



Childcare Manual for Disease Control in Childcare Centers and Pre-Schools

Guidance for Directors, Caregivers,
and Parents/Guardians

Fifth Edition
2024

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Table of Contents

Executive Summary	1
Quick Reference Guide.....	2
Section A: General Guidelines	3
Cleaning and Disinfection.....	4
Definitions.....	4
General Information.....	4
Guidelines and Procedures.....	4
Instructions for Mix and Use of Disinfection Agents	8
DIAPERING	9
Equipment.....	9
Proper Procedure for Diapering	10
HANDWASHING	12
EXCLUSION OF ILL PERSONS	14
General Guidelines.....	14
Disease Specific Guidelines.....	15
Incomplete Immunization Status.....	18
Staff Exclusion.....	18
STANDARD PRECAUTIONS.....	19
Section B: Disease Reporting	21
REPORTABLE DISEASE LAW	22
REPORTING TO PUBLIC HEALTH.....	24
REPORTING TO PARENTS	24
REPORTING FROM PARENTS	24
Section C: Exposure Control and Outbreak Management	25
PROTOCOL FOR CONTROL OF INFECTIOUS DISEASES	26
PREVENTION & CONTROL RECOMMENDATIONS	26
CAMPYLOBACTERIOSIS.....	27
COLD SORES.....	28
CONJUNCTIVITIS (Pinkeye).....	29

COVID-19	30
CRYPTOSPORIDIOSIS	31
CYCLOSPORIASIS	32
CYTOMEGALOVIRUS (CMV)	33
DIARRHEA – NON-SPECIFIC PATHOGEN	34
EAR INFECTION	35
FIFTH DISEASE (ERYTHEMA INFECTIONOSUM)	36
GIARDIASIS	37
HAEMOPHILUS INFLUENZAE, INVASIVE	38
HAND, FOOT, AND MOUTH DISEASE	39
HEPATITIS A	40
HEPATITIS B	41
IMPETIGO	42
INFLUENZA	43
LICE	44
LYME DISEASE	45
MEASLES (RUBEOLA)	46
MENINGOCOCCAL DISEASE	47
MONONUCLEOSIS	48
MUMPS	49
NOROVIRUS	50
PERTUSSIS (WHOOPIING COUGH)	51
PINWORMS	52
RESPIRATORY INFECTIONS (VIRAL)	53
RESPIRATORY SYNCYTIAL VIRUS (RSV)	54
RINGWORM	55
ROSEOLA	56
ROTAVIRUS	57
RUBELLA (GERMAN MEASLES)	58
SALMONELLOSIS (Nontyphoidal)	59
SCABIES	60
SHIGELLOSIS	61
SHIGA TOXIN-PRODUCING ESCHERICHIA COLI (STEC)	62
STREPTOCOCCUS PNEUMONIAE, INVASIVE	63
STREP THROAT / SCARLET FEVER	64
THRUSH (CANDIDIASIS)	65
VARICELLA (CHICKENPOX)	66

Section D: Communicable Disease Chart for Alabama Schools and Childcare Facilities
.....67

Section E: Sample Letters to Parents70
Updated Certificate of Immunization Request.....71

Section F: Immunizations.....	73
Alabama School Immunization Law	74
Exemptions From Immunization	74
Obtaining Immunizations.....	74
 Section G: Glossary	 75
 Section H: List of References	 77
 Appendices: Educational Flyers	 78
Educational Flyers	79

Executive Summary

The Jefferson County Department of Health (JCDH) is responsible for providing the public guidance on the rules and procedures to control notifiable diseases and conditions in Jefferson County. The rules and laws that detail the role of the public, mandatory reports (e.g., childcare directors), and the public health authority can be found in the following state codes:

- Alabama Administrative Code – Notifiable Diseases – Chapter 420-4-1
- Alabama Administrative Code – Division of Disease Control Immunization of School Children – Chapter 420-6-1
- Code of Alabama - Reporting Notifiable Diseases – Section 22, Title 1, Chapter 11A

These laws, and others, can be viewed in their entirety on the Alabama Legislature site, <https://alison.legislature.state.al.us/law-sublanding>.

The purpose of this manual is to serve as a resource for the childcare center directors, caregivers, parents and/or guardians to help control the spread of disease. Disease control is the implementation of strategies to reduce the occurrence of disease. These strategies are a consensus of guidelines developed by the Advisory Committee on Immunization Practices, Alabama Department of Public Health, American Academy of Pediatrics, and Centers for Disease Control and Prevention. The information contained in this document should not be used as a substitute for advice from one's healthcare provider.

Childcare centers are required to report suspected and confirmed cases of notifiable diseases and outbreaks of any kind. An outbreak is defined as two or more similarly ill persons who live in different households and have a common exposure. To report to JCDH complete the [Communicable Disease Report Card](#)* or call 205-930-1440. * <https://redcap.link/REPORT2AL>

SECTION A.

This section provides specific guidelines pertaining to cleaning and disinfection, diapering, handwashing, exclusion of ill persons, and standard precautions.

SECTION B.

This section details the process of disease reporting to public health, the childcare center to parents/guardians, and parents to the childcare center.

SECTION C.

This section shares the protocol for control of contagious diseases and includes individual fact sheets on diseases that may be seen in childcare centers.

SECTION D.

This section lists selected diseases with control measures in a quick reference chart.

SECTION E.

This section provides sample letters to give to parents regarding infectious diseases.

SECTION F.

This section explains the immunization law in the State of Alabama.

SECTION G.

This section includes a glossary for key disease control terminology.

SECTION H.

This section provides a list of references used in preparing this manual.

APPENDICES.

This section includes educational flyers for childcare center staff, attendees, and parents/guardians.

Quick Reference Guide

Alabama Department of Public Health	(800) 252-1818
Alabama Department of Public Health Infectious Diseases and Outbreaks	(334) 206-5347
Childcare Resources	(205) 933-1095
Children's of Alabama	(205) 638-9100
Department of Human Resources Child Abuse Hotline	(205) 423-4850
Department of Human Resources State Licensure and Certification	(866) 528-1694
Jefferson County Child Development Council	(205) 933-1095
Jefferson County Department of Health Programs and Services	(205) 933-9110
Jefferson County Department of Health Clinical Services	(205) 588-5234
Jefferson County Department of Health Prevention and Epidemiology	(205) 930-1440
Jefferson County Department of Health Environmental Health Services	(205) 930-1260
The Alabama Poison Information Center at Children's of Alabama	(800) 222-1222
The Child Care Resource Center	(205) 945-0018
The Child Development Council	(205) 933-1095

Section A: General Guidelines

Cleaning and Disinfection

Definitions

Cleaning:

Process of using soap or detergent with water to physically remove dirt, debris, and many germs. Cleaning should always be performed before sanitizing or disinfecting.

Sanitizing:

Process of reducing the number of disease-causing germs on cleaned surfaces or objects with a sanitizing solution that kills bacteria to levels considered safe.

Disinfecting:

Process that uses specific chemical products (e.g. [bleach solution](#) or [EPA-approved disinfectant](#)) to destroy harmful bacteria and viruses on cleaned surfaces or objects.

General Information

The close, long-term contact that occurs in childcare centers makes it essential that certain cleaning and disinfection techniques be followed by those working in the childcare setting. Following these techniques will decrease the chance of spreading the harmful germs that may cause illness in children or staff. The necessary techniques include proper handwashing, proper cleaning and disinfecting of surfaces or objects that children or staff may touch, and proper disposal of contaminated objects. It is recommended that age groups be separated, when possible, to reduce the spread of many communicable diseases including, diarrhea. This recommendation is made since certain age groups, especially those under the age of three years, are more likely to spread infectious diseases. Children in this age group are mobile, are in diapers, and usually are not capable of practicing good hygiene.

Cleaning and disinfecting of objects and surfaces that children and staff commonly touch should be done regularly even though infectious germs may not be seen. These techniques should also be used regardless of whether children are showing signs of illness, as many diseases can be asymptomatic in children.

Proper cleaning, sanitation, disinfection practices lessen the harmful effects of germs. These practices, combined with frequent handwashing (hand hygiene) and proper waste disposal techniques, reduce the number of germs on surfaces and objects that children use. Germs are often introduced by contact with bodily fluids, dirt, and other environmental contaminants. It is best practice to not assume that surfaces are clean even if it is not visibly soiled. Treat all bodily fluids as infectious material, make sure to follow all proper cleaning and disinfecting practices even if surfaces do not look dirty. Regular cleaning, sanitation, and disinfection should be increased in line with communicable disease concerns.

Guidelines and Procedures

Specific Guidelines

- a. **Surfaces and objects that have been contaminated with urine, stool, vomit, or blood:** Clean immediately with soap and water, follow with bleach solution or EPA-approved

disinfectant.

- b. **Objects handled by children:** Clean and sanitize at least daily or when dirty (toys, eating utensils, highchair trays, etc.).
- c. **Diaper changing areas:** Clean and disinfect after each changing with bleach solution or EPA-approved disinfectant.
- d. **Bathrooms:** Clean and disinfect daily or as necessary when dirty with bleach solution or EPA-approved disinfectant.
- e. **Toilet-training chairs:** Empty contents into toilet; clean and disinfect with bleach solution or EPA-approved disinfectant after each use.
- f. **Handwashing sinks/faucet handles:** Clean and disinfect at least daily or when dirty.
- g. **Indoor surfaces on which activities occur:** Clean after each use or as necessary when dirty.
- h. **Mixed used tables (meals, food prep, etc.):** Clean and sanitize after each use or as necessary when dirty.
- i. **Bottles, nipples, caps:** Clean and sanitize thoroughly after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water. Nipples that are discolored, thinning, tacky, or ripped should not be used.
- j. **Pacifiers and thermometers:** Clean before and after each use. Sanitize daily or if, inadvertently, used by another child.
- k. **Flooring that is uncarpeted:** Vacuum or sweep, then damp mop daily or as necessary when dirty. In toilet/diapering areas or where bodily fluid has been, mop with bleach solution or EPA-approved disinfectant after cleaning.
- l. **Flooring that is carpeted:** Vacuum daily and steam clean every 3 to 6 months or as necessary when dirty.
- m. **Mops:** After each use, clean with water and detergent. Soak in bleach solution or EPA-approved disinfectant. Microfiber material for disposable or reusable mopheads (cloths and towels) is preferred for cleaning.
- n. **Cleaning gloves (non-disposable):** Clean in soapy water and bleach solution or EPA-approved disinfectant after each use.
- o. **Water play tables:** Clean and disinfect after each use. Water tables and equipment should not be used during an illness outbreak.

Specific Procedures

a. Cleaning

Clean surfaces and objects, such as activity tables, toys, floors, etc. Cleaning must take place before sanitizing or disinfecting.

For hard surfaces:

- Clean surfaces with soap and water or with cleaning products appropriate for use on these surfaces.

For soft surfaces such as clothing, cloth toys, and rugs:

- Clean the surface with cleaning products appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Vacuum surfaces, such as carpets and rugs, and dispose of the dirt safely.

b. Sanitizing

After cleaning with soap and water, sanitize objects and surfaces that an infant or child may use, such as utensils eating tables, pacifiers, bottles, etc. Sanitize surfaces using a product suitable for each surface, following instructions on the product label (e.g., sanitizer safe for food contact).

For cloth materials (such as bibs, placemats, napkins, and tablecloths):

- Sanitize fabric articles by machine-washing with hot water and drying them after each use.

For nonporous objects (such as certain toys and infant feeding):

- Sanitize items by either boiling, steaming, or using a weakened bleach solution. Check with the item's manufacturer about which method to use.
 - Weakened bleach solution:
 - Prepare a bleach solution of 1 tablespoon of unscented bleach per gallon (16 cups) of water in a clean wash basin.
 - Put items completely underwater. Make sure the solution touches all parts and there are no air bubbles.
 - Soak items for at least 2 minutes.
 - Remove with clean hands or tongs. Do not rinse because germs could get back onto the sanitized items. Any remaining bleach will break down quickly as it dries and will not hurt children.
- A dishwasher with a sanitizing cycle can be used for some items.
- Allow to air dry completely before storing or using.
- Use only clean dish towels to pat items dry to avoid transferring germs to the items.

For hard surfaces (such as highchair trays, food preparation areas, etc.):

- Sanitize any surface that has been touched or contaminated, using sanitizing products appropriate for the surface.

c. Disinfecting

Objects and surfaces that come in contact with blood and/or body fluids (stool, urine, vomit) or are visibly dirty need to be cleaned and disinfected immediately.

- Ensure good ventilation if using products indoors. For example, use a fan or open windows and doors to allow fresh air to enter.
- Use gloves and other standard precautions to avoid contact with the fluids.
- Use a [diluted bleach solution](#) or EPA-approved disinfectant.
- Always follow the manufacturer's instructions for applying disinfectant to surfaces.
- Leave the disinfectant on the surface long enough to kill the germs. This is referred to as the "contact time." You can find the contact time in the directions. The surface should stay wet during the entire contact time to make sure germs are killed.
- Remove gloves and discard after use.
- Immediately wash hands with soap and water for at least 20 seconds even when gloves were used.
- Store and use chemicals out of reach of children.

Instructions for Mix and Use of Disinfection Agents

Disinfectants should be used for general cleaning of non-porous environmental surfaces on a routine basis. To disinfect, clean the surface with soap and water first. Then use an [EPA-registered disinfecting product](#) or a diluted bleach solution.

Diluted Bleach Solution

- Use regular unscented household bleach. Most household bleach contains 5%–9% sodium hypochlorite.
 - Do not use a bleach product if the percentage is not in this range or is not specified. This includes some types of laundry bleach or splashless bleach, which are not appropriate for disinfection.
- Follow the directions on the bleach bottle for preparing a diluted bleach solution. If your bottle does not have directions, you can make a bleach solution by mixing:
 - 5 tablespoons (1/3 cup) of bleach per gallon of room temperature water or
 - 4 teaspoons of bleach per quart of room temperature water
- Always follow the manufacturer’s instructions for applying the bleach solution to surfaces.
 - If instructions are not available, leave the diluted bleach solution on the surface for at least 1 minute before removing or wiping. This is known as the “contact time” for disinfection. The surface should remain visibly wet during the contact time.
- Make a new diluted bleach solution daily. Bleach solutions will not be as effective after being mixed with water for over 24 hours.
- Test bottled bleach with chlorine strips for its strength, and do not keep for more than six months.

DIAPERING

It is important to have proper diapering techniques to decrease the spread of infectious diseases. Infectious diseases that are spread in stool or urine include, but not limited to, Campylobacter, Giardia, Hepatitis A, Norovirus, Salmonella, and Shigella. Germs are easily spread by contaminated hands, food, water, and/or surfaces. Following proper diapering techniques is one way to reduce the risk of spreading infectious diseases.

Basic Standards

- Only designated areas should be used to change diapers.
- Diaper areas should be separate from any food storage, preparation area, and/or eating areas.
- Objects, such as pacifiers, toys, baby bottles, and food should be kept separate from diaper areas.
- Soiled diapers should be disposed of properly.
- Staff should always wash their hands after diapering, even if gloves were worn.
- Children being toilet trained and children who are already toilet trained should be taught to always wash their hands after using the toilet.

Equipment

a. Diapering Tables

- Diapering table should be between 28 and 32 inches high.
- Surface should be smooth, non-absorbent, and easy to disinfect.
- Non-absorbent, disposable paper should be used to cover the changing surface for extra protection and should be discarded after each diaper change.

b. Handwashing Sink and Supplies

- Sink faucet should have both hot and cold water. The water temperature should be at least 60°F and not exceed 110°F.
- Handwashing and food sinks should be separated from each other. Handwashing sinks should be located next to the changing area.
- Liquid/foam soap dispensers, disposable paper towels (or forced air hand dryer) and waste containers should be kept near each handwashing sink.

c. Diapers

- High-absorbency disposable diapers should be used.
 - If cloth diapers are used, they should have an absorbent inner lining that is completely covered with an outer waterproof layer that has a waist closure. The cloth diaper and waterproof later should be changed at the same time.

d. Disposable Gloves

- Gloves should be worn during diaper changes by all staff (including those who are pregnant, have cuts, cracked skin, etc.). If the child has diarrhea or an infection it can be transmitted through stool.
- Gloves should be disposed of after each diaper change and hands should be washed immediately.

e. Disposable Wipes

- Wipes must be dispensed without contaminating the container or other wipes.
- If this dispensing method cannot be practiced, each child should have his/her own set of wipes.

f. Skin Care Items

- Skin care items (i.e., lotion) used by staff should be kept out of the reach of children.
- Skin care items used by children should be in individual containers and be labeled with the child's name.
- A written and signed letter must accompany any skin care products to be used on a child.
- Directions on the package should be followed for proper use.

g. Disposable Plastic bags

- Plastic bags should be used as lining in covered waste containers for disposing of soiled diapers.
- Plastic bags should be used for transporting soiled clothing from the childcare center to the child's home.
- Plastic bags should be stored out of the reach of children.

h. Waste Containers

- Waste containers should be hands-free (i.e., foot-operated) with a tightly covered.
- Waste containers should be lined with a plastic bag.
- Waste containers should be emptied before getting full and/or at least once a day.
- Waste containers should be properly cleaned and disinfected at least daily or when dirty.

i. Toilet Seats/Portable Potty Chairs

- Child-sized flushable toilets are the preferred facilities for childcare centers.
- Step aids and/or modified toilet seats used for children should be smooth in texture, easy to clean, and disinfected after use.
- Use of non-flushing toilets (potty chairs) is discouraged.

