VDH VIRGINIA DEPARTMENT OF HEALTH

Supplemental Disease Reference Chart for School and Child Care Facility Personnel

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DISEASE	COMMON SYMPTOMS	TRANSMISSION	DIAGNOSIS*	PREVENTION	REPORTING REQUIREMENTS	RECOMMENDATIONS	NOTIFICATION GUIDELINES
Bites, Bed Bugs *(Cimex lectularius)*	• Slightly swollen or red skin • Insomnia • Anxiety • Skin irritation • Itching • Severe allergic reaction (rare)	Bite marks appear between 1–14 days after initial exposure. Bed bugs fit into small spaces and are easily transported from location to location as people travel.	Visible bugs in mattresses; bite marks on face, neck, arms, hands, or other body parts	Routine inspections for signs of bed bug infestation	Not reportable	**School Exclusion Guidelines:** Bed bugs are not a medical or public health hazard as they do not spread disease. School exclusion is not indicated if they feel well enough to attend. **Treatment:** Avoid scratching the infected area and apply antiseptic creams or lotions. Take an antihistamine. Excessive scratching can increase the chance of a secondary skin infection.	School health personnel (e.g., school nurses, consulting physician, and administrators), in consultation with the LHD should determine whether some or all parents/guardians should be notified of a person with bed bug bites within the school
Bites, Human	• Visible bite marks on skin • Pain • Tenderness • Bleeding • Swelling	Spread of infectious disease is rare but possible if there is a break in the skin and/or an exchange of blood or body fluids	History, physical examination, and blood work to check for certain blood-borne pathogens	Identify the behaviors and develop a plan with the student's parents to prevent future occurrences	Not reportable	**School Exclusion Guidelines:** School exclusion is not indicated if the person is well enough to attend school **Treatment:** Should be cleaned thoroughly with soap and water for five minutes. Additional treatment will depend on the size/location/severity of the bite, nature of the bite, and the presence of potential infectious/communicable diseases.	Parents/guardians of the affected child should be notified and referred for treatment, as necessary, according to school policy
Candidiasis, Oral (Thrush)	• White patches on the inside of cheeks, gums, and tongue • Redness or soreness • Pain with eating	Lives in mouth, throat, digestive tract; antibiotics or a weakened immune system can cause yeast overgrowth. Common in infants.	Physical examination; occasionally the healthcare provider will take a scraping and look under microscope	Good oral hygiene; rinse the mouth or brush teeth after using inhaled corticosteroids	Not reportable	**School Exclusion Guidelines:** School exclusion is not indicated if the person is well enough to attend school **Treatment:** Prescription antifungal medication	Suspected oral thrush should be reported to the parents/guardians who can seek treatment from a healthcare professional
Cytomegalovirus (CMV)	• Fever • Sore throat • Swollen glands • Fatigue • Asymptomatic (most cases)	From mother-to-baby during pregnancy, direct contact with virus-containing fluid or secretions, sexual contact, breastmilk to nursing infants, transplanted organs, and blood transfusions	Blood tests	Exercise universal precautions for contact with bodily fluids; good hand hygiene, especially with diapered children	Not reportable	**School Exclusion Guidelines:** School exclusion is not indicated.‡ **Treatment:** Usually, no treatment is needed; for immunocompromised individuals, special treatment is available	Notify pregnant personnel and immunocompromised staff and students who may be in contact with persons infected with CMV; encourage the contacts to reach out to their healthcare providers for counseling about the potential risks of exposure

