

2011-12



HealthWise

Health Information and Resources for Schools and Child Care Providers



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

**Cook County Department
of Public Health**



HealthWise

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Letter from Stephen A. Martin, Jr., PhD, MPH

The Cook County Department of Public Health (CCDPH) is excited to introduce HealthWise: Health Information and Resources for Schools and Child Care Providers in Suburban Cook County (referred to as SCC throughout this document). HealthWise combines important information from what were formerly known as the CCDPH Communicable Disease Handbook and the CCDPH School Health Packet. This year, HealthWise is available two ways:

- PDF** Download from our website at www.cookcountypublichealth.org.
- CD-ROM** Upon request. Call 708-633-8350 or e-mail healthycook@ccdph.net.

Noteworthy additions include communicable disease fact sheets, chronic disease fact sheets, and a more robust list of resources for health education materials. HealthWise will be revised annually to ensure schools and child care providers have the most current listing of our agency's services and information that is most important to the parents and children with whom you work.

We welcome your feedback and questions, which may be directed to the CCDPH Prevention Services Unit by phone (708-633-8350) or e-mail (healthycook@ccdph.net).

Sincerely,

Stephen A. Martin, Jr., PhD, MPH
Chief Operating Officer
Cook County Department of Public Health



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* indicates reportable to CCDPH Communicable Disease Department, 708-633-8030



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** indicates reportable to CCDPH Communicable Disease Department, 708-633-8030*



How to Use Chronic Disease Fact Sheets

The information contained in the chronic disease fact sheets (Appendix A) is intended to help school nurses, school officials and child care providers get a quick sense of some key issues affecting the health of SCC youth. Each contains:

- facts about associated health risks and how many people are affected
- key messages to help you talk with kids and parents about the issue
- related public policies for you to know about
- resources for additional information

Public policy information is included as part of our effort to get schools and child care providers involved in helping to make policy, systems and environmental changes that support individuals and families in their efforts to lead healthy, active lifestyles.

What Schools Should Know About Asthma

Description
Defines an important issue affecting youth.

Describes associated risks and how many people are affected.

What You Can Do
Provides suggestions for actions nurses and child care providers can take; such as key messages that can be shared with kids and/or parents.

Policy Information
Information about policies affecting schools.

For More Information
Resources for learning more about this topic.

Asthma is a potentially life threatening chronic disease that affects the lungs and airways that is manageable.

- Asthma is the most common chronic disorder in childhood, currently affecting an estimated 7.0 million children under 18 years; of which 4.1 million suffered from an asthma attack or episode in 2008.
- Sixteen percent of high school students in Illinois currently have asthma.
- Seven percent of children ages 0 – 17 experienced one or more health-related asthma issues during the past year.
- Asthma is one of the leading causes of school absenteeism. In 2008, asthma accounted for about 14.4 million lost school days in children with an asthma attack in the previous year.

Key messages to share with students and parents about asthma:

- Be prepared for the 'September Epidemic.' In the fall, when kids return to school, there is an observable spike in asthma symptoms and hospitalizations.
- Each child should have an asthma action plan for the school to keep on file and review annually. This way the child, parents and school have a plan for what to do when asthma symptoms get worse or if there is an asthma attack.
- Help remove asthma triggers such as tobacco smoke, mold, pets, pollen, and certain cleaning chemicals from home and school environments.
- Mark all medications with the child's name, the name of the medication, and complete instructions on how it should be used.

About Illinois Public Act 96-1460:

- This law eliminates the need for a doctor's note, and permits students to carry and self-administer quick-relief asthma inhalers at school as long as they submit a copy of their prescription and a note from their parent or guardian.

For more information:

- American Lung Association (www.lungusa.org/stop-smoking/about-smoking)
- U.S. Centers for Disease Control and Prevention (www.cdc.gov/healthyyouth/tobacco)
- Tobacco Free Kids (www.tobaccofreekids.org)

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HealthWise

How To Use the Communicable Disease Fact Sheets



Cook County Department of Public Health

How to Use Communicable Disease Fact Sheets

The information contained in the communicable disease fact sheets (Appendix B) is intended to help school nurses, school officials, and child care providers control the spread of communicable diseases (both reportable and non-reportable) in schools.

For more information

- CCDPH (www.cookcountypublichealth.org)
- Illinois Department of Public Health (IDPH) (www.idph.state.il.us)
- U.S. Centers for Disease Control and Prevention (CDC) (www.cdc.gov)

Reportable to CCDPH?

The asterisk (*) in header is a visual cue that this disease is reportable to CCDPH. Additional information is provided here.

Note to Parents?

Indicates whether a note to parents is recommended.

Mode of Transmission

Explains how the disease is spread.

Incubation Period

Indicates the time it takes for signs and symptoms to appear.

Control of Cases and Control of Contacts

Recommends how to keep the disease from spreading to others.

General Measures

Indicates things the school can do to control the spread of disease.

E. coli O157:H7*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 24 hours. To report a case of *E. coli* O157:H7 or a shiga-toxin producing *E. coli* infection, enterotoxigenic, enteropathogenic, or enteroinvasive *E. coli*, call 708-492-2150.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? Yes, for daycares, preschools or institutions that care for persons who are developmentally delayed. Contact CCDPH prior to distribution of materials to parents, guardians or caregivers.

Agent(s): Bacterium (*Escherichia coli* O157:H7 or other strains, as listed above).

Mode of Transmission: Mainly by ingestion of contaminated food (most often undercooked ground beef) but also from raw milk, fruit, fruit juices or vegetables contaminated with animal feces. Person-to-person transmission via the fecal-oral route can occur if hygiene is poor and handwashing is inadequate. Waterborne transmission also has been documented, particularly when children in diapers are allowed to enter swimming or wading pools, water parks or beaches.

Signs and Symptoms: Diarrhea may range from mild and non-bloody to stools that are virtually all blood. Severe abdominal pain is typical; fever is usually absent. Any child with bloody diarrhea requires immediate medical attention. Asymptomatic infections also can occur.

Incubation Period: Ranges from two to eight days with a median of three to four days.

Period of Communicability: Period can vary; generally, the period lasts a week or less in adults, but approximately one-third of children may be contagious for up to three weeks. Prolonged carriage is possible.

Control of Cases: Exclude until diarrhea ceases for at least 24 hours. Cases who are food handlers or who provide direct care to children or infants are prohibited from performing their job duties until two consecutive stool specimens are negative. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered.

Control of Contacts: No restrictions in the general school population. Contacts to cases of enterotoxigenic *E. coli*, enteropathogenic *E. coli* or enteroinvasive *E. coli* who are employed as food handlers or in sensitive occupations, including child care or health care, and currently have diarrhea, shall not work until diarrhea has ceased for at least 24 hours. Release specimens are not required for persons with these types of *E. coli* infections.

General Measures: Teach the importance of basic hygiene and proper handwashing. Educate about proper sanitary methods for food preparation, handling, storing and thorough cooking of foods of animal origin, especially ground beef. (Ground beef should be cooked to an internal temperature of 160 degrees Fahrenheit for at least 15-16 seconds.) Children who are not toilet-trained should wear tight fitting rubber or plastic pants before entering public wading or swimming pools, water parks or beaches. Persons with diarrhea should not engage in recreational water activities. Discourage use of common food bowls or shared servings of food items, e.g., popcorn.

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The Cook County Health and Hospitals System



Cook County Department of Public Health

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COOK COUNTY HEALTH AND HOSPITALS SYSTEM AFFILIATES

Ambulatory and Community Health Network of Cook County

627 S. Wood Street
Chicago, IL 60612
312-864-0719

Cermak Health Services of Cook County

2800 S. California Avenue
Chicago, IL 60608
773-890-9300

Cook County Department of Public Health

15900 S. Cicero Avenue, Building E
Oak Forest, IL 60452
708-633-4000

John H. Stroger, Jr. Hospital of Cook County

1901 W. Harrison Street
Chicago, IL 60612
312-864-6000

Oak Forest Hospital of Cook County

15900 S. Cicero Avenue
Oak Forest, IL 60452
708-687-7200

Provident Hospital of Cook County

500 E. 51st Street
Chicago, IL 60608
312-572-2000

Ruth M. Rothstein CORE Center of Cook County

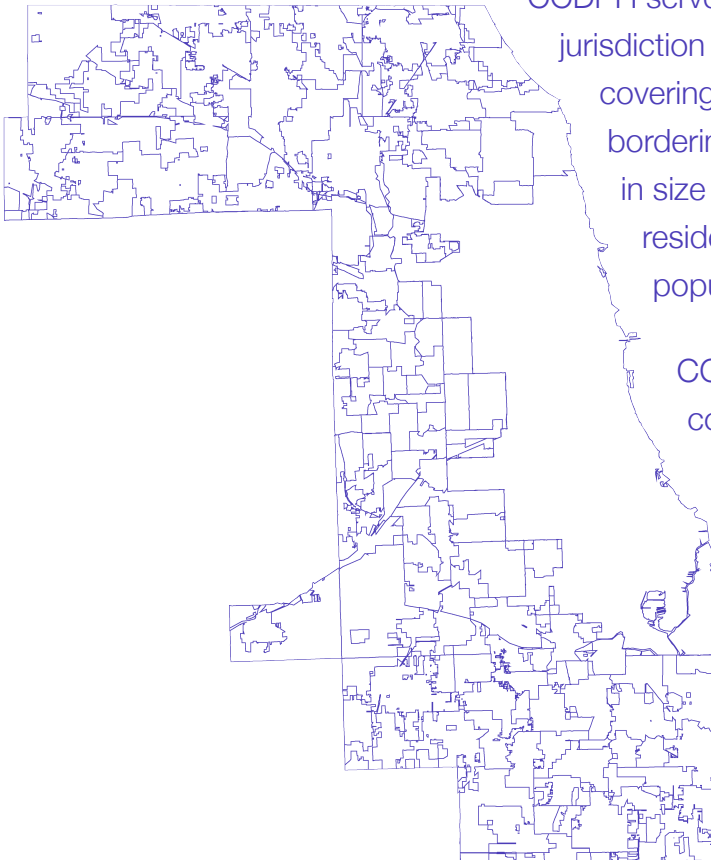
2020 W. Harrison Street
Chicago, IL 60612
312-572-4500

CCDPH is 1 of 7 affiliates of the Cook County Health and Hospitals System (CCHHS).

CCHHS is the second largest division of Cook County government and one of the largest public health systems in the country. It is a leader in innovative health programs and provides a variety of health care services ranging from preventive and primary care, prenatal care, communicable diseases, and environmental health; to long-term care, rehabilitation and geriatric medicine. CCHHS also targets diseases and conditions affecting Cook County residents; including asthma, diabetes, HIV/AIDS, trauma, cancer and high-risk pregnancies and births.

The Cook County Department of Public Health

CCDPH is the state-certified public health agency for SCC, excluding Evanston, Skokie, Oak Park and Stickney Township; which have separate, state-certified public health departments operated by the local units of government.



CCDPH serves a population of 2.3 million people and has jurisdiction in 125 incorporated municipalities in 30 townships covering 700 square miles in SCC; a large, diverse region bordering the City of Chicago. Municipalities in SCC range in size from several hundred to more than 50,000 residents. The population is diverse, and the neediest populations are growing exponentially.

CCDPH's jurisdiction is not only geographically complex, but also has a substantial number of community partners that play an integral role in helping the agency meet its mission; including, but not limited to: 20 acute care hospitals; 667+ child care facilities; 700+ schools; 18,000 physicians, and 25,000 first responders.



OUR MISSION

To optimize health and promote health equity for all people and communities of Cook County through leadership and appropriate collaborations between County, local, state and federal officials, as well as private health promoting institutions, focusing on health promotion and disease prevention, while advocating for the environmental and social conditions necessary to advance physical, mental and social well-being.

Everyday, CCDPH's role is to perform the three core functions and 10 essential services of Public Health. The three core functions of public health are assessment, policy development and assurance.

Assessment

The core function, Assessment, includes the essential services of: (1) monitoring health status to identify community health problems; and (2) diagnosing and investigating health problems and health hazards in the community.

CCDPH assesses the changing health needs of its populations continually and attempts to address those needs. CCDPH plays a unifying role helping individual municipalities and communities come together as a group to identify and address health concerns.

CCDPH also uses local data to collaboratively work with municipalities and agencies throughout SCC in planning for service delivery that promotes healthy lifestyles through awareness, education, programming and community development.

Policy Development

The core function, Policy Development, includes the essential services of: (1) informing, educating, and empowering people about health issues; (2) mobilizing community partnerships to identify and solve health problems; and (3) developing policies and plans that support individual and community health efforts.

CCDPH helps guide local, state, and federal officials to establish and maintain policies that support sound public health practices. CCDPH was an integral partner in the passing of the Cook County Clean Indoor Air Ordinance, which took effect on March 15, 2007. This ordinance protects the public's health and welfare by prohibiting smoking in all enclosed public areas and places of employment within Cook County and guarantees the right of nonsmokers to breathe smoke-free air.



Assurance

The core function, Assurance, includes the essential services of: (1) enforcing laws and regulations to protect health and ensure safety; (2) linking people to needed personal health services and assuring the provision of health care when otherwise unavailable; (3) assuring a competent public health and personal health care workforce; and (4) evaluating effectiveness, accessibility, and quality of personal and population-based health services.

The Environmental Health Unit embraces this core function, serving as the regulatory arm of CCDPH. This unit works to enforce Cook County and Illinois laws to make sure the food, water, and environments are safe for SCC residents. Health inspectors investigate about 200 food-borne illness complaints annually – with 25 percent meeting the case definition of an outbreak. In addition, they also inspect: mobile-home parks; private- and non-community water; private sewage disposal systems, wells and septic systems; septic-tank cleaners and haulers; and 67 percent of the swimming facilities in the state, on behalf of the Illinois Department of Public Health.





