

2014 Child Health Conference  
“Healthy Children Learn Better”

# What's Reportable?

# Objectives

- ▶ Discuss the reporting process: who, what, when and where.
- ▶ Discuss common communicable diseases observed in the school setting, and the implication for participating in contact sports.
- ▶ Understand what is a “reportable” disease.
- ▶ Understand how to prevent and contain communicable conditions.

# So, what needs to be reported?

- ▶ Diseases considered to be of great public health importance. ( See Handout)
- ▶ Illinois Department of Public Health (IDPH) and the Center for Disease Control (CDC) determine the list of diseases that need to be reported, and the time frame for reporting.
- ▶ Reporting allows for the collection of statistics that show how often the disease occurs. This helps researchers identify disease trends and track disease outbreaks. This information can help control future outbreaks.

# Change is inevitable....

- ▶ New rules and regulations were just issued 2/24/2014
- ▶ To insure that you and/or your organization receives an updated poster of the reportable diseases , please sign the sheet, or notify us at [www.kankakeehealth.org](http://www.kankakeehealth.org).

# Who should report?

- ▶ Laboratories, physicians, nurses & hospitals are the most common reporters
- ▶ Schools
- ▶ Self Reported
- ▶ Employers

# How to report...

- ▶ Call the health department **815-802-9400** and ask for either the communicable disease department (CD)
- ▶ Call the Chronic & Communicable Diseases: 815-802-9430
- ▶ Call the Public Health Nurses directly:
- ▶ Kristen: 815-802-9442 - All other Reportable Diseases
- ▶ Kathleen: 815-802-9443 - Vaccine Preventable & TB
- ▶ Cathy: 815- 802-9434 - STD/HIV issues
- ▶ **After hours: 815-937-8479**

# Illinois - National Electronic Disease Surveillance System (INEDSS)

## Outbreak Reporting System (ORS)

# A little humor....





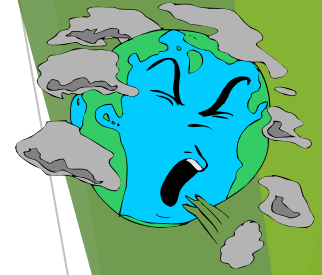
# Tuberculosis

## How do we find people with TB?

Targeted testing of individuals or groups

at risk of having TB or being exposed to TB

- Assess for signs and symptoms
- Tuberculin skin test (TST)/ Screening Tool
- Blood assay for *M. tuberculosis* (abbrev BAMT or IGRA)
  - QuantiFERON-G or QuantiFERON-GIT
  - T-Spot
- CXR screening in special circumstances

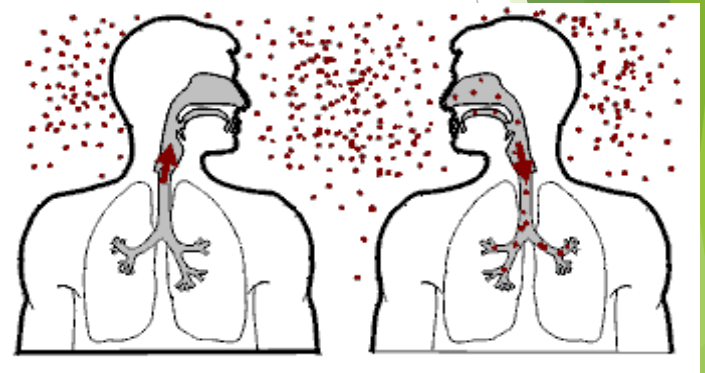


# TB Transmission

Spread by Airborne route via droplet nuclei

Affected by:

- Infectiousness of patient
- Environmental conditions
- Duration of exposure
- Susceptibility of person exposed



# Risk Factors for TB Infection

- Contacts of persons with known or suspected TB
- Persons born in high incidence areas
- Person who visit high prevalence areas
- Residents & employees of congregate settings whose clients are at increased risk
- Health care workers serving clients at risk
- Populations locally defined with increased incidence
- Infants & children exposed to adults at increased risk

# Meningitis

- ▶ Most aseptic meningitis cases are no longer reportable. Cases are only reportable if they are due to arboviruses or another specific disease pathogen that is on the reportable disease list.

