

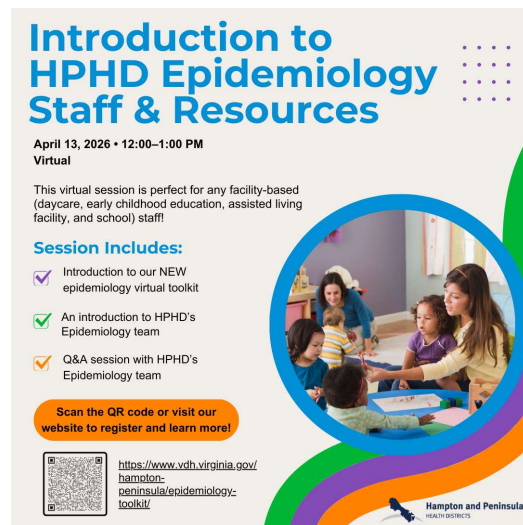
# HPHD Epidemiology Staff, Self-Report Page, & Resources

Hampton and Peninsula Health Districts  
April 13, 2026

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## Agenda

- Introduce the HPHD Epidemiology Team
- Introduce the HPHD Epidemiology Toolkit
- Q&A Session
- Gather feedback – we want these resources to help you!



**Introduction to HPHD Epidemiology Staff & Resources**

April 13, 2026 • 12:00–1:00 PM  
Virtual

This virtual session is perfect for any facility-based (daycare, early childhood education, assisted living facility, and school) staff!

**Session Includes:**

- ✓ Introduction to our NEW epidemiology virtual toolkit
- ✓ An introduction to HPHD's Epidemiology team
- ✓ Q&A session with HPHD's Epidemiology team

Scan the QR code or visit our website to register and learn more!

<https://www.vdh.virginia.gov/hampton-peninsula/epidemiology-toolkit/>

Hampton and Peninsula HEALTH DISTRICTS

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## Meet the HPHD Team



### Hampton and Peninsula HEALTH DISTRICTS

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## Background



- Hand hygiene and respiratory etiquette matter!
- School-based and early care and education (ECE) programs promoting hand hygiene and respiratory etiquette can result in less illness and fewer missed days.
- Residential facilities promoting hand hygiene and respiratory etiquette can reduce the spread of disease within the facility.

Source: [CDC's About Hand Hygiene in Schools and Early Care and Education Settings](#)

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## Why We Created the Epidemiology Toolkit

- After funding ended for our Containment Team, we lost the ability to provide on-site support and trainings, but our facilities still need timely, accurate guidance to respond effectively to public health concerns.
- The toolkit was developed to ensure that facilities remain empowered with the knowledge, resources, and step-by-step guidance they need to act independently.

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## Walkthrough: Epidemiology Toolkit

Virginia Department of Health > Hampton & Peninsula Health Districts > Epidemiology Toolkit

Hampton & Peninsula Health Districts

Locations & Services

Eligibility for Health Department Services

Clinic Services

COVID-19 Info

Communicable Diseases

Epidemiology Toolkit

Community Health

### Epidemiology Toolkit

Welcome to the Virginia Department of Health's Epidemiology Self-Service Portal. This resource hub is designed to support healthcare professionals, educators, and the public in accessing essential information related to reportable diseases, infection prevention, and outbreak response.

Here, you'll find quick access to:

- The [Virginia Reportable Disease List and Communicable Disease Reference Chart](#)
- Guidance for daycares, K-12 schools, healthcare-associated infections, and infection prevention
- Direct links to VDH and CDC [fact sheets](#) for common communicable diseases such as Salmonella, Norovirus, Influenza, COVID-19, and more
- Tools like the [My Meal Detective portal](#) for reporting foodborne illnesses
- [Clinician letters and return-to-work guidance](#) for healthcare providers

This self-service page is intended to streamline access to up-to-date public health information, promote timely disease reporting, and support effective response efforts across Virginia communities.

Link to toolkit: <https://www.vdh.virginia.gov/hampton-peninsula/epidemiology-toolkit/>

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## How You Can Use the Toolkit

- Staff training
- Parent communication
- Classroom education
- Health policies and lessons
- Classroom routines - Handwashing breaks

**How do you see yourself using this toolkit?**

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## Scenario: Measles

One of your staff members and/or school nurse identified a child with symptoms that resemble measles. You are aware that the child recently traveled internationally with their family.

**What steps do you take?**

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## Background: Measles

- **What is measles?** Measles is a serious illness caused by the measles virus. It is spread very easily from person to person and can cause outbreaks of illness. Before the vaccine became available, most people contracted measles during childhood. Now the disease is rare in the United States, but it is still common in many countries.
- **Who gets measles?** Although measles is considered a childhood disease, people of any age can get it. In the United States, most cases are in unvaccinated infants, children, and teens. Adults at increased risk include college students, international travelers, and health care personnel.

Source: [VDH Fact Sheet Measles \(rubeola\)](#)

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## Background: Measles

- **How is measles spread?** Measles is one of the most contagious diseases. The measles virus is spread through the air or by direct contact with nose or throat discharges from someone who is infected. The measles virus can remain in the air for up to two hours after a person with measles has occupied the area.
- **What are the symptoms of measles?** Measles symptoms usually appear in two stages. In the first stage, most people have a fever, runny nose, redness of the eyes, and cough. The second stage begins around days 3–7 when a red blotchy rash begins to appear on the face and spreads over the entire body. The rash generally lasts 5–6 days. Small white spots, called Koplik spots, also may be seen on the gums and inside of the cheeks.