CCDPH provides clinical, regulatory and prevention services to protect the health of 2.3 million SCC residents and the tens of thousands of people who travel through the jurisdiction everyday.

Unit	Programs
Communicable Disease Prevention and Control	General Communicable Disease Control
	Enhanced Surveillance
	HIV Surveillance and Prevention
	Infection Prevention and Outbreak Control
	Sexually Transmitted Infections Surveillance and Prevention
	Tuberculosis Surveillance and Prevention
Environmental Health	Vaccine Preventable Diseases Surveillance and Prevention
	Individual Sewage Disposal Systems and Water Wells
	Indoor Air Quality and Vector Program
	Food Program
Integrated Health Support Services (Nursing)	Swimming Pool Program
	Integrated Clinic Services (includes immunizations, contraception and STI/STD services)
	Hearing and Vision Screening
	Breast and Cervical Cancer Screening Program
	Women, Infant and Children (WIC) Supplemental Nutrition Program
Prevention Services	Public Health Nursing Services
	Tuberculosis (TB) Prevention and Control Clinics and Case Management
	Chronic Disease Prevention and Health Promotion
	Community Preparedness and Coordination
	Epidemiology and Community Health Planning
	Lead Poisoning Prevention
Policy Development and Communications	Violence Prevention Coordination
	Public Health Policy Research/Analysis
	Advocacy for Public Health Laws, Rules and Regulations
	Media Relations
	Public Information



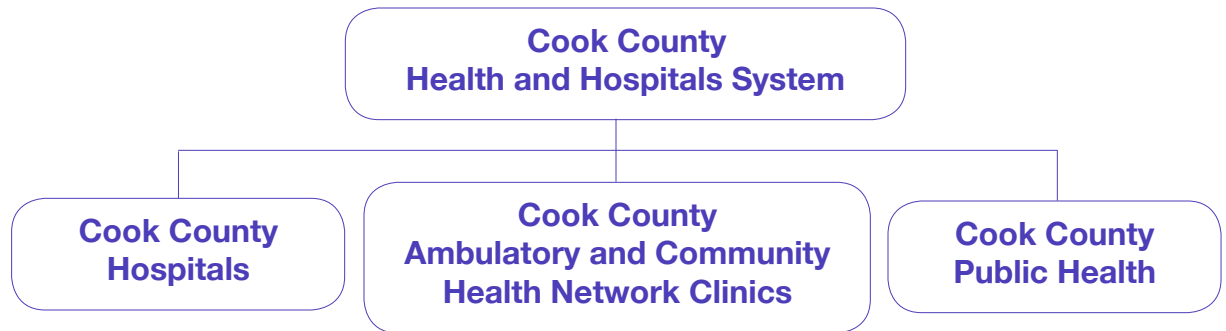
Integrated Health Support Services Unit provides public health services to individuals and families. These services include: clinics; breast and cervical cancer referral, follow-up and case management; vision and hearing screening; public health nursing; Women, Infants, and Children Supplemental Nutrition Program (WIC); and Tuberculosis (TB) Prevention and Control.

Programs	Services
Breast and Cervical Cancer Screening Program	Education and referrals for clinical breast exams; mammography screening; pelvic exams; pap smears; diagnostic procedures; case management; and referral for treatment services for women diagnosed with breast and/or cervical cancer; for eligible Illinois women.
Vision and Hearing Screening	Vision and hearing screening at child care centers, preschools, and private schools.
Integrated Clinic Services	Childhood immunization; contraceptive management (family planning) and screening; diagnosis and management of Sexually Transmitted Infection (STIs), also known as Sexually Transmitted Diseases (STDs).
Public Health Nursing	Follow-up by public health nurses, including: home visits to families/infants/children impacted by high-risk conditions such as prematurity or low birth weight; elevated lead levels; congenital syphilis; newborn hearing loss; genetic conditions; Hepatitis B; or SIDS (Sudden Infant Death Syndrome).
Women Infants and Children (WIC) Supplemental Nutrition Program	Nutrition classes; individual counseling; breastfeeding support and food vouchers for financially eligible pregnant and/or breastfeeding women, infants and children up to age 5.
Tuberculosis (TB) Prevention and Control*	Clinic services to screen, diagnose, and treat TB. Case management services for clients with active TB disease to ensure completion of treatment and access to care.

Eligibility requirements may apply. (See page 10). For more information, please contact the district office near you:

North	Rolling Meadows	847.818.2860	*TDD: 847.818.2023
West	Maywood	708.786.4000	*TDD: 708.786.4002
Southwest	Bridgeview	708.974.6160	*TDD: 708.974.6043
South	Markham	708.232.4500	*TDD 708.232.4010
TB*	Forest Park	708.836.8600	

The CCDPH is an affiliate of the Cook County Health and Hospitals Systems, which oversees the Cook County Hospitals, Ambulatory and Community Health Network Clinics of Cook County, and the Cook County Department of Public Health.



Cook County Hospitals

- John H. Stroger, Jr. Hospital 312.864.6000
- Oak Forest Hospital 708.687.7200
- Provident Hospital 312.572.2000

Ambulatory & Community Health Network Clinics in SCC

- Ford Heights – Cottage Grove Health Center 708.753.5800
- Cicero – Cicero Health Center 708.783.9800
- Robbins – Robbins Health Center 708.293.8100
- Phoenix – Woody Winston Medical Center 708.225.9900
- Palatine – Vista Health Center 847.934.7969

CCDPH clinic services are available to SCC residents. Services are available by appointment only. Appointments and questions about CCDPH services should be directed to your district health office. To locate the nearest district office, please refer to the table on page 9.



see page 10 for financial eligibility requirements



North	West	Southwest	South
Arlington Heights	Bellwood	Alsip	Burnham
Barrington	Bensenville	Bedford Park	Calumet City
Barrington Hills	Berkeley	Blue Island	Chicago Heights
Bartlett	Berwyn	Bridgeview	Country Club Hills
Buffalo Grove	Broadview	Calumet Park	Dixmoor
Deerfield	Brookfield	Chicago Ridge	East Hazel Crest
Des Plaines	Burr Ridge	Crestwood	Flossmoor
East Dundee	Cicero	Evergreen Park	Ford Heights
Elgin	Countryside	Hickory Hills	Glenwood
Elk Grove Village	Elmwood Park	Hometown	Harvey
Glencoe	Forest Park	Justice	Hazel Crest
Glenview	Franklin Park	Lemont	Homewood
Golf	Harwood Heights	Merrionette Park	Lansing
Hanover Park	Hillside	Oak Lawn	Lynwood
Hoffman Estates	Hinsdale	Orland Hills	Markham
Inverness	Hodgkins	Orland Park	Matteson
Kenilworth	Indian Head Park	Palos Heights	Midlothian
Lincolnwood	La Grange	Palos Hills	Oak Forest
Morton Grove	La Grange Park	Summit	Olympia Fields
Mount Prospect	Lyons	Willow Springs	Park Forest
Niles	Maywood	Worth	Phoenix
Northbrook	McCook		Posen
Northfield	Melrose Park		Richton Park
Palatine	Norridge		Riverdale
Park Ridge	North Riverside		Robbins
Prospect Heights	Northlake		Sauk Village
Rolling Meadows	River Forest		South Chicago Heights
Roselle	River Grove		South Holland
Schaumburg	Riverside		Steger
South Barrington	Rosemont		Thornton
Streamwood	Schiller Park		Tinley Park
Wheeling	Stone Park		
Wilmette	Westchester		
Winnetka	Western Springs		
<i>3rd District Courthouse</i>	<i>Eisenhower Tower</i>	<i>5th District Courthouse</i>	<i>6th District Courthouse</i>
2121 Euclid Ave.	1701 S. First Ave.	10220 S. 76th Ave.	16501 S. Kedzie
Rolling Meadows, IL	First Floor	Bridgeview, IL	Markham, IL
847.818.2860	Maywood, IL	708.974.6160	708.232.4500
847.818.2023*	708.786.4000	708.974.6043*	708.232.4010*
	708.786.4002*		

*TDD/TTY: For people with speech and/or hearing impairments.



Financial Eligibility Requirements for CCDPH Clinics



When calling to schedule an appointment at one of our clinics, please ask about eligibility to receive services. In general, the following are required:

1. Proof of residency in SCC.
2. Family/household income greater than 250% of the Federal Poverty Level (FPL) or if the client has Medicaid, Medicare, or third party insurance coverage, they will be referred to a primary care provider (PCP) based on their circumstances. Minors (less than 18 years of age) seeking confidential services for STI/STD, family planning, or prenatal intake on their own may receive services based on their individual income and not their parent(s)' household income or insurance.
3. Clients requesting WIC will be screened at 185% of the FPL for children and 200% of the FPL for pregnant women and infants. Clients with Medicaid or Medicaid Presumptive Eligibility (MPE) are financially eligible for WIC services.
4. Clients will be instructed to bring proof of income with them to the initial clinic visit and annually thereafter. Acceptable forms of verification of income include:
 - a. W-2 Tax Form for the previous calendar year.
 - b. 2 to 4 check stubs representing 1 month of income. For example, if paid weekly, the client should bring 4 check stubs; if paid bi-weekly: they should bring 2 check stubs.
 - c. Income affidavit letter from employer.
 - d. Letter of support if client has no income and is being supported by a family/household member that does not reside with the client.
 - e. Medicaid/All Kids card for client receiving Vaccine for Children (VFC) services or WIC services.
5. Clients will be instructed to bring proof of SCC residency with them to the initial clinic visit. Acceptable forms of proof of residency include:
 - a. Utility bill or piece of mail addressed to the client mailed within the last 30 days.
 - b. Current rent receipt/agreement.
 - c. Property tax bill for the previous year.
 - d. Current Illinois driver's license or state issued identification (ID) card.
6. Clients will be instructed to bring proof of identity (photo ID) with them to each clinic visit. Acceptable forms of proof of identity include:

Adults	Children
driver's license state ID card consular issued ID school ID card employer ID card credit card with picture passport	birth certificate (legal or hospital issued) crib card foster parent/legal guardian papers school ID card



see page 10 for financial eligibility requirements

Vision and Hearing Screenings

CCDPH offers vision and hearing screening to child care centers, preschools, and private schools.

- Please visit our website at www.cookcountypublichealth.org. Click on Clinical Services and look for Vision & Hearing Services for registration details.
- Please fax your registration information to 708.786.4001.
- Appointments for individual (client) screenings are not available.

Dental Services

CCDPH provides quality dental services and programs, which promote life-long oral health. Services include: examinations, sealants, X-rays, cleanings, fluoride treatments, fillings, and routine extractions.

Who can receive dental services:

Ask about eligibility requirements when making an appointment. In general, they include:

- A parent/guardian should be present during the dental appointment for any student under 18 years of age. If a parent/guardian cannot accompany the child, an authorization form for dental care must be signed and presented to the dental care specialist.

How to make a dental appointment:

To schedule an appointment, call the district office closest to your home Monday thru Friday, 8:30 AM - 4:30 PM.

North	Rolling Meadows	847.818.2860	*TDD: 847.818.2023
West	Maywood	708.786.4000	*TDD: 708.786.4002
Southwest	Bridgeview	708.974.6160	*TDD: 708.974.6043
South	Cottage Grove	708.753.5800	

Reminders:

- Public Aid/AllKids Program Participants: DentaQuest is responsible for assisting clients in locating a participating dental provider in their area of residence. Clients can call toll-free at 1-888-286-2447 (TTY: 1-800-466-7566) for assistance.
- The State of Illinois has mandated dental exams for children in 2nd and 6th grades.



see page 10 for financial eligibility requirements

Cook County Family Planning Clinics provide the following services in an effort to help women plan and space their pregnancies: birth control supplies, pregnancy testing, counseling, education and referrals to medical care.

Who can receive family planning services:

Ask about eligibility requirements when making an appointment. In general, they include:

- Uninsured females of child bearing age with household incomes at or below 250% of the Federal Poverty Level residing in SCC are eligible.
- Clients covered under FamilyCare, AllKids, and Illinois Healthy Women will be referred to primary care providers in the community for Family Planning Services.
- Parental consent is not required, but is encouraged for clients who are 17 years of age and younger.

How to make an appointment:

To schedule an appointment, call the district office closest to your home Monday thru Friday, 8:30 AM - 4:30 PM.

North	Rolling Meadows	847.818.2860	*TDD: 847.818.2023
West	Maywood	708.786.4000	*TDD: 708.786.4002
Southwest	Bridgeview	708.974.6160	*TDD: 708.974.6043
South	Markham	708.232.4500	*TDD 708.232.4010

* TDD/TTY: For people with speech and/or hearing impairments. People with a disability should call the nearest clinic office for accommodations.

Reminders:

- Services are confidential.



see page 10 for financial eligibility requirements

Prenatal Intake provides referral, follow-up, and education for pregnant clients to ensure early entry into prenatal care and enrollment in supportive services including AllKids/ Medicaid Presumptive Eligibility (MPE) and WIC programs.

Who can receive prenatal intake services:

Ask about eligibility requirements when making an appointment. In general, they include:

- Pregnant women at or below 200% of the federal poverty guidelines are eligible. Clients receive financial screening and assistance with enrollment for MPE (Medicaid Presumptive Eligibility).
- Clients that have MPE or Medicaid/AllKids are referred to primary care providers who accept this form of health insurance coverage. Clients that have managed care insurance programs such as HMOs or PPOs are referred back to their provider network.
- Clients may also receive prenatal care and delivery services through the Cook County Health and Hospitals System clinics (see page 8) in the community.
- Parental consent is not required, but is encouraged for clients who are 17 years of age and younger.