# Bacterial Meningitis- REPORTABLE

- ▶ Incubation Period: 2-10 days
- ▶ Early Signs & Symptoms: Sudden onset of fever, headache, stiff neck ( except in infants) nausea, often vomiting, a purplish- red rash in some cases, confusion or difficulty awakening from sleep are common, especially in children.
- ▶ Period of Communicability: Until bacteria are no longer present in nose and throat secretions.

# Bacterial Meningitis- REPORTABLE

- ▶ **Mode of Transmission:** by direct and immediate contact with nose & throat secretions of a person carrying the bacteria. ( Kissing on the mouth, drinking from shared utensils, coughing, sneezing directly into the face of another person.
- ▶ **Control of Cases:** Exclude case from school until clinical recovery, absence of fever.
- ▶ **Control of Contacts:** **No restrictions.** Depending on which bacterium causes illness, an appropriate treatment or prophylaxis may be considered for household contacts and identified close contacts. Contacts at school does not generally warrant prophylactic treatment.
- ▶ **General Measures:** Basic hygiene.

# Rabies... Is it reportable?

Agency Name	Daytime	After hours
Animal Control	<b>815. 937. 2949</b>	<b>815. 936. 4641</b>
Kankakee County Health Department	<b>815. 802. 9430</b>	<b>815. 937. 8479</b>

# Rabies

## ***Determining need for Rabies prophylaxis:***

### ***· Provoked Bite:***

A bite that occurs in a situation in which a dog or cat might be expected to bite.

Examples include approaching or reaching down to pet an unfamiliar dog or cat, jogging or biking by a dog, feeding a dog or cat, or going onto property a dog is protecting. The large majority of animals with rabies virus in the saliva will have signs of rabies because the virus is already present in the brain. **Dog or cat bite from a healthy animal in Illinois does not require rabies PEP for that patient regardless of the rabies vaccination status of the dog or cat.**



# Rabies cont.

## · *Unprovoked Bite:*

An animal bite that occurs unexpected. An example of an unprovoked bite is when a person is standing in a park and a dog or cat comes up and bites the person for no apparent reason.

**In Illinois bites from dogs and cats that may results in the need for a recommendation for PEP (Post Exposure Prophylaxis would include bites from a dog or cat with signs of rabies or when there is an unprovoked bite from a dog or cat and the animal cannot be tested negative for rabies. In addition, rabies PEP may be recommended when bites from dogs or cats occur in other states or countries upon consultation with public health authorities. Another situation that may result in the need for rabies treatment is if a low –risk dog or cat dies during the 10 day confinement period following the bite and is not submitted for rabies testing.**

# Rabies

## Recommended Treatment:

### *Rabies Post-exposure Prophylaxis in the Immunocompetent Patient*

Health care providers can use the four-dose vaccine schedule for postexposure prophylaxis for human rabies in patients who are not immunocompromised. **Vaccine doses should be administered on days 0, 3, 7 and 14.** The rabies immune globulin for post-exposure prophylaxis should be given at the same time as the first dose of vaccine. (This guidance described in the MMWR, Recommendations and Reports, Volume 59, No. RR-2.)

### *Rabies Post-exposure Prophylaxis in the Immunocompromised Patient*

For immunocompromised individuals, five doses of vaccine are recommended on days 0, 3, 7, 14 and 28. Rabies immune globulin should be given at the same time as the first dose of vaccine


*The Kankakee County Health Department does not administer post exposure prophylaxis.*

# Rabies

- ▶ In Illinois bites from dogs and cats that may result in the need for a recommendation for PEP (Post Exposure Prophylaxis) would include bites from a dog or cat with signs of rabies or when there is an unprovoked bite from a dog or cat and the animal cannot be tested negative for rabies. In addition, rabies PEP may be recommended when bites from dogs or cats occur in other states or countries upon consultation with public health authorities. Another situation that may result in the need for rabies treatment is if a low-risk dog or cat dies during the 10 day confinement period following the bite and is not submitted for rabies testing.


These types of exposures  
MAY need Post Exposure  
Prophylaxis (PEP):

- Bat bite (not always visible) or contact with bat saliva
- Bat found in the room with a sleeping person
- Bat found in a room with a small child, or a mentally impaired or intoxicated individual



DO YOU HAVE A  
PATIENT WHO HAS  
BEEN EXPOSED TO A  
BAT?

