COMMON CONCERNS PARENTS HAVE ABOUT THE HEALTH OF THEIR SCHOOL-AGE CHILD

Guidelines developed by the epidemiologists at Hennepin County Community Health Department and adapted by LCWM School District 2071

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Many students and parents are	Disease	Symptoms	Incubation Period	School Action and Comments on Communicability	Source of Infection and Mode of Transmission
frequently concerned about when students should stay home or attend school. The following information is intended to help with this decision.	Chicken Pox	* Slight fever * General skin rash that begins on chest, back, neck and face * Red bumps turn into small blisters * Scabs appear after a few days	10-21 days Usually symptoms appear 14-16 days after being exposed.	and not more than 5 days after last	Virus spreads through discharge from the nose, mouth, skin, and mucous membranes of infected persons. Readily contagious. Children on immuno-suppressive drugs are at high risk.
GENERAL PRACTICE • If student has had a fever of 100° or more, the student should stay home until they have been	Cold Sores (Herpes Simplex)	Blister-like sores usually on the lips and face or inside the mouth. May be confused with Impetigo.	2-14 days	 No restriction. May be contagious as much as seven weeks after lesion appears. 	Virus is transmitted by direct contact with infected persons, a majority of whom will have unapparent infections.
 <u>fever free</u> without use of a medication for <u>24 hours</u>. If a student has vomited or had diarrhea, the student should stay home until <u>24 hours</u> after their last episode. 	Common Cold	Acute upper respiratory signs including watery eyes, sneezing, running nose, and a general feeling of illness.	Up to 10 days after exposure	 No restriction unless ill. Contagious 24 hours before onset and for 5-8 days after nasal involvement. Encourage covering cough and hand washing 	Virus spreads directly through coughing, sneezing, an explosive manner of speech in which droplets are cast; indirectly through articles freshly soiled by discharges of infected persons.
If student has any rash that may be disease-related or you do not know the cause, check with your family physician before sending	Influenza / COVID	Chills, body ache, headache fever, sore throat, followed by cough, runny nose, and possibly stomachache.	24-72 Hours	Exclude from school until fever is gone and child feels well enough to participate usually 2-7 days	Virus spreads directly through coughing, sneezing, contact with nose or throat discharges of patient. Possibly airborne
 If student is ill, please call the school daily to report the illness. 	Impetigo	Blisters, pustules rapidly covered with honey-colored crusts. May be confused with cold sores. Usually seen first near mouth or nose	1 to 6 days occasionally	Exclude from school until after 24 hours of treatment, or until lesions are dry Contagious until lesions are healed.	Bacteria is spread by direct contact with persons, or with discharges from nose or throat of patient; airborne transmission also occurs. Usually caused by Group A Beta-Streptococcus/Staphyloccous
If student has a harsh cough that keeps him/her awake at night or interrupts other students, consider keeping them at home. If you have any questions about the above information or an illness, please call your school nurse or your family physician	Mono- nucleosis	*Fever * Sore throat * Swollen lymph glands (neck) *Headache *Excessive tiredness	Probably 4-6 weeks	 Restrict according to doctor orders. Period of contagiousness unknown. Exclude until fever free for 24 hours 	Virus spreads by direct contact. Kissing may facilitate spread among young adults.
Practice good hand washing techniques at home!!!! It is the best defense against GERMS	Parovovirus Fifth's Disease	Rash that causes very red cheeks and spreads to other parts of the body. Fever and sore throat May also be present.	Before the rash even appears. Not usually contagious after the rash appears.	the student can go to school. Remind them to	From contact with the person's secretions when they cough or sneeze.

Information from: Infectious Diseases in Childcare Settings and Schools (Hennepin County Community Health Dept. Epidemiology and Environmental Health)

Disease	Symptoms	Incubation Period	School Action and Comments on Communicability	Source of Infection and Mode of Transmission
Head Lice (Pediculosis)	Lice or nits infest the head, hair, or other hairy parts of the body or clothing. Pubic (crab) lice usually infest the pubic area. Scratching causes a reddened, rash-like area. Nits are tiny eggs stuck to hair, usually close to scalp at neckline and/or behind ears.	Variable- eggs hatch in 7-10 days	 Lice are a nuisance and not a disease. Parent/guardian will be notified and provided with treatment instructions. Children infested with head lice will be sent home the day lice is detected. Children with head lice can return to school the next day following treatment. 	Lice are transmitted primarily by direct contact with infested persons. Lice can also be transmitted through combs, brushes, bedding, wearing apparel, and upholstered furniture.
Pertussis (Whooping Cough)	Runny nose, sneezing, slight fever and mild cough. After a week or two a persistent cough develops, ending in a high pitched whoop and vomiting.	6-20 days Usually 7 to 10 days	 Exclude from school until 5 days of appropriate antibiotic therapy. Exclude from extracurricular activities. 	It is a bacteria spread from person to person through coughing or sneezing while in close contact.
Pink Eye (Conjunctivitis)	Redness of eyes. May or may not have pus-like discharge. Eye irritation.	24-72 hours, but can be up to 12 days depending on organism.	 Refer for medical diagnosis and treatment. Contagiousness depends on agent. Do not Exclude 	Most are viral in cause; some bacterial. May be spread through hand eye contact. Redness of eye may also be result of allergic reaction.
Reye's Syndrome	Sudden onset of violent vomiting, mental confusion, extreme sleepiness, and very fatigue, twitching or jerking movements, hostility, coma.	1-7 days following viral infection (cold, flu, chicken pox).	 If one or more symptoms appear, call physician immediately. Go to emergency room of hospital. Do not give aspirin or aspirin products. 	Usually follows viral infection. It is not contagious. Cause unknown. No prevention. Requires immediate attention at onset of symptoms. Most common in young children. Potential for increased risk if aspirin products are used.
Ringworm (Tinea Corporis)	Ring-shaped or irregular lesion with dry and scaly borders that may show central clearing. May become inflamed and crusted.	1 to 3 weeks	 Refer for medical diagnosis and treatment. Lesions should be covered. 	Contact with human or animal infected with the fungus or its spores, or by contact with contaminated articles.
Scabies	Itching, scratch marks, or burrow marks. Common sites are thighs, beltline, wrists, elbows, webs of fingers. Scratching may cause secondary infections or rash.	2-6 weeks from the time a person is exposed until symptoms appear	 Refer for medical diagnosis and treatment. Can return to school 24 hours after treatment started. Family should be examined also. 	Mites are transferred by direct contact with an infected person or to undergarments or soiled sheets freshly contaminated by an infected person.
Strep throat Scarlet Fever	Fever, sore throat, headache, nausea, vomiting. (If associated with rash it is called Scarlet Fever).	2-5 days	 If positive for strep, exclude from school until 12 hours after antibiotic treatment is started and until clinically well. Contagious until 12 hours after treatment is started. Still must be fever free 24 hours 	Bacteria is spread directly from nose and throat discharges of infected persons.