Proper Procedure for Diapering

a. Prepare

- Wash hands.
- Cover the diaper changing surface with disposable liner (from shoulders to feet).
- Gather supplies (e.g., clean diaper, wipes, diaper cream, gloves, plastic or waterproof bag for soiled clothing, extra clothes) to the diapering area.
- Put on gloves.

b. Clean Child

- Place the child on diapering surface and unfasten diaper.
- Clean the child's diaper area with disposable wipes. Always wipe front to back.
- Keep soiled diaper/clothing away from any surfaces that cannot be easily cleaned.
- Securely bag soiled clothing.

c. Remove Trash

- Place used wipes in the soiled diaper.
- Discard the soiled diaper and wipes in the hands-free plastic lined waste container.
- Remove and discard gloves in waste container.

d. Replace Diaper

- Slide a fresh diaper under the child.
- Apply diaper cream, if needed, with a tissue or a freshly gloved finger.
- Fasten the diaper and dress the child.

e. Wash Child's Hands

- Wash child's hands with soap and water, then return child to supervised area.

f. Clean Up

- Remove liner from the changing surface and discard in the hands-free plastic lined waste container.
- Wipe up any visible soil with disposable paper towel saturated with water and detergent.
- Wet the entire surface with disinfectant appropriate for the surface material and follow the manufacturer's labeled instructions.

g. Wash Your Hands

- Wash your hands thoroughly with soap and water.
- Record diaper change and any unusual characteristics to discuss with parents (color, odor, frequency, consistency, rash, etc.).

HANDWASHING

Handwashing is one of the most effective ways of preventing and reducing the spread of infectious diseases. Hands are primary carriers of germs. The lack of or poor handwashing practices can contribute to the spread of diarrheal and respiratory diseases in childcare centers. Therefore, all staff, volunteers, and children should learn the proper procedures for handwashing to protect themselves and others in the childcare center.

Soap

Use liquid or foam soap in the childcare center setting. Bar soaps can become contaminated with germs.

Fingernails

Long or artificial nails may harbor germs difficult to remove with handwashing. Keeping nails short make proper hand hygiene easier.

Gloves

Gloves are **not** an alternative to handwashing. Hands should be washed before putting on clean disposable gloves and after removal of disposable gloves.

Key Times to Wash Hands

a. When

- Arriving for the day.
- Moving from one childcare group to another.
- Coming in from outdoors.
- Hands look, smell, or feel dirty.

b. Before and After

- Preparing, eating, and handling food or beverages or feeding a child.
- Diapering a child.
- Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, scrapes) may be encountered.
- Playing, wading, or swimming in water that is used by more than one person.

c. After

- Using the toilet, or helping a child use the toilet.
- Handling body fluids (e.g., urine, feces, mucus, blood, vomit).
- Wiping noses, mouths, and sores.
- Handling mouthed toys.
- Checking the need for a diaper change by touching the inside of the diaper or touching any clothing contaminated by stool, urine, or body fluids.
- Cleaning or handling garbage.
- Handling animals or cleaning up animal waste or habitats.
- Playing in sand or other sensory table materials, on wooden play structures, or outdoors.

How to Wash Hands

Follow these five steps every time.

- **Wet** hands with clean, running water (warm or cold).
- **Lather** hands by rubbing them together with soap. Lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds (the amount of time to hum the “Happy Birthday” song from beginning to end twice).
 - Scrub palms, backs of hands, between the fingers, under fingernails, around jewelry, and wrists.
- **Rinse** with clean, running water until free of soap and dirt.
- **Dry** hands with a clean disposable paper towel or under an air dryer.
 - Throw paper towels in a waste container (preferably hands-free).
 - When possible, use hand lotion from a liquid lotion dispenser to prevent skin chapping.



EXCLUSION OF ILL PERSONS

There are certain infectious diseases which require the exclusion of persons from work or childcare to prevent further spread of disease. Children and staff members should be excluded from childcare centers when they present with certain diagnoses or symptoms associated with infectious diseases. Exclusion should continue until symptoms have subsided, treatment has been completed, or until a provider has determined that the symptoms are not associated with an infectious disease.

Children who are mildly ill and not infectious may attend childcare centers if the facility has the capability to care for that child without disrupting normal activities. However, three key criteria should be considered as to whether the child should be sent home. These criteria include:

- The child is unable to participate in activities.
- The child needs care that is greater than the staff can provide without compromising health and safety of other children.
- The child poses a risk of spreading an infectious disease to others based on the list of specific excludable conditions (see the next section).

General Guidelines

In absence of a provider's diagnosis, exclusion should occur if a child presents to the childcare center with any of the following general signs and symptoms:

Severely Ill Appearance

Symptoms may include increased tiredness, lack of responsiveness, increased irritability, increased persistent crying, difficulty breathing, rapidly spreading rash, severe prolonged abdominal pain, or uncontrollable coughing. Exclusion should continue until symptoms are resolved.

Fever

A fever is defined as a temperature greater than 100.4. In children younger than two months this temperature alone is sufficient to exclude. Children older than two months with a temperature greater than 100.4 and other symptoms (behavior change, diarrhea, vomiting, pain, rash, mouth sores, etc.) should be excluded. Exclusion should continue until symptoms are resolved.

Diarrhea

Diarrhea is defined as stool that is occurring more frequently or is less formed than usual and is not associated with diet change. Exclusion is required for all diapered children whose stool cannot be contained in a diaper, toilet trained children who are experiencing accidents (i.e., incontinent), children whose stool frequency exceeds two stools above personal normal, and children whose stool contains blood or mucus. Exclusions should continue until stools are contained in the diaper, the toilet trained child is no longer having accidents (i.e., continent), stool frequency is not more than 2 stools above child's normal frequency, and exclusion criteria is met for the specific disease responsible for diarrhea (see Specific Disease Guidelines). Enforce meticulous hand hygiene.

Vomiting

Vomiting is defined as two or more occurrences in the previous 24 hours (unless a healthcare provider determines cause to be by a noninfectious condition). Exclusion should continue until symptoms have resolved.

Mouth Sores with Drooling

Children with mouth sores and uncontrollable drooling should be excluded until symptoms have resolved or healthcare provider determines cause to be noninfectious.

Disease Specific Guidelines

The following section includes exclusion criteria for a sample of conditions that may be seen in childcare centers. These disease specific guidelines are intended for both the childcare attendee and staff member. More information on each condition can be found in [Section C](#) on the individual fact sheets or on the Alabama Department of Health, Infectious Disease and Outbreaks website: <https://www.alabamapublichealth.gov/infectiousdiseases/index.html>

Campylobacteriosis

Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than two stools above child's normal frequency. Enforce meticulous hand hygiene.

Cold Sores

Do not exclude for recurrent infections. Exclude until no drooling or open sores (on the outside of the lips) for first or primary infection. Enforce meticulous hand hygiene.

Conjunctivitis (Pinkeye)

Do not exclude unless child has fever or there is a recommendation from the child's healthcare provider. Enforce meticulous hand hygiene.

Cytomegalovirus (CMV)

Do not exclude unless child meets other exclusion criteria (e.g., fever), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees. Enforce meticulous hand hygiene.

Ear Infection

Do not exclude unless child meets other exclusion criteria (e.g., fever), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees.

Enteroviruses

Do not exclude unless child meets other exclusion criteria (e.g., fever, diarrhea), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees. Enforce meticulous hand hygiene.

Fifth Disease

Do not exclude unless child meets other exclusion criteria (e.g., fever), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees. Enforce meticulous hand hygiene.

Giardiasis

Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than two stools above child's normal frequency. Restrict recreational water activities (e.g., swimming, splash pad, water slide, etc.) for one week after symptom resolution. Enforce meticulous hand hygiene.

Haemophilus Influenzae Type B (Hib)

Exclude until child is cleared to return by a healthcare provider. Enforce meticulous hand hygiene.

Hand, Foot, and Mouth Disease

Do not exclude unless child meets other exclusion criteria (e.g., fever, diarrhea), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees. Enforce meticulous hand hygiene.

Hepatitis A

Exclude for seven days after onset of illness. Enforce meticulous hand hygiene.

Impetigo

Exclude until treatment has been initiated. Lesions should be kept covered until they are dry. Enforce meticulous hand hygiene. (Note: Children are not required to be sent home early from school if lesions are covered.)

Lice

Exclude until first head lice treatment is completed. (Note: Children are not required to be sent home early from school.)

Measles

Exclude until four days after rash appears. Attendees without vaccine history should be excluded for 21 days, after rash appears of a most recent case (see [Incomplete Immunization Status](#)). Enforce meticulous hand hygiene.

Meningococcal Disease

Exclude until child is cleared to return by a healthcare provider. Enforce meticulous hand hygiene.

Mononucleosis

Do not exclude unless child meets other exclusion criteria (e.g., fever), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees. Enforce meticulous hand hygiene.

Mumps

Exclude for 5 days after onset of swelling. Individuals who continue to be unimmunized should be excluded for 26 days after the onset of swelling in last case (see [Incomplete Immunization Status](#)).

Norovirus

Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than two stools above child's normal frequency. Enforce meticulous hand hygiene.

Pertussis (Whooping Cough)

Exclude until 5 days after appropriate antibiotic treatment completed or for 21 days from onset of cough for those who do not take antibiotics. Enforce meticulous hand hygiene and proper cough/sneeze etiquette.

Respiratory Syncytial Virus

Do not exclude unless child exhibits rapid or labored breathing or meets other exclusion criteria. Enforce meticulous hand hygiene.

Ringworm

Exclude until after treatment begins. Cover skin lesions. (Note: Children are not required to be sent home early from school.)

Roseola

Do not exclude unless child meets other exclusion criteria (e.g., fever), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees. Enforce meticulous hand hygiene.

Rotavirus

Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than two stools above child's normal frequency. Enforce meticulous hand hygiene.

Rubella

Exclude until seven days after the rash appears. Attendees without vaccine history should be excluded for 21 days after rash appears of the most recent case (see [Incomplete Immunization Status](#)).

Salmonellosis

Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than two stools above child's normal frequency. Enforce meticulous hand hygiene.

Scabies

Exclude until prescribed treatment has been completed.

Shigellosis

Exclude until treatment is complete, it has been 24 hours since stools were contained in the diaper or the child is continent, and stool frequency is no more than 2 stools above child's normal frequency. Follow up testing may be required (attendees should provide at least one negative stool culture lab result).

Shingles

Do not exclude unless rash cannot be completely covered. If rash cannot be completely covered, exclude until rash can be covered or when all lesions have crusted. Enforce meticulous hand hygiene.

Shiga toxin-producing E. coli (STEC)

Exclude until diarrhea resolves (stools are contained in the diaper or the child is continent and stool frequency is no more than two stools above child's normal frequency). Completion of follow up testing is strongly recommended (attendee should provide two negative stool cultures performed more than 48 hours apart after completion of antibiotic treatment). Enforce meticulous hand hygiene.

Strep Throat / Scarlet Fever

Exclude until fever free and antibiotic treatment has been initiated for at least 12 to 24 hours. Refer to healthcare provider for how long attendee should stay home after beginning antibiotics. Enforce meticulous hand hygiene.

Varicella (Chickenpox)

Exclude until all lesions have dried and crusted. Breakthrough cases are modified and may be maculopapular only and may not crust. In these cases, isolate for 24 hours following appearance of last lesions. Enforce meticulous hand hygiene.

Incomplete Immunization Status

To avoid further spread of vaccine preventable infectious diseases such as Measles, Mumps, and Rubella, attendees who do not have a vaccine history should be excluded from the childcare center. This exclusion should continue through the incubation period of the disease to keep those not immunized from contracting the disease and further spreading to others. Attendees receiving their second dose, as well as unimmunized attendees receiving their first dose as part of the disease prevention strategy, may be readmitted to the childcare facility. Children and staff who have not been immunized for medical or religious reasons should also be excluded during these disease occurrences at the facility.

Staff Exclusion

Staff members with an infectious disease diagnosis or symptoms associated with an infectious disease should follow the same exclusion recommendations listed within this document even if they do not have direct contact with children. This is to ensure that staff members do not spread the infectious disease to attendees or to other staff members. This includes administrative staff and staff involved in food preparation, service, or feeding.

STANDARD PRECAUTIONS

Childcare centers should adopt the use of Standard Precautions developed by the CDC and adapted for childcare facilities. Standard Precautions recognizes that any bodily fluid may hold contagious germs. Standard precautions are designed to reduce the risk of spreading infectious disease from both recognized and unrecognized sources. Standard precautions should be used to handle potential exposure to blood, including blood-containing bodily fluids and tissue discharges, and to handle other potentially infectious fluids. Standard precautions dictate the childcare worker to treat the fluids as if they are infected.

- Gloves should be worn when coming into contact with bodily fluids.
- Protective eyewear should be worn if there is the potential for these fluids to splatter.
- Surfaces that might come in contact with infectious body fluids must be disposable or able to be disinfected.

Handwashing

- Handwashing is the single most effective way to prevent the spread of infectious diseases.
- Do not use sinks to wash hands contaminated with blood or other body fluids that are used for food preparation.
- Wash hands:
 - Whenever hands do not seem clean (look, smell, or feel unclear).
 - When arriving at work.
 - Before and after eating.
 - Before and after preparing food.
 - Before serving food.
 - Before giving medications.
 - Before and after changing diapers.
 - Before and after using items or toys that are moist.
 - After using the bathroom.
 - After handling any blood or body fluids.
 - After coughing, sneezing, or blowing your nose.
 - After playing with animals.
 - After playing outdoors.

Gloves

- Wear gloves:
 - When in contact with blood or other body fluids.
 - When items such as blood, urine and vomit will be handled.
 - When changing diapers.
 - If pregnant or considering pregnancy and changing diapers.
 - When handling any ready-to-eat food.
- If tearing occurs, gloves should be changed immediately.
- New gloves should be used each time a different child is handled.
- Dispose of gloves in the proper waste containers.

Cleaning and Disinfection

- Immediately clean any surface or items that are contaminated with blood or other body fluids.
- Disposable paper towels should be used in the cleaning process.
- Disinfect all surfaces after cleaning using an [EPA-registered disinfecting product](#) or a diluted bleach solution.
- Make a new diluted bleach solution daily. Bleach solutions will not be as effective after being mixed with water for over 24 hours.

Section B: Disease Reporting

REPORTABLE DISEASE LAW

The Alabama State Notifiable Disease Act is the legal basis by which the Alabama Department of Public Health designates certain diseases and conditions as notifiable, mandates reporting, and enforces rules and regulations.

The entire Alabama State Board of Health, Alabama Department of Public Health, Division of Disease Control Administrative Code Chapter 420-4-1 of Notifiable Diseases can be found online at this address: <https://www.alabamapublichealth.gov/about/regulations.html>.

The Alabama notifiable diseases/conditions (shown on the next page) are designated as Immediate: Extremely Urgent, Immediate: Urgent or Standard notification. These diseases, including outbreaks of any kind, should be reported to the state or local health department within their designated timeframe and method. An outbreak of any kind is defined as 2 or more similarly ill persons who live in different households and have a common exposure. Prompt reporting is necessary to initiate appropriate control measures and protect the public against potential health hazards.

Reportable Diseases/Conditions in Alabama

Who: Healthcare Providers (and other required reporters excluding laboratories)

When: Effective 4/14/2024

How: via the online REPORT Card redcap.link/REPORT2AL (if not a 4-hour condition) or via electronic clinical reports (eCR) directly from the electronic health record.

If 4-hour condition, contact: Infectious Diseases & Outbreaks Division 334-206-5971 or 1-800-338-8374 or Division of Immunization: 334-206-5023 or 1-800-469-4599 (Polio, paralytic)



What information is to be reported?