How to make an appointment:

To schedule an appointment, call the district office closest to your home Monday thru Friday, 8:30 AM - 4:30 PM.

North	Rolling Meadows	847.818.2860	*TDD: 847.818.2023
West	Maywood	708.786.4000	*TDD: 708.786.4002
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South	Markham	708.232.4500	*TDD 708.232.4010

* TDD/TTY: For people with speech and/or hearing impairments. People with a disability should call the nearest clinic office for accommodations.

Reminders:

- Services are confidential.
- The clinic nurse will assess the client for risk factors. If the pregnancy is found to be high-risk, the client will be referred to a high-risk prenatal provider.



Clinic Services

Sexually Transmitted Infections/Diseases (STI/STD) and HIV



see page 10 for financial eligibility requirements

The Sexually Transmitted Infection (STI) or Sexually Transmitted Disease (STD) services include: confidential testing, diagnosis and/or treatment; information; and follow up with partners.

Who can receive STI/STD services:

Ask about eligibility requirements when making an appointment. In general, they include:

- Anyone who has any STI/STD.
- Anyone who thinks they may have been exposed to an STI/STD, including HIV.
- Students of all ages. Parental consent is required for anyone 11 years or under and is strongly encouraged, but not required, for anyone 12 years or older.

How to make an appointment:

To schedule an appointment, call the district office closest to your home Monday thru Friday, 8:30 AM - 4:30 PM.

North	Rolling Meadows	847.818.2860	*TDD: 847.818.2023
West	Maywood	708.786.4000	*TDD: 708.786.4002
Southwest	Bridgeview	708.974.6160	*TDD: 708.974.6043
South	Markham	708.232.4500	*TDD 708.232.4010

* TDD/TTY: For people with speech and/or hearing impairments. People with a disability should call the nearest clinic office for accommodations.

Reminders:

- ALL STI/STD and HIV services are confidential.



Clinic Services

Women, Infants & Children (WIC) Program



see page 10 for financial eligibility requirements

The Women, Infants, and Children Program (WIC) offers nutrition classes, counseling, breastfeeding support, and food vouchers for financially eligible pregnant and/or breastfeeding women. Includes infants and children up to age 5.

Who can receive WIC services:

Ask about eligibility requirements when making an appointment. In general, they include:

- Women who are pregnant, breastfeeding (for up to one (1) year), or postpartum (up to 6 months); and infants and children up to 5 years of age.
- Have a nutritional risk factor such as decreased iron levels (anemia), over or underweight, or poor or inadequate diet.
- Be financially eligible with an income of 185% of poverty or below.

How to make an appointment:

To schedule an appointment, call the district office closest to your home Monday thru Friday, 8:30 AM - 4:30 PM.

North	Rolling Meadows	847.818.2860	*TDD: 847.818.2023
West	Maywood	708.786.4000	*TDD: 708.786.4002
Southwest	Bridgeview	708.974.6160	*TDD: 708.974.6043
South	Markham	708.232.4500	*TDD 708.232.4010

* TDD/TTY: For people with speech and/or hearing impairments. People with a disability should call the nearest clinic office for accommodations.



CCDPH immunization programs provide age-appropriate immunizations to eligible SCC residents through the Vaccines for Children (VFC) Program. Documentation will be provided to the client to bring to school and share with their health care provider.

CCDPH immunization clinics are by appointment only. (See below for a list of CCDPH immunization clinics).

Who can receive immunization services:

Ask about eligibility requirements when making an appointment. In general, they include:

- Parents or legal guardians must come with any child under 19 years of age. A consent form for each type of immunization must be read and signed by the parent or guardian. Only parents and/or guardians may sign the consent form.
- Only healthy children will be immunized.
- Only persons eligible for the VFC program will be given VFC vaccines. VFC eligible children are 0-18 years of age and: 1.) enrolled in Medicaid/All Kids, 2.) Native American, or 3.) without health insurance or with insurance that does not cover immunizations.

How to make an appointment:

To schedule an appointment, call the district office closest to your home Monday thru Friday, 8:30 AM - 4:30 PM.

North	Rolling Meadows	847.818.2860	*TDD: 847.818.2023
West	Maywood	708.786.4000	*TDD: 708.786.4002
Southwest	Bridgeview	708.974.6160	*TDD: 708.974.6043
South	Markham	708.232.4500	*TDD 708.232.4010

* TDD/TTY: For people with speech and/or hearing impairments. People with a disability should call the nearest clinic office for accommodations.

Reminders:

- Clients are responsible for bringing their child’s records to each visit. This program cannot give vaccines without the previous immunization records of the client.



The following immunization schedule is used in CCDPH Clinics, and is consistent with the current recommendations from the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

The official 2010 CDC Immunization Schedules and Catch-Up Schedules for ages Birth through 6 years old, and 7 through 18 years old, are available on-line at: www.cdc.gov/vaccines/recs/schedules/child-schedule.htm. **These schedules, which can change yearly, show when each vaccine or series of shots is to be given. If a child or adolescent has missed any shots, consult the catch-up schedule at the above website AND check with primary care provider about getting back on track.**

2010-11 IMMUNIZATION SCHEDULE

AGE	HepB	DTap/ Tdap	Hib	Polio	PCV	RV	MMR	Varicella	HepA	HPV	MCV4	Influenza
Birth	✓											
2 months	✓ 1-2 mos	✓	✓	✓	✓	✓						
4 months	✓ ¹	✓	✓	✓	✓	✓						
6 months	✓ 6-18 mos	✓	✓	✓ 6-18 mos	✓	✓ ²						✓ ³ give each fall or winter to children ages 6 mos to 18 years
12 months			✓ 12-15 mos		✓ 12-15 mos		✓ 12-15 mos	✓ 12-15 mos	✓ 2 doses given 6 mos apart at age 12-23 mos			
15 months		✓ ⁴ 15-18 mos										
18 months				CATCH UP ⁵ to 5 years	CATCH UP ⁵ to 5 years			CATCH UP ⁵	CATCH UP ⁵			
19-23 months		CATCH UP ⁵										
4-6 years	CATCH UP Children between 19 mos. and 18 years	✓		✓			✓	✓	CATCH UP ⁵			
7-10 years		CATCH UP ⁵		CATCH UP ⁵			CATCH UP ⁵	CATCH UP ⁵				
11-12 years		✓ Tdap								✓✓✓ ⁶	✓	
13-18 years		CATCH UP ⁵ Tdap/Td								CATCH UP ^{5,6}	CATCH UP ^{5,7}	

*Please note that some of the recommended vaccines are not required for school entry. A table listing the required vaccinations for Illinois school children follows this schedule.



Illinois Administrative Code
TITLE 77: Public Health
SECTION 665.240 Basic Immunization
<http://www.ilga.gov/commission/jcar/admincode/077/077006650B02400R.html>

Diphtheria, Pertussis (Whooping Cough), Tetanus (DTP/Td)

- 4 or more doses
- The last dose qualifying as a booster and received on or after the 4th birthday
- A booster is required every 10 years

Polio Vaccine

- 3 or more doses
- The last dose qualifying as a booster and received on or after the 4th birthday

Measles

- 1 dose received after first birthday
- Second dose received no less than 1 month after the first dose
- The second dose of MMR should be given between 4 and 6 years of age.

Rubella

- 1 dose received after first birthday or later

Mumps

- 1 dose received after first birthday or later

Hepatitis B

- Required for students entering preschool and 5th grade beginning school year 1997-98.
- #1 Dose – immediately
- #2 Dose - 1-2 months after dose #1
- #3 Dose - 4-6 months after dose #1

Varicella (Chicken Pox)

- Required for children 2 years of age or older entering preschool or kindergarten beginning 2002-03 school year, who have not had the disease.
- Vaccine must be given after first birthday

HIB (Haemophilus Influenza, Type B)

- Required for students entering preschool and kindergarten (not required after age 5)
- 3 doses or more for series
- If not received before 15 months old; only one dose required after 15 months old

PCV (Pneumococcal Conjugate Vaccine)

- Required for children 2 years of age or under entering preschool beginning 2008-2009 school year.
- 2 or more doses



What is All Kids Health Insurance Program?

All Kids is Illinois' program that gives eligible children access to comprehensive, affordable health insurance. All Kids covers: primary care provider visits, hospital stays, prescription drugs, vision care, dental care, eye glasses, regular check-ups and immunization shots, medical equipment, speech therapy and physical therapy.

How much does it cost?

All Kids services are available at no cost or low cost. How much you pay depends on your family size and income.

Who is eligible?

Children up to 18 years old, who are: Illinois residents, U.S. citizens or qualified legal immigrants, and meet income requirements.

The income requirements vary by All Kids Plan and are based on family size. Your family can qualify for All Kids if your children do not have health insurance. Children who have health insurance can qualify for All Kids as long as your family income meets certain limits.

Where can I get more information?

To learn more about All Kids or to request an application:

- Illinois Health Connect is a program that works with All Kids, FamilyCare and Moms & Babies to manage your healthcare through your medical home.
- You can visit the Illinois Health Connect Web site at illinoishealthconnect.com or call them at 1-877-912-1999
- TDD/TTY 1-866-565-8577 for the speech and hearing impaired
- Online at www.allkidscovered.com.

Reminders:

- **DO NOT CANCEL ANY HEALTH INSURANCE UNTIL YOUR ELIGIBILITY FOR ALL KIDS IS DETERMINED AND APPROVED!**



The Communicable Disease Prevention and Control Unit works to prevent and control the spread of over 70 infectious diseases within SCC. This responsibility is achieved through collaboration with those involved in the identification, diagnosis, treatment, and legal, ethical and social management of communicable diseases.

Programs	Services
General Communicable Disease	Monitors trends using surveillance data; detects and investigates outbreaks; identifies infectious agent(s) responsible for disease transmission; disseminates control recommendations to prevent additional cases of disease
Enhanced Surveillance	Conducts seasonal illness surveillance (e.g., West Nile Virus, influenza, etc.); monitors emergency department data in near real-time; examines trends in disease syndrome groups; provides situational awareness; collaborates with partners to react quickly to public health events
HIV Surveillance and Prevention	Monitors trends in incidence and prevalence of HIV; provides counseling and testing services to clients living with HIV
Infection Prevention	Detects and prevents outbreaks in out-of-hospital settings, including, but not limited to nursing homes, long-term care facilities and child care providers
Sexually Transmitted Infections	Monitors trends in incidence and prevalence of chlamydia gonorrhea and syphilis cases; performs contact tracing for STI/STDs; ensures appropriate treatment for STI/STDs
Tuberculosis Surveillance and Prevention	Monitors trends in incidence and prevalence of tuberculosis cases; conducts contact investigations; maintains logs of persons with latent tuberculosis infections
Vaccine Preventable Diseases Surveillance and Prevention	Monitors trends in VPDs using surveillance data; detects and investigates outbreaks; disseminates control recommendations to prevent additional cases of disease; manages Vaccines for Children Program and collaborates with CCDPH IHSS on Perinatal Hepatitis B Prevention Program

The Communicable Disease Prevention and Control Unit can assist schools and child care providers with the following issues:

- active disease surveillance
- outbreak prevention and management
- immunization requirements

For more information

Phone 708-633-8030



The Environmental Health Unit is the regulatory arm of CCDPH and is empowered to enforce Cook County and Illinois state laws relating to environmental health issues. Environmental Health Inspectors regularly inspect, monitor, regulate, educate and advise the public on environmental health concerns.

Programs	Services
Individual Sewage Disposal Systems and Water Wells	Potable Water; Individual Sewage Disposal Systems; Water Wells
Indoor Air Quality and Vector Program	Carbon Monoxide Complaints; Mercury Spills; Mold Complaints; Sick Building Syndrome; Vector Problems
Food Program	Food Inspections; Food Recalls; Food Complaints
Swimming Pool Program	Swimming Pool Complaints; Licensure; Operational Inspections; Drowning Incidents

The Environmental Health Unit provides primary prevention through a combination of surveillance, education, enforcement and assessment programs designed to identify, prevent and abate the environmental conditions that adversely impact human health. For schools/child care facilities the Environmental Health Unit does the following:

Food Protection

- Conducts food inspections for school cafeterias that participate in Intergovernmental Agreement Program. Food inspections are also available upon request to schools of non-participating municipalities.
- Monitors food recalls affecting schools/child care facilities
- Conducts foodborne investigations at schools/child care facilities
- Monitors food-related complaints in schools/child care facilities
- Conducts inspections for the National Supplemental Nutrition Programs for Children, such as, the summer food program

Indoor Air Quality

- Upon request, responds to complaints and provides on-site consultation to schools/child care facilities in SCC on indoor environmental hazards

For more information

Food Protection	708-974-7118
Indoor Air Quality	708-974-7117



The Prevention Services Unit (PSU) works in partnership with the community to build and sustain healthy environments. This unit is comprised of five departments; all involved in promoting and supporting healthy, active lifestyles in SCC communities, homes, schools, and workplaces.

PSU is focused on preventing illness, injuries and deaths associated with such topics as chronic diseases, lead poisoning, violence, and public health emergencies. PSU provides a health snapshot for each community showing the priority health issues needing most attention. Communities can use this information to make informed policy, systems and environmental changes to support individuals and families in making healthy choices and improving the health of the community overall.