Source: [VDH Fact Sheet Measles \(rubeola\)](#)

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## Measles Recommendations

1. Immediately isolate any person suspected of having measles.
2. Notify your local health department.
3. Identify potentially exposed, unvaccinated children/students.
4. Exceptions to exclusion of exposed, unvaccinated people (post-exposure prophylaxis).
5. Monitor the daycare/school community.

Source: VDH Measles Recommendations for [K-12 Schools](#), [Childcare Centers](#)

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## 1. Immediately Isolate Any Person Suspected of Having Measles

- If a child or staff member is experiencing measles-like symptoms, they should be isolated in a private room with the door closed until they can be transported home or to a medical facility.
- The child or staff member should be excluded from the facility until they are evaluated by a healthcare provider.

Source: VDH Measles Recommendations for [K-12 Schools](#), [Childcare Centers](#)

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## 2. Notify Your Local Health Department

- If a child or staff member is confirmed or suspected of having measles, immediately contact your local health department.
- Consult with your local health department to understand isolation recommendations for people with measles.
- People with measles must stay home and avoid all public spaces, including school, daycare, work, social gatherings, sports, and recreational activities until they are no longer contagious (four days after rash onset).
- Public health officials will assist with identifying and notifying those who might have been exposed.

Source: VDH Measles Recommendations for [K-12 Schools](#), [Childcare Centers](#)

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## 3. Identify Potentially Exposed, Unvaccinated Children

- If a measles case is identified in your childcare center, all exposed children and staff who are not immune to measles (e.g., unvaccinated) should be excluded.
  - The Code of Virginia § 32.1-47. (Exclusion from school of children not immunized) states: Upon the identification of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in a public or private school, the Commissioner shall have the authority to require the exclusion from such school of all children who are not immunized against that disease.
- A **measles exposure** is defined as sharing airspace with a measles case or being in that airspace within two hours after the infected person has left.
- **Exclusion** means the person may not attend school, childcare, clubs, sports, or any school-related activities.

Source: VDH Measles Recommendations for [K-12 Schools](#), [Childcare Centers](#)

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## 4. Exceptions to Exclusion of Exposed

- Children over 6 months of age and staff with **zero documented doses of MMR vaccine** may return to school immediately if they receive their first documented MMR dose within 72 hours of their exposure. A second dose of MMR vaccine is strongly recommended, at a minimum of 28 days after their first dose.
- Students and staff with **one documented MMR dose** may remain in school with no exclusion. However, students are strongly recommended to receive their second dose of MMR vaccine, at a minimum of 28 days after their first dose

Source: VDH Measles Recommendations for [K-12 Schools](#), [Childcare Centers](#)

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## 5. Monitor the Daycare/School Community

- All children and staff should monitor for measles symptoms for 21 or 28 days after their last known exposure.
- Childcare centers and schools should remind families and staff to remain watchful for potential measles symptoms in order to identify illness early and prevent further spread.

Source: VDH Measles Recommendations for [K-12 Schools](#), [Childcare Centers](#)

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## Communicable Disease Reference Chart

Disease	Incubation period	Transmission	Common symptoms	Recommendations
<p><a href="#">Measles*</a> (Rubeola, Red Measles)</p> <p><b>All suspected or confirmed cases are rapidly reportable to the local health department</b></p>	<p>From exposure to prodrome: 11–12 days (average)</p> <p>From exposure to rash onset: 14 days (Range: 7–21 days)</p>	<p>Direct contact with infectious droplets or by airborne spread through inhalation of infectious droplets when a person with measles coughs, sneezes, etc. The attack rate in a susceptible individual exposed to measles is 90% in close-contact settings.</p> <p>Patients infected with wild-type measles virus are contagious from 4 days before rash onset through 4 days after appearance of the rash.</p>	<p>Fever, cough, coryza, and conjunctivitis, followed by a maculopapular rash starting on the face and spreading downwards and outwards. During the initial period, Koplik spots may be present. The characteristic rash may not develop in patients with weakened immune systems.</p> <p>Koplik spots are typically 1-3mm whitish, grayish, or bluish elevations with an erythematous base typically seen on the buccal mucosa. Koplik spots are not seen in all measles cases.</p>	<p><b>PATIENT:</b> Exclude from school and childcare setting until at least 4 days after appearance of the rash and when the child is able to participate.</p> <p><b>CONTACTS:</b> Check immunization records of all contacts. Additional measures are not needed for children and/or staff who are fully vaccinated or have <a href="#">evidence of immunity to measles</a>. Non-immune persons, including those exempted from measles immunization for medical reasons, should be excluded from school, childcare setting, and healthcare settings. Duration of restriction depends on contact's age, health status (e.g., pregnancy), timing and type of postexposure prophylaxis (vaccine or immune globulin), if given. Discuss with your local health department and refer to VDH's <a href="#">guidance</a>. Every suspected measles case should be reported immediately to the local health department.</p>

Source: [VDH Communicable Disease Reference Chart for School and Childcare Facility Personnel](#)

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# Questions?

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## Feedback

We want to hear from you! Feel free to unmute or put your thoughts in the chat. We want to make resources that will benefit you and make your jobs easier.



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## Closing & Next Steps

- Thank you again for joining us today!
- Share the HPHD Epidemiology Toolkit with other staff.
- Contact HPHD Epidemiology if you have any questions.

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# Thank you!

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