**CALL THE KANKAKEE COUNTY  
DEPARTMENT OF HEALTH**



**(815)802-9430 (MON-FRI 8:30AM-4:30PM)  
OR (815)937-8479 (AFTER HOURS)**

# Chickenpox (Varicella)

- **Incubation Period: 10-21 days but commonly 13-17 days**
- **Early signs : Onset of mild fever, malaise and itchy rash which progresses to fluid filled lesions that last 3-4 days.**
- **Transmitted by: Person-to-person through direct contact with respiratory secretions or contact to drainage from lesions or by indirect contact with articles soiled by case's secretions or lesion drainage.**

# Chickenpox (Varicella)

- ▶ IDPH Guidelines for Establishing Varicella Reporting Procedures
- ▶ With Schools and Child Care Facilities
- ▶ Effective March 3, 2008, each case of Chickenpox (Varicella) is now reportable within 24 hours of receipt of notification from a parent, guardian, or health care provider. The following information should be collected by schools and licensed child care facilities and reported to the appropriate local health authority. Information in bold print must be submitted on each case.
- ▶ (Each reported case of chickenpox should be reported by local health authorities to IDPH using I-NEDSS.)

## ▶ Chickenpox (Varicella) Case Report

- ▶ Date of Report\_\_\_\_\_
- ▶ Person Reporting \_\_\_\_\_ Facility Name\_\_\_\_\_
- ▶ Address\_\_\_\_\_ Phone\_\_\_\_\_
- ▶ Student/Attendee's Name\_\_\_\_\_
- ▶ Age \_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_
- ▶ Parent's Name(s)\_\_\_\_\_
- ▶ Who reported student/attendee absence with chickenpox?\_\_\_\_\_
- ▶ Home Address\_\_\_\_\_
- ▶ City\_\_\_\_\_
- ▶ Phone(s)\_\_\_\_\_
- ▶ Date(s) of Varicella Vaccination\_\_\_\_\_
- ▶ Physician's Name\_\_\_\_\_ Physician's Phone\_\_\_\_\_
- ▶ Date of Onset of Chickenpox:\_\_\_\_\_

# Influenza is reportable if...

- ▶ A Novel Influenza ( eg. H3N2v, H7N9)
- ▶ Influenza-Associated intensive care unit hospitalizations
- ▶ Pediatric Influenza-associated deaths

# SCHOOL REPORTING

- ▶ Daily Influenza Census
- ▶ \*\* Please e-mail this report to [chartman@kankakeehealth.org](mailto:chartman@kankakeehealth.org)
- ▶ \*\*If unable to e-mail report please fax to (815) 937-8520
- ▶ Please complete this form and e-mail/fax daily to the Kankakee County Health Department for the purpose of flu surveillance. The following symptoms would be considered flu- like symptoms: Fever of 100 degrees F or higher with a sore throat and/or cough.
- ▶ \*\* Please report only those cases that fit flu-like symptoms\*\*
- ▶ Please write legibly.
- ▶ Date \_\_\_\_\_ School: \_\_\_\_\_
- ▶ Reporting Individual: \_\_\_\_\_ Phone# \_\_\_\_\_
- ▶ Number of Students absent with flu like illness today \_\_\_\_\_
- ▶ Number of Staff absent with flu like symptoms today \_\_\_\_\_
- ▶ \*\* Please provide the information below, so we can monitor student/faculty absence rate\*\*
- ▶ \*\* Total number of students enrolled in your school \_\_\_\_\_
- ▶ \*\*Total number of staff/faculty employed in your school \_\_\_\_\_
- ▶ There are no absences related to flu like symptoms today. \_\_\_\_\_
- ▶ If you have any questions regarding this form, please call the Health Department at 815-802-9430, and ask to speak to the Infectious Disease Nurse. Thank you.