Departments	Services
Chronic Disease Prevention and Health Promotion	Health Promotion (Outreach, Education, Programs); Health Communications and Social Marketing; Tobacco Prevention and Control (Includes Cessation Programs)
Community Preparedness and Coordination	Public Health Emergency Planning; Individual and Family Preparedness; Cook County Medical Reserve Corps.
Community Epidemiology and Health Planning	Community Health Indicators; Population Data; Service Utilization Data
Lead Poisoning Prevention	Home Inspections; Investigate Lead Complaints; Lead Testing; Report Lead Poisoning; Product Recalls; Lead-Safe Trainings
Violence Prevention Coordination	Violence Prevention; Injury Prevention

For more information

Phone 708-633-8350
 Web www.cookcountypublichealth.org



Chronic Disease Prevention and Health Promotion (CDPHP) strives to promote health and wellness and address the risk factors of chronic diseases, such as asthma, diabetes, cancers and heart disease, and other health issues in the places where SCC residents live, work and play.

This department focuses on the following topics:

- Healthy eating
- Active living
- Tobacco prevention and control
- Sexual health

Please see the Chronic Disease Fact Sheets (Appendix A) for information about asthma, dating violence, diabetes, lead, nutrition, physical activity, teen pregnancy, tobacco, and youth violence.

This department works in partnership with local governments, community institutions and schools to raise awareness, increase individual knowledge and skills, educate and mobilize communities, build coalitions, and advocate for changes in organizational and public policy.

Spectrum of Prevention	What We Offer
Strengthening individual knowledge and skills	Health materials, presentations, participation in health fairs/ community events
Promoting community education	Group cessation courses (Freedom from Smoking)
Educating providers	Promotion of 5 A's and cessation referral systems
Fostering coalitions and networks	Alliance for Healthy and Active Communities Cessation Provider Network
Changing organizational practices	Model Communities Grant Program
Influencing public policy	Model Communities Grant Program

CDPHP can assist schools and child care providers with the following:

- Presentations

For more information

Phone 708-633-8350

Web www.cookcountypublichealth.org



Community Preparedness and Coordination (CPC) coordinates public health preparedness efforts in partnership with various disciplines and local, county, state, and federal agencies to effectively plan for, respond to, and recover from events impacting the health of SCC residents and the safety of our employees.

This department focuses on the following topics:

- Promoting individual and family preparedness
- Improving communication, coordination and capacity of the agency and the community to prepare for and respond to public health emergencies
- Developing and maintaining community partnerships

Activities	Services
Planning	Pharmaceutical Stockpile Distribution Plan, Biohazard Detection System Plan, Pandemic Disease Plan, Mass Vaccination Plan
Exercising	Develops, coordinates, and evaluates tabletop, functional, and full-scale exercises
Outreach	Community planning teams, educational campaigns, training, and guidance
Regional coordination	Creation of a Regional Coordination System, Health and Hospital Committee, First Responder Task Force, Mass Humanitarian Care Workgroup, Special Needs Advisory Panel, Cook County Medical Reserve Corps; and participates in regional committees

CPC can assist schools and child care providers with the following:

- Family preparedness
- Volunteering in the Medical Reserve Corps

For more information

Phone 708-633-8350

Web www.cookcountypublichealth.org



Community Epidemiology and Health Planning (CEHP) addresses health problems, disparities and trends by assembling, analyzing and disseminating data and information about the health of SCC. CEHP fosters coordination between CCDPH and other agencies in the region involved in community health planning efforts.

This department focuses on the following topics:

- Population characteristics such as age, race/ethnicity, gender, income
- Health status indicators such as disease, injury, birth outcomes, mortality, and risk/preventive factors
- Community health improvement planning
- Health policy issues

A chief role of CEHP is to conduct the region’s IPLAN process, a community participatory health assessment and planning effort required every five years as part of certification with the Illinois Department of Public Health. CCDPH has named its IPLANreport ‘WePLAN,’ to emphasize the importance of planning together with public health partners to improve health in the suburbs.

Services

- Population and health status data and information
- Support for grants of public health interest
- Epidemiologic interpretation and technical assistance
- Public health and community collaborations
- Policy and best practice analysis

CEHP can assist schools and child care providers in the following ways:

- Providing community health data to help with planning
- Consulting on development of health curricula
- Providing information about health policy issues
- Identifying community resources and referral networks

For more information

Phone 708-633-8350

Web www.cookcountypublichealth.org



Lead Poisoning Prevention and Healthy Homes (LPPHH) helps support healthy families and communities in SCC by preventing, reducing, and eliminating the threat of environmental hazards in and around the home. LPPHH is also developing a network of partners, advocating for policy change, and building capacity to maximize resources.

This department focuses on the following topics:

- Primary prevention initiatives
- Building relationships with community partners
- Stressing the importance of lead-safe work practices during home renovation/repairs

Strategies

Services

Lead Based Paint Hazard Control Grant Program	Funding for property owners to correct lead-based paint hazards in residential dwellings
Community Education and Outreach	Presentations to parents, healthcare providers and community-based organizations about the importance of blood lead testing and ways to prevent lead poisoning. Presentations to property owners about the dangers of lead and ways to reduce risk
Enforcement	Works with the CCDPH Environmental Health Unit to help municipalities enforce lead poisoning laws and inform stores when products have been recalled

This department can assist schools and child care providers with the following:

- Health education and outreach
- Environmental lead home inspections for families with lead poisoned children
- Case management for children with elevated blood lead levels of 20 micrograms/per deciliter (Mg/dL) and above
- Financial assistance to address lead hazards for qualifying residents

For more information

Phone 708-633-8350

Web www.cookcountypublichealth.org



Violence Prevention Coordination (VPC) seeks to provide leadership and direction to the programs and efforts of communities and organizations as it relates to violence and injury and its impact on the residents of SCC.

This department focuses on the following topics:

- Domestic Violence (Intimate Partner Violence)
- Teen Dating Violence
- Youth Violence (Bullying, School Violence)

Programs	Services
Electronic Domestic Violence Program Locator	Program locator services for individuals who are in need of domestic violence assistance
Youth Violence Resource Directory	Listing of youth violence prevention services, agencies and resources throughout SCC
Domestic Violence Online Training Tool	On-line trainings to increase domestic violence competencies for health care professionals
Cook County/Illinois Health Cares Network	Improves health care providers' response to victims of domestic violence

VPC can assist schools with the following:

- Links to information pertaining to domestic/intimate partner and youth violence
- Links to information about evaluated youth violence program curriculums
- Identifying available resources in SCC

For more information

Phone 708-633-8350

Web www.cookcountypublichealth.org



The Policy Development and Communication Unit (PDCU) researches and analyzes public health policies, advocates for the adoption of science-based public health laws, rules and regulations and provides accurate and timely communications to SCC.

PDCU focuses on the following topics:

- Public health policy research, analysis and advocacy
- Media relations
- Public information

Programs	Services
Public Health Policy Research/ Analysis	Researches and analyzes public health policies
Advocacy for Public Health Laws, Rules and Regulations	Advocates for public health laws, rules and regulations
Media Relations	Provides information to print and broadcast media
Public Information	Provides health-related news during routine and emergency situations such as outbreaks, product recalls, events that may be of importance to the public and partners

PDCU can assist schools and child care providers with the following:

- Information about public health policies and legislation
- Information about product recalls and disease outbreaks
- Information about CCDPH programs and services

For more information

Please visit our website at www.cookcountypublichealth.org.



HealthWise

APPENDIX A

Chronic Disease Fact Sheets



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CCHHS

**Cook County Department
of Public Health**



Chronic Disease Fact Sheets Appendix A – Table of Contents

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What Schools Should Know About Asthma

Asthma is a potentially life threatening but manageable chronic disease that affects the lungs and airways.

- Asthma is the most common chronic disorder in childhood, currently affecting an estimated 7 million children under 18 years old.
- 16% of high school students in Illinois currently have asthma.
- 7% of children ages 0–17 years old experienced one or more health-related asthma issues during the past year.
- Asthma is one of the leading causes of school absenteeism. In 2008, asthma accounted for about 14.4 million lost school days in children with an asthma attack the previous year.

Key messages to share with students and parents about asthma:

- Be prepared for the ‘September Epidemic.’ In the fall, when kids return to school, there is an observable spike in asthma symptoms and hospitalizations.
- Each child should have an asthma action plan for the school to keep on file and review annually. This way, the child, parents and school have a plan for what to do when asthma symptoms get worse or if there is an asthma attack.
- Help remove asthma triggers such as tobacco smoke, mold, pets, pollen, and certain cleaning chemicals from home and school environments.
- All asthma medications should be in their original containers with instructions from the pharmacy and clearly labeled with the child’s name.

About Illinois Public Act 96-1460:

- This law eliminates the need for a primary care provider’s note, and permits students to carry and self-administer quick-relief asthma inhalers at school as long as they submit a copy of their prescription and a note from their parent or guardian.

For more information:

- American Lung Association (www.lungusa.org/stop-smoking/about-smoking)
- U.S. Centers for Disease Control and Prevention (www.cdc.gov/healthyyouth/tobacco)
- Tobacco Free Kids (www.tobaccofreekids.org)
- National Heart, Lung and Blood Institute (www.nhlbi.nih.gov/health/dci/Diseases/Asthma_WhatIs.html)
- Asthma and Allergy Foundation of America (www.aafa.org)



**Cook County Department
of Public Health**



HealthWise

What Schools Should Know About Dating Violence

Dating violence affects many teens today and crosses racial, gender, and socio-economic lines. Dating violence is controlling, abusive and aggressive behavior that is used to gain power and control over a current or former dating partner.

- The four types of dating violence are: verbal, emotional, physical and sexual.
- 72% of 8th and 9th graders reportedly 'date.'
- 13% of high school students in Illinois reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months.
- 9% of high schools students in Illinois reported having been physically forced to have sexual intercourse when they did not want to.

Key messages to share with students and parents about dating violence:

- Raise awareness that dating violence is a real issue, can occur anywhere and to anyone, and it is NOT okay.
- It is illegal to hit, sexually assault, stalk or threaten the safety of another person.
- Encourage students to speak to a trusted adult (teacher, nurse, guidance counselor) if they are experiencing dating violence or having trouble managing their feelings.

Things schools can do to help prevent dating violence include:

- Provide training to educate personnel that they are mandated reporters and required by law to tell the authorities if they witness violence or if violence is reported to them.
- Enforce specific school policy pertaining to acts of violence that is not acceptable (pinching, patting, hitting).
- Become familiar with resources within the surrounding area that can provide support to the school, families and students.

For more information

- Center for Disease Control (www.cdc.gov/injury)
- Family Violence Prevention Fund (www.endabuse.org)
- National Youth Violence Prevention Resource Center (www.safeyouth.org)
- The National Center for Victims of Crime (www.ncvc.org)



**Cook County Department
of Public Health**



What Schools Should Know About Diabetes

Diabetes is one of the most common chronic diseases among children in the U.S.

- Type 1 diabetes, previously known as juvenile diabetes, is usually diagnosed in children and young adults. Only 5-10% of people with diabetes have this form of the disease.
- Type 2 diabetes, formerly known as adult-onset diabetes, has been reported among U.S. children and adolescents with increasing frequency.
- Diabetes is a group of diseases characterized by high blood glucose levels that result from defects in the body's ability to produce and/or use insulin. Symptoms include: frequent urination, excessive thirst, extreme hunger, unusual weight loss, increased fatigue, and blurry vision.

Key messages to share with students and parents about diabetes:

- Diabetes may be prevented by maintaining a healthy weight, eating nutritious foods, and being physically active. Every bit helps!
- The school nurse is vital in coordinating diabetes care at school.
- Encourage parents to make a plan with school staff and the child's health care provider for how to manage diabetes at school.
- Encourage parents to make sure children with diabetes are taking diabetes medication and testing blood sugar levels as directed by a primary care provider.
- Roughly 1 in every 3 children in America is overweight, and 1 in 6 is obese. Children are struggling with weight problems at younger and younger ages.

About Public Act 94-0199:

- This law was enacted in 2005 to establish an interagency group to publish best practices and programs consistent with CDC recommendations. Model best practices may include diabetes prevention projects in schools.

For more information:

- U.S. Centers for Disease Control and Prevention (www.cdc.gov/diabetes)
- American Diabetes Association (www.diabetes.org)
- Consortium to Lower Obesity in Chicago Children (www.clocc.net)





What Schools Should Know About Lead

Childhood lead poisoning remains the most preventable environmental public health issue plaguing young children.

- Lead is a toxic, heavy metal that affects children's health and development. High levels of lead can cause seizures or coma in children. Lead exposure at lower levels is associated with long-term effects, like behavior difficulties and learning disabilities.
- While it is universally accepted that there is no safe blood lead level, the Centers for Disease Control has set 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) as the level at which a child has *lead poisoning*.
- Deteriorating lead-based paint and lead dust from renovation or deterioration in homes built before 1978 and contaminated soil remain the most likely sources of childhood lead exposure.

Key messages to share with students and parents about lead:

- Reduce exposure to lead hazards by learning about lead poisoning before home renovations.
- Control lead hazards by removing paint chips and cleaning lead dust from window sills with a damp cloth.
- Ensure that children wash their hands before eating.

About Illinois lead screening requirements:

- The Illinois Lead Poisoning Prevention Act mandates blood-lead testing for all children who reside in high-risk zip codes and assessment for all other children between 6 months and 6 years of age.
- Children eligible for Medicaid must be tested for lead poisoning at 1 and 2 years of age, regardless of their zip code of residence.
- Proof of lead testing or screening must be provided before admission to child care or kindergarten for any child aged 6 months through 6 years.

