

## Students

### **Exhibit - Reporting and Exclusion Requirements for Common Communicable Diseases**

The following chart contains requirements from rules adopted March 3, 2008 by the Illinois Department of Public Health. They provide routine measures for the control of communicable diseases by establishing progressive initiatives for implementing disease-reporting and exclusions measures.

#### Diseases and Conditions, 77 Ill.Admin.Code §690.100

The following are declared to be contagious, infectious, or communicable and may be dangerous to the public health. The Section number associated with the listed diseases indicates the Section of the rules explaining the reportable disease. Diseases and conditions are listed alphabetically by class. Every class has a different timeframe for mandatory reporting to the Department.

#### Class I(a) Diseases

The following diseases shall be reported by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease to the local health authority, who shall then report to the Department immediately (within 3 hours).

<b>Disease</b>	<b>Exclusion Mandatory</b>
Any Unusual Case or Cluster of Cases That May Indicate a Public Health Hazard, Including, But Not Limited to, Glanders, Orf, Monkeypox, Viral Hemorrhagic Fever, §690.295	Contacts shall be evaluated to determine the need for quarantine. The local health authority shall implement appropriate control measures.
Anthrax, §690.320	No restrictions.
Botulism, Foodborne, Intestinal, §690.327	No restrictions.
Brucellosis (if suspected to be a bioterrorist event or part of an outbreak), §690.330	Standard precautions shall be followed. Contact precautions shall be followed when dressing does not adequately contain drainage.
Influenza A, Novel Virus, §690.469	Standard precautions, including routine use of eye protection, and contact precautions shall be followed for patients in health care settings, e.g., hospitals, long-term care facilities, outpatient offices, emergency transport vehicles. Cohorting in specific areas or wards may be considered.
Plague, §690.570	Standard precautions shall be followed. For all patients, droplet precautions shall be followed until pneumonia has been determined not to be present. For patients with pneumonic plague, droplet precautions shall be followed until 72 hours after initiation of effective antimicrobial therapy and the patient has a favorable clinical response. Antimicrobial susceptibility testing is recommended.
Q-fever (if suspected to be a bioterrorist event or part of an outbreak), §690.595	No restrictions.
Severe Acute Respiratory Syndrome (SARS), §690.635	Observation and monitoring, isolation and quarantine procedures shall comply with <i>Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2</i> , U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333

Disease	Exclusion Mandatory
	(January 8, 2004). Contacts may be quarantined and/or shall be placed under surveillance, with close observation for fever and respiratory symptoms for the 10 days following the last exposure.
Smallpox, §690.650	Post-exposure immunization, within 3 to 4 days after exposure, provides some protection against disease and significant protection against a fatal outcome. Any person with significant exposure to a person with probable or confirmed smallpox during the infectious stage of illness requires immunization as soon after exposure as possible, but within the first 4 days after exposure.
Tularemia (if suspected to be a bioterrorist event or part of an outbreak), §690.725	Standard precautions shall be followed.
Any suspected bioterrorist threat or event, §690.800	Cases and contacts shall be evaluated to determine need for quarantine.

### Class I(b) Diseases

The following diseases shall be reported as soon as possible during normal business hours by telephone (some rules state that facsimile or electronic reporting are also acceptable, the Disease column indicates “F” for facsimile or “E” for electronic in those instances), but within 24 hours, i.e., within 8 regularly scheduled business hours after identifying the case, to the local health authority, who shall then report to the Department as soon as possible, but within 24 hours.

Disease	Exclusion Mandatory
Botulism (intestinal, wound and other), §690.327	No restrictions.
Chickenpox (Varicella), §690.350 (F or E)	Children shall be excluded from school or child care facilities for a minimum of 5 days after the appearance of eruption or until vesicles become dry.
Cholera, §690.360 (F)	Standard precautions shall be followed. Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.
Diphtheria, §690.380	Standard precautions shall be followed until 2 successive cultures from both throat and nose (and skin lesions in cutaneous diphtheria) are negative for diphtheria bacilli or when a virulence test proves the bacilli to be avirulent. The first culture shall be taken not less than 24 hours after completion of antibiotic therapy and the second culture shall be taken not less than 24 hours after the first.
Escherichia coli infections (E. coli O157:H7 and other Shiga toxin-producing E. coli, enterotoxigenic E. coli, enteropathogenic E. coli and enteroinvasive E. coli), §690.400 (F)	Standard precautions shall be followed. Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.
Foodborne or waterborne illness, §690.410 (F)	Standard precautions shall be followed. Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.
Haemophilus influenzae, meningitis and	Standard precautions and droplet precautions shall be followed. Droplet precautions shall be followed until 24 hours after