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Diphtheria (*Corynebacterium diptheriae*)	• Sore throat • Weakness • Mild fever • Swollen glands in the neck • Thick, gray coating in nose, tonsils, and throat	Person-to-person spread through direct contact with respiratory secretions (e.g., coughing, sneezing); occasionally through raw milk	Cultures from nose, throat, and any lesions	Follow immunization compliance per code § 22.1-271.2 and § 32.1-46	Suspected or confirmed cases must be reported **immediately** to the LHD †	**School Exclusion Guidelines**: Exclusion from school is mandatory until documentation of two cultures 24 hours apart and 24 hours after completion of antibiotics do not grow diphtheria -OR- 14 days after completion of antibiotics if cultures are not practical. All close contacts should have swabs taken of nose and throat, receive postexposure prophylaxis, and be kept under surveillance for 7 days. **Treatment:** Diphtheria is treated primarily with antitoxin (single dose) and antibiotics (14-day course)	School health personnel (e.g., school nurses, consulting physician, and administrators), in consultation with the LHD should determine whether some or all parents /guardians should be notified
Hand, Foot, and Mouth Disease (Coxsackievirus)	• Fever • Mouth sores • Sore throat • Skin rash, commonly found on palms and soles • Eating and drinking less	Person-to-person spread through direct contact with respiratory secretions, stool, or contaminated surfaces	History, physical examination	Proper hand washing protocols, personal hygiene practices, and particular attention to cleaning/ sanitation efforts	Not reportable	**School Exclusion Guidelines:** Virus is most contagious the first week of symptoms. School exclusion is not indicated if the person is well enough to attend school and has no uncontrolled drooling with mouth sores.‡ **Treatment:** No specific antiviral treatment is available. Care is supportive, including hydration and over-the-counter pain and fever reducers.	School health personnel (e.g., school nurses, consulting physician, and administrators), in consultation with the LHD should determine whether some or all parents /guardians should be notified
Hepatitis C Virus (HCV)	• Asymptomatic • Fever • Fatigue • Jaundice • Dark urine or light-colored stools	Spread through contact with blood of infected person	Testing blood for antibodies and RNA	Exercise universal precautions for contact with blood or bodily fluids	Suspected or confirmed cases must be reported within **three days** of diagnosis†	**School Exclusion Guidelines:** School exclusion is not required **Treatment:** Oral antivirals for 8-12 weeks	Parents/guardians should be encouraged to notify the school nurse if their child has HCV
Hepatitis E Virus (HEV)	• Asymptomatic • Fever • Fatigue • Loss of appetite • Nausea • Dark urine or light-colored stools • Jaundice	Spread by the fecal-oral route, including drinking contaminated water or eating undercooked or raw pork, venison, wild boar meat, or shellfish	Testing blood for antibodies and RNA	Good sanitation, availability of clean drinking water, properly cooking meat, hand washing protocols, personal hygiene practices	Suspected or confirmed cases must be reported within **three days** of diagnosis†	**School Exclusion Guidelines:** Persons diagnosed with HEV should be excluded from school until symptoms have resolved. School exclusion is not indicated for contacts. **Treatment:** There is no anti-viral medication available for the treatment of HEV. Care is supportive.	School health personnel (e.g., school nurses, consulting physician, and administrators), in consultation with the LHD should determine whether some or all parents /guardians should be notified