- the name of the disease or health condition
- the name, date of birth, sex, ethnicity, race, address, and phone number(s) of the person having said disease or health condition
- date of laboratory result and/or date of diagnosis of said disease or health condition
- name, phone number, and the facility affiliated with the reporter

within 4 hours of clinical suspicion within 24 hours of presumptive diagnosis within 3 days of diagnosis within 30 days of diagnosis

Cases of potential public health importance	Hansen's disease (Leprosy)	Q Fever
Cases related to nuclear, biological, or chemical terroristic agents	Hemolytic uremic syndrome (HUS), post-diarrheal	Rabies, human and animal
Outbreaks of any kind	Hepatitis A, including ALT	Rubella
Acute flaccid myelitis	Hepatitis B, C, and D (Acute only and with associated ALTs)	Salmonellosis
Anaplasmosis	HIV infection (including asymptomatic infection)	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
Animal bites	Influenza A, novel virus infection (i.e., potential new strain)	Shigellosis
Anthrax	Influenza-associated pediatric deaths	Smallpox
Arboviral disease	Lead, all point-of-care blood results	Spotted Fever Rickettsiosis
Babesiosis	Legionellosis	<i>Staphylococcus aureus</i> , Vancomycin-intermediate and (VISA) and Vancomycin-resistant (VRSA)
Birth defects	Listeriosis ¹	<i>Streptococcus pneumoniae</i> , invasive disease ¹
Botulism	Lyme disease	Syphilis
Brucellosis	Malaria	Tetanus
Campylobacteriosis	Measles (rubeola)	Trichinellosis (Trichinosis)
Chancroid	Meningococcal disease (<i>Neisseria meningitidis</i>) ¹	Tuberculosis disease (active)
<i>Chlamydia trachomatis</i>	Mumps	Tuberculosis infection (latent)
Cholera	Perinatal hepatitis B	Tularemia
Coccidioidomycosis	Perinatal hepatitis C	Typhoid fever
COVID-19 infection in congregate living facilities	Perinatal HIV Exposure (<18 months of age)	Varicella
Cryptosporidiosis	Pertussis	Vibriosis
Cyclosporiasis	Plague	Viral hemorrhagic fever
Dengue	Polio infection, nonparalytic	Yellow fever
Diphtheria	Polio, paralytic	Zika virus
E. coli	Primary amebic meningoencephalitis	
Ehrlichiosis		
Gonorrhea		
<i>Haemophilus influenzae</i> , invasive disease ¹		

¹Detection of organism from a normally sterile body site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)



TEST



REPORT



ALABAMA
PUBLIC
HEALTH

REPORTING TO PUBLIC HEALTH

The Alabama State Law Notifiable Disease Rules defines mandatory reporters as all physicians, dentists, nurses, medical examiners, hospital administrators, nursing home administrators, lab directors, school principals, and childcare center directors. Reporters cannot assume or delegate laboratories to report for them. In accordance with these rules, the childcare center is responsible for reporting any suspected or confirmed cases of communicable disease and outbreaks of any kind among the children or staff members to the state or local health department. Childcare centers are also expected to follow the guidance regarding control measures including general and disease specific exclusion criteria, as well as additional notifications that may be necessary.

To report an Immediate, Urgent, or Standard notification notifiable disease (including an outbreak of any kind, please submit a [Communicable Disease REPORT Card](#)* or call 205-930-1440 for assistance.
*<https://redcap.link/REPORT2AL>

REPORTING TO PARENTS

Department of Human Resource regulations indicate that when a communicable disease has been introduced into a childcare center parents of exposed children must be notified. Notifying the parents allows them to monitor their child for the signs and symptoms of the disease and to get the child the proper care should he/she be affected by the disease. The appropriate fact sheet should either be posted where every parent can review, or it should be sent home as soon as the disease is identified. Reassurance to the parents can be enhanced by obtaining more information from your local health department concerning the control of the disease. Immediate and appropriate actions must be taken in order to avoid further spread through the childcare center or to the family members of those attending the center.

REPORTING FROM PARENTS

Parents/Guardians are expected to share information about their child's behavior, symptoms, or exposure to illness. It is also imperative that parents/guardians notify the childcare center immediately if their child has been diagnosed with an infectious disease. This allows the director and staff members to monitor other children in the center for the signs and symptoms of the disease. The staff is also able to notify other parents/guardians, while maintaining individual confidentiality, so that monitoring can take place at home. Notification by both the childcare center and the parents/guardians is essential for the control of infectious diseases.

Section C: Exposure Control and Outbreak Management

PROTOCOL FOR CONTROL OF INFECTIOUS DISEASES

The Alabama State Law Notifiable Disease Rules section 420-4-1-05 outlines the measures the state and local public health authority can take to prevent the spread of disease. Included in this section are those measures in one-page flyers to be used as education to childcare center staff and parents to learn more about the disease of concern. They also serve as guidance for controlling the spread of the infectious disease.

PREVENTION & CONTROL RECOMMENDATIONS

The following pages include one-page educational and control measure flyers of selected infectious conditions that may be seen in a childcare setting. Diseases in bold type are notifiable in single cases to the Jefferson County Department of Health. The diseases that are not in bold type are reportable in the event of a potential outbreak. A potential outbreak is defined as two or more similarly ill persons who live in different households and have a common exposure. If a situation meets the potential outbreak definition, they should be reported to the health department within 24 hours. Please submit a [Communicable Disease REPORT Card](#) for single cases or potential outbreaks of any kind.

Campylobacteriosis	Meningococcal Disease
Cold Sores	Mononucleosis
Conjunctivitis (Pinkeye)	Mumps
COVID-19	Norovirus
Cryptosporidiosis	Pertussis (Whooping cough)
Cyclosporiasis	Pinworms
Cytomegalovirus (CMV)	Respiratory Infections (viral)
Diarrhea	Respiratory Syncytial Virus (RSV)
Ear infection	Ringworm
Fifth Disease	Roseola
Giardiasis	Rotavirus
Haemophilus influenzae type b (Hib)	Rubella (German measles)
Hand, Foot, and Mouth Disease	Salmonellosis (Nontyphoidal)
Hepatitis A	Scabies
Hepatitis B	Shigellosis
Impetigo	Shiga Toxin Producing Escherichia Coli (STEC)
Influenza	Streptococcus Pneumoniae
Lice	Strep Throat / Scarlet Fever
Lyme Disease	Thrush
Measles (Rubeola)	Varicella (Chickenpox)

CAMPYLOBACTERIOSIS

BACKGROUND	Campylobacteriosis is a bacterial infection that affects the intestinal tract and the bloodstream (rarely). Most cases are seen in the summer months and occur as single cases or outbreaks.
REPORTABLE	Report within 3 days of diagnosis.
INFECTIOUS AGENT(S)	Campylobacter jejuni.
MODE OF TRANSMISSION	Transmission occurs by ingestion of contaminated food or water or direct contact with fecal material from infected animals or people. Improperly cooked poultry, untreated water, and unpasteurized milk are also sources of transmission.
SYMPTOMS	Mild or severe diarrhea, vomiting, nausea, abdominal cramps, fever, malaise, and traces of blood in the stool.
INCUBATION PERIOD	Typically 2 to 5 days; with a range of 1 to 10 days.
CONTAGIOUS PERIOD	For 2 to 3 weeks and up to 7 weeks in some cases. Excretion of Campylobacter is shortened by antibiotic treatment.
EXCLUSION	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than two stools above the child's normal frequency.
PREVENTION/CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Always treat raw poultry, beef, and pork as if they are contaminated and handle accordingly.• Wrap fresh meats in plastic bags at the market to prevent blood from dripping on other foods.• Refrigerate foods promptly; minimize holding at room temperature.• Cutting boards and counters used for preparation should be washed immediately after use to prevent cross-contamination with other foods.• Avoid eating raw or undercooked meats.• Avoid eating raw eggs or undercooked foods containing raw eggs.• Avoid using raw (unpasteurized) milk.• Encourage careful handwashing before and after food preparation.• Make sure children, particularly those who handle pets, practice proper handwashing.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Campylobacteriosis.

COLD SORES

BACKGROUND	Cold Sores (i.e., Oral Herpes) are common among both children and adults. They are usually acquired at a young age and recur throughout one's life. Infections of the eyes, fingers, and central nervous system may also occur with the herpes simplex virus.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak .
INFECTIOUS AGENT(S)	Herpes simplex virus type 1 (HSV-1).
MODE OF TRANSMISSION	Transmission occurs by direct person-to-person contact with infected saliva or sores.
SYMPTOMS	During the first infection one may experience fever, irritability, swollen lymph nodes, and blisters. Subsequent infections may occur with clusters of blisters on the lips and mouth area.
INCUBATION PERIOD	Typically 2 days to 2 weeks.
CONTAGIOUS PERIOD	During first infection: one to several weeks after symptoms appear. During recurrent infection: three to four days after symptoms appear.
EXCLUSION	Do not exclude for recurrent infections. Exclude until no drooling or open sores (on the outside of the lips) for first or primary infection.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Wear gloves when coming in contact with sores, as in applying medication.• Avoid kissing or other contact of a person with active lesions.• Clean and disinfect contaminated surfaces.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Cold Sores.

CONJUNCTIVITIS (Pinkeye)

BACKGROUND	Conjunctivitis is inflammation (redness or swelling) of the thin tissue covering the white part of the eye and inside the eyelids. The most common causes of contagious conjunctivitis are viral and bacterial.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak .
INFECTIOUS AGENT(S)	Various agents.
MODE OF TRANSMISSION	Transmission occurs through direct contact with discharge from an infected person's eye, respiratory droplets from an infected person in the air, or by touching contaminated surfaces/objects and then touching one's eyes.
SYMPTOMS	<u>Bacterial</u> – Thick discharge from one or both eyes, red or pink conjunctiva (the white area of the eyeball), and red eyelids and pain in one or both eyes. <u>Viral</u> – Watery discharge from one or both eyes, pink conjunctiva, sensitivity to light, and red eyelids and pain in one or both eyes.
INCUBATION PERIOD	Varies based on infection agent.
CONTAGIOUS PERIOD	While the signs and symptoms are present or when the course of medication is started.
EXCLUSION	Do not exclude unless child has a fever or there is a recommendation from the child's healthcare provider.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Sanitize objects that commonly touched by hands or faces (e.g., cots, doorknobs, toys, tables, etc.)
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Conjunctivitis (Pinkeye).

COVID-19

BACKGROUND	A contagious disease caused by a respiratory virus called SARS-CoV-2.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak. Note: Childcare centers should use the following COVID-19 outbreak definition - report if there is 1) 10% absenteeism across the center or 2) three of more positive lab confirmed cases within a core group (e.g., classroom) within 14 days of each other.
INFECTIOUS AGENT(S)	SARS-CoV-2.
MODE OF TRANSMISSION	Transmission occurs when breathing in respiratory droplets from those infected with the virus, infected respiratory droplets landing on eyes, nose, or mouth, or by touching eyes, nose, or mouth with hands contaminated with the virus.
SYMPTOMS	Some children who are infected have no symptoms. If symptoms are present, they include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nasal congestion or runny nose, nausea/vomiting, and/or diarrhea.
INCUBATION PERIOD	Typically 2 to 14 days with an average of 2 to 4 days.
CONTAGIOUS PERIOD	From 2 days before signs or symptoms appear until 10 days after the onset of symptoms.
EXCLUSION	Exclude until symptoms have improved and fever free for 24 hours (without fever reducing medication).
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Practice respiratory etiquette by covering coughs and sneezes with tissues, upper sleeve, or elbow.• Avoid crowding as much as possible.• Increase ventilation in indoor spaces.• Clean and disinfect contaminated surfaces.• COVID-19 is vaccine preventable, encourage immunization, and ensure attendees are up to date on the age-appropriate vaccine series.• Follow the latest CDC guidelines.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning COVID-19.

CRYPTOSPORIDIOSIS

BACKGROUND	An intestinal infection, which causes diarrhea, due to the parasite <i>Cryptosporidium</i> . <i>Cryptosporidium</i> lives in the intestine of humans and animals and is spread through stool.
REPORTABLE	Report within 3 days of diagnosis.
INFECTIOUS AGENT(S)	<i>Cryptosporidium hominis</i> , <i>Cryptosporidium parvum</i> .
MODE OF TRANSMISSION	Transmission occurs when the parasite is swallowed after coming in contact with hands, water, or food contaminated with infected stool.
SYMPTOMS	Watery diarrhea, stomach cramps, nausea, vomiting, fever, weight loss, and/or dehydration.
INCUBATION PERIOD	Typically 7 days is average but can vary from 3 to 14 days.
CONTAGIOUS PERIOD	Passage of the parasite in the stool can occur for 2 weeks after symptoms have resolved.
EXCLUSION	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene. Alcohol-based hand sanitizers do not effectively kill <i>Cryptosporidium</i>.• Restrict recreational water activities (e.g., swimming, splash pad, water slide, etc.) for 2 weeks after symptom resolution.• Do not swallow the water you swim in or drink untreated water from lakes, rivers, ponds, or shallow wells.• If you have been sick, avoid the swimming or water activities of any type (lakes, splashpads, hot tubs, pools), and preparing food at home or work for at least 2 weeks after your symptoms resolve.• Remove obvious contamination from any surfaces and clean according to manufacturer's instructions.• Wash and dry bedding and toys with detergent.
VACCINE AVAILABILITY	None

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Cryptosporidiosis. Additional information can be found here:
https://www.alabamapublichealth.gov/infectiousdiseases/assets/crypto_flyer.pdf

CYCLOSPORIASIS

BACKGROUND	Cyclosporiasis is an intestinal illness caused by the microscopic parasite. In the United States, foodborne outbreaks of cyclosporiasis have been linked to various types of imported fresh produce.
REPORTABLE	Report within 3 days of diagnosis.
INFECTIOUS AGENT(S)	Cyclospora cayetanensis.
MODE OF TRANSMISSION	Transmission occurs by ingesting food or beverages contaminated with infected stool.
SYMPTOMS	Watery diarrhea, nausea, anorexia, abdominal cramps, fatigue, body aches, weight loss, fever is rare.
INCUBATION PERIOD	Approximately 1 week.
CONTAGIOUS PERIOD	Direct person-to-person transmission of Cyclosporiasis is unlikely. Cyclospora needs at least 1–2 weeks after being passed in a bowel movement to become infectious for another person.
EXCLUSION	Do not exclude unless child is experiencing diarrhea. If child is experiencing diarrhea, exclude until stools are contained in the diaper, or stool frequency is no more than 2 stools above the child's normal frequency.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Wash produce thoroughly before eating, cutting, or cooking.• Wash cutting boards, dishes, utensils, and counter tops with soap and hot water between the preparation of raw meat, poultry, and seafood products and the preparation of fruits and vegetables that will not be cooked.• Refrigerate cut, peeled, or cooked fruits and vegetables as soon as possible, or within 2 hours.• Store fruits and vegetables away from raw meat, poultry, and seafood.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Cyclosporiasis.

CYTOMEGALOVIRUS (CMV)

BACKGROUND	Cytomegalovirus (CMV) is a common viral disease. In the United States, nearly one in three children is already infected with CMV by age five. Over half of adults have been infected with CMV by age 40. Once CMV is in a person's body, it stays there for life and can reactivate. A person can also be re-infected with a different type of the virus.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Human herpesvirus 5.
MODE OF TRANSMISSION	Transmission occurs through direct contact with infectious body fluids, such as urine, saliva, blood, tears, semen, and breast milk. In addition, transmission may occur mother to baby before, during, and after birth.
SYMPTOMS	Fever, tiredness, sore throat, and swollen glands. Most people do not have symptoms.
INCUBATION PERIOD	Typically 3 to 12 weeks depending on the mode of transmission.
CONTAGIOUS PERIOD	The virus is shed occasionally in the saliva and urine of an infected person.
EXCLUSION	Do not exclude unless child meets other exclusion criteria (e.g., fever), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Handle diapers with care.• Carefully wash hands after handling diapers or toilet care of children.• Clean and disinfect items that come in contact with saliva and/or urine frequently.• Avoid exchange of saliva directly or via objects and wash carefully after contact with urine.• Do not share cups or eating utensils.
SPECIAL WARNINGS	Pregnant women or those of childbearing age who work in childcare centers or who have children of their own younger than 3 years who are in childcare centers should discuss their risk of CMV exposure with their health care provider.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Cytomegalovirus (CMV).

DIARRHEA – NON-SPECIFIC PATHOGEN

BACKGROUND	Diarrhea is characterized by increased stools that are less formed in consistency than usual (usually watery) and not associated with changes in diet. It can be caused by various agents.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak .
INFECTIOUS AGENT(S)	Various agents including Giardia, Salmonella, Shigella, Campylobacter, Norovirus, Rotavirus, etc.
MODE OF TRANSMISSION	Transmission occurs through consuming contaminated food or water, raw or undercooked poultry or beef, contact with infected animals or stool of infected animals and individuals.
SYMPTOMS	Frequent, loose, bloody, or watery stools, abdominal cramps, vomiting, and fever.
INCUBATION PERIOD	Varies based on infectious agent.
CONTAGIOUS PERIOD	Varies based on infectious agent.
EXCLUSION	Exclusions should continue until stools are contained in the diaper, the toilet trained child is no longer having accidents (i.e., continent), stool frequency is not more than 2 stools above child's normal frequency, and exclusion criteria is met for the specific diarrhea causing disease.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Ensure proper cooking and storage of food.• Clean and disinfect areas that may be contaminated with stool.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning diarrheal illnesses.

