

Dear District 64 Community,

We've seen a recent increase in absences due to respiratory illness, strep throat, and fevers. **Please read on for important information about pneumonia, pertussis (whooping cough) and influenza.** Our custodial teams continue to clean the school spaces daily, please also encourage proper handwashing and covering coughs/sneezes with your children in all settings.

With any illness, individuals should stay home from school and extracurricular activities when not feeling well. Any time your child(ren) will be away from school for any reason, please make sure to report the absence to your school and notify the school nurse about any diagnosed illness. Per the [Health Services section in the Parent Handbook](#), ***absence from school for five or more consecutive school days requires a healthcare provider's note to return to school.*** Please make sure that your emergency contacts in Powerschool are updated in case your child needs to be picked up early due to illness or injury.

As a friendly reminder, individuals always need to be free of fever, vomiting, and diarrhea for 24 hours (without medications) before returning to school.

You may find these charts helpful when experiencing various symptoms. As always, please notify your pediatrician when your student is ill. Anyone exhibiting any symptoms of COVID-19 should be tested to help rule it out and prevent the spread of illness.

RSV, COLD, FLU & COVID-19 SYMPTOM COMPARISON				
SYMPTOMS	RSV	COLD	FLU	COVID-19
CHILLS	✓	SOMETIMES	✓	SOMETIMES
COUGH	✓	✓	✓	✓
DECREASED APPETITE	✓		✓	
DIARRHEA / VOMITING			✓	✓
DIFFICULTY BREATHING	✓			✓
FATIGUE	✓	✓	✓	✓
FEVER	✓	SOMETIMES	✓	✓
HEADACHE			✓	✓
LOSS OF TASTE OR SMELL				✓
MUSCLE / BODY ACHES			✓	✓
RUNNY NOSE / CONGESTION	✓	✓	✓	SOMETIMES
SNEEZING	✓	✓	SOMETIMES	
SORE THROAT	✓	✓	SOMETIMES	SOMETIMES

Common Respiratory Illnesses

Symptom	COVID-19 (1,2)	Influenza (1,2)	Pertussis (1)	Respiratory Syncytial Virus (RSV) (4,5)					
Fever	Usually present & high (102-104°F or 39-40°C); typically lasts 3-4 days	Usually present & high (102-104°F or 39-40°C); typically lasts 3-4 days	Uncommon If present, typically low-grade	Usually present & high (102-104°F or 39-40°C); typically lasts 3-4 days					
Chills	Common	Common	Uncommon	Uncommon					
Headache	Common	Common	Uncommon	Uncommon					
Muscle aches and pains, chest discomfort	Common; mild to severe	Common; often severe	Uncommon	Uncommon					
Fatigue and weakness	Mild-severe; can last up to 14-21 days	Moderate-severe; can last up to 14-21 days	Mild; Patient usually appears well between coughing attacks	Mild					
Extreme exhaustion	Common	Common early in illness	Uncommon	Common					
Stuffy or runny nose	Common	Common	Common, early in the illness	Common					
Sneezing	Uncommon	Uncommon	Common, early in the illness	Common, 1-3 days after symptom onset					
Sore throat	Common	Common	Uncommon	Common					
Other symptoms (not exhaustive)	Vomiting, diarrhea, loss of taste and smell	Vomiting, diarrhea (more common in children)	Apnea – a pause in breathing (in infants)	bronchiolitis and pneumonia, more common in infants					
COUGH	Hacking cough, often productive	Non-productive ("dry") cough is typical	Coughing fits/paroxysms and nocturnal cough are common; often leads to vomiting or gagging; generally not responsive to over the counter cough medications; "whooping" may or may not occur	Hacking cough, often with wheezing					
					Severity	Mild to severe	Moderate	Variable; mild to severe; infants appear quite ill and may present with cough or apnea	Severe
					Duration	Typically 3-7 days, may last for weeks	Typically 3-7 days; occasionally to 14 days	Persistent: Almost always >1 week, usually 2-6 weeks, sometimes 10+ weeks	Typically 3-7 days, may last for weeks
					Paroxysms	Uncommon	Uncommon	Common; often leads to vomiting or gagging	Uncommon
Infectious period	2 day before symptom onset and 10 days after	1 day before symptom onset and 3-7 days after	From start of catarrhal phase (before cough onset) to 21 days after cough onset*; Most efficient spreading after cough onset	3-8 days, may be longer in infants or immunocompromised individuals					
Incubation period	2-14 days	1-4 days	6-20 days	4-6 days					
Vaccines available	COVID-19 vaccines	Seasonal influenza vaccine	DTaP and Tdap	No vaccine currently available					
Suggested diagnostic testing	Testing – Antigen or PCR	Testing – Antigen or PCR	Testing – PCR recommended for acute illness	Testing – Antigen or PCR for acute illness					