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Herpes Simplex Virus (HSV-1 and HSV-2)	• Asymptomatic • Painful blisters or ulcers at the site of infection (may be oral or genital) • Fever	Contact with an infected person's blister or ulcer, mucosal surface, or genital or oral secretions	History, distinctive appearance of blisters or sores, and HSV nucleic acid amplification tests or culture	Exercise universal precautions for contact with blisters or bodily fluids	Not reportable	**School Exclusion Guidelines.** Blisters on the body should be covered with clothing or a bandage, if practical. Do not exclude students or staff with mouth sores or blisters that are crusted over. Students or staff with open, oozing skin sores or blisters should not attend school.‡ **Treatment.** Infection is lifelong; antivirals can prevent or suppress symptoms	None
Lyme Disease (*Borrelia burgdorferi*)	• Target-shaped rash • Fever, chills • Fatigue • Swollen lymph nodes • Muscle and joint pain • Headache	Bite from infected blacklegged tick (deer ticks); no person-to-person spread	History, physical examination, exposure to ticks, and sometimes laboratory tests	Using insect repellent, removing ticks promptly, applying pesticides, and reducing tick habitat	Suspected or confirmed cases must be reported **within three days** of diagnosis†	**School Exclusion Guidelines:** School exclusion is not indicated **Treatment:** Early diagnosis and antibiotic treatment (for 2–4 weeks) is important and helps prevent late Lyme disease. Most patients recover completely; 5-10% have prolonged symptoms of fatigue, body aches, or difficulty thinking.	Suspected Lyme Disease (target-shaped rash) should be reported to the parents, who can seek treatment from the child's healthcare professional
Methicillin-resistant *Staphylococcus aureus* (MRSA) Skin Infections	• Redness • Warmth • Pain • Pus • May look like an insect or spider bite	Person-to-person spread through contact, usually from hands or contaminated surfaces	History, physical examination, and sometimes laboratory testing	Properly sanitize shared toys and other objects; discourage sharing of personal items; diligent hand and personal hygiene	Not reportable	**School Exclusion Guidelines:** School exclusion is not required, unless wound drainage cannot be covered and contained with a clean, dry bandage or they cannot maintain good personal hygiene. However, they may be advised to remain home while feeling ill or limit participation in daily activities. **Treatment:** Many skin infections, including MRSA, can be treated with wound care; antibiotics may also be used for treatment.	Suspected MRSA (red or draining skin lesions) should be reported to the parents, who can seek treatment from the child's healthcare professional
Molluscum Contagiosum	• Small, raised, white, pink, or flesh colored bump with a dimple or pit • Anywhere on the body • Sometimes red, itchy, or sore	Person-to-person spread via close contact, or through the sharing of inanimate objects, such as towels, clothing, pool toys, or bath sponges	History, physical examination	Properly sanitize shared toys, objects; discourage sharing of personal items; diligent hand/personal hygiene	Not reportable	**School Exclusion Guidelines:** School exclusion not required; visible lesions should be covered while participating in close contact sports, and/or water sports. **Treatment:** Usually goes away on its own in a few months (although may take as long as 4 years) as the person develops antibodies to the virus	None

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Mononucleosis, Infectious (Epstein-Barr virus)	• Asymptomatic • Extreme fatigue • Sore throat • Fever • Body aches • Enlarged lymph nodes • Swollen liver or spleen • Rash (rare)	Person-to-person spread primarily through saliva (i.e., kissing, sharing cups or toothbrushes, sexual contact)	History, physical examination, and antibody testing	Properly sanitize shared toys and other objects; discourage sharing of personal items; encourage diligent hand washing and personal hygiene	Not reportable	**School Exclusion Guidelines:** School exclusion is not required. However, the student or staff member may be advised to remain home while feeling ill and not able to participate in their daily routine.‡ **Treatment:** Symptomatic care including rest, hydration, and over-the-counter medications for pain and fever. May return to contact sports or heavy lifting upon the recommendation of their healthcare provider.	None
Mosquito-Borne Diseases (Arboviral diseases include Zika virus, West Nile virus, dengue, Chikungunya virus, and malaria)	• Asymptomatic • Fever • Headache • Body aches • Joint pain • Nausea • Vomiting • Rash • Red eyes (Zika) • Serious, sometimes fatal, neurologic illness	Spread through the bite of an infected mosquito; no person-to-person spread	History, physical examination, blood tests	Use insect repellent; empty standing water that can attract mosquitoes; secure windows to prevent mosquitoes from getting indoors	Suspected or confirmed cases must be reported **within three days** of diagnosis†	**School Exclusion Guidelines:** School exclusion is not required. However, the student or staff member may be advised to remain home while feeling ill and not able to participate in their daily routine. **Treatment:** Treatment is dependent on the exact virus, symptoms, and severity of illness. There are no vaccines, and most treatment is supportive in nature.	None
Otitis Externa (Swimmer's Ear)	• Ear pain with tugging • Itchiness • Redness and swelling in the ear • Drainage	No person-to-person spread	History, physical examination	Dry ears thoroughly after swimming or showering; do not put objects in ear (e.g., cotton swabs)	Not reportable	**School Exclusion:** Staff and students with otitis externa should not be excluded from school, unless they pose a risk to others due to uncontrolled drainage from the ear canal **Treatment:** Antibiotic ear drops	None