# Influenza

Remember the 3 C's for Prevention

**CLEAN**



**COVER**



**CONTAIN**



# Influenza

- Flu season typically runs from November-April each year.
- 10-20% of the U.S. Population infected with the flu virus each year.
- >200,000 people are hospitalized with flu complications each year



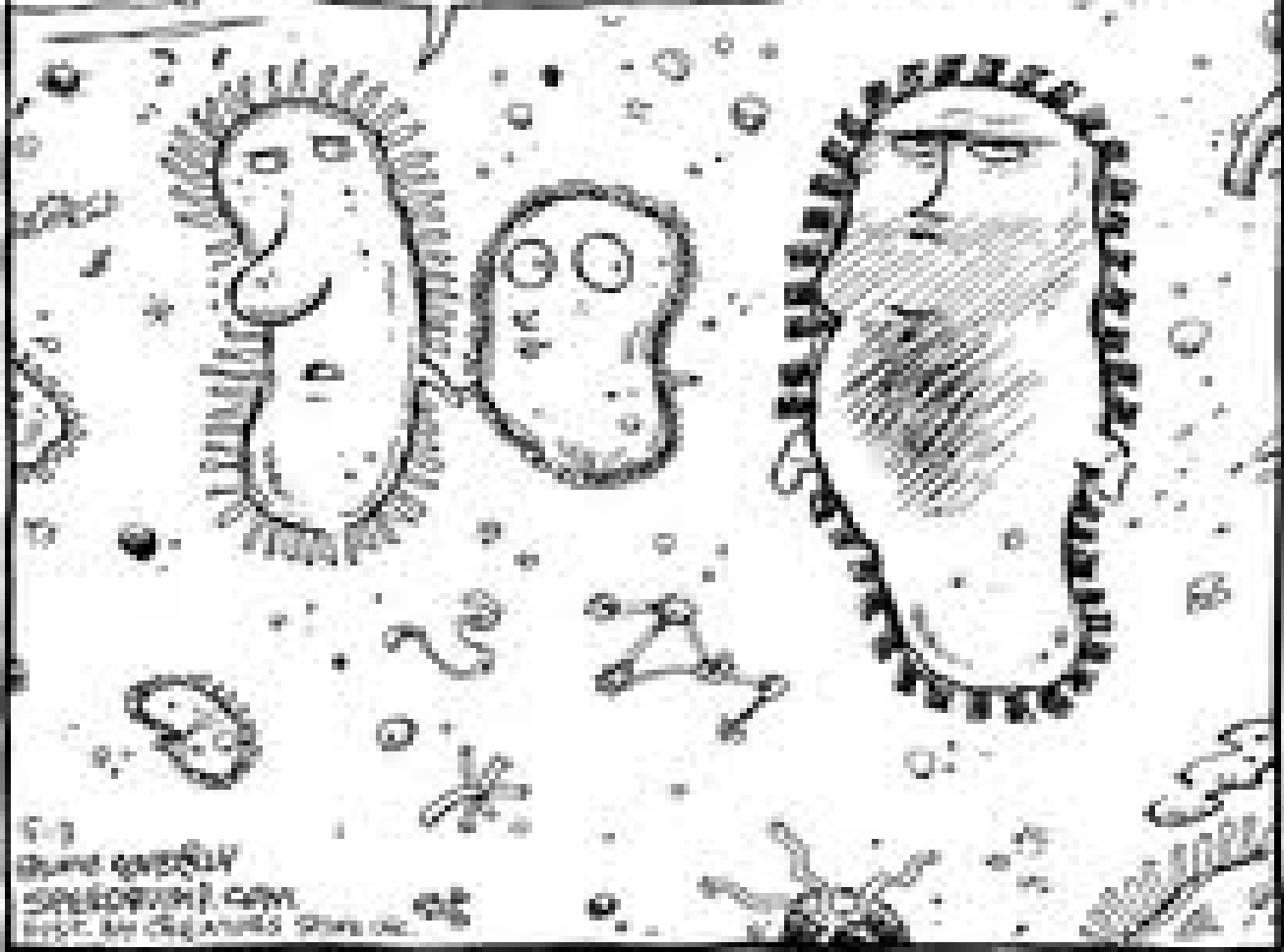
Illinois Department of Public Health. (2011). Seasonal influenza. Retrieved from <http://www.idph.state.il.us/flu/index.htm>

# Influenza

Everyone 6 months and older should be  
Immunized



YOU WERE TOO CHECKING  
OUT THAT NEW, MORE  
VIRULENT STRAIN.



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# Not Reportable?

- ▶ Scabies
- ▶ Head Lice
- ▶ Bed Bugs
- ▶ Impetigo
- ▶ Ringworm
- ▶ Infectious Mononucleosis
- ▶ Viral Meningitis
- ▶ MRSA
- ▶ Herpes Gladiatorium

# Scabies

Early signs: Scratching of small raised bumps or blisters on skin; intense itching; especially at night.

