

POWAY UNIFIED SCHOOL DISTRICT
COMMUNICABLE DISEASE INFORMATION

PARENTS/GUARDIANS: The disease(s) checked below are now occurring in our school. Your student may have been exposed. **ALL OF THESE DISEASES ARE CONTAGIOUS!** Please consult your medical care provider if any of the symptoms listed below appear.

WOMEN WHO ARE PREGNANT OR CONSIDERING PREGANCY and are concerned about exposure to a communicable disease are encouraged to contact their medical provider.

IMPORTANT! When student requires medication at school, have medical care provider sign/date a note indicating (1) diagnosis, (2) date student may return to school, (3) name and dosage of medication, (4) time to receive medication, (5) date to stop medication. An Authorization for Medication Administration (H-26) is available through the Health Office.

FOR YOUR STUDENT’S PROTECTION AND REASSURANCE: Please assure up-to-date emergency numbers are on file at school! Emergency contacts may be called when parents are unavailable.

| DISEASE | SYMPTOMS | INCUBATION: Time required for disease to appear after exposure. | CARE | PREVENTION MEASURES |
|---|---|--|---|---|
| CHICKEN POX (Varicella) | Irritability, fatigue, fever, red spots, which develop into water blisters, more abundant on covered areas of body. | 14 - 21 days | Seek medical diagnosis. Remain home until blisters are scabbed over. | Vaccination, good hand washing, sneezing and coughing hygiene. |
| FIFTH DISEASE (Parvovirus B19) | May begin with fever and mild cold systems followed by bright pink blotchy rash appearing on face (“slapped cheek” look). May progress to lacy rash on trunk and extremities. | 4-21 days | Seek medical diagnosis. Exclude from school with fever. Not thought to be contagious after eruption of rash. | Good hand washing, sneezing and coughing hygiene. <u>Do not</u> share eating utensils and/or food. |
| HAND, FOOT, MOUTH DISEASE (Coxsackie virus and/or Enterovirus) | Low-grade fever, sore throat, blister-like lesions on tongue and throat, raised rash/lesions on palms of hands and soles of feet. | 3 - 6 days | Seek medical diagnosis. Remain home while fever and/or vesicular rash persist unless released by physician in writing. May attend if rash is dry. | Good hand washing. <u>Do not</u> share eating utensils and/or food. |
| HEAD LICE (Pediculosis) Small parasitic insects | Persistent itching on scalp. Possible "nits" (small grayish eggs adhering to base of hair shaft). Presence of live lice, (they crawl; cannot hop, jump, or fly). | Undetermined, eggs hatch in one week, adults reproduce in 2 weeks. | MAY RETURN TO SCHOOL WHEN HAIR IS FREE OF NITS. (Inspection by Health Technician is required.) | Good hand washing, especially under the nails. Avoid hair contact, <u>do not</u> share combs, brushes, hats, etc. |
| HEPATITIS-A | Poor appetite, abdominal pain, nausea, vomiting, fever, jaundice (yellow tinge to the skin and white of eyes). | 15 - 50 days | Seek medical diagnosis. Remain at home until released by physician in writing. | Good hand washing. <u>Do not</u> share eating utensils and/or food. Vaccine/Immune Globulin Injection. |
| MEASLES (Rubeola) | Runny nose, sneezing, coughing, watery eyes, fever. Blotchy rash appears in 3-5 days. | 7 - 18 days | Seek medical diagnosis. Reportable to Public Health. | Vaccine |
| MENINGITIS (Bacterial) | Sudden onset of fever, intense headaches, stiff neck, mental confusion and possible nausea, vomiting and skin rash. | 1 - 10 days | Seek medical diagnosis. May return to school when released by physician in writing. | Good hand washing, sneezing and coughing hygiene. <u>Do not</u> share eating utensils and/or food. |
| MENINGITIS (Viral) | Starts as a mild gastrointestinal disturbance or upper respiratory infection, and then proceeds to sudden onset of stiff neck, headache, fever, possible mental confusion and rash. | Dependant on causative virus. | Seek medical diagnosis. May return to school when released by physician in writing. | Good hand washing. <u>Do not</u> share eating utensils and/or food. |

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| MONONUCLEOSIS (Mono); (Epstein-Barr) | Fever, sore throat, enlarged tender lymph glands, possible headache, fatigue and abdominal pain. | 3 - 7 weeks | Seek medical diagnosis. Remain at home until released by physician in writing. | Good hand washing. <i>Do not</i> share eating utensils and/or food or water bottle, saliva (avoid oral contact). |
| MUMPS | Fever, swelling/tenderness in front, below the ear, or under the jaw. May be painful to move the jaw. | 12 - 25 days | Seek medical diagnosis. Remain at home until released by physician in writing. | Vaccine |
| PINK EYE (Infectious Conjunctivitis) | Excessive purulent drainage, crusting of eyelids especially upon awakening, redness, light sensitivity, irritation, blurred vision. | 24 - 72 hours | Seek medical care. Student may return to school after treatment or when eyes are clear. | Avoid touching/rubbing eyes. Good hand washing. <i>Do not</i> share eye make-up or towels. |
| PINWORM (Intestinal Worms) | Severe rectal itch. Intestinal worms 1/2 inch long (look like heavy white thread). Easier to find at night. | 1-2 months | Seek medical care. All members of household should be treated at the same time. | Good hand washing. Good personal hygiene. |
| RINGWORM (Fungus) | SCALP-Evident patches of hair broken off near scalp (bald spot). BODY-Patch, ring or oval shape, slightly raised, pink/scaly with clear area in center. Usually two or more rings. NAIL-Nail becomes discolored, pitted, grooved and brittle. FEET (Athletes' Foot)-sogginess between toes, scaling, itching, small blisters. Progress to larger blister, raw place, swelling/redness. Reinfection is fairly common. | 1 - 2 weeks | Seek medical care. Breaks in skin may cause serious secondary infection. A dog or cat with ringworm can transmit disease to humans and should be treated by veterinarian. May return to school if patches are covered. | Good hand washing. <i>Do not</i> share clothing. Proper laundering of shared towels and linens. |
| RUBELLA (German Measles) | Low-grade fever, headache, malaise, anorexia, mild cold symptoms, and swelling of lymph nodes behind ears. Blotchy rash appears in 3 to 5 days. | 14 - 21 days | Seek medical diagnosis. Exclude 7 days from onset of rash. | Vaccine |
| SCABIES (Infection by a mite) | Severe itching (especially at night) prominent on wrists, elbows, webs of fingers, thighs, belt line, buttocks. | 4 - 6 weeks | Seek medical care. Student may return to school when released by physician in writing or 24 hours after treatment completed. | Good hand washing. <i>Do not</i> share clothing, bedding. |
| SKIN INFECTIONS (Staph - i.e. MRSA, Impetigo) | Skin disease characterized by blisters, pustules, or boils that are red, painful, swollen and may be draining; often found at sites of visible skin trauma and areas of the body covered by hair. | 2 - 10 days | Seek medical care immediately. Student may return on doctor's written recommendation following treatment. | Good hand washing. Avoid contact with blisters. Blisters must be covered to attend school. No swimming until fully healed. Gloves to be worn if bandages changed at school. |
| STREPTOCOCCAL INFECTION, STREP THROAT, OR SCARLATINA | Vomiting, fever, sore throat, sudden headache. A bright rash MAY appear within 24 hours. | 1 - 5 days | Seek medical diagnosis. Student may return on doctor's written recommendation following treatment. | Good hand washing, sneezing and coughing hygiene. <i>Do not</i> share eating utensils and/or food. |
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