*or until taking 5 days of appropriate antibiotics, or until a nasopharyngeal pertussis PCR is negative

IDPH has asked us to share the following reminders to help decrease the spread of respiratory illness and to help prevent the need for hospitalization of children:

- Mask indoors in crowded areas, especially at large gatherings during the upcoming holiday season, to prevent acquiring any infection, such as RSV, flu, whooping cough, pneumonia, or COVID-19.
- Wear a mask if you develop any symptoms, such as a runny nose, cough, or fever.
- Cover your cough and sneezes and stay home until you are feeling better or fever free for at least 24 hours without needing fever reducing medications.
- During holiday parties or communal dining, make sure to frequently wash one's hands with soap and water or use alcohol-based hand sanitizer and avoid touching utensils that are frequently handled by others.
- Whenever possible, maximize indoor ventilation and air circulation.
- Get vaccinated for the flu and get up to date on the COVID-19 vaccine as soon as possible.
- If your child 24 months or younger qualifies for Synagis for RSV prevention, talk to your pediatrician.

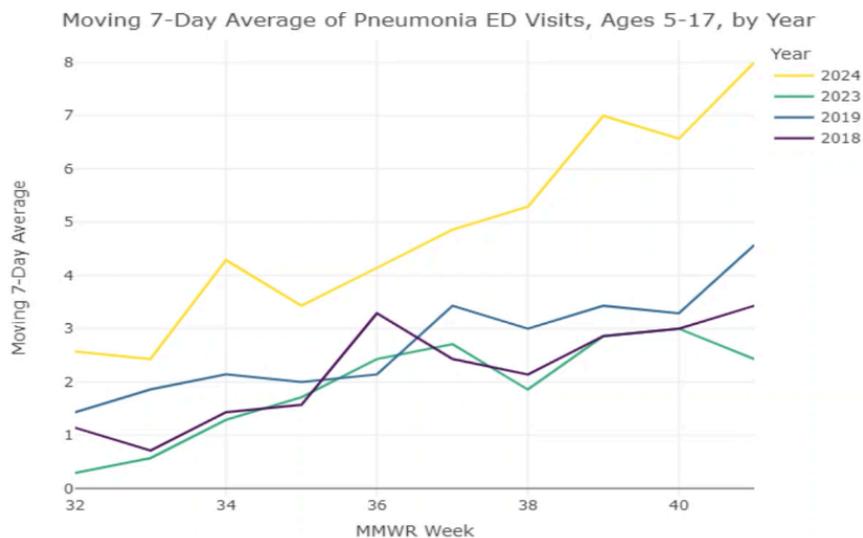
Pneumonia

There is currently an outbreak of *mycoplasma pneumoniae* in Illinois and increased cases of pneumonia have been reported across the country. We have already had more reported cases of pneumonia this year in D64 than we had reported all of the 23-24 school year. Cases of co-infections, such as pneumonia combined with strep throat or pneumonia paired with pertussis are also being reported more often recently.

An infection with *M. pneumoniae* is not notifiable nationally or in Illinois, meaning healthcare providers aren't required to report infections to their local public health department and we do not have a communicable disease notice to send out like we do for some other illnesses.

So far in 2024, CDC has seen an increase in *M. pneumoniae* infections, including in young children. This differs from previous years in which infections in young children were rare. Surveillance data indicate that *M. pneumoniae* infections began increasing in late spring/early summer of 2024. This increase is from a low baseline observed since the start of the COVID-19 pandemic. When people need hospital care due to pneumonia, *M. pneumoniae* is a common bacterial cause of the infection.

Pneumonia Among School-Aged Children



Symptoms: *M. pneumoniae* primarily causes respiratory infections. Infections can occur in the upper and lower respiratory tract. Common manifestations include pharyngitis,

pneumonia, and tracheobronchitis. The bacteria can also cause a wide array of extrapulmonary manifestations often without obvious respiratory disease. These include neurologic, cardiac, hematologic, rheumatologic, and skin complications. Notably, approximately 10% of children with *M. pneumoniae* infection exhibit a rash, often maculopapular; however, the rash can take many forms.

Transmission: *M. pneumoniae* are spread through respiratory droplets from coughing and sneezing. Other people can get infected if they breathe in those droplets. Most people who spend a short amount of time with someone who is sick from *M. pneumoniae* don't get infected. However, people who spend a lot of time together are at increased risk. This is especially true for people who live together. People living, working, and studying in crowded settings are at increased risk. The incubation period is usually 2 to 3 weeks which can result in lengthy outbreaks.

Diagnosis: There is no rapid test for *M. pneumoniae* infections, unlike some other respiratory illnesses. Diagnosis is often made clinically through examination and history. A chest x-ray may be ordered to see if the patient has radiographic evidence of pneumonia.

Treatment: Most people with a mild *M. pneumoniae* infection will recover on their own without medication. Good judgment in use of antibiotics is recommended.