EAR INFECTION

BACKGROUND	Ear infections are commonly seen in two types: otitis media (middle ear infections) and otitis externa (swimmer's ear). Most ear infections of young children occur in the middle ear.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Bacteria or virus.
MODE OF TRANSMISSION	Ear infections are a complication of a respiratory infection.
SYMPTOMS	Earache, fever, irritability, poor feeding, pulling on the ear, and drainage from the ear.
INCUBATION PERIOD	Varies depending on the type of virus or bacteria causing the infection.
CONTAGIOUS PERIOD	None.
EXCLUSION	Do not exclude unless child meets other exclusion criteria (e.g., fever), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Promote breastfeeding, which reduces the number of ear infections.• Promote immunizations, which help reduce the number of infections caused by specific bacteria/virus.• Follow treatment instructions from a health care provider.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Ear Infections.

FIFTH DISEASE (ERYTHEMA INFECTIONOSUM)

BACKGROUND	Fifth disease is a viral infection which occurs most often in young children.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Parvovirus B19.
MODE OF TRANSMISSION	Transmission typically occurs through exposure to airborne droplets from the nose and throat of an infected person.
SYMPTOMS	Fever, fatigue, a red rash generally appears on the cheeks. The rash may extend to the body and with tendencies to fade and reappear. Sometimes, the rash is lacy in appearance and may be itchy. Some may have no symptoms at all.
INCUBATION PERIOD	Typically 4 to 14 days but can be as long as 21 days.
CONTAGIOUS PERIOD	Until rash appears.
EXCLUSION	No exclusion unless the child is unable to participate, or the child meets other exclusion criteria.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Clean and disinfect items and areas that may be contaminated.• Dispose of tissues and other waste properly.
SPECIAL WARNINGS	During outbreaks in schools, pregnant employees and people with chronic red blood cell disorders should consult their physician for advice. Outbreaks tend to occur in later winter or early spring.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Fifth Disease. Additional information can be found here:
https://www.alabamapublichealth.gov/infectiousdiseases/assets/fifth_disease_flyer.pdf

GIARDIASIS

BACKGROUND	Giardiasis is a diarrheal illness caused by a parasite. Cases may occur sporadically, in clusters, or outbreaks. Giardia has been found in infected people (with or without symptoms), wild and domestic animals.
REPORTABLE	Report within 3 days of diagnosis
INFECTIOUS AGENT(S)	Giardia duodenalis.
MODE OF TRANSMISSION	Transmission occurs through consuming contaminated food or water and contact with stool of an infected individual or animal. Water tables and other water play have been associated with outbreaks in childcare centers.
SYMPTOMS	Mild or severe diarrhea, abdominal cramps, and nausea. Some people show no symptoms at all. Fever is rarely present. Occasionally, some will have chronic diarrhea over several weeks or months with significant weight loss.
INCUBATION PERIOD	Typically 1 to 3 weeks
CONTAGIOUS PERIOD	Highly variable but can be months. Most contagious during diarrhea phase.
EXCLUSION	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than two stools above child's normal frequency. Restrict recreational water activities (e.g., swimming, splash pad, water slide, etc.) for one week after symptom resolution.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Clean and disinfect areas that may be contaminated with stool.• Restrict recreational water activities (e.g., swimming, splash pad, water slide, etc.) for one week after symptom resolution.• Ensure proper cooking and storage of food.
SPECIAL WARNINGS	Giardiasis tends to occur more often in institutional settings, childcare centers, international travelers, and individuals who consume improperly treated surface water.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Giardiasis.

HAEMOPHILUS INFLUENZAE, INVASIVE

BACKGROUND	Haemophilus influenzae can cause mild illnesses like ear infections and more serious bloodstream infections. It becomes notifiable when it is invasive, meaning it is found in the blood or another normally sterile (clean) internal body site. Haemophilus influenzae does not cause influenza (the flu).
REPORTABLE	Report within 24 hours of diagnosis (invasive only).
INFECTIOUS AGENT(S)	H. influenzae, various types including type b.
MODE OF TRANSMISSION	Transmission occurs through direct contact with respiratory droplets from talking, coughs, or sneezes. Many people have the bacteria in their nose or throat without being ill.
SYMPTOMS	Fever, nausea, vomiting, stiff neck, difficulty breathing, cough, irritability.
INCUBATION PERIOD	Unknown.
CONTAGIOUS PERIOD	Until antibiotic treatment has begun.
EXCLUSION	Exclude until child is cleared to return by a healthcare provider.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Sanitize or disinfect surfaces and toys that are touched frequently.• Adhere to antibiotic treatment course.• Haemophilus Influenzae type b is vaccine preventable, encourage immunization, and ensure attendees are up to date on the age-appropriate vaccine series.• Practice respiratory etiquette by covering coughs and sneezes with tissues, upper sleeve, or elbow.• Avoid crowding as much as possible.• Increase ventilation in indoor spaces.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Haemophilus Influenzae.

HAND, FOOT, AND MOUTH DISEASE

BACKGROUND	A common set of symptoms associated with viral infections that are most frequently seen in the summer and fall. Illness is generally mild.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Coxsackievirus group A and enterovirus 71.
MODE OF TRANSMISSION	Transmission occurs through direct contact with respiratory droplets from talking, coughs, or sneezes and contact with objects contaminated with the virus. It can also spread by contact with stool of those infected.
SYMPTOMS	Fever, rash, sores, poor appetite, feeling unwell, sore throat, painful mouth blisters. The rash usually is on the palms of the hands and soles of the feet and may appear on the legs, arms, and bottom.
INCUBATION PERIOD	Typically 3 to 6 days.
CONTAGIOUS PERIOD	Infected persons are most contagious during the first week of the illness but can still pass the virus for weeks after symptoms have gone away.
EXCLUSION	Do not exclude unless child meets other exclusion criteria (e.g., fever, diarrhea), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees.
PREVENTION / CONTROL MEASURES	
<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Sanitize and disinfect surfaces that are touched frequently.• Practice respiratory etiquette by covering coughs and sneezes with tissues, upper sleeve, or elbow.• Avoid close contact such as kissing, hugging, or sharing eating utensils or cups with those infected.	
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or physician with any related questions concerning Hand, Foot, and Mouth disease. Additional information can be found here: https://www.alabamapublichealth.gov/infectiousdiseases/assets/hfmd_flyer.pdf

HEPATITIS A

BACKGROUND	Hepatitis A is a liver disease caused by a virus. Once an individual recovers from hepatitis A, he or she is typically immune for life and does not continue to carry the virus.
REPORTABLE	Report within 24 hours of diagnosis.
INFECTIOUS AGENT(S)	Hepatitis A virus (HAV).
MODE OF TRANSMISSION	Transmission occurs through consuming contaminated food or water and contact with stool of an infected individual.
SYMPTOMS	Fatigue, poor appetite, fever, vomiting, dark urine, stomach pain, diarrhea, clay-colored stool, joint pain, or jaundice (a yellowing of the skin and whites of the eyes) may appear. Infants and young children tend to have very mild or no symptoms at all.
INCUBATION PERIOD	Typically 15 to 50 days, with an average of 28 days.
CONTAGIOUS PERIOD	About 2 weeks before symptoms appear and until 1 week after start of jaundice.
EXCLUSION	Exclude for 7 days after onset of illness.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Infected people should not handle food during the contagious period.• Hepatitis A is vaccine preventable, encourage immunization, and ensure attendees are up to date on the age-appropriate vaccine series.• Household members or others in close contact with an infected person should consult their healthcare provider to obtain the vaccine or immune globulin shot which minimizes their chances of becoming ill.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Hepatitis A. Additional information can be found here:

<https://www.alabamapublichealth.gov/immunization/assets/hepatitisafactsheet.pdf>

HEPATITIS B

BACKGROUND	Hepatitis B is a liver disease caused by a virus. Hepatitis B can lead to a lifelong illness.
REPORTABLE	Report within 3 days of diagnosis
INFECTIOUS AGENT(S)	Hepatitis B virus (HBV).
MODE OF TRANSMISSION	Transmission occurs through contact with body fluids such as blood, semen, and other body fluids of an infected person. Transmission can also occur from infected mother to baby during birth.
SYMPTOMS	Fatigue, poor appetite, fever, vomiting, dark urine, stomach pain, clay-colored stool, joint pain, or jaundice (a yellowing of the skin and whites of the eyes) may appear. Infants and young children tend to have very mild or no symptoms at all.
INCUBATION PERIOD	Typically 45 to 160 days, with an average of 90 days.
CONTAGIOUS PERIOD	Several weeks before symptoms appear and for several months afterwards. Some people become lifetime carriers (chronic carriers).
EXCLUSION	None unless there is the possibility of blood exposure (child bites frequently, hemophiliac, child has open sores, etc.).
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Ensure standard precautions are followed when in contact with blood or blood containing body fluids.• Cover open wounds or sores.• Do not permit sharing of toothbrushes or pacifiers.• Hepatitis B is vaccine preventable, encourage immunization, and ensure attendees are up to date on the age-appropriate vaccine series.• If exposed to the virus, consult with a healthcare provider to receive the hepatitis B vaccine or hepatitis B immune globulin.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Hepatitis B.

IMPETIGO

BACKGROUND	Impetigo is a common bacterial skin infection common in young children.
REPORTABLE (N/A)	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Group A Streptococcus and Staphylococcus aureus.
MODE OF TRANSMISSION	Transmission occurs through direct contact with sores or fluid from sores of an infected person. It can also be spread through contaminated surfaces.
SYMPTOMS	Red, itchy pimples or blisters, crusted yellow scabs around the nose, mouth, arms or legs.
INCUBATION PERIOD	Variable, however, it usually takes 10 days for sores to appear after someone is exposed to group A streptococcus bacteria.
CONTAGIOUS PERIOD	Until the skin sores are treated with antibiotics for at least 24 hours or the crusting lesions are no longer present.
EXCLUSION	Exclude until treatment has been initiated. Lesions should be kept covered until they are dry. (Note: Children are not required to be sent home early from school if lesions are covered.)
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Cover lesions if possible.• Clean and disinfect surfaces.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Impetigo. Additional information can be found here:

https://www.alabamapublichealth.gov/infectiousdiseases/assets/impetigo_flyer.pdf

INFLUENZA

BACKGROUND	Influenza (flu) is a contagious respiratory illness caused by a virus. The virus infects the nose, throat, and lungs. It can cause mild to severe illness, hospitalization, and even death.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Influenza A and B virus are the two main types that are responsible for seasonal flu.
MODE OF TRANSMISSION	Flu is spread by an infected person's respiratory droplets from coughing, sneezing, or talking entering the mouth, eyes, or nose of another. Flu can also be spread by touching a surface or object contaminated with the flu virus and then touching the mouth, eyes, or nose.
SYMPTOMS	Fever or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, vomiting, and/or diarrhea.
INCUBATION PERIOD	1 to 4 days with an average of 2 days.
CONTAGIOUS PERIOD	From the day before signs or symptoms appear until at least 7 days after the onset of flu, although virus shedding can be longer in young children and those with compromised immune systems.
EXCLUSION	Exclude until fever free for 24 hours and child is well enough for routine activities.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Practice respiratory etiquette by covering coughs and sneezes with tissues, upper sleeve, or elbow.• Influenza is vaccine preventable with an annual immunization. Encourage immunization among staff and attendees and ensure attendees are up to date on the age-appropriate vaccine series.• Reduce crowding and increase ventilation in indoor spaces.• Clean and disinfect surfaces.
SPECIAL WARNINGS	Avoid aspirin use for anyone with Influenza due to increases risk of Reye syndrome.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Influenza. Additional information can be found here:

<https://www.alabamapublichealth.gov/immunization/> and https://www.alabamapublichealth.gov/infectiousdiseases/assets/ili_school_childcare_controlmeasures.pdf

LICE

BACKGROUND	Head lice are small insects about the size of a sesame seed and are usually light brown but can vary in color. Diagnosis is most often made on the basis of finding nits (eggs). Nits are tiny, grayish-white, or yellowish- white oval specks attached to hair shafts.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Pediculis capitis.
MODE OF TRANSMISSION	Transmission occurs primarily through direct head-to-head contact with infested hair. Transmission through shared items (hats, headgear, and other objects) is possible but uncommon causes of the spread of head lice.
SYMPTOMS	Itching that occurs when lice bite and suck blood from the scalp is the primary symptom of infestation, although not everyone will experience itching. Nits attached to the hair can commonly be seen behind the ear and/or near the nape of the neck.
INCUBATION PERIOD	7 to 12 days from laying to hatching of eggs. Lice can reproduce about 2 weeks after hatching if they are getting their blood meals from the scalp.
CONTAGIOUS PERIOD	Until live lice are no longer present.
EXCLUSION	Exclude until first head lice treatment is completed. (Note: Children are not required to be sent home early from school.)
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Proper treatment should be initiated among those infected.• Avoid activities that cause head-to-head contact.• Avoid sharing head gear (helmets, hats, dress-up costumes).• Household and close contacts should be examined and treated if they have infestations.• Machine wash all washable clothing and bed linens which have been in contact with the infested person during the last 3 days. Articles should be washed in hot water and dried in a hot dryer.• Non-washables can be vacuumed or dry cleaned. Rugs, upholstered furniture, and mattresses should be carefully vacuumed to pick up any living lice or nits attached to fallen hairs.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Lice. Additional information can be found here:

https://www.alabamapublichealth.gov/infectiousdiseases/assets/head_lice_flyer.pdf

LYME DISEASE

BACKGROUND	Lyme disease is caused by a bacterial infection transmitted by certain ticks, affecting the skin, nervous system, heart and/or joints. Reinfection is possible with Lyme disease.
REPORTABLE	Report within 3 days of diagnosis
INFECTIOUS AGENT(S)	<i>Borrelia burgdorferi</i> , a spirochete.
MODE OF TRANSMISSION	Transmission occurs when an infected tick attached to and bites/feeds on an individual. In most cases, a tick must be attached for 36 to 48 hours or more before the Lyme disease bacterium can be transmitted.
SYMPTOMS	Starts as a circular reddish rash expanding around or near the site of the tick bite). Multiple rash sites may occur. During the rash stage, or occasionally prior to the rash, other symptoms such as fever, headache, fatigue, stiff neck, muscle and/or joint pain may be present. These may also last for several weeks. Many cases develop without sign of a rash.
INCUBATION PERIOD	1 to 32 days, on average 11 days, from tick bite to the appearance of rash.
CONTAGIOUS PERIOD	Lyme disease is not contagious except through blood transfusions or organ donation.
EXCLUSION	Do not exclude unless child meets other exclusion criteria (e.g., fever), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Avoid tick habitats (e.g., tall grassy areas, bushes, wooded areas) when possible.• DEET-containing products can be used according to instructions on the label.• Wear light colored clothing, hats, long sleeves, pants tucked into socks, and closed shoes.• The control of rodents around the property may be helpful.• If exposed to tick-infested areas, family members should help to check body surface for attached ticks.• Check after every two to three hours of outdoor activity for ticks attached to clothing or skin. If removal occurs within 24 hours after attachment, the risk of Lyme disease is reduced.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Lyme disease.

MEASLES (RUBEOLA)

BACKGROUND

Measles is an acute and highly contagious vaccine-preventable viral respiratory illness. Measles is more common in winter and spring and is one of the most readily transmitted communicable diseases.

REPORTABLE

Report within 24 hours of diagnosis.

INFECTIOUS AGENT(S)

Morbillivirus.

MODE OF TRANSMISSION

Transmission occurs when an infected person coughs or sneezes and another breathes that contaminated air. It can also be spread by touching an infected surface then touching one's eyes, nose, or mouth.

SYMPTOMS

Typically include high fever (e.g., 104°), cough, runny nose, and watery eyes. Tiny white spots (Koplik spots) may appear inside the mouth 2 to 3 days after symptoms begin. Measles rash appears 3 to 5 days after the first symptoms. Rash may begin as flat red spots that appear on the face and spread downward to the feet.

INCUBATION PERIOD

8 to 12 days (or 7 to 14 days) from exposure to onset of signs or symptoms, may extend up to 21 days in some cases.

CONTAGIOUS PERIOD

From 1 to 2 days before the first signs or symptoms appear (4 days before the rash) until 4 days after the appearance of the rash.

EXCLUSION

Exclude until four days after rash appears. Attendees without vaccine history should be excluded for 21 days, after rash appears of a most recent case.