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Otitis Media (Middle Ear Infection)	• Ear pain • Fever • Fussy, irritable • Difficulty sleeping • Drainage (if ear drum is ruptured)	No person-to-person spread	History, physical examination	Immunization compliance per code § 22.1-271.2 and § 32.1-46, avoid secondhand smoke exposure	Not reportable	**School Exclusion:** Staff and students with otitis media should not be excluded from school, unless they pose a risk to others due to uncontrolled drainage from the ear canal **Treatment:** Oral antibiotics (if necessary), pain medication, and rest	None
Pinworm Infection (Enterobiasis)	• Perianal itching • Disturbed sleep • Irritability • Abdominal pain • Secondary infections of skin	Direct transfer of infected eggs from anus to mouth of the same person or another person, or indirectly through clothing, bedding, food, or other contaminated articles	Worms can sometimes be seen at night when laying their eggs on perianal skin. A healthcare provider can perform a "tape test" exam for pinworms.	Diligent hand hygiene after toileting, changing diapers, and before handling food. Infected people should not bathe with others while infected.	Not reportable	**School Exclusion.** Students and staff should be excluded from school until 24 hours after treatment is started **Treatment.** Prescription medications (pyrantel pamoate, albendazole, or mebendazole) given in a single dose and repeated in 2 weeks. In some cases, entire families may be treated for pinworms at once.	School health personnel (e.g., school nurses, consulting physician, and administrators) in consultation with the LHD should determine whether some or all parents /guardians should be notified so they may watch for symptoms
Pneumonia (Nonspecific, may have bacterial, fungal, viral causes)	• Cough • Fast, difficult breathing • Fever • Muscle aches • Loss of appetite • Lethargy	Direct or close contact with mouth and nose secretions and touching contaminated objects (for viral and some bacterial causes)	History, physical examination, and possibly a chest X-ray	Immunization compliance per code § 22.1-271.2 and § 32.1-46, annual influenza vaccine, diligent hand and personal hygiene	Refer to the Virginia Reportable Disease List† as some causes require immediate reporting or reporting within 3 days	**School Exclusion Guidelines:** School exclusion is not indicated unless the individual is not feeling well enough to participate. The contagious period depends on the causal organism.‡ **Treatment:** Antibiotics, antivirals, or antifungal medications (if indicated), and supportive care (rest, hydration, over-the-counter fever medications)	Suspected pneumonia should be reported to the parents, who can seek treatment from the child's healthcare professional
Polio (Poliomyelitis)	• Asymptomatic (most) • Mild illness: fever, sore throat, fatigue, headache, abdominal pain, nausea • Meningitis • Paralysis • Death	Very contagious: fecal-oral from contaminated hands, food, water, or other objects; through droplets from an infected person's throat from a sneeze or cough (less common)	History, physical exam, laboratory testing on samples (stool, throat, blood, urine, spinal fluid), and MRI	Follow immunization compliance per code § 22.1-271.2 and § 32.1-46; perform diligent hand hygiene	Suspected or confirmed cases must be reported **immediately** to the LHD †	**School Exclusion Guidelines:** Exclusion is recommended. Most infectious 7–10 days before and two weeks after symptom onset.‡ Secreted in stool for weeks or months. Exposed persons should have their immunization records checked by a healthcare provider and follow recommendations for vaccination if needed. **Treatment:** No specific antiviral therapy; care is supportive	School health personnel (e.g., school nurses, consulting physician, and administrators), in consultation with the LHD should determine whether some or all parents /guardians should be notified