<b>Disease</b>	<b>Exclusion Mandatory</b>
other invasive disease, §690.441 (F)	initiation of effective antimicrobial therapy.
Hantavirus pulmonary syndrome, §690.442 (F)	Standard precautions shall be followed.
Hemolytic uremic syndrome, post-diarrheal, §690.444 (F)	See requirements for the applicable disease that preceded the HUS (when preceding cases are either E.Coli (Section §690.400) or Shigellosis (Section §690.640) standard precautions shall be followed and contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours).
Hepatitis A, §690.450 (F)	Standard precautions shall be followed. In diapered or incontinent persons, the following contact precautions shall be followed: <ul style="list-style-type: none"> <li>• Infants and children less than 3 years of age for duration of hospitalization;</li> <li>• Children 3 to 14 years of age, until 2 weeks after onset of symptoms; and</li> <li>• Those greater than 14 years of age, for one week after onset of symptoms.</li> </ul>
Measles, §690.520	Children with measles shall be kept out of school or child care facilities for at least 4 days after appearance of the rash.
Mumps, §690.550 (F or E)	Cases shall be excluded from school, child care facilities or workplace until 5 days after onset of symptoms (parotitis). Susceptible contacts should be excluded from school or the workplace from days 12 through 25 after exposure.
Neisseria meningitidis, meningitis and invasive disease, §690.555 (F)	Standard and droplet precautions shall be followed until 24 hours after initiation of effective antimicrobial therapy.
Pertussis (whooping cough), §690.750	Standard and droplet precautions shall be followed for known cases until the patient has received at least 5 days of a course of appropriate antibiotics. Suspected cases who do not receive antibiotics should be isolated for 3 weeks after onset of paroxysmal cough or until the end of the cough, whichever comes first.
Poliomyelitis, §690.580	Occurrence of a single case of poliomyelitis due to wild polio virus shall be recognized as a public health emergency, prompting immediate investigation and response.
Rabies, human, §690.600 (F)	Standard precautions shall be followed.
Rabies, potential human exposure, §690.601 (F) Definition of exposed person to be reported is lengthy and available in §690.601.	N/A until human contracts rabies (See above §690.600.)
Rubella, §690.620 (F or E)	Cases shall be excluded from school, child care facilities or the workplace for 7 days after rash onset.
Smallpox vaccination, complications of §690.655 (E)	Precautions for individuals with vaccination complications vary depending upon the type of complication. See Smallpox, §690.650 above.
Staphylococcus aureus, Methicillin resistant (MRSA) clusters of 2 or more	The local health authority shall be consulted regarding any identified cluster of 2 or more cases for recommendations

<b>Disease</b>	<b>Exclusion Mandatory</b>
cases in a community setting, §690.658 (F)	specific to the setting where the cluster is identified.
Staphylococcus aureus, Methicillin resistant (MRSA), occurring in infants under 61 days of age, §690.660 (F)	Contact precautions shall be followed
Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin, §690.661 (F)	The Department will issue specific recommendations on a case-by-case basis.
Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections, §690.670 (F)	Standard Precautions shall be followed. Droplet Precautions shall be followed for persons with necrotizing fasciitis or toxic shock syndrome until 24 hours after initiation of effective antimicrobial therapy. Contact precautions shall be followed until 24 hours after initiation of effective antimicrobial therapy.
Streptococcal Sore Throat and Scarlet Fever (with complications)	Exclude case from school until 24 hours after treatment begins; readmit provided fever is absent.
Typhoid fever, §690.730 (F)	All persons living in the household of a newly identified chronic carrier and other contacts living outside the home must submit 2 consecutive negative specimens of feces. If persons required to be tested refuse to comply within one week after notification, they shall be restricted from their occupations, school attendance or day care (adult or child) attendance until compliance is achieved.
Typhus, §690.740 (F)	Standard precautions shall be followed. Proper delousing for louseborne typhus is required. The local health authority shall monitor all immediate contacts for clinical signs for 2 weeks.

### Class II Diseases

The following diseases shall be reported as soon as possible by mail, telephone, facsimile or electronically during normal business hours, but within 7 days, to the local health authority which shall then report to the Department within 7 days.

<b>Disease</b>	<b>Exclusion Mandatory</b>
Arboviral Infection (including, but not limited to, California encephalitis, St. Louis encephalitis and West Nile virus), §690.322	No restrictions.
Brucellosis (not part of suspected bioterrorist event or part of an outbreak), §690.330	No restrictions. Contact precautions shall be followed when dressing does not adequately contain drainage.
Chancroid, §693.20	Case-by-case analysis required.
Chlamydia, §693.20	None
Creutzfeldt-Jakob Disease (laboratory confirmed and probable cases), §690.362	Standard precautions shall be followed.
Cryptosporidiosis, §690.365	Standard precautions shall be followed until absence of diarrhea for 24 hours. Cases shall avoid swimming in public recreational water venues (e.g., swimming pools, whirlpool spas, wading pools, water parks, interactive fountains, lakes) while symptomatic and for 2 weeks after cessation of diarrhea.