PREVENTION / CONTROL MEASURES

- Enforce meticulous hand hygiene.
- Measles is vaccine preventable with the MMR or MMRV vaccine, encourage immunization, and ensure attendees are up to date on the age-appropriate vaccine series.
- Review immunization status of all attendees and staff to identify those at risk.
- Ensure exposed children without evidence of immunity are vaccinated within 72 hours of exposure or exclude for at least 2 weeks after onset of rash in the last case.

SPECIAL WARNINGS

Measles is highly contagious. Outbreaks can occur when unimmunized people become infected and infect others who are not immunized or incompletely immunized.

VACCINE AVAILABILITY

Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Measles. Additional information can be found here:

https://www.alabamapublichealth.gov/immunization/assets/measles_flyer.pdf

MENINGOCOCCAL DISEASE

BACKGROUND	Meningococcal disease is a severe bacterial infection of the bloodstream and/or the meninges (the thin lining covering the brain and spinal cord). Anyone can get meningococcal disease, but rates of disease are highest in children younger than 1 year old, followed by a second peak in adolescence.
REPORTABLE	Report within 24 hours of diagnosis
INFECTIOUS AGENT(S)	Neisseria meningitidis.
MODE OF TRANSMISSION	Transmission occurs by sharing respiratory and throat secretions (saliva or spit). Generally, it takes close (e.g., coughing or kissing) or lengthy contact to spread these bacteria. About 1 in 10 people have these bacteria in the back of their nose and throat without being ill.
SYMPTOMS	Typically includes sudden onset of a high fever, headache, stiff neck, nausea, vomiting, increased sensitivity to light, rash, confusion, severe aches and pain in the muscles, joints, chest, or belly.
INCUBATION PERIOD	1 to 10 days; but usually less than 4 days.
CONTAGIOUS PERIOD	Until 24 hours after start of antibiotics.
EXCLUSION	Exclude until child is cleared to return by a healthcare provider.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• A Meningococcal vaccine is available for those 11 years and older or those 2 months and older with specific risk factors. Encourage immunization and ensure attendees are up to date on the age-appropriate vaccine series.• Close contacts (e.g., household and intimate partners) of a person with meningococcal disease should receive antibiotics from their healthcare provider to prevent them from getting sick.• Casual contact, as might occur in a regular classroom, office, or factory setting, is not usually significant enough to be considered a close contact.
SPECIAL WARNINGS	Outbreaks may occur when people are housed in crowded living conditions, such as barracks, dorms, and other institutions.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Meningococcal disease. Additional information can be found here:

<https://www.alabamapublichealth.gov/immunization/assets/meningococcaldiseaseandvaccineflyer.pdf>

MONONUCLEOSIS

BACKGROUND

Mononucleosis is caused by human herpesvirus 4, 5, and 6. Epstein-Barr virus (human herpesvirus 4) is the most common cause. Mononucleosis is commonly referred to as mono.

REPORTABLE (N/A)

Non-notifiable condition. Only report in the event of an outbreak.

INFECTIOUS AGENT(S)

Epstein-Barr virus (EBV).

MODE OF TRANSMISSION

The virus is spread by person-to-person contact, via saliva (on hands, toys, or by kissing). In rare instances, the virus has been transmitted by blood transfusion or organ transplantation.

SYMPTOMS

Typically include fever, sore throat, swollen lymph nodes, and feeling tired. Duration is from one to several weeks. Sometimes the liver and spleen are affected. A rash may appear when treated with antibiotics.

INCUBATION PERIOD

Estimated to be 30 to 50 days for EBV.

CONTAGIOUS PERIOD

Virus is excreted for many months after infection, and virus excretion can occur intermittently throughout life.

EXCLUSION

Do not exclude unless child meets other exclusion criteria (e.g., fever), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees.

PREVENTION / CONTROL MEASURES

- Enforce meticulous hand hygiene.
- Avoid activities involving the transfer of body fluids (commonly saliva) with someone who is currently or recently infected with the disease.
- People with signs and symptoms should not donate blood.

VACCINE AVAILABILITY

None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Mononucleosis. Additional information can be found here:

https://www.alabamapublichealth.gov/infectiousdiseases/assets/mononucleosis_flyer.pdf

MUMPS

BACKGROUND	Mumps is an acute viral illness with swelling of one or more of the salivary glands. Mumps is uncommon in children with up-to-date immunizations. Immunity acquired after contraction of the disease is usually permanent.
REPORTABLE	Report within 3 days of diagnosis.
INFECTIOUS AGENT(S)	Paramyxovirus.
MODE OF TRANSMISSION	Mumps is transmitted by direct contact with saliva and discharges/droplets from the nose and throat of an infected individual. Additionally, transmission occurs from contact with contaminated objects.
SYMPTOMS	Typically includes fever, headache, muscle aches, tiredness, loss of appetite, swollen and tender salivary glands under the ears on one or both sides. Some patients may experience very mild or no symptoms at all. The most common complications from mumps affect the brain, testicles (in males), and ovaries (in females).
INCUBATION PERIOD	16 to 18 days; with a range of 12 to 25 days.
CONTAGIOUS PERIOD	From several days before to 5 days after onset of swelling of glands.
EXCLUSION	Exclude for 5 days after onset of swelling. Individuals who continue to be unimmunized should be excluded for 26 days after the onset of swelling in last case.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Mumps is vaccine preventable with the MMR or MMRV vaccine, encourage immunization, and ensure attendees are up to date on the age-appropriate vaccine series.• Review immunization status of all attendees and staff to identify those at risk.• Ensure exposed children without evidence of immunity are vaccinated before readmission to childcare center or exclude for at least 26 days after onset of swelling in the last case.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Mumps. Additional information can be found here:

https://www.alabamapublichealth.gov/immunization/assets/mumps_flyer.pdf

NOROVIRUS

BACKGROUND	Norovirus is very contagious and causes diarrhea and vomiting. This illness is sometimes called “food poisoning” or “stomach flu.” It is not related to the Flu virus.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Norovirus.
MODE OF TRANSMISSION	Transmission occurs through direct contact with someone with norovirus, such as by caring for them, sharing food or eating utensils with them, or eating food handled by them. Eating food or drinking liquids that are contaminated with norovirus. Touching surfaces or objects contaminated with norovirus and then putting unwashed hands in mouth.
SYMPTOMS	Non-bloody watery diarrhea, nausea, vomiting, headache, and fever.
INCUBATION PERIOD	12 to 48 hours; with a range of 10 to 50 hours.
CONTAGIOUS PERIOD	Virus may be present before symptoms and can persist for at least 4 weeks after.
EXCLUSION	Exclude until stools are contained in the diaper, or stool frequency is no more than 2 stools above the child’s normal frequency.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Encourage meticulous hand hygiene, especially after using the toilet, changing diapers, before eating, or preparing food. Alcohol-based hand sanitizers do not effectively kill Norovirus.• Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.• Ensure proper cooking and storage of food.• Exclude infected staff members who handle food.
SPECIAL WARNINGS	Norovirus has the potential for severe outbreaks.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning diarrhea associated with Norovirus. Additional information can be found here: https://www.alabamapublichealth.gov/infectiousdiseases/assets/norovirus_and_sapovirus_flyer.pdf

PERTUSSIS (WHOOPING COUGH)

BACKGROUND	Pertussis, or whooping cough, is a contagious disease involving the respiratory tract. It is caused by a bacterium that is found in the mouth, nose, and throat of an infected person.
REPORTABLE	Report within 24 hours of diagnosis.
INFECTIOUS AGENT(S)	<i>Bordetella pertussis</i> .
MODE OF TRANSMISSION	Primarily spread through contact with respiratory droplets from coughs, sneezes, or other discharge from an infected person. These droplets can land on or be rubbed into a person's eyes, mouth, or nose.
SYMPTOMS	Begins as a mild upper respiratory infection, symptoms may include sneezing, runny nose, low grade fever and a mild cough. Within two weeks, the cough becomes more severe and is characterized by episodes of numerous, rapid coughs followed by a crowing or high-pitched whoop. These episodes may recur for one to two months and are more frequent at night. Older people or partially immunized children generally have milder symptoms.
INCUBATION PERIOD	5 to 21 days; usually 7 to 10 days.
CONTAGIOUS PERIOD	From the beginning of symptoms until 3 weeks after the cough begins. This time is reduced to 5 to 7 days with antibiotic treatment. An infant who has no pertussis immunizations may remain infectious for 6 weeks or more after the cough starts.
EXCLUSION	Exclude until 5 days after appropriate antibiotic treatment is completed or 21 days from onset of cough for those who do not take antibiotics.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Encourage meticulous hand hygiene.• Practice respiratory etiquette by covering coughs and sneezes with tissues, upper sleeve, or elbow.• Pertussis is vaccine preventable with the DTap or Tdap vaccine, encourage immunization, and ensure attendees are up to date on the age-appropriate vaccine series.• Treatment of cases with certain antibiotics can shorten the contagious period.• Preventative treatment with antibiotics is also recommended for household and close contacts that were exposed to Pertussis.• People who have or may have Pertussis should stay away from young children and infants until properly treated.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Pertussis. Additional information can be found here: https://www.alabamapublichealth.gov/immunization/assets/pertussis_and_disease_and_vac_flyer.pdf

PINWORMS

BACKGROUND	Small, white, threadlike worms (0.25-0.5” long) that live in the large intestine.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Enterobius vermicularis.
MODE OF TRANSMISSION	Transmission typically occurs after ingesting the microscopic eggs of a pinworm from contaminated hands or objects that came in contact with stool of an infected individual.
SYMPTOMS	Most people have no signs or symptoms. It can sometimes be characterized by perianal itching.
INCUBATION PERIOD	1 to 2 months or longer from the time of ingesting the pinworm egg until an adult worm migrates to the anal area.
CONTAGIOUS PERIOD	As long as the female worm is discharging eggs on perinatal skin.
EXCLUSION	None.
PREVENTION / CONTROL MEASURES	
<ul style="list-style-type: none">• Encourage meticulous hand hygiene, especially after using the toilet, changing diapers, before eating, or preparing food.• Refer child to healthcare provider for treatment with an oral medication (household and classmates may also need treatment).• Children should be bathed in the morning to remove eggs laid overnight.• Bed linens and underclothing of infected children should be handled carefully, should not be shaken (to avoid spreading eggs into the air), and should be laundered promptly.• Wash toys frequently.• Clean and sanitize or disinfect surfaces used for eating, toileting, diapering, food preparation, and hand hygiene.	
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Pinworms.

RESPIRATORY INFECTIONS (VIRAL)

BACKGROUND	Different infectious germs are responsible for respiratory viral infections. These infections are more commonly known as colds. Most infections occur during fall and winter.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Various viruses.
MODE OF TRANSMISSION	Respiratory illness is often spread when droplets from an ill person's cough or sneeze come into contact with another person's eyes, nose, or mouth. Droplets can also land on hands, objects, and various surfaces and be spread when a person touches those areas.
SYMPTOMS	Sneezing, chills, runny nose, fever, muscle and joint aching, sore throat, and coughing.
INCUBATION PERIOD	Varies based on virus.
CONTAGIOUS PERIOD	Shortly before symptoms begin to end of acute period.
EXCLUSION	Until fever is no longer present for 24 hours (without fever reducing medication) and child can participate in daily activities.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Encourage meticulous hand hygiene.• Practice respiratory etiquette by covering coughs and sneezes with tissues, upper sleeve, or elbow.• Dispose of tissues properly.• Avoid crowding as much as possible.• Increase ventilation in indoor spaces.• Clean and disinfect contaminated surfaces.
VACCINE AVAILABILITY	Vaccines may be available depending on the identification of the virus through testing.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Respiratory Infections (Viral). Additional information can be found here: https://www.alabamapublichealth.gov/infectiousdiseases/assets/respiratory_school_controlmeasures.pdf

RESPIRATORY SYNCYTIAL VIRUS (RSV)

BACKGROUND	Respiratory syncytial virus (RSV) is a viral disease affecting the respiratory tract. RSV is the most common cause of respiratory tract diseases such as bronchitis and pneumonia in early infancy, with most cases occurring within the first 2 years of life. RSV usually occurs during winter and early spring.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Respiratory syncytial virus.
MODE OF TRANSMISSION	Primarily spread through contact with respiratory droplets from coughs, sneezes, or other discharge from an infected person. These droplets can land on or be rubbed into a person's eyes, mouth, or nose. Droplets can also land on hands, objects, and various surfaces and be spread when a person touches those areas.
SYMPTOMS	Symptoms include runny nose, congestion, cough, irritability, poor feeding, tiredness, wheezing, turning blue after coughing, and brief periods of not breathing.
INCUBATION PERIOD	2 to 8 days; 4 to 6 days is most common.
CONTAGIOUS PERIOD	The virus can be shed for 3 to 8 days (3-4 weeks in young infants), usually beginning a day or so before signs or symptoms appear.
EXCLUSION	Do not exclude unless child exhibits rapid or labored breathing.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Encourage meticulous hand hygiene.• Practice respiratory etiquette by covering coughs and sneezes with tissues, upper sleeve, or elbow.• Dispose of tissues properly.• RSV immunizations are available to prevent lower respiratory tract infections from the virus in infants. Contact health provider for specific recommendations.• Avoid crowding as much as possible.• Increase ventilation in indoor spaces.• Clean and disinfect contaminated surfaces.
SPECIAL WARNINGS	None.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Respiratory Syncytial Virus (RSV).

RINGWORM

BACKGROUND	Ringworm is a skin infection caused by a fungus that can affect the scalp, body, nails, and feet. Since so many species of fungus can cause ringworm, infection with one species will not make a person immune to future infections.
REPORTABLE (N/A)	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Various species of fungi such as Trichophyton, Microsporum, and Epidermophyton types.
MODE OF TRANSMISSION	Transmission of the fungus can occur by direct skin-to-skin contact with infected people, by touching infected pets, or by contact with surfaces the fungus is living on.
SYMPTOMS	Typical symptoms of infection of the body and feet include itchy red, circular patches with raised edges. Symptoms of the scalp include itchy patchy areas of dandruff like scaling with or without hair loss or redness and scaling of scalp.
INCUBATION PERIOD	1 to 3 weeks but can be shorter.
CONTAGIOUS PERIOD	As long as active lesions are found. The affected is no longer contagious when the lesions start to shrink.
EXCLUSION	Exclude until after treatment begins. (Note: Children are not required to be sent home early from school.)
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Encourage meticulous hand hygiene.• Keep skin clean and dry.• Do not share personal items.• Cover skin lesions.• Those who are infected should minimize close contact with other children until effectively treated.
SPECIAL WARNINGS	None.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related Questions concerning Ringworm.

ROSEOLA

BACKGROUND

Roseola is a viral infection that mostly occurs in childhood and results in lasting protection from repeat illness. It is typically characterized by fever and then a rash. Roseola appears mostly in spring or summer.

REPORTABLE (N/A)

Non-notifiable condition. Only report in the event of an outbreak.

INFECTIOUS AGENT(S)

Human herpesvirus 6 and 7.

MODE OF TRANSMISSION

Primarily spread through contact with respiratory droplets from coughs, sneezes, or other discharge from an infected person. These droplets can land on or be rubbed into a person's eyes, mouth, or nose.

SYMPTOMS

Symptoms include high fever for up to 7 days and red raised rash after the fever breaks. Some people do not have symptoms.

INCUBATION PERIOD

9 to 10 days.

CONTAGIOUS PERIOD

Roseola is contagious in the fever phase but not the rash phase. After infection, the virus is present in the saliva on and off for the rest of a person's life.

EXCLUSION

Do not exclude unless child meets other exclusion criteria (e.g., fever), is unable to participate, and/or staff cannot care for the child without compromising care of other attendees.

PREVENTION / CONTROL MEASURES

- Enforce meticulous hand hygiene.
- Practice respiratory etiquette by covering coughs and sneezes with tissues, upper sleeve, or elbow.
- Dispose of tissues properly.
- Increase ventilation in indoor spaces.
- Clean and disinfect contaminated surfaces.

VACCINE AVAILABILITY

None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Roseola.

ROTAVIRUS

BACKGROUND	Rotavirus is a viral infection causing severe watery diarrhea and vomiting. Most children have been infected by the time they are 3 years old. The disease occurs most frequently in cooler months.
REPORTABLE (N/A)	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Rotavirus.
MODE OF TRANSMISSION	Transmission occurs by eating contaminated food, by direct contact with an infected person's stool or touching contaminated surfaces and then putting hands in mouth.
SYMPTOMS	Symptoms may include non-bloody diarrhea, fever, vomiting, nausea, and could lead to dehydration. Some have mild or no symptoms. Symptoms typically last 3 to 7 days.
INCUBATION PERIOD	24 to 72 hours.
CONTAGIOUS PERIOD	The virus is present several days before diarrhea starts and can last for a week or more after illness.
EXCLUSION	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than two stools above child's normal frequency.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Rotavirus is vaccine preventable, encourage immunization, and ensure attendees are up to date on the age-appropriate vaccine series.• Clean and disinfect areas that have been contaminated.• Ensure proper cooking and storage of food.• Exclude infected staff members that handle food.
SPECIAL WARNING	Rotavirus has outbreak implications.
VACCINE AVAILABILITY	Available. See Prevention/Control Measures.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning diarrhea associated with Rotavirus.

