

## **INFECTIOUS DISEASES**

An infectious disease is caused by the presence of certain microorganisms in the body. Infectious diseases may or may not be communicable or in a contagious state.

Diseases in a contagious state may be controlled by the exclusion from the classroom or by referral for medical attention of the infected student. Staff members of a school must advise the principal when a student possesses symptoms of an infectious disease. The principal must be provided with as much health information as is known about the case in a timely manner so that appropriate action can be initiated. (See Infectious Disease Control Guide)

List of Reportable Diseases. The following diseases require an immediate report to the local health department at the time a case is suspected or diagnosed:

- Animal Bites (when human exposure to rabies is suspected)
- Anthrax
- Botulism (foodborne, infant, wound)
- *Burkholderia mallei* (Glanders) and *pseudomallei* (Meliodosis)
- Cholera
- Diphtheria
- Disease of suspected bioterrorism origin
- Domoic acid poisoning
- *E.coli*- Refer to “Shiga toxin producing *E.coli*”
- Emerging condition with outbreak potential
- *Haemophilus influenza* (invasive disease, children under age 5)
- Influenza, novel or unsubtypeable strain
- Measles (rubeola) – acute disease
- Meningococcal disease (invasive)
- Monkeypox
- Outbreaks of suspected foodborne origin
- Outbreaks of suspected waterborne origin
- Paralytic shellfish poisoning
- Plague
- Poliomyelitis
- Rabies (confirmed human or animal)
- Rabies, suspected human exposure (suspected human rabies exposures due to a bite from or other exposure to an animal that is suspected of being infected with rabies)
- Rubella (including congenital rubella syndrome (acute disease only)
- SARS
- Shiga toxin-producing *E.coli* infections (enterohemorrhagic *E.coli* including, but not limited to, *E.coli* O157:H7.
- Smallpox
- Tuberculosis
- Tularemia
- Vaccinia transmission
- Viral hemorrhagic fever

- Yellow fever
- ~~1. Diphtheria, noncutaneous,~~
- ~~2. Measles (rubella), and~~
- ~~3. Poliomyelitis.~~

The following diseases or conditions require a case report to the local health department within 24 hours ~~one day~~ of diagnosis:

- Brucellosis (*Brucella* species)
- Hantavirus pulmonary syndrome
- Hepatitis A (acute infection)
- Hepatitis B (acute infection)
- Hepatitis E (acute infection)
- Legionellosis
- Leptospirosis
- Listeriosis
- Mumps (acute disease only)
- Pertussis
- Psittacosis
- Q Fever
- Relapsing fever (borreliosis)
- Salmonellosis
- Shigellosis
- Vancomycin-resistant *Staphylococcus aureus* (not to include vancomycin-intermediate)
- Vibriosis
- Yersiniosis
- Other rare diseases of public health significance
- Unexplained critical illness or death
- ~~1. Gastroenteritis of suspected food-borne or water-borne origin~~
- ~~2. Hemophilus influenza invasive disease (excluding otitis media) in children age five years and under,~~
- ~~3. Hepatitis A and B, acute,~~
- ~~4. Meningococcal disease,~~
- ~~5. Pertussis,~~
- ~~6. Rubella, including congenital,~~
- ~~7. Salmonellosis, including paratyphoid fever and typhoid fever, and~~
- ~~8. Shigellosis.~~

The following diseases or conditions require a case report to the local health department within three (3) business ~~seven~~ days of diagnosis:

- Acquired Immunodeficiency Syndrome (AIDS)
- Arboviral Disease (acute disease only including, but not limited to, West Nile Virus, eastern and western equine encephalitis, dengue, St. Louis encephalitis, La Crosse encephalitis, Japanese encephalitis, and Powassan)
- Campylobacteriosis
- Chancroid

- Chlamydia trachomatis infection
- Cryptosporidiosis
- Cyclosporiasis
- Giardiasis
- Gonorrhea
- Granuloma inguinale
- Hepatitis B surface antigen + pregnant women
- Hepatitis C (acute infection)
- Hepatitis D (acute and chronic infection)
- Herpes simplex, neonatal and genital (initial infection only)
- Human immunodeficiency virus (HIV) infection
- Influenza-associated death (lab confirmed)
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- Prion disease
- Serious adverse reactions to immunizations
- Syphilis
- Tetanus
- Trichinosis
- Varicella-associated death

1. ~~Acquired immunodeficiency syndrome (AIDS) and class IV human immunodeficiency virus, (HIV);~~
- ~~2. Viral encephalitis~~
- ~~3. Giardiasis;~~
- ~~4. Hepatitis non-A, non-B, and unspecified;~~
- ~~5. Mumps~~
- ~~6. Kawasaki syndrome~~
- ~~7. Lyme disease~~
- ~~8. Reye Syndrome~~
9. ~~Rheumatic fever;~~
- ~~10. Tetanus;~~
- ~~11. Toxic shock syndrome, and~~
- ~~12. Tuberculosis.~~

The following diseases or conditions require a monthly case report to the local health department:

- Hepatitis B (chronic infection) – initial diagnosis and previously unreported prevalent cases
- Hepatitis C (chronic infection)

The following disease or condition requires an immediate case report to the state health department at the time a case is suspected or diagnosed:

- Pesticide poisoning (hospitalized, fatal or cluster)

The following disease or condition requires a case report to the state health department within three (3) business days of diagnosis:

- Pesticide poisoning (all other)

The following diseases or conditions require a monthly case report to the state health department:

- Asthma (occupational)
- Birth defects – autism spectrum disorders, cerebral palsy, alcohol-related birth defects

### Cluster of Cases

In addition to rash illnesses, any unusual cluster of diseases must be reported. In order to prevent outbreaks of measles and spread of the disease in a school, any rash illness suspected of being measles must be reported immediately. The occurrence of any generalized rash with or without fever, cough, runny nose, and reddened eyes in a school MUST be reported IMMEDIATELY by individual case (by telephone) to the local health department. Localized rash cases such as diaper rash, poison oak, etc. need not be reported.