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Rabies	• Initial symptoms: flu-like illness, prickly or itching sensation at site of bite • Rapidly progressive • Anxiety • Confusion • Hallucinations • Fear of water • Insomnia • Death	Direct contact (through broken skin or eyes, mouth, or nose) with saliva or brain/nervous system tissue from an infected animal or person; often through a bite from a rabid animal	Humans: special tests performed on blood, spinal fluid, and brain; diagnosis may not be confirmed until after death Animals: brain tissue can be tested	Avoid contact with wildlife (especially bats) and stray animals; ensure pets are vaccinated properly; seek care immediately for any bites, scratches, or potential exposures	Suspected or confirmed cases must be reported **immediately** to the LHD.† Animal bites should be reported to the local animal control office.	**School Exclusion Guidelines:** The infected person should be excluded. School exclusion is not indicated for contacts. Casual contact with an infected person (e.g., by touching a person with rabies) or contact with non-infectious fluids or tissue (e.g., urine or feces) does not alone constitute an exposure. **Treatment:** Once symptoms have developed, no drug or vaccine improves the prognosis. Postexposure prophylaxis with RIG (rabies immune globulin) and rabies vaccine (HDCV, RVA, or Rabovert) is recommended for a person bitten by a wild or domestic animal. Ensure exposed individual is up to date on tetanus vaccine.	When a student is bitten or scratched by an animal, school personnel should notify the student's parent/guardian, the LHD, and local animal control office. Parent/guardian should be advised to contact a healthcare provider for evaluation of the exposure.
Respiratory Syncytial Virus (RSV)	• Runny nose • Cough • Decreased appetite • Sneezing • Fever • Wheezing	Direct or close contact with mouth or nose secretions, kissing the face of a child with RSV, or contaminated surfaces, such as a doorknobs. Most common in winter and early spring but can occur year-round.	History, physical examination, laboratory testing	Encourage diligent hand washing and personal hygiene. RSV immunizations are available for pregnant women, infants, some toddlers, and older adults.	Not reportable	**School Exclusion Guidelines:** The person should stay home until at least 24 hours after both occur: 1) symptoms are improving, 2) fever is gone, without the use of fever-reducing medicine ‡ **Treatment:** There is no specific treatment and most children will recover on their own with supportive care	None
Rocky Mountain Spotted Fever (RMSF) *(Rickettsia rickettsia)*	• High fever • Severe headache • Nausea, vomiting • Swelling around eyes and hands • Rash (extremities then trunk) • Muscle pain	Most often by the bite of an infected American dog tick, but the Rocky Mountain wood tick and brown dog tick may also cause disease; no person-to-person spread	History, physical examination, blood testing	Daily tick checks, remove ticks right away, use insect repellants	Suspected or confirmed cases must be reported **within three days** of diagnosis†	**School Exclusion Guidelines:** School exclusion is not indicated **Treatment:** Prompt antibiotic treatment within the first 5 days of illness may decrease the chance of developing serious illness and death	Suspected RMSF (fever, headache, rash, swelling of eyes and hands) should be reported to the parents, who can seek treatment from the child's healthcare professional immediately

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Roseola (Roseola Infantum, Sixth Disease)	• High fever for 3-5 days • After fever goes away, rash appears (faint red, flat spots) on chest and abdomen spreading to face, arms	Spread by person-to-person contact with saliva, through sharing a cup or utensils or coughing and sneezing; also in the saliva of healthy people who have had it in the past	History, physical examination	Properly sanitize shared toys and other objects; encourage diligent hand washing and personal hygiene	Not reportable	**School Exclusion Guidelines:** Students may attend school when the fever is gone; the illness is no longer contagious when the rash appears‡ **Treatment:** Supportive care only	School health personnel (e.g., school nurses, consulting physician, and administrators), in consultation with the LHD should determine whether some or all parents /guardians should be notified
Rotavirus (Rotavirus Enteritis)	• Severe watery diarrhea • Vomiting • Fever • Abdominal pain • Dehydration	Fecal-oral; by putting hands in the mouth, touching contaminated objects, and eating contaminated food	Stool testing	Follow immunization compliance per code § 22.1-271.2 and § 32.1-46, encourage diligent hand and personal hygiene	Not reportable	**School Exclusion Guidelines:** Exclude from school and childcare until stools are contained in the diaper or when continent patients no longer have fecal accidents and when stool frequency becomes no more than 2 stools above normal frequency for the patient, even if the stools remain loose. Please note that other resources advise no return to school until diarrhea has ceased for at least 24 hours. Refer to local school division policy.‡ **Treatment**: No specific medication is available. Treatment includes supportive care with oral hydration and sometimes hospitalization for intravenous fluids.	School health personnel (e.g., school nurses, consulting physician, and administrators), in consultation with the LHD should determine whether some or all parents /guardians should be notified
Sexually Transmitted Diseases (STD) (Including chlamydia, genital herpes, genital warts, gonorrhea, HIV/AIDS, syphilis, and trichomoniasis)	• Symptoms vary based on specific disease	Unprotected sexual intercourse or other intimate physical contact. Newborns can be infected during birth.	History, physical examination, microscopic exam of genital secretions, laboratory testing	Follow immunization compliance per code § 22.1-271.2 and § 32.1-46, educate families and students on STD prevention measures	Refer to the Virginia Reportable Disease List† as some STDs require immediate reporting or reporting within 3 days	**School Exclusion Guidelines**: Students should be referred to a healthcare provider or the LHD for diagnosis and follow up care. Do not exclude from school. **Treatment**: Treatment varies by specific disease but may include antibiotics or antivirals. Sexual abuse must be suspected in children with STDs.	None