RUBELLA (GERMAN MEASLES)

BACKGROUND	Rubella is a mild viral infection causing fever and rash. It is rare in the U.S. due to routine immunization.
REPORTABLE	Report within 24 hours of diagnosis.
INFECTIOUS AGENT(S)	Rubella virus.
MODE OF TRANSMISSION	Rubella spreads when droplets from an ill person's cough or sneeze come into contact with another person's eyes, nose, or mouth. Droplets can also land on hands, objects, and various surfaces and be spread when a person touches those areas. If a woman is infected with rubella while she is pregnant, she can pass it to her developing baby.
SYMPTOMS	Rubella is a mild illness which may present with few or no symptoms. Symptoms may include a red/pink rash, slight fever, swollen glands behind the ear, joint aches, headache, discomfort, runny nose, and mild pink eye. The rash typically first appears on the face and spreads downward.
INCUBATION PERIOD	14 to 21 days; usually 16 to 18 days.
CONTAGIOUS PERIOD	From 7 days before to 14 days after rash; however, children are most contagious from 3 to 4 days before rash starts until 7 days after the rash.
EXCLUSION	Exclude until 7 days after the rash appears. Without vaccine history, one should be excluded for 21 days after the rash appears in the last case of the outbreak.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Practice respiratory etiquette by covering coughs and sneezes with tissues, upper sleeve, or elbow.• Dispose of tissues properly.• Increase ventilation in indoor spaces.• Clean and disinfect contaminated surfaces.• Rubella is vaccine preventable, encourage immunization, and ensure attendees are up to date on the age-appropriate vaccine series.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Rubella.

SALMONELLOSIS (Nontyphoidal)

BACKGROUND	Salmonella is a bacterial infection that affects the stomach and intestines. The bacterium contaminates raw meats, eggs, unpasteurized milk, and cheese products. Other sources of exposure may include infected amphibians, reptiles, poultry, birds, rodents, and farm animals.
REPORTABLE	Report within 3 days of diagnosis.
INFECTIOUS AGENT(S)	Enteritidis, Typhimurium, Newport, and Javiana are the most common types of Salmonella.
MODE OF TRANSMISSION	Transmission occurs from eating or drinking contaminated food or water and by touching infected animals, their feces, or their environment.
SYMPTOMS	Salmonella can cause diarrhea (sometimes bloody), stomach cramps, fever, nausea, and vomiting.
INCUBATION PERIOD	Usually 6 to 48 hours, however, longer times have been reported.
CONTAGIOUS PERIOD	Salmonella can be present in stool for up to 12 weeks after infection.
EXCLUSION	Exclude until stools are contained in the diaper, or stool frequency is no more than 2 stools above the child's normal frequency.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Clean and disinfect areas at risk of being contaminated by stool.• Always treat raw poultry, beef, and pork as if they are contaminated and handle accordingly.• Avoid eating raw or undercooked meats.• Ensure that the correct internal cooking temperature is reached, particularly when using a microwave.• Refrigerate foods promptly; minimize holding at room temperature.• Cutting boards and counters used for preparation should be washed immediately after use to prevent cross-contamination with other foods.• Avoid eating raw eggs or undercooked foods containing raw eggs. Avoid using raw milk.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions Salmonellosis. Additional information can be found here:

https://www.alabamapublichealth.gov/infectiousdiseases/assets/salmonella_flyer.pdf

SCABIES

BACKGROUND	Scabies is a common infestation of the skin caused by a mite. Clusters of cases, or outbreaks, are occasionally seen in institutions such as nursing homes and childcare centers.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	<i>Sarcoptes scabiei</i> var. <i>hominis</i> .
MODE OF TRANSMISSION	Transmission occurs from prolonged direct skin contact with an infected person even if he or she has no symptoms.
SYMPTOMS	The most common symptoms are itching and a pimple-like rash. Symptoms may not appear for up to 2 months after exposure. Often, young children may see scabies on the face, head, neck, palms, and soles of their feet.
INCUBATION PERIOD	4 to 6 weeks for those who have never been infected. People who have had a previous infestation show symptoms within 1 to 4 days.
CONTAGIOUS PERIOD	Until the insect infestation is treated.
EXCLUSION	Exclude until prescribed treatment has been completed.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Those infested should be treated by a healthcare provider.• Close contacts with prolonged skin-to-skin contact should receive prophylactic therapy.• Bedding and clothing in contact with skin of infected person during the 3 days before start of treatment should be laundered.• If items cannot be laundered, they should be placed in plastic bags for at least 4 days. Scabies mites cannot survive away from humans for more than 4 days.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Scabies. Additional information can be found here:

https://www.alabamapublichealth.gov/infectiousdiseases/assets/scabies_flyer.pdf

SHIGELLOSIS

BACKGROUND	Shigellosis is a bacterial infection affecting the intestinal tract. It is a common disease usually seen in the summer and early fall and may occur as single cases or outbreaks.
REPORTABLE	Report within 3 days of diagnosis.
INFECTIOUS AGENT(S)	<i>Shigella sonnei</i> (most common), <i>Shigella flexneri</i> , <i>Shigella boydii</i> , <i>Shigella dysenteriae</i> .
MODE OF TRANSMISSION	Transmission occurs through eating or drinking food/water contaminated by an infected person. It is also spread by direct contact with an infected person's stool or touching contaminated surfaces and then putting hands in mouth. <i>Shigella</i> may also be transmitted by swimming in contaminated water.
SYMPTOMS	Symptoms include loose/watery diarrhea often with blood or mucous, fever, headache, convulsions, or abdominal pain.
INCUBATION PERIOD	1 to 7 days; but usually within 1 to 3 days.
CONTAGIOUS PERIOD	Untreated, <i>Shigella</i> persists in stool for up to 4 weeks.
EXCLUSION	Exclude until treatment is complete, and 24 hours after stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Follow up testing may be required.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Clean and disinfect areas at risk of being contaminated by stool.• Attendees should complete antibiotic treatment to shorten the illness duration and remove the bacteria from the stool.• Exclude infected staff members that handle food.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Shigellosis. Additional information can be found here:

https://www.alabamapublichealth.gov/infectiousdiseases/assets/shigella_flyer.pdf

SHIGA TOXIN-PRODUCING ESCHERICHIA COLI (STEC)

BACKGROUND	Shiga Toxin-Producing Escherichia coli (STEC) is a bacteria that causes diarrhea in those infected.
REPORTABLE	Report within 24 hours of diagnosis.
INFECTIOUS AGENT(S)	Escherichia coli O157:H7 is the most common serotype.
MODE OF TRANSMISSION	Transmission occurs through consumption of water and foods contaminated with human/animal stool or consuming undercooked beef and unpasteurized foods. The bacteria can be carried on an infected person's hands and can be spread by direct contact (fecal-oral).
SYMPTOMS	Loose stools (may be bloody), abdominal pain, nausea, vomiting, fever.
INCUBATION PERIOD	Usually 3 to 4 days, may be as short as 1 day or as long as 10 days.
CONTAGIOUS PERIOD	2 weeks, some cases may be longer.
EXCLUSION	Exclude until diarrhea resolves (stools are contained in the diaper or the child is continent and stool frequency is no more than two stools above child's normal frequency). Completion of follow up testing is strongly recommended (attendee should provide two negative stool cultures performed more than 48 hours apart after completion of antibiotic treatment).
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Clean and disinfect areas that may be contaminated.• Properly wash raw fruits and vegetables.• Properly cook meats and store foods adequately• Exclude infected staff members who handle food.• Do not serve unpasteurized (raw) milk, unpasteurized apple cider, and soft cheeses made from raw milk.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Escherichia coli (STEC).

STREPTOCOCCUS PNEUMONIAE, INVASIVE

BACKGROUND	Streptococcus pneumoniae is a bacteria that causes pneumococcal disease. It has more than 100 known serotypes. It is a common inhabitant of the respiratory tract. It becomes reportable when it is invasive, meaning it is found in the blood or another normally sterile (clean) internal body site.
REPORTABLE	Report within 3 days of diagnosis (invasive only).
INFECTIOUS AGENT(S)	Streptococcus Pneumoniae
MODE OF TRANSMISSION	Transmission occurs through direct contact with respiratory secretions, like saliva or mucus. Many people, especially children, have the bacteria in their nose or throat without being ill.
SYMPTOMS	Fever, cough, chills, ear pain, stiff neck, confusion, shortness of breath, and chest pain.
INCUBATION PERIOD	1 to 3 days.
CONTAGIOUS PERIOD	The contagious period varies and may last for as long as the organism is present in the nose and throat. A person can no longer spread Streptococcus Pneumoniae after at least 24 hours of effective antibiotic treatment.
EXCLUSION	Exclude until child is cleared to return by a healthcare provider.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Adhere to antibiotic treatment course.• Pneumococcal disease is vaccine preventable, encourage immunization, and ensure attendees are up to date on the age-appropriate vaccine series.• Practice respiratory etiquette by covering coughs and sneezes with tissues, upper sleeve, or elbow.• Avoid crowding as much as possible.• Increase ventilation in indoor spaces.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Streptococcus Pneumoniae. Additional information can be found here:

<https://www.alabamapublichealth.gov/immunization/>

STREP THROAT / SCARLET FEVER

BACKGROUND	Both strep throat and scarlet fever are common illnesses among children.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Streptococcus pyogenes (group A strep)
MODE OF TRANSMISSION	Transmission occurs through respiratory droplets of and direct contact with an infected person.
SYMPTOMS	Fever, sore throat, headache, swollen glands, and abdominal cramps. Less common symptoms of vomiting and nausea can occur. Scarlet fever occurs with a rash appearing on the neck, chest, in the folds of the armpit, elbow, groin or inner thigh.
INCUBATION PERIOD	2 to 5 days.
CONTAGIOUS PERIOD	The contagious period last until the infected individual has taken antibiotics for at least 12 to 24 hours and fever is no longer present.
EXCLUSION	Exclude until fever free, antibiotic treatment has been initiated for at least 12 to 24 hours, and health care provider has cleared to return to normal activities.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Encourage attendees to seek medical care if they have a severe sore throat or a severe sore throat and rash that last more than 24 hours.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Strep Throat/Scarlet Fever.

THRUSH (CANDIDIASIS)

BACKGROUND	Thrush or Candidiasis is a yeast infection that predominately causes mouth infections in young infants, immunocompromised, and older adults.
REPORTABLE	Non-notifiable condition. Only report in the event of an outbreak.
INFECTIOUS AGENT(S)	Candida albicans is the most common fungus.
MODE OF TRANSMISSION	Person-to-person transmission is rare. Transmission may occur between mother and baby. It may also spread through saliva to those with a weakened immune system.
SYMPTOMS	White patches on the inner cheeks, tongue, roof of the mouth/throat, redness, soreness, cotton-like feeling, loss of taste, pain while eating/ swallowing, cracking, and redness at the corners of the mouth.
INCUBATION PERIOD	Unknown.
CONTAGIOUS PERIOD	The yeast that causes Thrush is widespread in the environment, normally lives on the skin, and is found in the mouth and stool. Thrush can occur during or after antibiotic use.
EXCLUSION	Do not exclude.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Wash and sanitize toys, bottles, and pacifier nipples after they have been mouthed.• Do not allow sharing of mouthed objects between children without first properly washing and sanitizing.• Those infected should seek treatment to reduce the amount of yeast to a level the body can control.
VACCINE AVAILABILITY	None.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Thrush.

VARICELLA (CHICKENPOX)

BACKGROUND	Varicella, also known as chickenpox, is a contagious disease that causes an itchy rash of blisters.
REPORTABLE	Report within 3 days of diagnosis
INFECTIOUS AGENT(S)	Varicella zoster virus (VZV)
MODE OF TRANSMISSION	Transmission occurs through contact with the rash of someone with chickenpox or shingles and through inhaling virus particles or respiratory droplets from an infected person's cough or sneeze.
SYMPTOMS	The most common symptom of chickenpox is the itchy rash of blisters that can appear all over the body. Other symptoms can occur 1-2 days before the rash appears. These symptoms can include fever, headache, feeling tired, and decreased appetite.
INCUBATION PERIOD	14 to 16 days; with a range of 10 to 21 days after contact.
CONTAGIOUS PERIOD	1 to 2 days before the rash appears until all lesions have scabs or are crusted over (usually about 6 days).
EXCLUSION	Exclude until all lesions have dried and crusted. Breakthrough cases are modified and may be maculopapular only and may not crust. In these cases, isolate for 24 hours following appearance of last lesions.
PREVENTION / CONTROL MEASURES	<ul style="list-style-type: none">• Enforce meticulous hand hygiene.• Varicella is vaccine preventable, encourage immunization, and ensure attendees are up to date on the age-appropriate vaccine series.• Exclude staff and attendees according to the exclusion criteria.• Sanitize or disinfect surfaces that are touched by hands frequently.• Increase ventilation in indoor spaces.• For people without evidence of immunity, varicella vaccine should be administered within 3 days but up to 5 days after exposure, or when infected, Varicella-Zoster Immune Globulin should be administered up to 10 days after exposure.
SPECIAL WARNINGS	Avoid aspirin use for anyone with Chickenpox due to increased risk of Reye syndrome.
VACCINE AVAILABILITY	Available.

Contact Jefferson County Department of Health, (205) 930-1440, or your physician with any related questions concerning Varicella (Chickenpox). Additional information can be found here:

<https://www.alabamapublichealth.gov/immunization/>

Section D: Communicable Disease Chart for Alabama Schools and Childcare Facilities

The Alabama Department of Public Health has created a quick reference chart that details the signs and symptoms of common communicable diseases/conditions, the exclusion and readmission criteria, prevention, and management guidance. That chart is included on the next page. It can also be found online at:

<https://www.alabamapublichealth.gov/infectiousdiseases/assets/countyschoolsinfection2pg.11.17.15.pdf>.

If your facility would like an 12x18 wall chart of the Communicable Disease Chart for Alabama Schools and Childcare Facilities, please contact the Jefferson County Department of Health, Prevention and Epidemiology office at (205) 930-1440 to request delivery.

Communicable Disease Chart for Alabama's Schools and Childcare Facilities

Exclusions contained in this chart pertain to children and students only.



Notifiable Disease Reporters

All physicians, dentists, nurses, medical examiners, hospital administrators, nursing home administrators, lab directors, school principals, and childcare directors are responsible for reporting Notifiable Diseases in Alabama. Notifiable Disease reporters must also report "Outbreaks of any kind" to the Infectious Diseases & Outbreaks Division within 24 hours.

Communicable diseases noted in **red** are **reportable**. Communicable diseases noted in black are not reportable unless associated with an outbreak.

Please visit: alabamapublichealth.gov/infectiousdiseases or call 1-800-338-8374 for more information.


Symptomatic contacts should follow the case exclusion and readmission criteria.

¹An outbreak is defined as two or more similarly ill persons who live in different households and have a common exposure. All outbreaks must be reported, and public health will be involved in investigating and providing control measures.



²All unvaccinated persons should be excluded until vaccination is received or the risk of transmission is over.

³Invasive disease means that germs invade parts of the body that are normally free from germs. When this happens, disease is usually very severe, requiring care in a hospital and even causing death in some cases.


Please visit: alabamapublichealth.gov/immunization or call 1-800-469-4599 for more information.

 Vaccination is highly encouraged to prevent or mitigate disease.




