



The table listed below includes possible communicable diseases seen in the school setting. This is not an all-inclusive listing. If you have any questions or concerns related to any communicable diseases, please contact your school nurse or Fargo Cass Public Health at 701.241.1360.

NAME	DISEASE INFORMATION	CASES	CONTACTS
BEDBUGS	Bedbugs are small parasites that feed on the blood of humans while they sleep. They are not known to transmit any infectious disease. They leave small marks similar to mosquito bites.	No exclusion from school. Skin lesions are treated symptomatically. Cleaning and possibly insecticide treatments of the home is the method used to prevent spread. Severe cases may need to seek medical attention for steroids and antibiotics.	Household contacts may have similar exposure to the source of bedbugs. They are not spread person-to-person but can be transported to other locations in small crevices of objects.
CHICKEN POX (Varicella)	Vaccine available and recommended for all children. Two doses of vaccine required for all school aged children. Caused by herpes zoster virus — the same virus that causes shingles. *	Children should be excluded until all blisters have dried into scabs and no new blisters have started for 24 hours or in immunized children without scabs, until the blisters are resolving. This usually takes four to seven days.	Varicella is highly contagious 1-2 days prior to rash. Susceptible contacts should consider immunization within three to five days of exposure. Antivirals within 24 hours in high-risk groups. Incubation period is two-three weeks.
COVID-19	Respiratory disease caused by SARS-CoV-2 spread mainly from person to person via respiratory droplets. Infected persons can have no symptoms or symptoms range from mild – severe and can include cough, sore throat, headache, fever, body aches, vomiting, diarrhea, or loss of taste/smell. COVID-19 can be easily spread to others. Precautions to prevent spread: isolation, taking steps for cleaning air, hygiene, masking, physical distancing, avoiding contact with high-risk people, and testing when ill.	People with symptoms should stay home and away from others. They can return to normal activities when symptoms are improving and there is no fever for at least 24 hours. Once returning to normal activities, students are encouraged to take extra precautions for the next 5 days to limit virus spread. If a person develops a fever or begins to feel worse after returning to activities, they should stay home and away from others and return according to the above guidelines.	Vaccination is the best way to prevent the spread of COVID-19. Frequent hand washing, avoiding touching face, covering cough/sneezes, taking steps for cleaner air, and regular cleaning of surfaces all encouraged to reduce the risk of disease spread. Quarantine is no longer recommended for people exposed to COVID-19. It is recommended for contacts to monitor symptoms and to get tested. Test to Stay is not needed.
DIPHTHERIA-TETANUS-PERTUSSIS (DTP, DTaP, Tdap, Td or DT vaccine)	Four or more doses required – one dose must be on or after the fourth birthday. Three doses Td/Tdap required for those age seven or older not previously vaccinated. One dose of Tdap required for seventh grade entry effective year 2014-2015 and thereafter. Thirteen- to 18-year-olds who missed 11–12-year Tdap were encouraged to receive one dose. (TD) booster is recommended every ten years.	Diphtheria – Exclude from school until well. Handle each case individually. Pertussis – Exclude from school. Children and staff may return after they have completed five days of appropriate antibiotics or if they have been coughing for more than 21 days. If no antibiotics are given, exclude for three weeks from onset of disease.	Diphtheria toxoid booster appropriate for age if not up to date on immunizations as well as antibiotics. Physicians may advise booster immunization and/or antibiotics for close contacts. Symptomatic contacts (contacts with a cough) of pertussis cases should also be excluded from activities until five days of antibiotic treatment are completed or 21 days of cough.
ERYTHEMA INFECTIOSUM (Fifth's Disease)	Is a viral infection caused by parvovirus B19, in most instances it is a mild rash illness of childhood. The rash is referred to as “slapped cheeks”. The rash may progress to a lace like rash on the trunk, arms, buttocks, and thighs. In addition, may have a low-grade fever, runny nose, headache, muscle aches and tiredness. More common in elementary aged children.	Fifth’s disease has the greatest risk of transmission before the signs and symptoms appear. Therefore, routinely, exclusion from school is not recommended. It is spread by exposure to airborne droplets from the nose and throat of infected people. Incubation period is 4-14 days.	Pregnant women who are not immune usually only have mild illness if they are exposed to fifth’s disease. They can continue to go to their workplace if there is an outbreak. If they are not immune to parvovirus B19, and not currently infected, they may want to stay away from people infected.

