symptoms.

Step 2. Maintain confidentiality.

- a) Teachers, students, media/reporters and students' parents should not be informed that you are investigating a possible communicable disease. This may or may not be necessary at all, and any dissemination requires further clarification by the school nurse or as directed by San Diego County Health and Human Services Agency (SD-HHSA) Public Health Epidemiology. Keeping a central district office administrator or school nurse aware of each stage of the investigation, does not necessarily involve divulging the names or other identifiers of the individuals suspected to have the infection to these personnel. The names or identities of people with symptoms or a diagnosis should not be disclosed to others. Staff, such as teachers or office attendance staff, who may already be aware of the suspected case, should be told to keep such information confidentially to themselves until such time as the school is notified to do otherwise. School principals must be made aware of the situation (but also reminded of the need to maintain confidentiality).

Step 3. If there is no diagnosis, follow these steps:

When no doctor has diagnosed the patient with the specific name of a disease, then a school nurse should take the following actions.

- a) If more than one person has the same set of symptoms, refer to the table below to determine if those symptoms are considered a "cluster".
- b) If only one person has a concerning symptom, or if there are more than one person with that set of symptoms but not enough to define it as a cluster, then refer to the attached chart (Appendix A) and exclusion criteria (Appendix B) for how the school should respond.

SYMPTOM	DEFINITION OF A CLUSTER
Chicken-pox like rash; An alleged diagnosis of chicken pox.	5 or more in elementary school or middle school within 2 months (does not have to be in one classroom or other grouping) 3 or more in high school within 2 months

Spider-bite like sore or boil; An alleged MRSA report	2 or more case within a 2-week period among students and/or staff who interact with one another.
Pink eye (red conjunctiva, with or without discharge)	5 or more cases within a 2-week period among students and/or staff who interact with one another.
All other symptoms	5 or more cases within a 2-week period among students and/or staff who interact with one another.

- c) If the number of people with similar symptoms can be defined as a “cluster” with the above chart, then do the following:
- i. Refer the students or staff members to their doctor for a diagnosis and care, if not already done.
 - ii. If this may be an immunization-preventable disease, check immunization records of students with the symptoms.
 - iii. Notify and discuss any further actions with nurses or doctor at the Nursing and Wellness Office.
 - iv. If a diagnosis is confirmed, then see instructions “reportable” or “non-reportable” communicable diseases, below

Step 4: If there is a diagnosis, determine whether that diagnosis is a “reportable communicable disease” or a “non-reportable communicable disease”, using the following definitions:

Reportable Communicable Diseases - Definition:

Certain diseases are reportable by California law [Title 17, California Code of Regulations] by health professionals to the County Department of Health. These are termed here “Reportable Communicable Diseases”. Examples are: diseases transmitted via food preparation, Hepatitis A, Meningococcal infections (Meningococcal meningitis), salmonellosis, shigella, measles, pertussis (whooping cough), and intestinal parasites like giardiasis.

Some diseases are only reportable to the county health department if they are present in large enough clusters. For example, chicken pox (varicella) is reportable only if there are 5 or more diagnosed cases in elementary or middle school within 2 months (or 3 or more in high school within 2 months). MRSA (methicillin resistant staphylococcus aureus) is reportable if there are 2 or more case within a 2-week period among students and/or staff who interact with one another.

If you are uncertain whether a disease is reportable or not, first check out the most current list of reportable diseases, which is available on the county health department web site (below), or you may call to discuss:

http://www.sdcounty.ca.gov/hhsa/programs/phs/community_epidemiology/disease_reporting_requirements_for_health_care_providers.html

Actions to take for Reportable Communicable Diseases are listed under “Step 6”, below.

Non-reportable Communicable Diseases - Definition:

Any disease that is not in the above category is a *non-reportable communicable disease*. Examples are: chicken pox that does not meet the definition of a cluster, an isolated case of MRSA, Strep throat, Fifth disease, most viruses that cause diarrhea in childhood, viral

meningitis, pink eye (conjunctivitis), hand-foot-mouth disease, pinworm, ringworm, and athlete's foot.

Step 5: Actions to Take for NON-Reportable Communicable Diseases.

Actions to be taken by a school nurse.

- a) Whenever there are five or more cases of one confirmed diagnosis in one school setting, such as a classroom, after school club, athletic team, etc., the school nurse should call Public Health Epidemiology at 619/692-8499 to work out a plan.
- b) Exclude children or staff members based on exclusion guidelines which are specific to each disease, and provided in Appendix B.
- c) Always inform the site principal or designee.
- d) "Fact Sheets" are designed to be sent by the nurse to staff members and parents of other students, who have been exposed to a cluster of students with the diagnosis (typically, 5 or more within any one class or other grouping). Fact sheets have been developed for various diagnoses and symptoms (see list below); District wide school nurse involvement, even for non-reportable diseases, is important so that district-wide trends are detected and followed. The school nurse may want to consult with the district physician or Public Health Epidemiology for further advice before sending fact sheets.
 - Bed Bugs
 - Conjunctivitis (Pink Eye)
 - Chicken Pox (when not in clusters, as defined above)
 - Cytomegalovirus
 - Fifth Disease
 - Hand Foot Mouth Disease
 - Impetigo
 - Kawasaki
 - MRSA [Methicillin-Resistant Staph Aureus]
 - Mononucleosis
 - Pinworm
 - Ringworm
 - Scabies
 - Strep Throat

Step 6: Actions to Take for Reportable Communicable Diseases

These actions should be taken by a school nurse if available.