Gastrointestinal







Communicable Disease / Condition	Signs and Symptoms	Case Exclusion and Readmission Criteria	Contacts Exclusions and Prevention/Management
Diarrhea	Frequent loose or watery stools compared with a normal pattern, abdominal cramps, fever, generally not feeling well	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Reinforce safe feeding practices among mothers. Immediate environment should be cleaned and disinfected.
Vomiting	Nausea, vomiting, or cramping	Exclude until symptoms have resolved unless vomiting is determined to be caused by a noncommunicable condition and child is able to remain hydrated and participate in activities.	Do not exclude.
Campylobacteriosis (<i>Campylobacter</i>)	Mild to severe diarrhea; abdominal cramps, vomiting, fever, bloody stools, or nausea	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
Clostridioides difficile (<i>C. diff</i> or <i>Clostridium difficile</i>)	Mild to moderate diarrhea, possible nausea, abdominal cramps, low-grade fever	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
Cryptosporidiosis (<i>Cryptosporidium</i>)	Acute non-bloody diarrhea; abdominal cramps, vomiting, fever, fatigue, or nausea	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
Cyclosporiasis (<i>Cyclospora</i>)	Mild to severe diarrhea; abdominal cramps, vomiting, fever, bloody stools, or nausea	Do not exclude unless child is experiencing diarrhea. If child is experiencing diarrhea, exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Do not exclude. Encourage meticulous hand hygiene. Reinforce safe feeding practices among mothers. Immediate environment should be cleaned and disinfected.
Giardiasis (<i>Giardia</i>)	Diarrhea, abdominal cramps, foul-smelling stools associated with anorexia, flatulence, malaise, weakness, nausea, vomiting, low-grade fever, and abdominal distention	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Restrict recreational water activities (e.g., swimming, splash pad, water slide, etc.) for 1 week after symptom resolution. Contact ADPH Infectious Diseases & Outbreaks Division for guidance at 1-800-338-8374. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
Hepatitis A² <i>Infection</i> 	Loss of appetite, fever, abdominal discomfort, nausea, fatigue, headache, dark brown urine, or yellowing of skin or eyes; young children less than 6 years of age may be symptom-free	Exclude for 7 days after onset of illness. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene and sanitation in food preparation areas and of water sources. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
Hepatitis E <i>Infection</i>	Jaundice, fatigue, loss of appetite, nausea, fever, abdominal pain, and/or dark (tea-colored) urine	Do not exclude. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Utilize safe drinking water
Listeriosis (<i>Listeria</i>)	Mild to severe diarrhea; abdominal cramps, vomiting, fever, bloody stools, or nausea	Do not exclude.	Do not exclude.
Norovirus	Acute onset of vomiting and/or diarrhea, possible nausea, abdominal cramps, low-grade fever, headache, fatigue, and myalgia	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
Rotavirus 	Acute onset of vomiting and/or watery diarrhea, possible vomiting, fever, abdominal pain, loss of appetite, dehydration	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
Salmonellosis (<i>Salmonella</i> non-Typhi)	Mild to severe diarrhea; abdominal cramps, vomiting, fever, bloody stools, or nausea	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected. Stool cultures and antimicrobial therapy is not recommended for asymptomatic infection.
Sapovirus Infection	Acute onset of vomiting and/or diarrhea, nausea, abdominal cramps, low-grade fever, headache, fatigue, and myalgia	Exclude until symptom free for 48 hours. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Maintain cleanliness of surfaces and food preparation areas, using appropriate disinfectants.
Shiga toxin producing E. coli Infection (STEC or <i>E. coli</i> , Shiga toxin-producing)	Acute diarrhea (often bloody); abdominal cramps, vomiting, fever, fatigue, or nausea	Exclude until diarrhea resolves. Follow up testing may be required. Contact ADPH Infectious Diseases & Outbreaks Division for guidance at 1-800-338-8374. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Stool cultures should be performed for any contacts. Center(s) with cases should be closed to new admissions during STEC outbreak.
Shigellosis (<i>Shigella</i>)	Loose, watery stools with blood or mucus, fever, headache, convulsions, or abdominal pain	Exclude until treatment is complete, and 24 hours after stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Follow up testing may be required. Contact ADPH Infectious Diseases & Outbreaks Division for guidance at 1-800-338-8374. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected. Stool cultures should be performed for any symptomatic contacts.
Typhoid/Paratyphoid Fever (<i>Salmonella</i> Typhi/Paratyphi A/B/C)	Sustained fever, weakness, stomach pain, headache, diarrhea or constipation, cough, and loss of appetite	Contact ADPH Infectious Diseases & Outbreaks Division for guidance at 1-800-338-8374. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Contact ADPH Infectious Diseases and Outbreaks Division for guidance at 1-800-338-8374.

Ears, Nose, and Throat

Cold Sores (Gingivostomatitis)	Fever, irritability, sores in mouth, gums, or lips	Do not exclude for recurrent infections. Exclude until no drooling or open sores (on the outside of the lips) for first or primary infection. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Do not share food or drink. Avoid contact with saliva from mouthed toys or objects. Clean toys regularly.
Common Cold (Multiple viruses)	Sore throat, runny nose, coughing, sneezing, headaches, and body aches	Do not exclude. Enforce meticulous hand hygiene and proper cough/sneeze etiquette.	Encourage meticulous hand hygiene. Promote cough/sneeze etiquette. Sanitize or disinfect surfaces that are touched by hands frequently. Ventilate the facility with fresh outdoor air and maintain temperature and humidity as described in Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs.
Mononucleosis (Mono, Epstein-Barr Virus)	Fever, sore throat, swollen lymph nodes, fatigue	Do not exclude. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Avoid transfer or contact with saliva.
Mumps² 	Swelling of one or more of the salivary glands, headache, low-grade fever, and myalgia, anorexia, and fatigue	Exclude for 5 days after onset of swelling. Individuals who continue to be immunized should be excluded for 26 days after the onset of swelling in last case.	Individuals without documentation of immunity should be immunized or excluded. Immediate readmission may occur following immunization. Unimmunized people should be excluded for 26 or more days following onset of swelling in last case. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
Pink Eye (Bacterial or viral conjunctivitis)	Red/pink itchy, swollen eyes; eye discharge; possible light sensitivity; and/or eye pain	Do not exclude unless child has fever or there is a recommendation from the child's health professional. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Sanitation of objects that are touched by hands or face.
Strep throat and Scarlet fever (Streptococcal pharyngitis, Group A Streptococcus, or Streptococcus pyogenes)	Strep throat: Fever, red sore throat, swollen glands, strawberry tongue (occurs following peeling of a white coating from the tongue) Scarlet Fever: Fine raised rash (feels like sandpaper), on the neck, chest, elbow, and groin	Exclude until fever free and antibiotic treatment has been initiated for at least 12 to 24 hours. Ask the doctor how long you should stay home after beginning antibiotics. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Symptomatic contacts of documented cases of group A streptococcal infection should be tested and treated if test results are positive.

Respiratory

COVID-19 (SARS-CoV-2) 	Fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea	Exclude infected persons per CDC guidelines. (https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html)	Exclude close contacts per CDC guidelines. (https://www.cdc.gov/coronavirus/2019-ncov/your-health/if-you-were-exposed.html)
Influenza² (Flu, seasonal) 	Fever, chills, body aches, cough, runny or stuffy nose, sore throat, headache, and/or myalgia	Exclude until fever free for 24 hours and child is well enough for routine activities. Enforce meticulous hand hygiene and proper cough/sneeze etiquette.	Encourage meticulous hand hygiene. Promote cough/sneeze etiquette. Promote annual immunization.
Pertussis² (Whooping cough) 	Runny nose, sneezing, low-grade fever, and mild to occasional cough; a pause in breathing may be noted in infants with coughing spasms; Uncontrollable, violent coughing which often makes it hard to breathe	Exclude until 5 days after appropriate antibiotic treatment completed or 21 days from onset of cough for those who do not take antibiotics. Enforce meticulous hand hygiene and proper cough/sneeze etiquette.	Encourage meticulous hand hygiene and proper cough/sneeze etiquette. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
Respiratory Syncytial Virus (RSV)	Cold-like signs or symptoms, wheezing, irritability, and poor feeding	Do not exclude unless child exhibits rapid or labored breathing. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Promote cough/sneeze etiquette.
Tuberculosis (Pulmonary)	Fatigue, significant weight loss, fever, night sweats, cough that may produce blood, and chest pain; children may have no symptoms	For active disease, exclude until determined to be noninfectious by physician or health department authority. May return to activities after therapy is instituted, symptoms have diminished, and adherence to therapy is documented. No exclusion for latent TB infection.	Local health department personnel should be informed for contact investigation.

	Communicable Disease / Condition	Signs and Symptoms	Case Exclusion and Readmission Criteria	Contacts Exclusions and Prevention/Management
Skin and Rash	Chickenpox² (<i>Varicella, varicella zoster virus</i>) 	Itchy fluid-filled blisters that begin on the face, chest, and back then spread to the rest of the body	Exclude until all lesions have dried and crusted. Breakthrough cases are modified and may be maculopapular only and may not crust. In these cases, isolate for 24 hours following appearance of last lesions. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Sanitize or disinfect surfaces that are touched by hands frequently. For people without evidence of immunity, varicella vaccine should be administered within 3 days but up to 5 days after exposure, or when infected, Varicella-Zoster Immune Globulin should be administered up to 10 days after exposure.
	Fifth disease (Human Parvovirus, erythema infectiosum)	Facial rash that can be intensely red with a "slapped cheek" appearance, fever, fatigue, myalgia, headache, a systemic macular- lace like and often pruritic rash on trunk that moves peripherally to arms, buttocks, and thighs	Do not exclude. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene.
	Hand, foot, and mouth disease (Coxsackie virus)	Fever, sore throat, poor appetite, vague feeling of illness, skin rash, flat or raised red spots usually on the palms of hands, soles of feet and may appear on knees, elbows, bottom, or genital area; may experience diarrhea and vomiting	Do not exclude. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Sanitize or disinfect surfaces that are touched by hands frequently. Promote cough/sneeze etiquette.
	Head Lice (Pediculosis)	Itching of the head and neck; visible crawling lice in the hair	Exclude until first head lice treatment is completed.	Do not exclude.
	Impetigo (<i>Staphylococcus aureus</i> or Group A <i>Streptococcus</i>)	Rash anywhere on the skin but most often on the face, lips, arms, or legs; that spread to other areas; itchy blisters filled with yellow or honey-colored fluid that oozes then dries and crusts over	Exclude until treatment has been initiated. Lesions should be kept covered until they are dry. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Sanitize or disinfect surfaces that are touched by hands frequently.
	Measles^{1,2} (<i>Rubeola</i>) 	High fever, red eyes, runny nose, and cough; a rash appears 3 to 5 days after initial symptoms	Exclude until 4 days after rash appears. Without vaccine history, one should be excluded for 21 days, after rash appears of a most recent case. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Immunize exposed children without evidence of immunity within 72 hours of exposure. Children who do not receive vaccine within 72 hours or who remain unimmunized after exposure should be excluded until at least 2 weeks after onset of rash in the last case. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
	MRSA (Methicillin-resistant <i>Staphylococcus aureus</i>)	Bump or infected area that is red, swollen, painful, warm to the touch with or without pus and drainage; common sites are legs, buttocks, groin, back of the neck, sites of skin trauma, such as cuts or abrasions	Do not exclude unless skin lesions are draining and cannot be completely covered with a watertight bandage. If skin lesions are draining and cannot be completely covered with a watertight bandage, exclude until lesions dry or can be completely covered with a watertight bandage. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Cultures of contacts are not recommended. Avoid sharing personal items.
	Ringworm (Fungal infection, tinea dermatophytosis)	Fungus that may affect skin on almost any part of the body as well as finger and toenails; ring shaped, itchy, red, scaly, rash, may develop; there may also be cracked skin and hair loss if the infection develops on the scalp	Exclude until after treatment begins. Cover skin lesions.	Inspect the skin for infection. Do not share personal items.
	Roseola (Human herpes virus 6)	High fever, red raised rash which appears once fever has resolved	Do not exclude. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene.
	Rubella² (<i>Rubella virus, German Measles</i>) 	Low grade fever (less than 101) and rash that starts on the face and spreads to the rest of the body	Exclude until 7 days after the rash appears. Without vaccine history, one should be excluded for 21 days after rash appears1 of the last case in the outbreak.	Pregnant contacts should be evaluated. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
Invasive ³	Scabies (<i>Sarcoptes scabiei</i>)	Intense itching especially at night, pimple or tiny blister-like scaly rash which may affect much of the body, common in between fingers, and around wrists, elbows, armpits, and knees	Exclude until prescribed treatment has been completed.	Close contacts with prolonged skin-to-skin contact should receive prophylactic therapy. Bedding and clothing in contact with skin of infected people should be laundered.
	Shingles (Herpes zoster, varicella zoster virus)	Painful rash on one side of the face or body; blisters form and typically scab over in 7-10 days; fever, headache, chills, and upset stomach	Do not exclude unless rash cannot be completely covered. If rash cannot be completely covered, exclude until rash can be covered or when all lesions have crusted. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene.
	Haemophilus influenzae Disease (Hib) 	Fatigue, fever, stiff neck, lack of appetite, chill, headache, nausea, vomiting, and irritability	Exclude until child is cleared to return by a health professional. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Sanitize or disinfect surfaces and toys that are touched by hands frequently. When 2 or more cases of invasive Hib disease have occurred within 60 days and unimmunized or incompletely immunized children attend the childcare facility, rifampin prophylaxis for all attendees (irrespective of their age and vaccine status) and childcare providers should be considered. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
	Meningococcal Disease (<i>Neisseria meningitidis</i>) 	Fever, chills, confusion, stiff neck, lack of appetite, fatigue, myalgia, limb pain, and sometimes a rash	Exclude until child is cleared to return by a health professional. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Chemoprophylaxis indicated for close contacts (household members, childcare facility staff and students, anyone in contact with index case at any time during 7 days before onset of illness, anyone with direct exposure to index-case's oral secretions). All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
	Pneumococcal Disease (<i>Streptococcus pneumoniae</i>) 	Ear infection, fever, ear pain, chills, behavior or appetite changes, ear redness or drainage	Exclude until child is cleared to return by a health professional. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Prophylaxis for contacts after an occurrence of one or more case of invasive <i>S. pneumoniae</i> disease is not recommended. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.

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Control of Communicable Diseases Manual, 20th Edition. 2015. American Public Health Association
Managing Infectious Diseases in Childcare and Schools: A Quick Reference Guide, 4th edition. 2017. American Academy of Pediatrics
The Pink Book: Course Textbook - 14th Edition (2021) (<https://www.cdc.gov/vaccines/pubs/pinkbook/>)
Centers for Disease Control and Prevention, <https://www.cdc.gov/>

Communicable Diseases Chart for Alabama's Schools and Childcare Facilities October 2023

Section E: Sample Letters to Parents

Updated Certificate of Immunization Request

Date_____

Dear Parent/ Guardian of _____,

Your child's Alabama Certificate of Immunization (COI) expires on_____. On this date, your child is due for his/her next immunizations. Please be sure that when your child is immunized, you are given a new State of Alabama Certificate of Immunization.

According to the State of Alabama, Department of Human Resources Child Care Performance Standards, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file, unless one of the following is on file in the center:

- A valid State of Alabama Certificate of Medical Exemption
or
- A valid Alabama Certificate of Religious Exemption
or
- The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act

Upon receipt of a new COI, please present it to center staff. Thank you for your cooperation.

Sincerely,

Notice of Exposure

Date _____

Dear Parent/Guardian,

An attendee in our facility has or is suspected of having:

disease/condition)

Disease Information

The disease is spread by:

The symptoms include:

The disease can be prevented by:

What the program is doing to reduce the spread:

What you can do at home to reduce the spread:

If you have any questions, please contact your child's physician or the Jefferson County Department of Health (205) 930-1440.

Sincerely,

Section F: Immunizations

Alabama School Immunization Law

The State Board of Health Immunization of Children in Schools and Congregated Care Settings section 420-6-1 dictates the State of Alabama Certificate of Immunization (COI) form as the required proof of immunization. On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid COI on file in the center, unless one of the following is on file in the center:

A valid State of Alabama Certificate of Medical Exemption.

or

A valid Alabama Certificate of Religious Exemption.

or

The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.

Exemptions From Immunization

1. Medical Exemption from Immunization Form

Must be signed by a physician and must not have reached the expiration date. It can be obtained from the child's health care provider.

2. Religious Exemption from Immunization Form

This form may only be obtained at the health department. Call 205-930-1014 to make appointment.

Obtaining Immunizations

Residents of Jefferson County can receive immunizations at any one of the Jefferson County Department of Health Center locations. These centers offer vaccinations during regular clinic hours.

Visit our website at www.jcdh.org or call (205) 588-5234 for more information about applicable fees, appointments, and locations.

Section G: Glossary

Airborne – Transported or carried by air, as an infectious disease or pathogen.

Bacterial – Relating to or caused by bacteria.

Breakthrough – a specific disease infection that occurs after a specified period of time of an individual's vaccination to that specific disease.

Communicable disease – A illness that spread from one person to another or from an animal to a person, or from a surface or a food.

Contact – A person who has associated with a patient with a contagious disease (and so may carry the infection).

Contamination – The presence of an infectious agent on a body surface, in clothes, bedding, toys, surgical instruments, dressings or other inanimate articles including water and food.

Diarrhea – A condition in which feces are discharged from the bowels frequently and in a liquid form. Loose, watery stools that occur more frequently than usual.

Disinfection – The process of cleaning something, especially with a chemical, in order to destroy bacteria.

Epidemic – A widespread occurrence of an infectious disease in a community at a particular time.

Etiologic agent – A viable microorganism, or its toxin, that causes or may cause disease in humans or animals.

Exposure – An opportunity of contact with or acquisition of an etiologic agent. The condition in which an individual comes in contact with a disease or health condition in a manner such as to allow transmission of said disease or health condition.