### Identification and follow-up

- A. The length of absence from school for a student ill from a contagious disease is determined by the directions given in the Infectious Disease Control Guide or instructions provided by the attending physician, or instructions from the local health officer.
- B. The principal has the final responsibility for enforcing all exclusions.
- C. When the principal suspects a nuisance disease such as pediculosis (lice), the principal may institute screening procedures to determine if, in fact, the disease exists, he/she may exclude the student from school until successfully treated.
- D. Follow-up of suspected communicable disease cases should be carried out in order to determine any action necessary to prevent the spread of the disease to additional children.

### Reporting at Building Level

- A. A student who is afflicted with a reportable disease shall be reported by the school principal to the local health officer as per schedule. Employees learning of a student with a sexually transmitted disease shall report directly to the health department and shall otherwise maintain the information in strict confidence.
- B. When symptoms of communicable disease are detected in a student who is at school, the regular procedure for the disposition of ill or injured students shall be followed unless the student is fourteen years or older and the symptoms are of a sexually transmitted disease. In those instances the student has confidentiality rights that proscribe notification of anyone but the health department. The principal or designee will:
  1. Call the parent, guardian or emergency phone number to advise him/her of the signs and symptoms.
  2. Determine when the parent or guardian will pick up the student.
  3. Keep the student isolated but observed until the parent or guardian arrives.
  4. Notify the teacher of the arrangements that have been made prior to removing the student from school.

### First Aid Procedures

- A. Wound cleansing should be conducted in the following manner:
  1. Soap and water are recommended for washing wounds. Individual packets with cleansing solutions can also be used.
  2. Gloves must be worn when cleansing wounds which may put the staff member in contact with wound secretions.
  3. Gloves and any cleansing materials will be discarded in a lined trash container that is disposed of daily according to WAC 296-62-08001, Bloodborne Pathogens and included in the June 1992 SPI Infectious Disease Control Guide.
  4. Hands must be washed before and after treating the student and after removing the gloves.
  5. Treatment must be documented in a health log program.
- B. Thermometers shall be handled in the following manner:
  1. Only disposable thermometers or thermometers with disposable sheath covers should be used when taking student's temperatures.
  2. Disposable sheath covers will be discarded in a lined trash container that is secured and disposed of daily.

### Handling of Body Fluids

- A. Body fluids of all persons should be considered to contain potentially infectious agents (germs). Body fluids include blood, semen, vaginal secretions, drainage from scrapes and cuts, feces, urine, vomitus, saliva, and respiratory secretions.
- B. Gloves must be worn when direct hand contact with body fluids is anticipated (e.g., treating nose bleeds, bleeding abrasions) and when handling clothes soiled by urine and/or feces and when diapering children. If gloves are not available, then hand washing is most important in preventing the spread of disease.
- C. Used gloves must be discarded in a secured lined trash container and disposed of daily according to WAC 296-62-08001, Bloodborne Pathogens and included in the June 1992 SPI Infectious Disease Control Guide. Hands must then be washed thoroughly.
- D. Self-treatment, when reasonable, shall be encouraged.

For other universal precautions, the district shall comply with WAC 296-62-08001, Bloodborne Pathogens and the SPI Infectious Disease Control Guideline.

### Special Treatment of Students Infected With HIV

On the disclosure that a student has been identified as having acquired immunodeficiency syndrome (AIDS) being infected with HIV the superintendent, principal, parent, local health officer, school nurse and the private physician shall confer as necessary and determine the appropriate placement of the student. The student will be accommodated in a least restrictive manner, free of discrimination, without endangering the other students or staff. The student may

only be excluded from school on the written concurrence of the public health officer and the student's personal physician, that remaining or returning to school would constitute a risk either to the student or to employees or other students.

All discussions and records will be treated as confidential, consistent with RCW 70.24.105.

Release of information regarding the testing, test result, diagnosis or treatment of a student for a sexually transmitted disease, HIV, drug or alcohol or mental health treatment or family planning or abortion may only be made pursuant to an effective release and only to the degree permitted by the release. To be effective, a release must be signed and dated, must specify to whom the release may be made and the time period for which the release is effective. Students fourteen and older must authorize disclosure regarding HIV or sexually transmitted diseases, students thirteen and older must authorize disclosure regarding drug or alcohol treatment or mental health treatment, and students of any age must authorize disclosure regarding family planning or abortion. Parents must authorize disclosure pertaining to younger students.

Any disclosure made pursuant to a release regarding sexually transmitted diseases, HIV or drug or alcohol treatment must be accompanied by the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose."

The district will ensure that newly hired school district employees receive the HIV/AIDS training regarding:

A. History and epidemiology of HIV/AIDS;

Methods of transmission of HIV;

Methods of prevention of HIV including universal precautions for handling of body fluids;

Current treatment for symptoms of HIV and prognosis of disease progression;

State and federal laws governing discrimination of persons with HIV/AIDS; and

State and federal laws regulating confidentiality of a person's HIV antibody status.

New employee training will be provided within six months from the first day of employment in the district.

Continuing employees will receive information, within one year of district receipt from OSPI, on new discoveries or changes in accepted knowledge of transmission, prevention, and treatment for HIV/AIDS.

Updated: 3/7/13