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Shingles (Herpes Zoster)	• Painful, itchy rash on one side of face or body • Pain, itching, or tingling may occur prior to rash onset • Blisters	Occurs when varicella-zoster virus, the cause of chickenpox, reactivates in a person after they have already had chickenpox. Less contagious than chickenpox but can spread from a person with shingles to a person who has never had chickenpox or the chickenpox vaccine.	History, physical examination	Follow immunization compliance per code § 22.1-271.2 and § 32.1-46; good hand hygiene	Not reportable	**School Exclusion Guidelines:** Covering the rash can lower the risk of spreading it to others. People with shingles cannot spread the virus before the blisters appear or after the rash scabs over. Individuals should be excluded if the rash cannot be completely covered. Exclusion is not otherwise indicated unless the infected person does not feel well enough to participate. **Treatment:** Antiviral therapy, pain management, and wet compresses, oatmeal baths, or calamine lotion for itching	School health personnel (e.g., school nurses, consulting physician, and administrators), in consultation with the LHD should determine whether some or all parents /guardians should be notified
Sports Related Infectious Diseases (Including, herpes simplex virus, molluscum contagiosum, warts, ringworm, athlete's foot, staphylococcal or streptococcal skin infections)	• Varies by specific disease	Varies by specific disease – may occur with direct person-to-person contact (e.g., warts), or may require contact with body fluids	History, physical examination, and possibly laboratory testing	Diligent hand and personal hygiene; prevent sharing of personal items; encourage showering after practices and games; immunization compliance per code § 22.1-271.2 and § 32.1-46	Refer to the Virginia Reportable Disease List†	**School Exclusion Guidelines:** School exclusion is generally not indicated. In certain circumstances, if a wound cannot be covered, exclusion may be necessary. The contagious period is dependent on the specific infection. Students should be referred to a healthcare provider for diagnosis and follow up care. **Treatment:** Varies by specific condition, but may include antibiotics, antifungals, or antivirals and supportive care	School health personnel (e.g., school nurses, consulting physician, and administrators), in consultation with the LHD should determine whether some or all parents /guardians should be notified
Stye	• Small, red, painful bump on eyelid • Eyelid pain or swelling • Tearing • Drainage of pus	Not typically transmitted person- to-person, although possible if contact with drainage occurs	History, physical examination	Encourage diligent hand washing and personal hygiene; limit touching or rubbing eyes	Not reportable	**School Exclusion Guidelines:** Exclusion not necessary unless the eye is actively draining, or the person is unable to participate activities **Treatment:** Typically resolve most quickly with warm compresses applied for 10 minutes, 3-4 times a day. Some may require antibiotics.	None