For more information

- Centers for Disease Control and Prevention Childhood Lead Prevention Program (www.cdc.gov/nceh/lead/about/program.htm)
- U.S. Department of Housing and Urban Development Lead Disclosure Rule or Title X (www.hud.gov/offices/lead/enforcement/disclosure.cfm)
- Illinois Department of Public Health (www.idph.state.il.us/envhealth/pdf/Lead_Prevention.pdf)



Cook County Department
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What Schools Should Know About Nutrition

Well-nourished students tend to be better students as poor nutrition: interferes with cognitive function and performance in the areas of language, concentration and attention and is associated with lower academic achievement.

- In Illinois, 79 percent of high school students do not eat the recommended 5 servings of fruits and vegetables per day.
- Chronically undernourished children attain lower scores on standardized achievement tests, are more irritable, have difficulty concentrating and have lower energy levels.
- Undernourished students have less ability to resist infection and are more likely to become sick, and therefore miss school, leading to increased absenteeism which is directly linked to poor academic performance

Key messages to share with students and parents about nutrition:

- Encourage families to eat more fruits and vegetables and foods that are high in fiber and protein and low in fat, calories, sugar and salt.
- Encourage kids to drink water or carbonated water instead of sugar-sweetened drinks. Substitute water, carbonated water or milk (1% or skim) at meals and snack time.
- Encourage kids and their families to avoid fast food by taking healthy meals and snacks from home and are planning on being on-the-go.

Things schools can do to support children and families in eating healthy:

- Create a healthy food environment. Young people consume an estimated 35 to 50 percent of their daily calories during the school day, so what they eat at school has a major impact on their overall health.
- Learn about the reauthorization of the Child Nutrition Act that would help provide healthy food in school cafeterias and support school policies and resources that promote healthy eating.

For more information

- Centers for Disease Control and Prevention (www.cdc.gov/HealthyYouth/nutrition/facts.htm)
- Supplemental Nutrition Assistance Program (www.dhs.state.il.us/page.aspx?item=30357)
- National School Lunch Program (www.fns.usda.gov/cnd/lunch)
- Illinois WIC Program (www.dhs.state.il.us/page.aspx?item=30513)



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What Schools Should Know About Physical Activity

Physical activity programs are linked to stronger academic achievement, increased concentration and improved math, reading and writing scores.

- Regular physical activity in childhood and adolescence helps reduce anxiety and stress and increase self-esteem, mood and concentration. These are all factors that influence learning.
- Children and teenagers should be physically active for 60 minutes every day, or most every day.
- Despite this, more than half of Illinois high school students surveyed in 2009 were not physically active for a total of at least 60 minutes per day on five or more of the past seven days (Illinois Youth Risk-Factor Behavior Surveillance Survey).
- In 2009, 34 percent of Illinois High school students watched three or more hours of TV per day on an average school day (Illinois Youth Risk-Factor Behavior Surveillance Survey).

Key messages to share with students and parents about physical activity:

- Encourage parents to make sure kids are physically active for at least 60 minutes 3 times a week.
- Encourage youth to engage in physical activities that are appropriate for their age, enjoyable, and offer a variety activities that are aerobic and/or strengthen bones and muscles.
- The American Academy of Pediatrics recommends less than 2 hours of media time (time spent viewing television, computer, movies and DVDs, video games) per day.
- Encourage families to make physical activity part of their daily routine by: taking family walks; playing active games together; walking or biking to school or work; using nearby parks, forest preserves and paths, etc.

Things the school can do to support children and families in being physically active:

- Increase opportunities for physical activity during recess and classroom breaks.
- Increase the amount of physical activity in physical education programs at school.
- Implement Safe Routes to School. Improve signage near sidewalks, bike paths.

For more information

- Centers for Disease Control and Prevention
(www.cdc.gov/nccdphp/dnpa/physical/pdf/PA_Fact_Sheet_Children.pdf)



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What Schools Should Know About Teen Pregnancy

Teen pregnancy is considered pregnancy that occurs in females ages 19 or younger.

- In 2009, 46 percent of high school students had ever had sexual intercourse. About one-third of girls in the United States get pregnant before age 20 (CDC). There are about 2,000 births to teen moms in SCC each year (CCDPH).
- Teen mothers face higher rates of pre-term birth, and their infants have higher rates of low birth weight, and infant death. Compared to women who delay childbearing until the age of 20 to 21 years, teenage mothers, ages 19 and younger, are more likely to drop out of high school and remain single parents (CDC).
- Births to teens ages 15 to 19 between 2004 and 2006: 7,364 in Suburban Cook County; 52,313 in Illinois; and 1,265,291 in the U.S. (CCDPH).

Key messages for schools to share with students and parents about teen pregnancy:

- Parents play an important role. According to The National Campaign to Prevent Teen and Unplanned Pregnancy, young people say their parents are an important influence on the decisions they make about sex.
- Encourage parents to talk to their teens early and often and direct them to helpful resources (see below). In addition to the potential physical consequences of sex (such as getting pregnant or contracting an STI/STD, teens should carefully consider the potential emotional consequences as well.
- Encourage parents to use common-sense dating rules as they see fit based on their parental perspectives, values, beliefs.

About the REAL (Responsible Education About Life) Act (S. 972 and H.R. 1653)

- This bill would provide federal funding for comprehensive sex education programs in schools. Currently, only abstinence-only-until-marriage education receives federal funding. The bill would provide funding for programs that include information about both abstinence, and contraception and condoms.

For more information

- Centers for Disease Control and Prevention (www.cdc.gov/reproductivehealth/AdolescentReproHealth)
- National Campaign to Prevent Teen and Unplanned Pregnancy (www.TheNationalCampaign.org/national-data/polling-data.aspx)



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What Schools Should Know About Tobacco

Tobacco use includes cigarette and cigar smoking, and it is the leading preventable cause of death in the U.S.

- While nationwide, youth smoking has declined dramatically since the mid-1990s, that decline has slowed considerably in recent years.
- In Illinois 18 percent of high school students smoke. This year, it is expected that 17,000 kids under the age of 18 will start smoking.
- Roughly one-third of all youth smokers will eventually die prematurely from smoking-caused diseases.

Key messages to share with students and parents about tobacco:

- Nurses and parents can help shape school policy and enforce the 24/7 Smoke-Free School Policy and prohibit all smoking by students, staff, and visitors on school property or at school-sponsored events.
- Encourage parental support of school-based tobacco-prevention programs.
- Encourage parents to keep smoke-free homes and cars. If they don't smoke, encourage them not to start. If they do smoke, encourage them to quit.

About the Smoke Free Illinois Act and other laws in place to protect youth:

- Smoking indoors is illegal. The Smoke Free Illinois Act (2008) prohibits smoking in or within 15 feet of any public place or place of employment.
- In Illinois, no minor under 18 years of age shall buy any cigar, cigarette, smokeless tobacco (including new products such as Snus), or tobacco in any of its forms.

For more information:

- American Lung Association (www.lungusa.org/stop-smoking/about-smoking)
- Centers for Disease Control and Prevention (www.cdc.gov/healthyyouth/tobacco)
- Tobacco Free Kids (www.tobaccofreekids.org)



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What Schools Should Know About Youth Violence

Youth Violence refers to harmful behaviors that can start early and continue into young adulthood. The young person can be a victim, an offender, or a witness to the violence.

- In the U.S., homicide is the 2nd leading cause of death for young people ages 10-24. Eighty four percent of these were killed with a firearm.
- In SCC, homicide was the leading cause of death between 2000 and 2002 for youth ages 1 to 24 years old, according to a 2005 CCDPH report.
- Thirty percent of U.S. students in grades 6 thru 10 are involved in moderate or frequent bullying as bullies, victims or both.

Key messages to share with parents about youth violence:

- Encourage parents to watch their children for early signs of violent behavior so their needs can be addressed before problems escalate.
- Encourage parents to learn about school district policies on discipline, violence and bullying.
- Parents can advocate for a safe school environment by suggesting safety programs such as peer mediation, conflict resolution and anger management.

About laws in place to protect youth:

- 2001 ILL. Public Act 92-060.H.B.646 requires school boards to include provisions in student discipline policies to address students who have demonstrated behaviors that put them at risk for aggressive behavior, including bullying.
- 2001 ILL. Public Act 92-96, S.B.1026 provides that whoever by threat, menace or intimidation prevents a child entitled to attend a public or nonpublic school from attending that school or interferes with the child's attendance at that school is guilty of a Class A misdemeanor.

For more information:

- Center for Disease Control (www.cdc.gov/violenceprevention)
- National Youth Violence Prevention Resource Center (www.safeyouth.org)
- Stop Bullying Now Campaign (www.stopbullyingnow.hrsa.gov)



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APPENDIX B

Communicable Disease Fact Sheets



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Introduction

The goal of this document is to furnish school nurses, school officials, health care providers and other interested persons with information on the control of communicable diseases that may be encountered in daycare settings and in schools. This guide provides information on both reportable and non-reportable communicable diseases and conditions. More detailed information on many of these diseases can be obtained from the CCDPH website (www.cookcountypublichealth.org), from the IDPH Web site (www.idph.state.il.us) or from the web site of the U.S. Centers for Disease Control and Prevention (CDC) (www.cdc.gov).

Those diseases or conditions marked with an asterisk must be reported to CCDPH. For each reportable disease or condition, the reporting time frame and the appropriate number to call are listed in the section entitled, "Reportable to CCDPH." Prompt reporting to CCDPH of all cases of communicable diseases can greatly reduce opportunities for these diseases to be spread.

Any unusual condition or cluster of illnesses should be reported to CCDPH regardless of whether the disease or condition is reportable. Questions related to this guide should be directed to the Communicable Disease Control Unit at: 708-633-8030.

Information related to exclusion from day care and school attendance is noted in bold in the "Control of Case" and "Contact" sections under each disease. For more information, please refer to the following IDPH rules and regulations (available at: www.idph.state.il.us/rulesregs/rules-index.htm).

Control of Communicable Diseases (77 Ill. Adm. Code 690)
Child Health Examination Code (77 Ill. Adm. Code 665)
Immunization Code (77 Ill. Adm. Code 695)
College Immunization Code (77 Ill. Adm. Code 694)
Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693)
Control of Tuberculosis Code (77 Ill. Adm. Code 696)





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Enteric/Gastrointestinal (GI) Illnesses



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E. coli O157:H7*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 24 hours. To report a case of *E. coli* O157:H7 or a shiga-toxin producing *E. coli* infection, enterotoxigenic, enteropathogenic, or enteroinvasive *E. coli*, call 708-633-8030.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? Yes, for daycares, preschools or institutions that care for persons who are developmentally delayed. Contact CCDPH prior to distribution of materials to parents, guardians or caregivers.

Agent(s): Bacterium (*Escherichia coli* O157:H7 or other strains, as listed above).

Mode of Transmission: Mainly by ingestion of contaminated food (most often undercooked ground beef) but also from raw milk, fruit, fruit juices or vegetables contaminated with animal feces. Person-to-person transmission via the fecal-oral route can occur if hygiene is poor and handwashing is inadequate. Waterborne transmission also has been documented, particularly when children in diapers are allowed to enter swimming or wading pools, water parks or beaches.

Signs and Symptoms: Diarrhea may range from mild and non-bloody to stools that are virtually all blood. Severe abdominal pain is typical; fever is usually absent. Any child with bloody diarrhea requires immediate medical attention. Asymptomatic infections also can occur.

Incubation Period: Ranges from two to eight days with a median of three to four days.

Period of Communicability: Period can vary; generally, the period lasts a week or less in adults, but approximately one-third of children may be contagious for up to three weeks. Prolonged carriage is possible.

Control of Cases: Exclude until diarrhea ceases for at least 24 hours. Cases who are food handlers or who provide direct care to children or infants are prohibited from performing their job duties until two consecutive stool specimens are negative. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered.

Control of Contacts: No restrictions in the general school population. Contacts to cases of enterotoxigenic *E. coli*, enteropathogenic *E. coli* or enteroinvasive *E. coli* who are employed as food handlers or in sensitive occupations, including child care or health care, and currently have diarrhea, shall not work until diarrhea has ceased for at least 24 hours. Release specimens are not required for persons with these types of *E. coli* infections.

General Measures: Teach the importance of basic hygiene and proper handwashing. Educate about proper sanitary methods for food preparation, handling, storing and thorough cooking of foods of animal origin, especially ground beef. (Ground beef should be cooked to an internal temperature of 160 degrees Fahrenheit for at least 15-16 seconds.) Children who are not toilet-trained should wear tight fitting rubber or plastic pants before entering public wading or swimming pools, water parks or beaches. Persons with diarrhea should not engage in recreational water activities. Discourage use of common food bowls or shared servings of food items, e.g., popcorn.



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Gastroenteritis, Viral

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? Not for single cases. If a cluster or outbreak occurs, consult CCDPH.

Agent(s): Viruses (especially, but not limited to, noroviruses).

Mode of Transmission: Person-to-person via the fecal-oral route; also spread via food or drinks contaminated by an infected food handler and by contaminated water.

Signs and Symptoms: Stomach ache, nausea, vomiting, diarrhea, fever.

Incubation Period: Variable, usually one to four days.

Period of Communicability: Variable, during diarrheal illness and for one to several days following resolution of symptoms.

Control of Cases: Exclude persons with GI symptoms from school until they are free of symptoms for at least 24 hours; 3 days if the person is responsible for touching, preparing or distributing food.

Control of Contacts: No restrictions.

General Measures: Reinforce the necessity for proper and frequent hand hygiene by teachers and students to reduce the risk of disease transmission. Soap and water should be used for cleansing hands after using the restroom and when hands are visibly soiled. Alternatively, when hands are not soiled, waterless, alcohol-based hand sanitizers may be used. Clean high-touch environmental surfaces (e.g., table tops, door knobs) and surfaces contaminated by vomit with bleach solution ($\frac{1}{4}$ cup bleach to one gallon of water) or an EPA-approved disinfectant with activity against noroviruses. Persons cleaning up vomit must wear gloves and a surgical mask to avoid contamination of hands and inoculation of the virus into the mouth or nose.