Foodborne outbreak – An incident in which two or more persons experience a similar illness resulting from the ingestion of a common food.

Immunity – A condition of being able to resist a particular disease especially through preventing development of a pathogenic microorganism or by counteracting the effects of its products.

Incubation period – The period between the infection of an individual by a pathogen and the manifestation of the illness or disease it causes.

Infectious disease – A disease (such as influenza, malaria, meningitis, rabies, or tetanus) caused by the entrance into the body of pathogenic agents or microorganisms (such as bacteria, viruses, protozoans, or fungi) which grow and multiply there.

Isolation – The restriction of free movement of a person or persons to prevent the spread of a notifiable disease by ordering confinement to a particular building or part thereof or the

restriction of said individual to a facility specifically designated for the confinement of persons who may be infectious and possibly capable of transmitting a notifiable disease.

Lower gastrointestinal symptoms – Usually refers to abdominal pain or cramps, flatulence, and diarrhea.

Microorganism – A microscopic organism; those of medical interest include bacteria, viruses, fungi, and protozoa.

Outbreak – Two or more similarly ill persons who live in different households and have a common exposure.

Quarantine – The restriction of free movement of a person or persons exposed to a communicable disease to prevent the spread of a notifiable disease or health condition. Quarantine may refer to the restriction of access to or egress from any building, place, property, or appurtenance.

Respiratory – The organs that are involved in breathing and expressing air, including the mouth, nose, throat, and lungs.

Signs – Abnormalities of an illness that are observable, usually by a trained health care professional. An elevated temperature is a sign of fever.

Sources – The point of introduction of an infectious agent in an outbreak situation. For example, a particular hen flock might be the source in a *Salmonella enteritidis* outbreak.

Symptoms – Subjective feelings of illness experienced by the sick person.

Upper gastrointestinal symptoms – Usually refers to nausea, vomiting and heartburn.

Vector – An organism (as an insect) that transmits a pathogen from one organism to another. Ticks are vectors of Lyme disease.

Vehicle – An inanimate object on which the causative agent is transferred to an individual. For example, roast beef can be a vehicle for *Staphylococcus aureus* toxin.

Viral – Pertaining to, caused by, or of the nature of a virus.

Virulence – The degree of pathogenicity of a microorganism as indicated by the severity of the disease produced.

Section H: List of References

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Appendices: Educational Flyers

The following pages are to be used as educational resources for attendees, staff, and parents/guardians.

If you have specific requests for educational resources or presentations, please call (205) 930-1440.

Educational Flyers

PREVENT THE SPREAD

Keep Me Home If

I have a fever



- temperature greater than 100.4 and younger than two months
- OR
- older than two months and have other symptoms (e.g. diarrhea, vomiting, ill appearance, mouth sores, pain, rash)

I'm vomiting



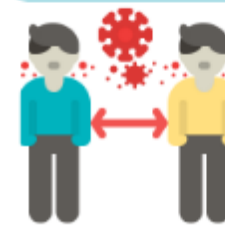
- two or more times in previous 24 hours (unless a health provider determines cause to be by noninfectious condition)

I have diarrhea



- two or more stools above normal for child
- OR
- stool contains blood or mucus
- OR
- stool can not be contained in diaper or toilet trained child is having accidents

I have a sores



- skin sores that are fluid filled or leaking and can't be covered with a waterproof bandage
- uncontrollable mouth sores with drooling
- untreated head lice, ringworm, impetigo, or scabies

I've been told to stay home by a provider



- Specific diagnoses require remaining home until a provider or public health states the infectious period is over (e.g. chicken pox, strep throat, whooping cough, etc.)

Other actions you can take to stay healthy:

- Wash your hands often
- Routinely clean and disinfect surfaces
- Stay up-to-date on vaccinations, including COVID-19 and Flu
- Consider wearing a mask when you are in a crowded setting

Child care programs are allowed to have health policies that are more cautious than these guidelines. Please follow your child care program's stated or written policy.

PREVENGA EL CONTAGIO

Déjeme en la casa si....

Tengo Fiebre



- una temperatura mayor a 100.4 y menor de dos meses
-
- mayor de dos meses y tiene otros síntomas (ej.: diarrea, vomito, apariencia de enfermo, aftas en la boca, dolor, sarpullido).

Estoy vomitando



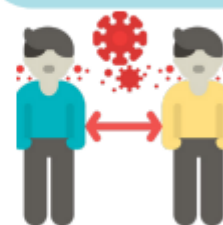
- dos o más veces en las últimas 24 horas (a menos que el médico determine que la causa es por una condición no infecciosa)

Tengo diarrea



- dos o mas deposiciones sobre lo normal para un niño
-
- las heces tienen sangre o mucosidad
-
- las heces pasan el pañal o el niño que usa solo el baño no alcanza a llegar a éste.

Tengo lesiones



- ampollas en la piel llenas con líquido o con goteo y que no se pueden cubrir con un parche curita a prueba de agua.
- babeo incontrollable debido a llagas en la boca
- piojos sin tratar, tiña, impétigo o sarna

Me dijo un médico que me quedara en casa



- diagnósticos específicos requieren quedarse en la casa hasta que un médico o personal de la salud pública le informe que el periodo de infección ha terminado (ej.: varicela, infección de garganta por estreptococos, toz ferina, etc.)

Otras acciones que puede tomar para mantenerse saludable:

- Lavarse las manos a menudo
- Limpiar y desinfectar en forma rutinaria las superficies
- Mantenerse al día con las vacunas incluyendo la vacuna contra el Covid-19 y la Influenza.
- Considerar el uso de mascarillas cuando esté en lugares llenos de gente.

Se permite que los programas de cuidado de niños tengan políticas de salud que son más precavidas que estas guías. Por favor siga las políticas establecidas por el programa de cuidado de su niño.

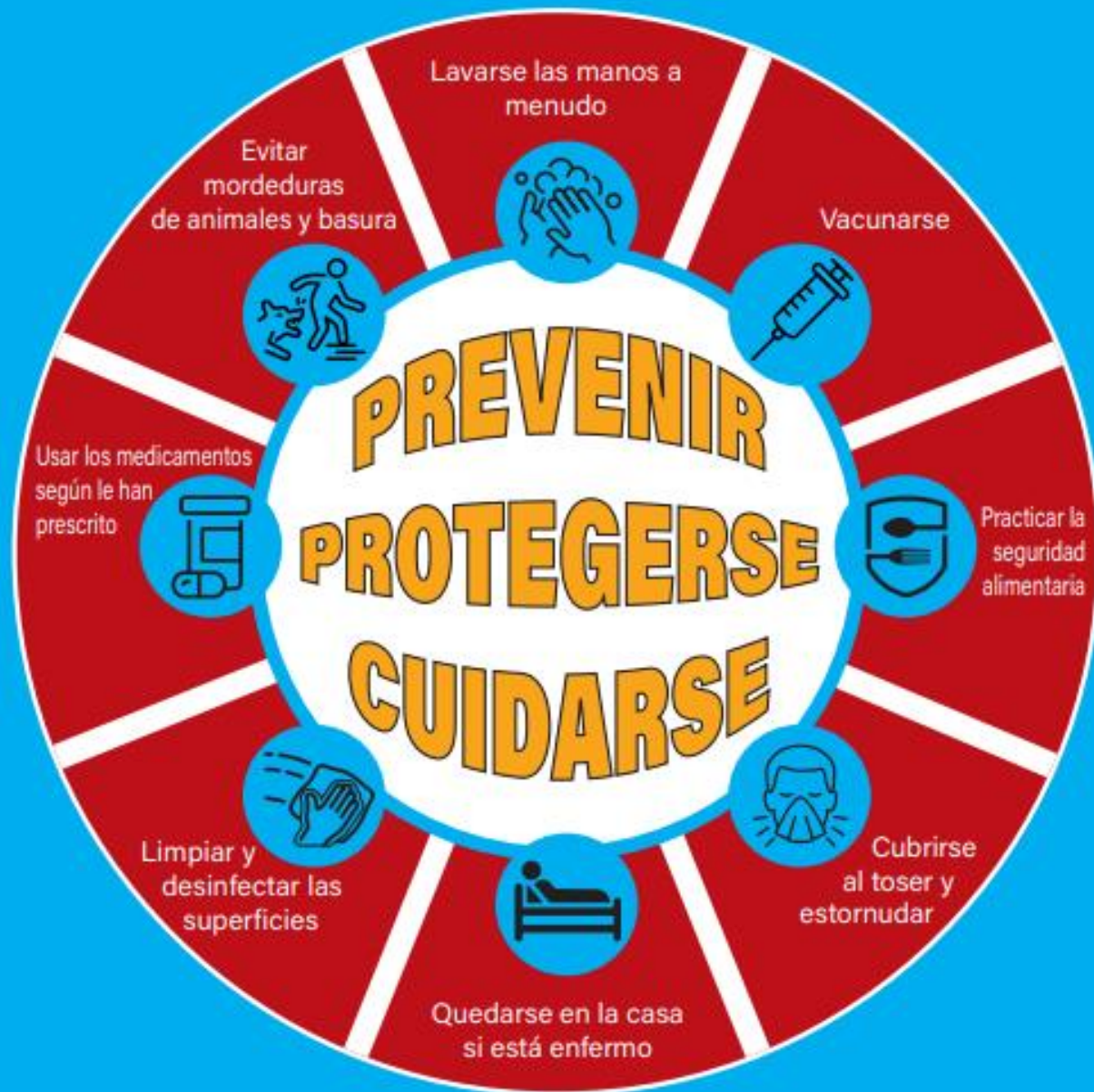
Cornerstones of Infection Prevention in the Home

Easy and low-cost actions to create a healthier home and prevent many infectious diseases.



Pilar de la prevención de infecciones en el hogar

Acciones fáciles y de bajo costo para crear un hogar más saludable y prevenir muchas enfermedades infecciosas.



SAFE AND HEALTHY DIAPER CHANGING STEPS IN CHILDCARE SETTINGS



Keep a hand on the child for safety at all times!



1 PREPARE

- Cover the diaper changing surface with disposable liner.
- If you will use diaper cream, dispense it onto a tissue now.
- Bring your supplies (for example, clean diaper, wipes, diaper cream, gloves, plastic or waterproof bag for soiled clothing, extra clothes) to the diapering area.



2 CLEAN CHILD

- Place the child on diapering surface and unfasten diaper.
- Clean the child's diaper area with disposable wipes. Always wipe front to back!
- Keep soiled diaper/clothing away from any surfaces that cannot be easily cleaned. Securely bag soiled clothing.



3 REMOVE TRASH

- Place used wipes in the soiled diaper.
- Discard the soiled diaper and wipes in the trash can.
- Remove and discard gloves.



4 REPLACE DIAPER

- Slide a fresh diaper under the child.
- Apply diaper cream, if needed, with a freshly gloved finger.
- Fasten the diaper and dress the child.



5 WASH CHILD'S HANDS

- Use soap and water to wash the child's hands thoroughly.
- Return the child to a supervised area.



6 CLEAN UP

- Remove liner from the changing surface and discard in the trash can.
- Wipe up any visible soil with damp paper towels or a baby wipe.
- Wet the **entire surface** with disinfectant; make sure you read and follow the directions on the disinfecting spray, fluid, or wipe. Choose disinfectant appropriate for the surface material.



7 WASH YOUR HANDS

- Wash your hands thoroughly with soap and water.



Centers for Disease
Control and Prevention
National Center for Emerging and
Zoonotic Infectious Diseases

MEDIDAS PARA CAMBIAR PAÑALES EN ENTORNOS DE CUIDADO INFANTIL DE MANERA SEGURA Y SIN RIESGOS PARA LA SALUD



Como medida de seguridad, ¡mantenga una de sus manos sobre el niño en todo momento!



1 PREPÁRESE

- Cubra la superficie del lugar donde cambiará el pañal con una cubierta desechable.
- Si va a usar una crema antipañalitis, aplíquela en un pañuelo de papel ahora.
- Lleve todos los suministros (p. ej., el pañal limpio, las toallitas húmedas, la crema antipañalitis, los guantes, la bolsa plástica o impermeable para la ropa sucia, la ropa extra) al lugar donde vaya a cambiar los pañales.



2 LIMPIE AL NIÑO

- Coloque al niño sobre la superficie en donde lo vaya a cambiar y afloje el pañal.
- Limpie el área que va a cubrir el pañal con toallitas húmedas. ¡Limpie siempre de adelante hacia atrás!
- Mantenga el pañal o la ropa que estén sucios alejados de toda superficie que no se pueda limpiar fácilmente. Ponga la ropa sucia en una bolsa en forma segura.



3 BOTE LA BASURA

- Coloque las toallitas húmedas que haya usado adentro del pañal.
- Tire el pañal y las toallitas húmedas que estén sucios a la basura.
- Quítese los guantes y tirelos a la basura.



4 CAMBIE EL PAÑAL

- Deslice un pañal limpio por debajo del niño.
- Aplíquese la crema antipañalitis, si es necesario, con un dedo que recién se haya enguantado.
- Ajuste el pañal y vista al niño.



5 LAVE LAS MANOS DEL NIÑO

- Use agua y jabón para lavarle cuidadosamente las manos al niño.
- Llévelo de vuelta a un área supervisada.



6 LIMPIE

- Retire la cubierta descartable de la superficie en donde cambió el pañal y tirela a la basura.
- Limpie, si quedó algo sucio, con una toalla de papel húmeda o con una de las toallitas húmedas de bebé.
- Humedezca **toda la superficie** con un desinfectante. Asegúrese de leer y seguir las indicaciones del envase del aerosol, del líquido o de la toallita húmeda desinfectante. Elija un desinfectante que sea adecuado para el material de la superficie.



7 LÁVESE LAS MANOS

- Lávese bien las manos con agua y jabón.

do10

Fight the Flu



1. Get Vaccinated



2. Wash Your Hands



3. Cover Your Coughs
and Sneezes



4. Stay Home
with Fever

get10



5. Stockpile Supplies

6. Clean and Disinfect



7. Know Your Office
Emergency Plan



8. Learn Home Care



9. Call Your Doctor If
Symptoms Get Worse



10. Stay Informed

Alabama Department of Public Health

The RSA Tower • 201 Monroe Street • Montgomery, AL 36104

For more information, please call 1.866.264.4073 • www.adph.org/do10

do10

Ataque a la Influenza



1. Vacúnese



2. Lávese las manos



3. Cubra sus estornudos y su toz



4. Si tiene fiebre
quédese en casa

get10



5. Mantenga
abastecimientos

6. Limpie y desinfecte



7. Conozca el plan
de emergencia
de su oficina



8. Aprenda el cuidado
cuidado casero



9. Si sus síntomas
empeoran llame a
su doctor



10. Manténganse
informado

Alabama Department of Public Health

The RSA Tower • 201 Monroe Street • Montgomery, AL 36104

Para más llamada de la información 1.866.264.4073 • www.adph.org/do10

KNOW WHEN TO WASH YOUR HANDS AT SCHOOL



SEPAMOS CUÁNDO LAVARNOS LAS MANOS EN LA ESCUELA



Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



www.cdc.gov/handwashing

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



CS310027-A

¡Detenga los microbios! Lávese las manos

¿CUÁNDO?

- Después de ir al baño.
- Antes, durante y después de preparar alimentos.
- Antes de comer.
- Antes y después de cuidar a alguien que tenga vómitos o diarrea.
- Antes y después de tratar cortaduras o heridas.
- Después de cambiarle los pañales a un niño o limpiarlo después de que haya ido al baño.
- Después de sonarse la nariz, toser o estornudar.
- Después de tocar animales, sus alimentos o sus excrementos.
- Después de manipular alimentos o golosinas para mascotas.
- Después de tocar la basura.



¿CÓMO?



Mójese las manos con agua corriente limpia (tibia o fría), cierre el grifo y enjabónese las manos.



Frótese las manos con el jabón hasta que haga espuma. Asegúrese de frotarse la espuma por el dorso de las manos, entre los dedos y debajo de las uñas.



Restriéguese las manos durante al menos 20 segundos. ¿Necesita algo para medir el tiempo? Tararee dos veces la canción de “Feliz cumpleaños” de principio a fin.



Enjuáguese bien las manos con agua corriente limpia.



Séquese las manos con una toalla limpia o al aire.

Mantener las manos limpias es una de las cosas más importantes que podemos hacer para detener la propagación de microbios y mantenernos sanos.

LA VIDA ES MEJOR CON LAS

MANOS LIMPIAS



www.cdc.gov/lavadodemanos

Este material fue elaborado por los CDC. La campaña La Vida es Mejor con las Manos Limpias es posible gracias a una asociación entre la Fundación de los CDC, GOJO y Staples. El HHS y los CDC no respaldan productos, servicios ni empresas comerciales.



CS310027-B