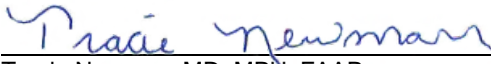
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HAND FOOT AND MOUTH	Is a common viral illness most often occurring in children younger than five but can sometimes occur in older children. The symptoms include fever, poor appetite, feeling of being unwell (malaise), and sore throat. Then one or two days later painful blisters develop in the mouth, generally in the back of the mouth. Rash on palms and soles may also develop as flat red spots that sometimes blister.	Children with symptoms should not attend childcare or school until the fever is no longer present and the blisters begin to subside. It is spread by contact with nose and throat discharges, blister drainage, and feces of infected people.	Particular attention should be given to thorough hand washing following contact with nose and throat discharges and feces of infected people.
HEAD LICE (Pediculosis)	Caused by a tiny biting parasite. Other than severe itching head lice cause no other medical problems. The sharing of hats, coats, and hair items easily spreads head lice.	No exclusion from school, until the end of the day the live lice were found and then until treated. Children should be treated for lice as soon as possible.	Close contacts should be checked frequently for two weeks. Head-to-head contact with other children should be discouraged.
HEPATITIS A (Hep A)	Hepatitis A virus infection is usually self-limited, and treatment consists of supportive care. Symptoms are nonspecific and can include fever, malaise, anorexia, vomiting, nausea, abdominal pain, and diarrhea. Two doses of vaccine are recommended, spaced six months apart, starting at age one year.	Transmission is by oral-fecal route so need to use care if providing bathroom personal care to students (gloves and careful handwashing). Children should not return to school until one week after illness onset, until the prophylaxis program for contacts is completed, or until directed by the health department.	Household and close personal contacts should receive immune globulin and/or vaccine.
HEPATITIS B (Hep B)	Vaccine is routine for infants and became required for kindergarten entry in year 2000-2001. Three doses are required for grades kindergarten through twelve. Acute Hepatitis B infection in children has variable symptoms from asymptomatic to fulminant Hepatitis.	No exclusion unless a child is exhibiting any of the following: weeping sores that cannot be covered; biting or scratching behavior; a bleeding problem; generalized dermatitis that may produce wounds or weepy tissue fluids; if unable to participate in routine activities, needs more care than can be provided by staff or meets other exclusion criteria such as a fever with behavioral changes.	Household and close personal contacts should receive immune globulin and/or vaccine. Children can return to a group setting when skin sores are dry or covered, when the child is cleared to return by a health professional, or when the child is able to participate in activities.
HEPATITIS C	No vaccine available.	No exclusion.	Risk is through needle sharing (main risk), accidental needle stick, and being a sexual partner (less risk).
HUMAN IMMUNO-DEFICIENCY VIRUS (HIV)	No vaccine available. Caused by a virus and spread through body fluids.	Evaluated case by case. No exclusion unless the child is exhibiting any of the following: weeping sores that cannot be covered; biting or scratching behavior; bleeding problem; generalized dermatitis that may produce wounds or weepy tissue fluids; unable to participate in routine activities, needs more care than can be provided by staff, or meets other exclusion criteria such as fever with behavior change.	As with all students, follow universal precautions. The child can be readmitted to a group setting when skin sores are dry or covered, when the child is cleared to return by a health professional, or when the child is able to participate in activities.
IMPETIGO	Caused by certain strains of streptococcal and staphylococcal bacteria.	Exclude until lesions are healed or under treatment for 24 hours and covered.	No restrictions. Frequent hand washing for staff in contact with case.
INFLUENZA	A respiratory illness caused by influenza virus which may include fever, cough, sore throat, chills, headache, body aches, and malaise. Most commonly occurs during "influenza season" from October to May. People of all ages can get influenza, and all should be encouraged to get their flu vaccine each year, unless they have specific medical contraindications.	Influenza is spread from person to person by droplets from coughing, sneezing, singing, or talking. It is possible to spread via contaminated surfaces such as doorknobs or phones. People should stay home from school, work, and childcare until they have been fever-free for 24 hours without the aid of fever reducers and their symptoms are improving. CDC recommends taking extra precautions to limit disease spread for the next 5 days.	Vaccination is the best way to prevent the spread of flu. Annual vaccine recommended for everyone ages \geq 6 months. Wash hands frequently. Avoid touching your face with unwashed hands. Cover cough and sneezes. Throw tissues in the trash. Clean commonly touched surfaces. Stay home when sick.