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Giardiasis*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 7 days. To report a case of giardia, call 708-633-8030.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? Yes, for daycares, preschools or institutions that care for persons who are developmentally delayed. Contact CCDPH prior to distribution of materials to parents, guardians or caregivers.

Agent(s): Protozoan (*Giardia lamblia*).

Mode of Transmission: Person-to-person via the fecal-oral route; also via food or drinks contaminated by an infected food handler; can be transmitted by contaminated water.

Incubation Period: Variable; five to 25 days but sometimes longer.

Signs and Symptoms: Stomach ache, diarrhea, bloating; may recur several times over a period of weeks; asymptomatic infections common.

Period of Communicability: Entire period of infection with this parasite.

Control of Cases: Exclude case from school until clinical recovery, i.e., absence of diarrhea and fever. Persons who work in child care or health care may return to their usual occupations after diarrhea has ceased for at least 24 hours and antimicrobial therapy has been completed for 48 hours.

Control of Contacts: No restrictions in general school population. Contacts with symptoms who are employed as food handlers or in sensitive occupations such as child care or health care shall submit one specimen for testing for giardiasis. CCDPH may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

General Measures: Teach the importance of proper handwashing; adults should supervise the handwashing of children/youths. Giardiasis can spread quickly in day care centers. Treatment is recommended.





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Salmonellosis*

Reportable to CCDPH? Yes, as soon as possible during regular business hours but within 7 days. Typhoid Fever must be reported as soon as possible during normal business hours but within 24 hours. To report a case of Salmonella or Typhoid Fever, call 708-633-8030.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Bacteria (*Salmonella* enteric subspecies; Typhoid fever is caused by *Salmonella* serotype Typhi).

Mode of Transmission: By ingesting raw or undercooked foods of animal origin, e.g., eggs, meat and poultry, unpasteurized milk/milk products from infected animals, or by ingesting raw or undercooked foods, not of animal origin but fecally-contaminated by an infected animal or person; also person to person, via the fecal-oral route

Incubation Period: Six to 72 hours, usually about 12 to 36 hours.

Signs and Symptoms: Infections are marked by the sudden onset of fever, abdominal pain, diarrhea, nausea and sometimes vomiting, but can be asymptomatic.

Period of Communicability: Extremely variable, usually several days to several weeks. A temporary carrier state occasionally continues for months in infants; infrequently, individuals may excrete the organism for more than a year. Antibiotics can prolong the period of communicability.

Control of Cases: Exclude case from school until clinical recovery, i.e., absence of fever and diarrhea. Cases with salmonellosis shall not work as food handlers or provide direct care to children or infants until diarrhea has ceased for at least 24 hours and 2 consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification. CCDPH may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

Control of Contacts: There are no restrictions in general school population. All contacts to cases of salmonellosis employed as food handlers or who provide direct care to children or infants, and who currently have diarrhea or have had diarrhea during the previous 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and 2 consecutive negative stool specimens have been submitted. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification. There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or contacts who provide direct care to children or infants and who have had no symptoms of *Salmonella* infection during the previous 4 weeks. CCDPH may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

General Measures: Teach the importance of proper handwashing. Educate about proper sanitary methods for food preparation and for handling, storing and thorough cooking of foods of animal origin; any food service should use pasteurized egg products in place of raw eggs or when eggs are pooled before cooking.





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Shigellosis*

Reportable to CCDPH? Yes, as soon as possible during regular business hours but within 7 days. To report a case of *Shigella*, call 708-633-8030.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Bacteria (*Shigella dysenteriae*, *Shigella flexneri*, *Shigella boydii*, *Shigella sonnei*).

Mode of Transmission: Person-to-person via the fecal-oral route; also spread via food or drinks contaminated by an infected food handler; also can be transmitted by contaminated water.

Incubation Period: One to seven days.

Signs and Symptoms: Sudden onset of fever, nausea, diarrhea and sometimes vomiting; can be asymptomatic.

Period of Communicability: Usually during the four weeks after illness; infrequently a carrier state may continue for months or longer.

Control of Cases: Exclude case from school until clinical recovery, i.e., absence of fever and diarrhea. Cases with shigellosis shall not work as food handlers or in sensitive occupations (e.g., child care) until diarrhea has ceased for at least 24 hours and 2 consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

Control of Contacts: There are no restrictions in general school population. All contacts to cases of shigellosis employed as food handlers or who provide direct care to children or infants and who currently have diarrhea or have had diarrhea during the previous 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted 2 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

Contacts to cases of shigellosis who are employed as food handlers or child care providers shall submit 2 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individual shall be restricted from working.

CCDPH may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

General Measures: Teach the importance of proper handwashing. Adults should supervise the handwashing of children/youths; shigellosis can spread quickly in day care centers.



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Rash/Skin-Related Illnesses



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Fifth Disease/Erythema Infectiosum/ Parvovirus B19

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? Yes, mainly to advise susceptible women who are pregnant, or who might become pregnant, of the possibility of acquiring infection and potential risk of complications to the fetus (including stillbirth), particularly when continuing close contact occurs with people who have erythema infectiosum infections/fifth disease (at home, at school, in child care or in health care settings). Consult with CCDPH before communicating with parents/guardians or caregivers.

Agent(s): Virus (parvovirus B19).

Mode of Transmission: Contact with respiratory secretions; also from woman to fetus when infection occurs during pregnancy.

Signs and Symptoms: This is a mild disease, with low-grade or no fever and a distinct facial rash (slapped-cheek appearance) frequently associated with a lace-like rash on the trunk and extremities. The rash fades within a week but may recur for one to three weeks or longer when the person is exposed to sunlight, heat, cold, exercise or stress. Not all infected persons will develop a rash. A sore throat, respiratory symptoms and abdominal complaints may precede onset of rash.

Incubation Period: Variable, usually four to 21 days.

Period of Communicability: In persons with rash illness alone, the period of infectiousness is before onset of the rash; in the immunosuppressed and persons with severe anemia, communicability may last for months to years.

Control of Cases: Because cases are no longer contagious when the rash appears, there are no restrictions. Exclude case if fever is present or if child does not feel well enough to participate in usual activities.

Control of Contacts: No restrictions.

General Measures: Persons should cover their noses and mouths when coughing or sneezing and discard used tissues promptly. Wash hands thoroughly after exposure to respiratory secretions, including handling of soiled tissues and handkerchiefs. Persons should not share straws, cups, glasses, eating utensils, cigarettes, water bottles used during sports or recreation, etc. Discourage persons from kissing an infant, toddler or child on the mouth to help prevent the spread of this and other diseases transmitted by respiratory secretions.

Susceptible women who are pregnant, or who might become pregnant, should be advised of the possibility of acquiring infection and potential risk of complications to the fetus (including stillbirth), particularly when continuing close contact with people who have erythema infectiosum infections/fifth disease (at home, at school, in child care or in health care settings). A blood test can determine if a person has immunity. Pregnant women with sick children at home are reminded to wash hands frequently and to avoid sharing drinking cups or eating utensils. Because of widespread inapparent infections in children and adults, all women, but particularly those with school-age children, are at some degree of risk. Also, persons with certain anemias, like sickle cell anemia or chronic anemia, or persons with immune system impairments may develop serious illness.



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Hand, Foot and Mouth Disease/ Coxsackievirus A16

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No. If a cluster or outbreak occurs, consult CCDPH.

Agent(s): Virus (Coxsackievirus A16). Hand, Foot and Mouth Disease is often confused with the similarly named, “Foot and Mouth” or “Hoof and Mouth” disease affecting cloven-hoofed livestock (e.g., cattle, sheep, deer). These two diseases are caused by different agents and are unrelated conditions. Animals do not get Hand, Foot and Mouth Disease and humans do not get Hoof and Mouth Disease.

Mode of Transmission: The fluid in the blisters or ulcers contains virus, which can be passed to another person through nasal and oral secretions, or from an infected person’s feces.

Incubation Period: Usually three to seven days.

Signs and Symptoms: There is usually a mild fever, often a sore throat, loss of appetite, small red spots in the mouth (on the tongue, gums and the inside of the cheeks) that may blister. If there is a rash on the skin, it may be flat or raised red spots that blister. Rash can occur on the palms and fingers of the hands or on the soles of the feet and on the buttocks. Symptoms may last for seven to 10 days or infections can be asymptomatic.

Period of Communicability: Virus can be excreted before symptoms appear, during illness and for several weeks after symptoms have resolved.

Control of Cases: While there are no restrictions, in a child care facility when multiple cases are occurring, some benefit may be gained by excluding very young children with blisters in their mouths who drool or who have weeping lesions on their hands until their symptoms resolve. In general, most infected children do not need to be excluded unless fever is present or they are not well enough to participate in usual activities.

Control of Contacts: No restrictions.

General Measures: Teach the importance of basic hygiene measures such as covering the mouth when coughing or sneezing and frequent, proper handwashing before any activity that brings hands in contact with the mouth, e.g., eating, drinking, smoking, etc. Emphasize the importance of proper disposal of used tissues; prompt handwashing after handling articles soiled with oral secretions or discharges from the nose and immediately after diaper changing or toileting; and not sharing glasses, straws, water bottles, eating utensils, etc.





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Impetigo

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Bacteria (Group A Streptococci, GAS; *Staphylococcus aureus*).

Mode of Transmission: Person-to-person by direct contact with nasal discharges or with a person who has purulent lesions; hands are the most important means of spread.

Incubation Period: Variable, commonly four to 10 days.

Signs and Symptoms: Blisters on skin that open and become covered with yellowish crust; no fever.

Period of Communicability: As long as lesions continue to drain or a carrier state persists.

Control of Cases: Exclude case from school until 24 hours after treatment begins.

Control of Contacts: No restrictions.

General Measures: Keep lesions covered while in school if possible; teach the importance of proper handwashing and emphasize strict personal hygiene. Keep fingernails clean and trimmed.



HealthWise

MRSA (Methicillin-Resistant Staphylococcus Aureus)*

Reportable to CCDPH? Yes, a cluster of 2 or more laboratory confirmed MRSA cases occurring in a community setting (including, but not limited to, schools, correctional facilities, day care settings, and sports teams) within 14 days is reportable to CCDPH as soon as possible during normal business hours but within 24 hours. To report a cluster of 2 or more laboratory confirmed MRSA cases, call 708-633-8030. Individual cases of MRSA do not need to be reported to CCDPH.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? Yes. Consult with CCDPH prior to contacting parents, guardians, or caregivers.

Agent(s): Bacteria (Group A Streptococci, GAS; *Staphylococcus aureus*).

Mode of Transmission: Person-to-person by direct contact with nasal discharges or with a person who has purulent lesions; hands are the most important means of spread.

Incubation Period: Variable, commonly four to 10 days.

Signs and Symptoms: Blisters on skin that open and become covered with yellowish crust; no fever.

Period of Communicability: As long as lesions continue to drain or a carrier state persists.

Control of Cases: Exclude case from school until 24 hours after treatment begins.

Control of Contacts: No restrictions.

General Measures: Keep lesions covered while in school if possible; teach the importance of proper handwashing and emphasize strict personal hygiene. Keep fingernails clean and trimmed.





HealthWise

Ringworm

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Fungi (*Tinea* species). Ringworm is a not a worm.

Mode of Transmission: By direct skin or scalp contact or indirect contact with items or materials contaminated with fungus from skin, scalp or hairs, e.g., theater seats, barber clippers, combs, brushes, hats, clothing. The same fungi that infect humans can also infect animals such as dogs and cats and infections can be acquired from pets and farm animals. However, animals account for less than 10 percent of cases; some animals, especially cats, may be unapparent carriers.

Incubation Period: Usually four to 10 days for the body; usually 10 to 14 days for the scalp

Signs and Symptoms: Ringworm of the skin is a reddish, ringlike rash that is often itchy or flaky but may be moist and crusted and may burn; the central area often clears as it progresses. Ringworm of the scalp may leave scaly, balding patches with broken-off hairs that can slowly spread; raised pus-containing lesions develop occasionally.

Period of Communicability: As long as lesions are present; viable fungus can persist on contaminated items or materials for long periods.

Control of Cases: Exclude case from school until 24 hours after treatment begins and the lesion begins to shrink, unless lesion can be covered; a child need not be excluded if lesion(s) can be covered.

Control of Contacts: No restrictions.

General Measures: Teach importance of not sharing towels, clothing, combs, brushes, hair accessories, hats and coats; store clothing items and coats so that these items are separate from one another; teach proper handwashing procedures. Pets with skin rashes should be evaluated by a veterinarian.





HealthWise

Scabies

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Insect (*Sarcoptes scabiei* var *hominis*, a mite).

Mode of Transmission: A person with scabies is said to be ‘infested,’ not ‘infected.’ Mites can be transmitted person to person by direct skin-to-skin contact, including during sexual contact; transfer from undergarments and bedclothes occurs only if contaminated immediately beforehand by an infested person.

Incubation Period: First infection, two to six weeks; repeat infection, one to four days.

Signs and Symptoms: Scratching of small raised red bumps or blisters on skin; intense itching, especially at night.

Period of Communicability: Scabies can be transmitted until mites and eggs are destroyed by treatment; a second treatment application is recommended one week following the first treatment.

Control of Cases: Exclude case from school until the day after the first scabicide treatment.

Control of Contacts: There are no restrictions in general school population. Household members and sexual contacts of the case should be treated prophylactically; also treat prophylactically caretakers, companions and others who have had skin-to-skin contact with the case.