Prevention: There is no vaccine to prevent infection with *M. pneumoniae*. Hand washing and covering coughs and sneezes can help prevent spreading this bacteria. Practicing good respiratory hygiene is a core prevention strategy to lower the risk from *M. pneumoniae* and other respiratory illnesses.

For more information please visit:

- [M. Pneumoniae information \(CDC\)](#)
-

Pertussis (Whooping Cough)

Unfortunately the trend over the last few years of increased cases of pertussis continues. CCDPH has reported more cases through Quarter 3 of 2024 than they had in all of 2023.

Pertussis Cases Comparison Chart FY 23-24

	2023	2024
January	1	31
February	0	24
March	4	31
April	3	21
May	6	39
Jun	6	50
July	9	37
August	18	36
September	47	3
October	83	0
November	66	0
December	37	0

*graph as of 9/13/2024 per CCDPH

Transmission

Very contagious

Person to person by respiratory droplet

Infected people are most contagious for two weeks after the cough begins

Pertussis vaccine is the most effective tool to prevent the disease



WHOOPING COUGH (PERTUSSIS)

A contagious disease that can be deadly for babies

WHOOPING COUGH CAN BE DANGEROUS

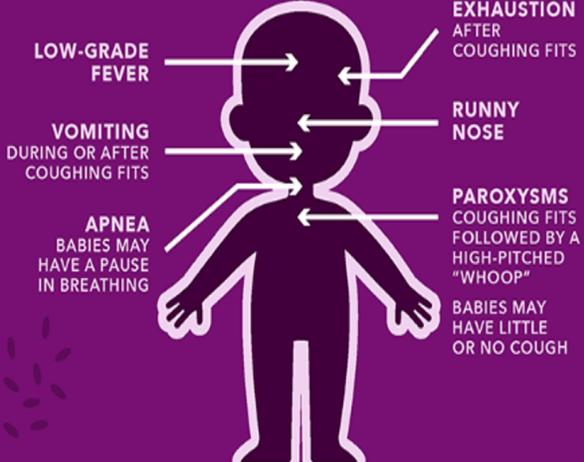
Especially for newborns and babies

Whooping cough can lead to...

- PNEUMONIA**
(A SERIOUS LUNG INFECTION)
- CONVULSIONS**
- BRAIN DAMAGE**
- APNEA**
- DEATH**

About half of babies younger than 1 year old who get whooping cough are hospitalized.

SYMPTOMS OF WHOOPING COUGH



- LOW-GRADE FEVER**
- VOMITING DURING OR AFTER COUGHING FITS**
- APNEA**
BABIES MAY HAVE A PAUSE IN BREATHING
- EXHAUSTION**
AFTER COUGHING FITS
- RUNNY NOSE**
- PAROXYSMS**
COUGHING FITS FOLLOWED BY A HIGH-PITCHED "WHOOP"
- BABIES MAY HAVE LITTLE OR NO COUGH

Influenza (Seasonal Flu)

A FLU SHOT WON'T GIVE YOU THE FLU

SPREADFACTSNOTFLU.COM




The yearly flu season has begun. If you and your family have not yet gotten your [flu shot](#), please contact your healthcare providers or local pharmacies to make an appointment to receive them.

Cook County Department of Public Health is also offering free influenza and COVID-19 vaccination clinics at the location below.

SATURDAYS, 8AM-4PM

10/19/24 – 02/22/25

Fall & Winter Vaccination Clinics

LOCATIONS & DATES

NORTH SUBURBS

Arlington Heights Health Center	11/09/24
3250 N. Arlington Heights Rd., #300	12/28/24
Arlington Heights, IL 60004	01/24/25
	02/22/25

CCDPH Free COVID-19 and Flu Vaccination Clinics

CCDPH is offering children (6 months +) and adults Free COVID-19 and flu vaccines, regardless of insurance coverage. **Select Saturdays from October 19 - February 22, 2025, 8AM to 4PM**

- Walk-ins welcome, no appointment necessary
- Resource coordination and referrals available
- Bring a form of I.D. and insurance card (**Note: insurance is not required**)
 - A person's immigration status will not stop them from receiving immunizations.
- Clinic Locations:
 - Arlington Heights
 - Blue Island
 - Ford Heights
 - North Riverside
 - Robbins

For more information email: healthycook@cookcountyhhs.org

**COOK COUNTY
HEALTH**

Cook County^{of}
Public Health

**BUILDING
HEALTHIER
COMMUNITIES**

[Free COVID-19 and Flu Vaccination Clinics - Cook County Department of Public Health
\(cookcountypublichealth.org\)](https://www.cookcountypublichealth.org)

13

More information on influenza can be found below.

CCDPH: [Flu](#)

CDC: [Seasonal Flu](#)

Thank you for all you are doing to keep our community and yourselves healthy.

Sincerely,

D64 Nursing Department