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MEASLES-MUMPS-RUBELLA (MMR)	(MMR Vaccine) Two doses are required for all school-aged children. Note: Students without two doses will be excluded from school if a measles case is diagnosed. Measles – A highly contagious virus that can lead to complications. Symptoms include high fever, cough, runny nose, watery eyes, and rash.	Measles – Exclude. Return after the rash has been present for four days. Vaccinated people who are not showing symptoms need not be excluded. Unvaccinated people who have been exempted from measles immunization must be immunized within 72 hours of exposure to return to school.	Inadequately immunized contacts require vaccination within 72 hours of exposure or should be excluded from school and all activities until NDDHHS determines they can safely return. Vaccinated contacts may attend school unless they have symptoms or are advised by a physician to remain at home.
	Rubella – contagious virus that causes mild illness with symptoms such as low-grade fever sore throat, and a rash that starts on face and spreads to rest of body.	Rubella – (German Measles) Exclude. Children and staff who are suspected of having rubella should be excluded for seven days after rash onset. Unvaccinated people who have been exempted from Rubella immunization for medical, religious, moral, or philosophical reasons must be immunized within 72 hours of exposure.	Need daily observation unless adequately immunized. Incubation period 14-21 days. Rubella can cause miscarriage or serious birth defects in the unborn child.
	Mumps – Viral illness that causes swelling of the parotid salivary gland behind the angle of the jaw.	Mumps – Must be excluded for 5 days after symptom onset. Incubation period is 12-25 days. Transmitted through contact with saliva or respiratory droplets.	
MENINGOCOCCAL MENINGITIS (MCV4 or MPSV4)	MCV4 vaccine is required at age 11 to 12 and a second dose at age 16 years. Vaccine may be used for certain high risk groups including college freshman living in dorms and those with functional asplenia. Minimum age for vaccine is two years.	People should be excluded until at least 24 hours after antibiotic therapy was started and the illness has subsided. Most common symptoms are fever, headache, and stiff neck. Meningitis is spread by respiratory and throat secretions during close or lengthy contact.	Household, daycare, and other direct, <u>intimate</u> contacts may be recommended antibiotics.
MPOX	Blistering rash to genitals, anus, or other areas like hands, feet, face, or trunk. Lesions may itch or cause discomfort and go through stages of healing that include scabbing over, the scab sluffing off, and a new layer of skin forming. Other possible symptoms: fever, chills, swollen lymph nodes, fatigue, headache, body aches, sore throat, cough, nasal congestion. Symptoms typically start within 3 weeks following exposure and the virus can be spread from symptom onset until rash has fully healed (usually 2-4 weeks).	Anyone with symptoms or who tests positive should isolate at home until all lesions have fully healed and there are no new lesions.	People exposed to mpox should contact local or state public health. Based on risk, people may be offered vaccination. People exposed but without symptoms do not require school exclusion but should monitor for symptoms
MONO (Infectious Mononucleosis)	Mono is caused by Epstein-Barr virus. Common in adolescents. Symptoms typically include fever, sore throat, swollen lymph nodes and fatigue. Splenomegaly seen in 50 to 60% of patients.	No school exclusion. Potential resumption of sport activities, except for contact sports, no earlier than 21 days after illness onset. Person is most infectious before they develop symptoms and up to 20% will continue to be able to spread the virus through nose and throat secretions for up to a year after recovery.	Following infectious Mono, virus may be shed in salivary secretions at high levels for a prolonged period. Avoid high risk behavior such as sharing water bottles, etc., children may return to school when they are able to resume normal activities and return to full contact sports once cleared by physician.