Transmitted By: **Person to person contact by direct skin to skin contact and transfer from clothes and bed linens only if contaminated by the infected person immediately before handled by another person.**



# Scabies

**Control of Cases: Exclude case from school for 24 hours after the first treatment.**

**\*\* Household members, caretakers, others who have had direct contact to case should be prophylactically treated. \*\***



# Head Lice

## Common Forms of Lice

### Head



### Body





# Head Lice

On November 2, 2010, the CDC released the following information regarding lice to schools:

“Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun”

Center for Disease Control and Prevention. (November, 2010, 2). *Head lice information for schools*. Retrieved from <https://www.cdc.gov/parasites/lice/head/schools.html>.

# Head Lice

Early signs: scratching of the scalp

Transmitted by: Direct contact with infested person, clothing, or article.

Stress importance of not sharing combs, brushes, hats, and coats. Store coats, hats, and scarves, etc., separately


\*\* Each facility is responsible for their own policies regarding this skin disorder\*\*

# Bed Bugs- Non Reportable

- ▶ If a suspected bed bug is found in school, it should be collected for identification by a trained professional. Other bed bug-like species may be found in schools.
- ▶ If the bed bug was found on a student's clothing or other belongings, the child's parent(s) or guardian(s) should be notified. **There is no need to send the student home.**
- ▶ Student belongings such as backpacks can be isolated in tight-sealing plastic containers or bags to reduce potential for bed bug dispersal, both at home and in school while the problem is being resolved.
- ▶ Schools are not ideal places for bed bugs as they prefer to hide during the day and few people are around during the night. However, hungry bed bugs will feed during the day.

# Bed Bug Management

- ▶ Inspect and monitor for bed bugs constantly, they arrive with people and their belongings. Inspect donations and monitor lost-and-found areas with extra vigilance.
- ▶ Vacuuming is an effective way to remove bed bugs and the dirt that provides them with shelter.
- ▶ Bed bugs are sensitive to extreme temperatures in all of their life-stages. So toss all infested clothing in a hot (140°F) dryer for 40 minutes.
- ▶ Remove clutter. Separate student back-packs and coats.
- ▶ Most bed bugs in schools will be coming in with students and can be found on, and in the student's belongings.



I REALLY HOPE  
IT ISN'T A  
CONTAGIOUS  
DISEASE...

# Impetigo

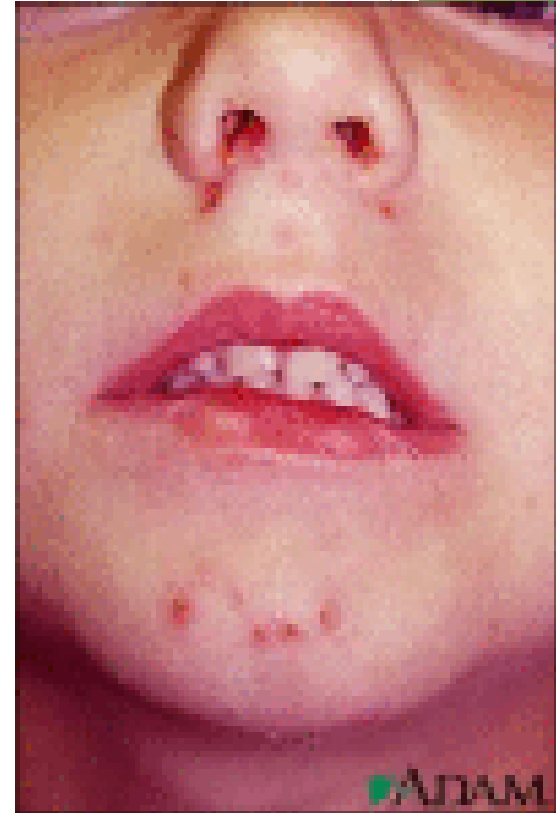
Contagious skin infection

Usually caused by 2 bacteria

*Streptococcus group A*

*or*

*Staphylococcus aureus*



# Impetigo

Signs and symptoms: Blisters on the skin that open and become covered with yellowish crust (with streptococcus) or clear to cloudy (when caused by staphylococcus); no fever and is most commonly found around the nose, mouth, hands, and forearms

# Impetigo

**Transmitted By:** Person-to-person by direct contact with nasal discharges or with person with draining lesions; hands are the most important means of spread.

**Control of Cases:** Exclude case from school until 24 hours after treatment begins. Keep lesions covered while in school.

**\*\* Stress proper handwashing and keeping fingernails clean and trimmed\*\***



# Ringworm (Dermatophytes)

- Caused by a fungus
- Early signs: a reddish, ring-like rash which often is itchy or flaky but may be moist and crusted and may burn.



# Ringworm

**Transmitted by:** Direct skin or scalp contact or indirect contact with items or materials contaminated with fungus from the skin, scalp, or hairs, e.g. theater seats, barber clippers, combs, brushes, hats, and clothing. Can also be acquired from pets and farm animals.

# Ringworm

**Control of Cases:** Exclude case from school until 24 hours after treatment begins and the lesion begins to shrink, unless lesion can be covered\*\* a child need not be excluded if lesion(s) can be covered.

\*\* Teach importance of not sharing towels, clothing, combs, brushes, hair accessories, hats and coats; teach proper handwashing. If pets have rashes have them evaluated by a veterinarian.\*\*

# Infectious Mononucleosis

## Non Reportable

- ▶ **Incubation Period:** Four to six weeks
- ▶ **Early Signs and Symptoms:** Fever, sore throat, swollen glands and fatigue are common; sometimes the liver and spleen are affected and enlarged. Infections may be asymptomatic.
- ▶ **Period of Communicability:** Prolonged; shedding of the virus in oral secretions may persist for a year or more after infection; 15 percent to 20 percent or more of healthy adults who are EBV antibody positive are long-term carriers.
- ▶ **Method of Transmission:** The virus is shed through saliva (also by saliva on hands, on toys, when kissing, etc.); virus is shed in saliva during the illness and possibly for a year or more after infection.
- ▶ **Control of Cases:** There are no restrictions. An infected child does not need to be excluded unless he or she has a fever of 100 degrees F or greater or is not well enough to participate in usual activities.
- ▶ **Control of Contacts:** No restrictions
- ▶ **General Measures:** Teach importance of basic hygiene measure such as covering the mouth when coughing or sneezing and frequent, proper hand washing before any activity that brings hands in contact with the mouth. Discourage the sharing of glasses, straws, water bottles, eating utensils, etc. Contact sport should be avoided until permission is given by MD.

# Viral (Aseptic) Meningitis - Not reportable

- ▶ Incubation Period: Variable, determined by the causative agent, usually 2-10 days.
- ▶ Early Signs & Symptoms: Sudden onset of fever, headache, stiff neck (except in infants) nausea, often vomiting.
- ▶ Method of Transmission: Usually transmitted by failure to wash hands after toileting or other contact with infected stool; Direct contact with nasal or throat secretions of a person carrying the virus (coughing, sneezing, kissing, sharing straws/glasses).
- ▶ Control of Cases: Exclude case from school until clinical recovery, i.e. absence of fever.
- ▶ Control of Contacts: no restrictions
- ▶ General Measures: Teach importance of basic hygiene. Hand washing.

## MRSA (methicillin-resistant Staphylococcus Aureus)

- Staph is a type of bacteria that may cause skin infections that may be red, swollen, painful, or have pus.
- Anyone can get a Staph infection



# MRSA

(methicillin-resistant *Staphylococcus Aureus*)

\* \* The IL Department of Public Health (IDPH) has reported an increased number of CA-MRSA cases among athletes especially participants in contact sports, e.g. football, wrestling and sports where participants are prone to skin abrasions. \* \*

Illinois Department of Public Health (August, 2010, 9). Guidance for schools and students athletes about community-associated staphylococcus aureus (CA-MRSA) infections. Retrieved from [http://www.idph.state.il.us/health/infect/MRSA\\_School\\_Recs.htm](http://www.idph.state.il.us/health/infect/MRSA_School_Recs.htm)

# MRSA

(methicillin-resistant *Staphylococcus Aureus*)

**Transmitted By: Person-to-person through close contact.**

**Risk factors associated with spread**

- **Direct skin-to-skin contact with colonized or infected persons**
- **Sharing contaminated personal items**
- **Inadequate hygiene**
- **Direct contact with contaminated surfaces**
- **Living in crowded settings**



# MRSA

(methicillin-resistant Staphylococcus Aureus)

**Control of Cases: \* \* Each facility should have their own policies regarding MRSA \* \***

CDC and IDPH's Recommendations:

- Unless directed by a physician, students should not be excluded from attending school.
- If a MRSA infection is suspected, athletes should be referred to their physician for evaluation.
- Because bandages can shift or dislodge with activity or when wet, students with draining wounds should not be allowed to participate in practices, games, or physical education classes that require direct contact until wounds have stopped draining.

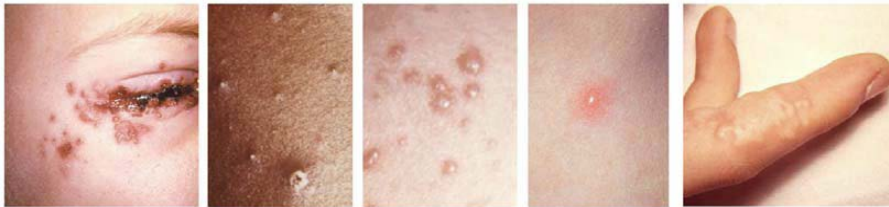
# MRSA

(methicillin-resistant *Staphylococcus Aureus*)

## Infection Control Recommendations:

- **Keep wounds covered**
- **Stress proper handwashing or to use an alcohol based waterless hand sanitizer ,and showering after sport activities using soap and water.**
- **Avoid sharing personal items.**
- **Laundry soiled clothing**
- **Clean environmental surfaces**
- **Educate and Increase Awareness of the risks and the prevention of MRSA**

# Herpes Gladiatorium- Non Reportable



- ▶ **Primary infection**
  - ▶ No systemic symptoms
  - ▶ No new lesions x 3 days
  - ▶ All lesions crusted
  - ▶ On oral meds >120 hours ( 5 days)
  - ▶ Crusts covered
- ▶ **Recurrent infection**
  - ▶ Ulcers dry, covered by **FIRM ADHERENT CRUST**
  - ▶ On oral meds for >120 hours
  - ▶ Crusts covered

# Herpes Gladiatorum, continued

- Personal hygiene for athletes is essential in prevention
- Shower at school immediately after practice, using soap and water.
- Use your own soap and towel.
- Wash your towel after each use, using hot water with detergent (and bleach if possible); and dry on high heat setting.
- Equipment and gear should be clean.
- Practice and competition gear should be cleaned every day.
- Headgear should be cleaned daily with a bleach wipe or any other cleaning material.
- Clean towels should always be used.
- ▶ Avoid touching your eyes, nose or mouth with your hands.
- ▶ Never pick or squeeze skin sores; drainage is very infectious.

# Herpes Gladiatorum - Cleaning/Containment

- ▶ Always report any skin lesions or sores to your athletic trainer or coaching staff immediately, whom in turn should notify teams that they have wrestled in the 8 days prior to an outbreak of Herpes Gladiatorum and notify/consult with their school physician immediately so that a treatment plan can be started.

## Herpes Gladiatorum -Cleaning/Containment

- Disinfectants approved by the Environmental Protection Agency (EPA) must be used according to manufacturer recommendations (viricidal, fungicidal, bactericidal) OR bleach solution (800 ppm = ¼ c bleach: 1 gallon water). Mix daily to be effective.
- Mats should be washed after every practice session or competition. Locker rooms and shower areas should be cleaned and disinfected daily using EPA-approved product or bleach solution.
- Mop heads and cleaning cloths should be laundered daily using laundry detergent, hot water and dry on high heat setting.
- All facilities should be cleaned daily with an appropriate cleaning agent. This includes locker room, practice room, mats and weight room

# Need a letter to send to parents?

- ▶ [www.browardhealthservices.com.communicable-disease/sample-letters/](http://www.browardhealthservices.com.communicable-disease/sample-letters/)

# Other Resources

Kankakee County Health Department:  
[www.kankakeehealth.org](http://www.kankakeehealth.org)

Illinois Department of Public Health:  
[www.idph.state.il.us/](http://www.idph.state.il.us/)

Centers for Disease Control: [www.cdc.gov](http://www.cdc.gov)



*Any Questions?*