Disease	Exclusion Mandatory
Cyclosporiasis, §690.368	Standard precautions shall be followed. No restrictions.
Gonorrhea, §693.20	None
Giardiasis, §690.420	Standard precautions shall be followed until absence of diarrhea for 24 hours.
Hepatitis B and Hepatitis D, §690.451	Standard precautions shall be followed. No restrictions. Quarantine is not indicated.
Hepatitis C, §690.452	Standard precautions shall be followed. No restrictions.
Histoplasmosis, §690.460	Standard precautions shall be followed. No restrictions.
Human Immunodeficiency Virus (HIV) or (AIDS) (infection), §693.20	None
Influenza, Deaths in persons less than 18 years of age (no recovery between illness and death), §690.465	N/A
Legionellosis, §690.475	Standard precautions shall be followed. No restrictions. Isolation is not required.
Leptospirosis, §690.490	Standard precautions shall be followed.
Listeriosis, §690.495	Standard precautions shall be followed. No restrictions.
Malaria, §690.510	Standard precautions shall be followed. No restrictions.
Ophthalmia neonatorum, §693.20	None
Psittacosis, §690.590	Standard precautions shall be followed. No restrictions.
Q-fever (not suspected in bioterrorist attack or part of an outbreak), §690.595	Standard precautions shall be followed. No restrictions.
Salmonellosis (other than typhoid fever), §690.630	Standard precautions shall be followed until absence of diarrhea for 24 hours.
Shigellosis, §690.640	Standard precautions shall be followed.
Toxic shock syndrome due to Staphylococcus aureus infection, §690.695	Standard precautions shall be followed. No restrictions.
Streptococcus pneumoniae, invasive disease in children less than 5 years, §690.678	Standard precautions shall be followed. No restrictions.
Syphilis, §693.20	None
Tetanus, §690.690	Standard precautions shall be followed and post-injury patients at risk should receive human tetanus immune globulin and/or toxoid. No restrictions.
Tickborne Disease, including ehrlichiosis, anaplasmosis, Lyme disease, and Rocky Mountain spotted fever, §690.698	Standard precautions shall be followed. No restrictions.
Trichinosis, §690.710	Standard precautions shall be followed. No restrictions.
Tuberculosis, §696.170	Exclude case if considered to be infectious according to IDPH's rules and regulations for the control of TB.
Tularemia (not suspected to be	Standard precautions shall be followed. No restrictions.

<b>Disease</b>	<b>Exclusion Mandatory</b>
bioterrorist event or part of an outbreak), §690.725	
Vibriosis (Non-cholera Vibrio infections), §690.745	Standard precautions shall be followed until diarrhea ceases. No restrictions.
Yersiniosis, §690.752	Standard precautions shall be followed until absence of diarrhea for 24 hours. No restrictions.

Diseases Repealed from Reportable Diseases and Conditions and Non-Reportable Diseases and Conditions, §690.110

The following diseases do not need to be reported. Some are no longer reportable diseases and conditions, but may still require exclusion from school. Exclusions still rely upon 2002 Illinois Department of Public Health publication, *Communicable Disease Guide 2002*, see footnote 1.

<b>Disease</b>	<b>Exclusion Mandatory</b>
Amebiasis	None
Animal Bites	None
AIDS related complex	None
Bacterial Vaginosis	None
Blastomycosis	None
Campylobacteriosis	None
Common Cold	None
Cytomegalovirus (CMV)	None
Diarrhea of the newborn	None
Fever	None
Fifth Disease/Erythema Infectiosum (Parvovirus B19)	Exclude case if fever is present or if child does not feel well enough to participate in usual activities.
Gastroenteritis (Viral)	Exclude case from school until clinical recovery, i.e., absence of diarrhea and fever.
Genital Candidiasis (Yeast)	None
Genital Warts (Human Papillomavirus, HPV)	None
Hand, Foot and Mouth Disease (Coxsackievirus A16).	None
Head Lice	Exclude case from school until the day after the first shampoo, lotion, or cream rinse pediculicide is properly applied.
Herpes Simplex Virus	Case should be excluded from contact sports, e.g., wrestling, if active lesions are present on the body (outside the genital area) until lesions have resolved.
Granuloma inguinale	None
Impetigo	Exclude case from school until 24 hours after treatment begins.
Infectious Mononucleosis	Case-by-case analysis required.
Influenza	Exclude case from day care or school until clinical recovery, i.e., absence of fever.

<b>Disease</b>	<b>Exclusion Mandatory</b>
Intestinal worms	None
Lymphogranuloma venereum	None
Non-Gonococcal Urethritis/Non-specific Vaginitis	None
Pink Eye	Exclude case from school until 24 hours after the treatment begins or child is examined by a physician and approved for readmission to school.
Pinworms	Exclude case from school until 24 hours after treatment begins.
Pubic Lice (“Crabs”)	None
Rash	Case-by-case analysis required.
Respiratory Syncytial Virus (RSV)	Exclude case from school if child has a fever of 100° F or greater or is not well
Ringworm (body and scalp)	Exclude case from school until 24 hours after treatment begins and the lesion begins to shrink, unless lesion can be covered; child need not be excluded if lesion can be covered.
Scabies	Exclude case from school until the day after the first scabicide treatment.
Shingles	If shingles lesions cannot be covered, the case should be excluded until all lesions are crusted.
Streptococcal infections, group B, invasive disease, of the newborn	None
Streptococcal Sore Throat and Scarlet Fever (cases without complications)	Exclude case from school until 24 hours after treatment begins; readmit provided fever is absent.
Trachoma	None
Trichomoniasis	None

Added to Policy Manual: 10/2013