1. Inquire about the source and accuracy of the information, and document:

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- a) Who informed the parent and the school staff member?
- b) Was the information derived from County of San Diego Health and Human Services Agency or the public health department of another county? If not derived from a San Diego authority, inquire about and record the name of that county. Also record the contact's name and phone number.
- c) Was the parent or school staff member notified by a doctor or hospital? If so, record the name/location of the doctor or hospital and a phone number.
- d) Is the child or staff member *suspected* of having a reportable communicable disease, but no clear diagnosis is available? If so, inquire as to the name and location of the hospital, doctor, or medical facility where the assessment took place. If no care, refer to medical facility.

2. Determine whether the district already has pertinent information about the person who may have the communicable disease.

- a) The name, home telephone number and address (of the person in question) are pieces of information that will assist the County of San Diego Health and Human Services Agency in investigating the situation.
- b) If the person with the possible disease is a student (versus an employee), then the parents' or guardians' names are also important to ascertain.
- c) Determine the dates of the symptoms and of the diagnosis if the information is obtainable.

For some communicable diseases, the student's or the staff member's activities and contacts at school will be important to ascertain. A district or county health professional will assist with ascertaining what information needs to be collected.

3. Complete appropriate internal district communication.

- a) First report information to the program manager, resource nurse, and/or school district physician (if there is one) who will work with the county health department to determine if the diagnosis is suspected or confirmed.
- b) Always inform the site principal or designee. [If the site nurse is not the school nurse completing these actions, always inform the site nurse.]

4. Maintain confidentiality.

- a) Teachers, students, media/reporters and students' parents should not be informed until the situation has been investigated jointly by the County of San Diego Health and Human Services Agency (HHSA) and district health staff. Staff, such as teachers or office attendance staff, who may already be aware of the suspected case, should be told to keep such information confidentially to themselves until such time as the school is notified to inform school staff, parents and students. School principals must be made aware of the situation.
- b) All communication to parents, students, and teachers will be prepared carefully to protect confidentiality.

5. Communication with County.

- a) The actions to take will depend on the type of reportable communicable disease (e.g. Pertussis versus Meningococcal meningitis; Each disease is handled differently). Coordination between the school site and the district office should occur to identify a school staff member who will be the primary liaison with the HHSA.

- b) The designated district contact person to the county can begin the process with the County's Epidemiology Division. Call 619/692-8499. For urgent matters on evenings, weekends or holidays, call 858/565-5255 (and ask for epidemiologist on call). (Note: TB Control and sexually transmitted disease reporting are handled by different departments with different telephone numbers).

6. Communication with Parents, Media and General School Population.

- a) All letters, emails and/or voice messages to parents, student assemblies, or other information sent out by the school should be screened and approved first by the lead school administrator or district nurse or district physician. Work with county authorities and district Communications staff for assistance with the wording of such communication.
- b) If an intervention is required, involvement of the district office and others may be considered. Possibilities include: Risk Management Office, Legal Office, and the Superintendent or Designee.
- c) Actions will vary. They may be:
 - (i) Take no immediate action,
 - (ii) Provide medical preventive interventions, such as antibiotics,
 - (iii) Consider with the county whether to exclude persons who have not been vaccinated,
 - (iv) Determine who, if anyone should be notified.

Step 7: County-Declared Outbreaks or Epidemics of Aerosol Transmissible Diseases.

California Code of Regulations, Title 8, Section 5199 *Aerosol Transmissible Diseases Standard*, is available at: <http://www.dir.ca.gov/title8/5199.html>. When the County or the State Public Health Department declares an outbreak or epidemic, protection of employees with occupational exposure to aerosol transmissible diseases may apply to schools, but only if directed as such by the Chief of the Division of Occupational Safety and Health (California), in writing, through the issuance of an 'Order to Take Special Action'.

The district's Respiratory Protection Program document should list administrators in the district who are responsible for identifying employees with occupational exposure (e.g., District Nurses, principals and other site administrators). Those employees are required to wear Respirators for their protection when they are at risk for exposure. Respirators for this purpose will be N95 face masks. Prior to being assigned respirators, these employees are required by law to have examination determining that they are eligible for a respirator, fit-testing, and training on how to use, store, and dispose of this respirator.

The district's school nurses will work with site administrators to arrange for the training, examinations, purchase and distribution of respirators. The circumstances of the outbreak will help define the number and distribution of employees with occupational exposure. Depending on these circumstances, County HHSA, district-contracted occupational health clinics, and the district's own resources could be sought to meet the needs.