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Tetanus (Lockjaw)	• Jaw cramping (lockjaw) • Painful muscle stiffness • Trouble swallowing • Muscle spasms, often in stomach • Fever • Headache	Spores get into body through puncture wounds, crush injuries, burns, or wounds contaminated with soil, dust, or feces; also through procedures and IV drug use; no person-to-person spread	History, physical examination	Follow immunization compliance per code § 22.1-271.2 and § 32.1-46, remain up-to-date on tetanus vaccinations, thoroughly clean any wounds	Suspected or confirmed cases must be reported **within 3 days** of diagnosis†	**School Exclusion Guidelines:** Infected persons should be excluded from school until they feel well **Treatment:** Wounds should be thoroughly cleaned. Tetanus Immune Globulin (TIG) is recommended followed by vaccination with tetanus toxoid. Supportive care and airway maintenance are critical.	None
Tuberculosis (TB Disease)	• Prolonged cough productive of blood or sputum • Chest pain • Fever • Weakness • Loss of appetite • Weight loss • Night sweats	Inhalation of respiratory droplets	TB skin test and TB blood tests	Travelers should avoid close contact or prolonged time with known TB patients in crowded, enclosed environments (e.g., clinics, hospitals, prisons, homeless shelters)	Suspected or confirmed cases must be reported **immediately** to the LHD †	**School Exclusion Guidelines:** Persons with active TB disease may need to be isolated while contagious to prevent spreading the disease. Consult with your LHD on all TB cases regarding isolation/school exclusion. Contacts should be evaluated by their healthcare provider or the LHD to determine level of exposure and any indicated testing. **Treatment:** Several medications are used to treat TB infection in children, often for a period of 4–9 months	School health personnel (e.g., school nurses, consulting physician, and administrators), in consultation with the LHD should determine whether some or all parents /guardians should be notified of TB within the school population TB Screening & Testing: vdh.virginia.gov/tuberculosis/screening-testing/
Upper Respiratory Infection (Common cold)	• Stuffy or runny nose • Sore throat • Coughing • Sneezing	Direct person-to-person contact or inhalation of respiratory droplets	History, physical exam	Cover cough; hand hygiene; avoid crowding; avoid contact with respiratory secretions; environmental cleaning	Not reportable	**School Exclusion Guidelines:** School exclusion is not indicated if the person feels well enough to attend school‡ **Treatment:** Symptomatic treatment only; rest and drink plenty of fluids	None

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO CHILDREN IN K-12 SCHOOLS OR CHILD CARE - A more complete discussion of these conditions and other communicable diseases may be found in the Control of Communicable Diseases Manual (2022) published by the American Public Health Association and the 2021 Report of the Committee on Infectious Diseases (The Red Book) published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

*__Diagnosis of disease__ is made by a licensed healthcare provider.
‡__Fever Exclusion:__ exclude from school and childcare until at least 24 hours following resolution of fever without the use of fever-reducing medication(s).
†__Virginia Reportable Disease List:__ https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf

Supplemental Disease Reference Chart for School and Child Care Facility Personnel

The decision to exclude an ill child from school should be made in collaboration with the local health department (LHD).
School divisions may develop local policies for condition-specific recommendations.

Additional References:

1. www.cdc.gov
2. https://publications.aap.org/redbook
3. https://www.mayoclinic.org/diseases-conditions/roseola/symptoms-causes/syc-20377283
4. https://www.mayoclinic.org/diseases-conditions/sty/symptoms-causes/syc-20378017
5. https://publications.aap.org/pediatrics/article/140/4/e20172477/38139/Infectious-Diseases-Associated-With-Organized?autologincheck=redirected

Summary of Major Changes in the February 2024 Revision:

- Updated content using CDC websites, APHA Communicable Diseases Manual (2022), and the 2021 Report of the Committee on Infectious Diseases (The Red Book)
- Deleted diseases already in the VDH School Communicable Disease Reference Chart (deleted: Campylobacteriosis, STEC, Giardiasis, Salmonellosis, Shigellosis, Impetigo)
- Added links to most relevant CDC webpage, if available

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†__Virginia Reportable Disease List:__ https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf