

**GRAND TRAVERSE COUNTY HEALTH DEPARTMENT
 PROTOCOL FOR THE MANAGEMENT OF SELECTED DISEASES**

DISEASE & INCUBATION PERIOD	SPREAD BY	SYMPTOMS	CONTAGIOUS PERIOD	RETURN TO SCHOOL
CHICKENPOX (Varicella) Average 14-16 days (range 10-21 days)	Person-to-person by direct contact, droplet or airborne spread of vesicle fluid, or respiratory secretions from nose, throat, and mouth	Fever, mild respiratory symptoms, body rash of itchy, blister-like lesions, usually concentrated on the face, scalp and trunk	1-2 days before onset of rash and until all lesions are dry and crusted over	Exclude until lesions are dry and crusted, at least one week after eruption first appears *Notification of health department upon diagnosis
FIFTH DISEASE Usually 4-20 days	Person-to-person; contact with respiratory secretions	Rash begins as a solid red area on cheeks (slapped cheek appearance), spreading to upper arms and legs, trunk, hands and feet; occasional fever	Most infectious 1-2 days before illness onset	No exclusion if rash is diagnosed as Fifth Disease by a healthcare provider; maintain good hand hygiene and don't share eating utensils
HAND, FOOT and MOUTH DISEASE Average 3-5 days (range 2-14 days)	Contact with respiratory secretions or by feces from an infected person	Sudden onset of fever, sore throat, cough, tiny blisters inside mouth, throat and on extremities	From 2-3 days before onset and several days after onset; shed in feces for weeks	If secretions from blisters can be contained, no exclusion required; maintain cough etiquette and good hand hygiene
HEAD LICE (Pediculosis) 1-2 weeks	Head-to-head contact with an infected person and/or their personal items such as clothing or bedding	Itching, especially nape of neck and behind ears; scalp can become pink and dry; patches may be rough and flake off; nits (white-brown eggs) stick to hair shafts near the scalp	Until lice and viable eggs are destroyed, which generally requires 1-2 shampoo treatments and nit combing	Students with live lice may stay in school until end of day; immediate treatment at home is advised
IMPETIGO 4-10 days	Direct or indirect contact with lesions and their discharge	Lesions/blisters are generally found on the mouth and nostrils, occasionally near eyes	Whiles sores are draining	Exclude until under treatment for 24 hours and lesions are healing; cover lesions
INFLUENZA (Viral influenza) 1-4 days	Droplet or contact with respiratory secretions (sneezing and coughing, touching contaminated surfaces)	High fever, fatigue, cough, muscle aches, sore throat, headache, runny/stuffy nose; occasionally vomiting and diarrhea	1 day prior to onset of symptoms to 1 week or more after onset	Exclude until 24 hours after fever has resolved (without fever-reducing medication) and cough has subsided
MEASLES, MUMPS, RUBELLA	Call Grand Traverse County Health Department at 231-995-6125 or TCAPS Health Coordinator at 231-933-5687 for information on each specific disease.			Exclude until notification from the health department *Immediate notification of local health department upon diagnosis
MENINGITIS (bacterial) Average 2-4 days (Range 1-10 days)	Contact with saliva or nasal and throat secretions; spread by sneezing, coughing, and sharing beverages or utensils	Severe headache, stiff neck and back, vomiting, fever, irritability, intolerance of light, neurologic symptoms; rash is possible	Generally considered no longer contagious after 24 hours of antibiotic treatment	Medical clearance required *Immediate notification of local health department upon diagnosis
MENINGITIS (aseptic/viral) Varies with causative agent	Varies depending upon causative agent: droplet or fecal-oral route; may be complications from another illness	Severe headache, stiff neck and back, vomiting, fever, intolerance to light, neurologic symptoms	Varies depending on causative agent, but generally 2-14 days	Exclude until medically cleared
MONONUCLEOSIS 30-50 days	Person-to-person via saliva	Fever, sore throat, fatigue, swollen lymph nodes, enlarged spleen	Prolonged, possibly longer than 1 year	Exclude until able to tolerate activity; exclude from contact sports until fully recovered
MRSA (Methicillin-resistant Staphylococcus aureus) Variable	Transmitted by skin-to-skin contact and contact with surfaces that have been contaminated with infection site drainage	Fever may be present; commonly a swollen, painful lesion (resembling a spider bite) with drainage	As long as lesions are draining	No exclusion if wound is covered and drainage contained; exclusion from contact sports/swimming until medical clearance
PERTUSSIS (Whooping cough) Average 7-10 days (Range 5-21 days)	Contact with respiratory secretions from nose, throat, and mouth by sneezing, coughing, and speaking	Initially cold-like symptoms, later developing a severe cough that may lead to difficulty breathing and vomiting	With onset of cold-like symptoms until 21 days from onset (or until 5 days of antibiotic treatment)	Exclude until 21 days after onset or until 5 days of appropriate antibiotic treatment *Notification of health department upon diagnosis
PINK EYE (Conjunctivitis) Variable but often 1-3 days	Discharge from eyes, respiratory secretions; from contaminated fingers, shared eye make-up applicators	<u>Bacterial</u> : often yellow discharge in both eyes <u>Viral</u> : Often one eye with watery/clear discharge and significant redness <u>Allergic</u> : itchy eyes with watery discharge	During active infection (a few days to 2-3 weeks)	<u>Bacterial</u> : exclude until 24 hours after microbial therapy <u>Viral or allergic</u> : no exclusion necessary