General Measures: The diagnosis of scabies must be made by a physician, most frequently by skin scraping and microscopic exam for this parasite. Red itchy rashes or blisters can be the result of other conditions/disorders that appear very similar to scabies.





HealthWise



**COOK COUNTY HEALTH
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**Cook County Department
of Public Health**

Vaccine Preventable Diseases



HealthWise

Chickenpox/Varicella*

Reportable to CCDPH? Yes, as soon as possible but within 24 hours. To report a case of chickenpox, call 708-633-8030.

Preventable Through Routine Childhood Immunization? Yes.

Note to Parents Recommended? Yes. Consult with CCDPH before communicating with parents/guardians or caregivers.

Agent(s): Virus (Varicella Zoster Virus, VZV).

Mode of Transmission: Person-to-person transmission occurs through direct contact with respiratory tract secretions or vesicular fluid from lesions or by indirect contact with articles soiled by an infected patient's vesicular and mucous membrane discharges.

Signs and Symptoms: A sudden onset of mild fever, malaise and itchy rash progresses to vesicular lesions that last three to four days before scabbing.

Incubation Period: Can be 10-21 days, but commonly 13-17 days.

Period of Communicability: The disease may be transmitted one to two days before onset of rash through the first four to five days, or until all lesions have formed crusts.

Control of Cases: Case must be isolated and excluded from school or day care for not less than five days after the eruption of the last vesicles or until the vesicles become dry. Hospitalized cases should be excluded from immunocompromised susceptible persons for up to 21 days (28 days if varicella-zoster immune globulin is used). Articles soiled by patient discharges from the nose, throat and lesions should be disinfected.

Control of Contacts: Notify staff members and parents when a case of chickenpox is identified. There are no restrictions among immune or susceptible populations. Unvaccinated contacts should be immunized. Varicella vaccine can be effective in preventing or modifying varicella illness if used within three days of initial exposure. Check with the local health department about vaccine availability for susceptible children and adults. Note: A small proportion of persons vaccinated develop a non-infectious varicella-like rash at the site of infection within a week to two weeks of vaccination.

Varicella-zoster immune globulin (VZIG) given within 96 hours of exposure may prevent or modify disease for close contacts with immunosuppression and for high-risk neonates. The product currently used in the U.S., VariZIG™, can be obtained from the sole authorized U.S. distributor FFF enterprises (24 hour telephone number: 800-843-7477).

General Measures: Varicella vaccine is routinely recommended for all children between 12-18 months of age unless contraindicated. A second dose is recommended between 4-6 years of age. It is also recommended for all susceptible children by age 13. Susceptible children are those who have not been immunized previously or who do not have a reliable history of chickenpox. Susceptible adults who live or work in environments where the virus is likely should consider vaccination. Persons 13 years of age and older should receive two doses of vaccine.



HealthWise

Diphtheria*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 24 hours.

Preventable Through Routine Childhood Immunization? Yes.

Note to Parents Recommended? No.

Agent(s): Bacterium (toxin-producing strains of *Corynebacterium diphtheria*).

Mode of Transmission: Person-to-person spread is by droplet or direct contact with respiratory tract or skin lesions of an infected person or by indirect contact with articles soiled by infected patient's discharges from lesions; raw milk may serve as a vehicle.

Signs and Symptoms: Moderate fever, swollen lymph glands, sore throat with gray-white patches surrounding inflamed zones.

Incubation Period: Usually two to five days, occasionally longer.

Period of Communicability: Period is variable, but usually two weeks until virulent bacilli have disappeared from discharges and lesions. Carriers may shed organisms for six months or more.

Control of Cases: Case must be isolated and excluded from day care or school until two successive cultures from both nose and throat, taken not less than 24 hours apart, are negative for diphtheria bacilli; or when virulence tests prove bacilli to be avirulent. For purposes of releasing a case from isolation, cultures should not be accepted for testing until at least seven days after completion of antibiotic agents. Articles soiled by or in contact with an infected patient must be disinfected.

Control of Contacts: All susceptible contacts should be isolated. All contacts should be cultured from nose and throat and contacts found to be carriers should be kept under quarantine and isolation until case requirements are met. Contacts who are food handlers or in sensitive occupations must be excluded from employment until shown by two successive negative cultures from the nose and throat not to be carriers.

General Measures: Diphtheria vaccine is routinely recommended for all susceptible persons, unless contraindicated. Immunization should be given as soon as possible after 2 months of age and is required prior to admission to day care or school. All individuals should be actively immunized against diphtheria and the immunity should be bolstered by periodic booster inoculations. Persons 6 years of age and older should be given tetanus-diphtheria combined toxoid (Td), either as a primary immunizing agent for diphtheria or as a booster for diphtheria and tetanus, every 10 years. Persons aged 11-64 years of age should receive a dose of Tdap as a booster instead of Td. Persons traveling to or through countries where diphtheria is common should ensure that their diphtheria immunization is current.





HealthWise

Hepatitis A Virus*

Reportable to CCDPH? Yes, report cases as soon as possible during regular business hours but within 24 hours. To report a case of hepatitis A, call 708-633-8030.

Preventable Through Routine Childhood Immunization? No. Vaccine is available for persons living in high-incidence areas.

Note to Parents Recommended? No.

Agent(s): Virus (hepatitis A virus, HAV).

Mode of Transmission: Person-to-person via the fecal-oral route; also spread via food or drinks contaminated by an infected food handler; can be transmitted by contaminated water.

Incubation Period: Dose related; 15 to 50 days, average 28 to 30 days.

Signs and Symptoms: Slight fever, tired feeling, loss of appetite, stomach ache, nausea or vomiting are usually followed by jaundice. Young children may have mild diarrhea without jaundice.

Period of Communicability: During the two weeks of illness following the onset of symptoms, or one week after onset of jaundice.

Control of Cases: Exclude case from school during the two weeks of illness following onset of symptoms, or for one week after onset of jaundice. Cases who are food handlers or who work in sensitive occupations are prohibited from performing their job duties during the two weeks of illness following the onset of symptoms, or one week after onset of jaundice.

Control of Contacts: There are no restrictions in general school population; household or other exceptionally close contacts should be given immune globulin (IG) if no more than 14 days have passed since their last exposure to the case.

General Measures: Teach the importance of handwashing; adults should supervise the handwashing of children/youths. IG given longer than 14 days after last exposure to the case is unlikely to prevent infection. If more than one case occurs in a day care center, IG should be considered for additional children, staff and selected households. IG is not indicated for the usual school or office setting.





HealthWise

Hepatitis B Virus*

Reportable to CCDPH? Yes, report cases as soon as possible during regular business hours but within 7 days. To report a case of hepatitis B, call 708-633-8030.

Preventable Through Routine Childhood Immunization? Yes.

Note to Parents Recommended? No.

Agent(s): Virus (hepatitis B virus, HBV).

Mode of Transmission: By skin puncture or mucous membrane exposure to blood, serum-derived body fluids or tissues of an infected person; by vaginal, anal or oral intercourse with an infected person; or by perinatal transmission from an infected mother.

Incubation Period: Two weeks to six months, but usually six to nine weeks.

Signs and Symptoms: Fatigue, loss of appetite, abdominal discomfort, nausea and vomiting, dark urine, light stools and jaundice are common. However, fewer than 50 percent of adults and only about 10 percent of children experience symptoms.

Period of Communicability: The blood, semen, vaginal secretions and serum-derived body fluids of persons with hepatitis B are potentially infectious for many weeks before the onset of symptoms and throughout the clinical course of the disease. About 6 percent to 10 percent of the hepatitis B infections result in chronic carriage.

Control of Cases: No restrictions considered unless the case or carrier has open, uncoverable weeping skin eruptions, exhibits aggressive behavior that poses a risk to others (e.g., biting) or is neurologically handicapped and lacks control of body secretions. Cases and carriers should be evaluated on a case-by-case basis by persons knowledgeable about HBV transmission, the case's specific circumstances, risks to others, etc. Persons previously known to be carriers must never donate blood for blood transfusion.

Control of Contacts: There are no restrictions in general school population. Infants born to infected mothers should receive hepatitis B immune globulin (HBIG) and begin vaccination within 12 hours of delivery. Sexual or intravenous drug using partners and household contacts of cases and carriers should be vaccinated.

General Measures: Hepatitis B vaccination (three doses) is routinely recommended for all susceptible children during the first 18 months of life and for children not previously vaccinated by 11 or 12 years of age, unless contraindicated. Immunization is required prior to admission to day care, pre-kindergarten programs and fifth grade.

Teach the importance of routinely applying Standard Precautions with all persons, regardless of HBV infection status, e.g., wear gloves when exposure to blood, blood-containing body fluids, non-intact skin or mucous membranes may occur; perform proper handwashing following these exposures and after gloves are removed; use disinfectants appropriately; and avoid sharing personal grooming articles, like toothbrushes and razors, etc. Educate about the transmission of HBV through perinatal exposure, sexual behaviors, sharing equipment used in preparing or injecting drugs, and tattooing and body piercing when performed under unsanitary conditions.





HealthWise

Measles* (Rubeola)

Reportable to CCDPH? Yes, as soon as possible but within 24 hours. To report a case of measles, call 708-633-8030.

Preventable Through Routine Childhood Immunization? Yes.

Note to Parents Recommended? Yes. Consult CCDPH before communicating with parents, guardians or caregivers.

Agent(s): Virus (Measles virus).

Mode of Transmission: Measles is one of the most highly communicable infectious diseases and is primarily spread from person to person by droplets or direct contact with throat and nasal secretions of infected persons or by indirect contact with articles soiled by infected patient's nasal and throat secretions.

Incubation Period: About 10 days, but may be seven to 18 days from exposure to onset of fever; rash usually appears about 14 days after exposure, but may be as long as 21 days.

Signs and Symptoms: Two- to four-day prodromal period with fever (usually 103-105 degrees F), cough, watery eyes and runny nose precedes the red, blotchy rash, which usually begins on the face and becomes generalized; rash lasts four to seven days.

Period of Communicability: Highly communicable from slightly before the beginning of the prodromal period to four days after the appearance of the rash.

Control of Cases: Cases must be isolated and excluded from school until four days after the appearance of the rash.

Control of Contacts: There are no restrictions among immunized populations. In school or day care and medical facility outbreaks, all susceptible persons should be excluded until 21 days after diagnosis of last case or, if contact becomes ill, for four days after rash develops. Unvaccinated contacts should be immunized. Vaccine administered within 72 hours of exposure and immune globulin administered to exposed infants within six days of exposure may provide protection.

General Measures: Measles vaccine is routinely recommended for susceptible persons, unless contraindicated. Immunization should be given as soon as possible on or after the first birthday and may be given as a part of measles-mumps-rubella (MMR) combined vaccine. Vaccination is required for day care, school and college entry. (For entry into school and college, two doses of measles vaccine, with the second dose given at least 28 days after the first dose, is required.)

Proof of prior measles disease is not acceptable unless laboratory evidence of immunity is presented or documentation noting the date of measles illness is signed by a physician of record. Any physician diagnosis of measles made on or after July 1, 2002, must be confirmed by laboratory evidence.

When measles is prevalent in a community, monovalent measles vaccine may be given to infants 6-11 months old. When vaccine is given prior to the first birthday, a second dose must be given on or after the first birthday and a third dose at 4-6 years of age and prior to school entry.





HealthWise

Mumps*

Reportable to CCDPH? Yes, as soon as possible during regular business hours but within 24 hours. To report a case of mumps, call 708-633-8030.

Preventable Through Routine Childhood Immunization? Yes.

Note to Parents Recommended? Yes. Consult with CCDPH before communicating with parents/guardians or caregivers.

Agent: Virus (Mumps virus).

Mode of Transmission: Person-to-person spread by droplet or direct contact with patient's throat or nasal secretions.

Incubation Period: From 12-26 days, commonly 18 days.

Signs and Symptoms: Fever, pain and swelling of one or more salivary glands causing jaw tenderness.

Period of Communicability: From six days before onset of symptoms to nine days after developing swelling.

Control of Cases: Cases must be isolated and excluded from school until five days after the onset of swelling. Hospitalized cases should be isolated for the duration of their illness. Articles soiled by or in contact with an infected patient must be disinfected.

Control of Contacts: There are no restrictions among immunized populations. Unvaccinated contacts should be immunized. Susceptible contacts should be excluded from school or the workplace from the 12th through the 25th day after exposure if other susceptible persons are present in those settings.

General Measures: Mumps vaccine is routinely recommended for all susceptible persons, unless contraindicated. Immunization should be given as soon as possible on or after the first birthday and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Vaccination is required for day care, school and college entry.

Proof of prior mumps disease requires signed documentation by a physician, including date of illness, or laboratory evidence of mumps immunity.





HealthWise

Pertussis*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 24 hours. To report a case of pertussis, call 708-633-8030.

Preventable Through Routine Childhood Immunization? Yes.

Note to Parents Recommended? Consult with CCDPH.

Agent(s): Bacterium (*Bordetella pertussis*).

Mode of Transmission: Person-to-person spread by droplet or direct contact with airborne respiratory secretions or by indirect contact with articles soiled by infected patient's nose and throat discharges.

Incubation Period: Commonly seven days, almost uniformly within 10 days and not exceeding 21 days.

Signs and Symptoms: Initial upper respiratory symptoms feature an irritating cough that develops into a violent, spasmodic cough within one to two weeks. The patient may develop the characteristic "whoop" during the coughing spasms. The symptoms, if left untreated, may last one to two months.

Period of Communicability: Highly communicable from the beginning of respiratory symptoms to three weeks after onset of coughing spasms in patients not treated with antibiotics. When treated with appropriate antibiotics, the communicable period is reduced to five days or less after the onset of treatment.