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MRSA (Methicillin-resistant staph aureus)	Skin or internal infection with staph bacteria resistant to many antibiotics. Passed from person to person through direct contact with skin or through contact with contaminated items. Skin infection can be pimple, boil, or open wound draining pus. Refer open draining wounds or abscess to health care provider for treatment.	Open wounds should be covered with clean, dry bandages, taped on all four sides. Exclude from school only if wound cannot be covered and contained. Those with active skin and soft tissue infections should not participate in contact sports. Those colonized with MRSA should not routinely be excluded from school.	Encourage good hand washing. Cover any open wounds or skin breaks. Do not share personal items and towels. Potentially contaminated surfaces should be cleaned with disinfectant labeled effective against MRSA.
PINK EYE (Infectious Conjunctivitis)	Pink eye is a symptom (not a disease) and can be caused by both infectious (common cold viruses, bacteria, etc.) and non-infectious (rubbing the eyes, allergies, contact lens problems) conditions.	Exclude younger children until cleared or have been on treatment for 24 hours. For older children there is much less risk of transmission and exclusion should be made on a case-by-case basis. Exclude children if they have bacterial conjunctivitis (i.e., yellow or green discharge, redness, or matted eyes).	Frequent hand washing for staff in contact with case.
PINWORMS	A round worm intestinal infection that can have no symptoms or itching around the rectum. Sometimes there is secondary infection of scratched skin. Only found in humans, not animals. Passed by "fecal-oral transmission."	No exclusion from school, unless diapering, then may return after first treatment dose. Good hand washing. Keep your nails short. Discourage nail biting and scratching anal area.	Good handwashing. Any object that is contaminated with feces could be infectious. Eggs can be infectious in an indoor environment for two to three weeks.
POLIOMYELITIS (IPV)	(IPV Inactivated Polio vaccine). IPV is the only vaccine available in the United States and is the preferred vaccine. Four doses required. Exception: If the third dose is given after the fourth birthday, a fourth (supplementary dose) is not required at school entry.	Each case must be handled individually.	Handled individually.
Respiratory Syncytial Virus (RSV)	Common respiratory virus that typically causes mild symptoms similar to having a cold. Most people recover in 1-2 weeks, but some can develop severe disease.	People with symptoms should stay home and away from others. They can return to normal activities when symptoms are improving and there is no fever for at least 24 hours. Once returning to normal activities, students are encouraged to take extra precautions for the next 5 days to limit virus spread. If a person develops a fever or begins to feel worse after returning to activities, they should stay home and away from others and return according to the above guidelines.	Immunization recommended for prevention in infants and some older babies, people ≥ 60, and pregnant women during the 3 rd trimester. Stay home when sick, cover cough and sneeze, hand washing, avoid touching face, avoid close contact with others, clean surfaces often.
RINGWORM of Skin Body (Tinea Corporis), Scalp (Tinea Capitis), or Feet (Tinea Pedis)	Caused by a fungal infection and transmitted by direct contact, sharing of hats or combs, contaminated shower stalls etc. Transmission is unlikely in a typical classroom setting, but there is higher risk with physical activities such as gym, wrestling, swimming, etc. where there is increased skin-to-skin contact and a shared shower room.	Children with ringworms can attend school if they are being treated and the affected skin can be covered. Exclude young children until 24 hours after treatment. Older children do not need to be excluded before treatment if they are not involved in higher risk activities and have minimal symptoms.	Close contacts should watch for skin irritation within one to two weeks. No exclusion, however, all people should be excluded from certain activities that are likely to expose others to the fungus, such as using swimming pools, showers, towels at public gyms, etc.
ROSEOLA	No vaccine. Caused by a virus. Typically, 3 to 5 days a fever that resolves and is followed by a rash.	No exclusion.	No restrictions. Children with sporadic cases of roseola are not considered to be contagious.

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SCABIES	Caused by a tiny mite. Severe itching is the main symptom.	Children and staff may return when treatment has been completed.	Close contacts should watch for skin irritation for two to six weeks.
SCARLET FEVER	No immunization. Caused by certain strains of streptococcal bacteria.	Exclude until has been on antibiotics at least 12 to 24 hours. The rash itself is not infectious and not a reason to continue exclusion.	Good hand washing and avoid eating or drinking after others.
SHINGLES (Varicella)	Vaccine available and recommended (not required) for all children. Caused by herpes zoster virus - the same virus as chicken pox. *	No exclusion unless the rash cannot be covered. Children can return when they are able to resume normal activities.	Susceptible contacts should consider immunization.
STREP THROAT	No immunization. Caused by certain strains of streptococcal bacteria.	May not return to school until antibiotics started for 12 to 24 hours in addition, must be afebrile and otherwise well.	Daily observation in school. Incubation period is two to five days. Follow instructions from a private physician. Symptomatic household contacts should be cultured for strep or treated.
TUBERCULOSIS DISEASE (Active Disease) (TB)	No vaccine available.	Exclude until verification by physician and FCPH that non-infectious. Active TB is excluded until the sputum is negative (generally about two to four weeks after the beginning of treatment).	Testing and follow up of contacts as determined necessary by FCPH. Medication may be recommended for contacts.
TUBERCULOSIS INFECTION (Latent Infection) (LTBI)	No vaccine available.	No exclusion. Should take or have completed medication to prevent active disease.	No risk of tuberculosis infection to contacts.

*Shingles is much less contagious than chicken pox even though the same virus causes them. Chicken pox is spread both by direct contact with the fluid from the skin lesions as well as by respiratory secretions. Shingles is only spread by direct contact with fluid from the skin lesions. Infectivity of the shingles skin lesions is minimal when clothing covers the area involved and the student has been using an antiviral cream such as Acyclovir for 24 hours.


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