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RESPIRATORY ILLNESS (general) Variable, usually 1-3 days	Contact with respiratory secretions	Slight fever, sore throat, cough, runny or stuffy nose	Variable depending upon causative agent	Exclude if child has fever over 100°F until fever free for 24 hours without fever-reducing medication
SCABIES 2-6 weeks for first exposure; 1-4 days for re-exposure	Close, skin-to-skin contact with an infected person or via infested clothing or bedding	A linear rash with intense itching; areas most affected are skin folds	Until mites are treated (prescription skin and oral medications)	Exclude until after prescribed treatment by a health care provider
STREP THROAT/ SCARLET FEVER Average 2-5 days (range 1-7 days)	Contact with respiratory secretions as well as direct contact	Sore throat and fever Scarlet fever: also a body rash and red tongue	Until 24 hours after treatment (10-21 days without treatment)	Exclude until 24 hours after antibiotic therapy has begun
VIRAL GASTROENTERITIS (Stomach flu) 24-72 hours	Fecal-oral (contamination of hands, food and drink or objects placed in the mouth)	Nausea, vomiting, diarrhea, abdominal pain and discomfort; may have a low fever	Up to 6-10 days after onset of symptoms	Exclude until diarrhea has ceased for at least 2 days; exclude from food handling for at least 3 days after recovery
OTHER DISEASES	Handled on an individual basis in consultation with the TCAPS Health Coordinator (231-933-5687), your health care provider, and local Health Department			
*A special note to parents/guardians who have signed immunization waivers	In the event of a case/cases of a vaccine preventable disease in the classroom and/or school, children who have not been vaccinated may be excluded from school throughout the incubation period of the particular vaccine preventable disease. This is to protect your child and the other children in the classroom/school.			

LYME DISEASE

Lyme disease is an illness caused by the bacterium *Borrelia burgdorferi*. This disease is transmitted to people through the bite of an infected blacklegged tick (also known as the deer tick). Lyme disease often begins with a “flu-like” illness, including fever, headache, fatigue, and muscle and joint pain. Approximately 70-80% of cases develop a characteristic “bull’s-eye” skin rash, called erythema migrans; infection can spread to the joints, heart, and nervous system if Lyme disease is left untreated. Most cases of Lyme disease can be successfully treated with a few weeks of antibiotic use.

The most important factors in preventing Lyme and other tick-borne diseases are by knowing where ticks can be encountered (current map of Michigan Lyme disease risk is located at www.michigan.gov/lyme), preventing tick bites, removing ticks promptly if they do bite, and seeking prompt medical care if you think you have been exposed to Lyme disease. Studies of Lyme disease have shown that an infected tick must be attached to its host for at least 24-48 hours for the bacteria to be transmitted. Prevention methods include 1) avoiding areas with a lot of ticks, such as shady, damp areas in wooded and grassy locations 2) checking your skin and clothing for ticks every day 3) proper use of an insect repellent containing DEET, picaridin or Oil of Lemon Eucalyptus and 4) keeping your home tick free through use of landscaping considerations/reduction of tick habitat.

HOW TO REMOVE A TICK

Ticks can attach to any part of the human body, but prefer body creases and areas with hair, such as the armpit, ankle, groin and scalp.

1. Using fine-tipped tweezers or a tick removal tool, grasp the tick as close to the skin as possible. Pull straight upward with steady, even pressure. DO NOT twist or jerk the tick, apply petroleum jelly, a hot match, or other irritants as this may cause the tick’s mouth parts to remain embedded.
2. Immediately wash the bite area and your hands with soap and water and then apply an antiseptic to the wound.
3. If you develop a rash or fever with several weeks of removing a tick, or believe the tick may have been attached for longer than 24 hours, follow-up with your primary care provider. Inform them about your recent tick bite, when it occurred and where you think you came into contact with it.