Control of Cases: Cases must be isolated and excluded from school until at least five days after the start of antibiotic therapy. Articles soiled by or in contact with nose and throat discharges of infected patient must be disinfected. Cases without culture confirmation should complete their vaccination series.

Control of Contacts: There are no restrictions among immunized populations. Unvaccinated contacts 6 years of age and younger should be immunized and treated. Close contacts (e.g., household members, close friends) should, regardless of their immunization status, receive at least five days of an appropriate antimicrobial agent. Pertussis is most dangerous to infants.

General Measures: Pertussis vaccine is routinely recommended for all susceptible children 6 years of age and younger, unless contraindicated. Immunization should be given as soon as possible after 2 months of age and is required prior to admission to day care or school. Persons 11-64 years of age should receive a dose of Tdap as a booster.





HealthWise

Polio*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 24 hours. To report a polio case, call 708-633-8030.

Preventable Through Routine Childhood Immunization? Yes.

Note to Parents Recommended? Yes. Consult with CCDPH before contacting parents/guardians or caregivers.

Agent(s): Virus (Poliovirus [genus Enterovirus] types 1, 2 and 3).

Mode of Transmission: Person-to-person spread by fecal-oral transmission and by direct contact with nose and throat discharges.

Incubation Period: Commonly seven to 12 days, with a range from three to 21 days.

Signs and Symptoms: Headache, fever, nausea and vomiting, malaise and muscle pain that may become progressive with neck and back stiffness and flaccid paralysis.

Period of Communicability: Period is variable; virus is present in throat secretions for 36 hours to one week after exposure and in feces from 72 hours to six weeks. Cases are most infectious seven to 10 days both before and after the onset of symptoms.

Control of Cases: Cases must be isolated and excluded from school until the end of the acute phase of disease. Hospitalized cases must be isolated for the duration of their hospitalization. Articles soiled with throat discharges and feces of infected patients must be disinfected.

Control of Contacts: There are no restrictions among immunized populations. Unvaccinated contacts should be immunized and observed for 14 days following last exposure to known case.

General Measures: Polio can be eradicated by maintaining a high level of immunity in the population. Polio vaccine is routinely recommended for all susceptible children, unless contraindicated. Immunizations should be given as soon as possible after 2 months of age and is required prior to admission to day care or school.





HealthWise

Rubella*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 24 hours. To report a case of rubella, call 708-633-8030.

Preventable Through Routine Childhood Immunization? Yes.

Note to Parents Recommended? Yes. Consult with CCDPH before communicating with parents/guardians or caregivers.

Agent(s): Virus (Rubella virus).

Incubation Period: From 14 to 21 days, usually 18 days.

Signs and Symptoms: Mild disease with low-grade fever, malaise, swollen glands and upper respiratory illness precedes the rash, which lasts for two to three days.

Period of Communicability: For about one week before and one week after onset of rash.

Mode of Transmission: Person-to-person spread by droplet or direct contact with nasopharyngeal secretions or by indirect contact with articles soiled by patient's nose and throat discharges or urine or feces.

Control of Cases: Cases should be isolated from school or workplace for seven days after rash onset. All suspect cases should undergo both measles and rubella IgM testing to rule out measles and/or rubella. Local school policies may exclude suspects or cases without a physician release. Hospitalized cases should be isolated for up to seven days after rash onset. Congenitally infected cases should be considered infectious for up to one year.

Control of Contacts: There are no restrictions among immunized populations. Unvaccinated contacts should be immunized, unless contraindicated. Pregnant females exposed to cases should be tested to determine if immunity is present or if infection has occurred.

General Measures: Rubella vaccine is routinely recommended for all susceptible persons, unless contraindicated. Immunization should be given as soon as possible on or after the first birthday and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Vaccination is required for day care, school and college entry. Proof of prior rubella disease is not acceptable unless laboratory evidence of immunity is presented.





HealthWise

Tetanus*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 7 days. To report a case of tetanus, call 708-633-8030.

Preventable Through Routine Childhood Immunization? Yes.

Note to Parents Recommended? Yes, call CCDPH before informing parents/guardians and caretakers.

Agent(s): Bacteria (*Clostridium tetani*).

Mode of Transmission: Tetanus occurs when the bacterium in soil or dust is introduced into the body through a puncture wound, abrasion, laceration, or burn.

Signs and Symptoms: The first sign is lockjaw, followed by stiffness of the neck, difficulty in swallowing, and rigidity of abdominal muscles. Other symptoms include elevated temperature, sweating, elevated blood pressure, and episodic rapid heart rate.

Incubation Period: Commonly 4 days to 3 weeks, dependent on character, extent, and location of wound; average 10 days. Most cases occur within 14 days, but may be longer.

Period of Communicability: None. There is no evidence of communicability from person-to-person.

Control of Cases: No restrictions.

Control of Contacts: No restrictions.

General Measures: Children are routinely recommended to receive 5 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine (DTaP) beginning at 2 months of age, then at 15 to 18 month old and repeated on or after the age of 4. Persons 7 years of age or older should be given tetanus-diphtheria combined toxoid (Td) vaccine either as primary immunizing agent for tetanus or as a booster. Routine booster doses of tetanus-diphtheria combined toxoid (Td) vaccine should be given every 10 years. Persons 11- 64 years of age should be given tetanus-diphtheria acellular pertussis (Tdap) vaccine instead of Td as booster.





HealthWise



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CC-HHS

**Cook County Department
of Public Health**

Respiratory Illnesses



HealthWise

Common Cold

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Viruses (especially, but not limited to, rhinoviruses).

Mode of Transmission: By direct contact or inhalation of airborne droplets of nose and throat secretions, or, by indirect contact of hands to articles freshly soiled by discharges of the nose and throat.

Signs and Symptoms: Runny nose, watery eyes and a generalized tired feeling.

Incubation Period: Usually one to three days.

Period of Communicability: One day before onset of symptoms to five days after symptoms begin.

Control of Cases: Cases need not be excluded from school unless fever is present; children excluded due to fever may be readmitted when fever subsides.

Control of Contacts: No restrictions.

General Measures: Teach the importance of basic hygiene measures such as covering the mouth when coughing or sneezing, and frequent and proper handwashing before any activity that brings hands in contact with the mouth, e.g., eating, drinking, smoking, etc. Emphasize the importance of proper disposal of used tissues and prompt handwashing after contact with respiratory secretions and after handling articles soiled with respiratory secretions; discourage sharing of glasses, straws, water bottles, eating utensils, etc.





HealthWise

Influenza

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No, but influenza vaccine is recommended for all persons over 6 months of age each year. Seasonal influenza vaccines are available every year and are safe and effective in preventing influenza due to serotypes covered in the vaccine.

Note to Parents Recommended? For single cases, no; for clusters of cases, yes. If clusters of cases occur, it may be helpful to consult with CCDPH before communicating with parents/guardians or caregivers. In both cases, it may be beneficial to remind parents/guardians and caregivers not to give children aspirin because of the risk of Reye syndrome.

Agent(s): Virus.

Mode of Transmission: By direct contact with droplets of respiratory secretions (influenza virus persists for hours in dried mucus), or through airborne spread in crowded, enclosed spaces.

Incubation Period: Usually one to five days.

Signs and Symptoms: Rapid onset of fever, headache, muscle aches, sore throat and dry cough.

Period of Communicability: Until three to five days after onset of symptoms in adults, and for up to seven days after onset of symptoms in children.

Control of Cases: Exclude cases from day care or school until 24 hours after fever subsides without the use of fever-reducing medications (e.g., Tylenol™ or Motrin™).

Control of Contacts: No restrictions.

General Measures: Vaccine is recommended for children and adults with certain chronic diseases and for persons who provide direct care to others. Groups of persons at highest risk of influenza-related complications are persons 50 years of age or older; residents of nursing homes; and adults and children with chronic pulmonary or cardiovascular disorders and/or chronic metabolic diseases, renal dysfunction, blood disorders or immunosuppression. Otherwise healthy persons 6 months of age and older who wish to reduce their likelihood of becoming ill with influenza should also consider vaccination. Teach the importance of basic hygiene, especially covering the mouth when coughing or sneezing; educate about hand-to-mucous membrane transmission.



HealthWise

Respiratory Syncytial Virus/ RSV

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Virus (Respiratory Syncytial Virus, RSV).

Mode of Transmission: RSV is spread through direct contact with respiratory secretions such as breathing them in after an infected person coughs or sneezes; indirectly by hands, soiled tissues and handkerchiefs, eating and drinking utensils, and other articles and environmental surfaces contaminated by respiratory discharges from an infected person.

Incubation Period: From one to 10 days.

Signs and Symptoms: Fever and one or more systemic symptoms, such as chills, headache, body aches, malaise and loss of appetite, either alone or in combination with runny nose, sore throat, swollen glands, bronchitis or pneumonia, are usually present. Infants sometimes have gastrointestinal disturbances. Signs and symptoms usually subside in two to five days without complications; however, some infections may be complicated by bacterial sinusitis, otitis media or, less commonly, by bacterial pneumonia.

Period of Communicability: RSV is communicable shortly before onset and for the duration of symptoms, usually three to eight days; in infants, RSV shedding may very rarely persist for several weeks or longer after clinical symptoms subside.

Control of Cases: There are no restrictions. An infected child does not need to be excluded unless he or she has a fever of 100 degrees F or greater or is not well enough to participate in usual activities.

Control of Contacts: No restrictions.

General Measures: Teach the importance of basic hygiene measures such as covering the mouth when coughing or sneezing, frequent and proper handwashing before any activity that brings hands in contact with the mouth, e.g., eating, drinking, smoking, etc. Emphasize the importance of proper disposal of used tissues and prompt handwashing after contact with respiratory secretions and after handling articles soiled with respiratory secretions; discourage the sharing of glasses, straws, water bottles, eating utensils, etc.



HealthWise

Streptococcal Sore Throat/ Scarlet Fever

Reportable to CCDPH? Uncomplicated cases of streptococcal sore throat and scarlet fever are not reportable. Cases with complications, such as acute glomerulonephritis and rheumatic fever, are reportable as soon as possible during normal business hours but within 24 hours. To report a case with complications, call 708-633-8030.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Bacteria (Group A Strep, GAS).

Mode of Transmission: Person-to-person by direct contact with nasal secretions; by ingestion of food contaminated by an infected food handler's nasal secretions or streptococci present on skin; rarely by contact with articles handled by an infected person.

Incubation Period: Usually one to three days.

Signs and Symptoms: Initial symptoms are fever, sore throat, often enlarged tender lymph nodes in neck. Scarlet fever occurs most commonly in association with pharyngitis. Scarlet fever-producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat. Untreated or incompletely treated cases are at risk of developing rheumatic fever or inflammation of the kidney (glomerulonephritis).

Period of Communicability: Untreated, 10 days to weeks; for treated individuals, generally 24 to 48 hours.

Control of Cases: Exclude case from school until 24 hours after treatment begins; readmit provided fever is absent.

Control of Contacts: No restrictions.

General Measures: Teach importance of covering mouth when coughing or sneezing. Educate about the importance of proper handwashing. Stress the importance of completing the full course of antibiotics.





HealthWise

Tuberculosis/TB*

Reportable to CCDPH? Yes, as soon as possible during regular business hours but within 7 days. To report a case of tuberculosis, call 708-836-8600.

Preventable Through Routine Childhood Immunization? Not in the U.S. Bacille Calmette Guérin (BCG) vaccination is given in some foreign countries, however. Administration of BCG can cause a false positive reaction in persons given a tuberculin skin test (TST).

Note to Parents Recommended? Yes. Consult with CCDPH before communicating with parents/guardians or caregivers.

Agent(s): Bacteria (*Mycobacterium tuberculosis*, TB; other members of the TB complex are also pathogenic).

Signs and Symptoms: In latent TB infection (LTBI), none. Pulmonary/laryngeal TB disease causes productive and prolonged cough (duration of >3 weeks), chest pain, fever, chills, night sweats, fatigue, appetite loss and weight loss.

Period of Communicability: With LTBI, none. With pulmonary/laryngeal TB disease, as long as viable tubercle bacilli are being discharged in the sputum. Individuals who are untreated or who are treated inadequately may be infectious intermittently for years.

Mode of Transmission: Airborne with inhalation of droplet nuclei produced by a person with pulmonary or laryngeal TB who is coughing, sneezing, laughing, singing, etc.

Control of Cases: Children can attend school or day care if they are considered to be not infectious. TB disease cases who were previously determined to be infectious are considered not infectious for pulmonary or laryngeal TB and can return to normal activities when they have had adequate treatment for two or more weeks, a favorable response to treatment and three consecutive negative smear results from sputum collected on different days. If unable to produce sputum, which often occurs with young children, a case is considered not infectious when his/her physician makes this determination and may return to normal activities when he/she has had adequate treatment for two or more weeks and shows clinical improvement.

Control of Contacts: TB testing of all members of the household and other close contacts is required. Contacts with a negative TB test should receive a second TB test 10 to 12 weeks after their last exposure. Persons with positive TB tests should be evaluated for active disease. If active disease is ruled out, these persons should be evaluated for treatment of LTBI. Recent contacts with LTBI are one of the highest risk groups for developing TB and should consider preventive treatment. Children can attend school or day care if they have LTBI whether or not they are being treated.

General Measures: LTBI can be detected about two to 10 weeks after exposure. Approximately 10 percent of individuals who acquire tuberculosis infection and are not given preventive therapy will develop active TB disease during their lifetime. The risk of developing TB disease remains high for the first two years. In selected areas with a high incidence of TB infection, the TB skin test may be required as a part of the school health examination. Contact your local school board about TB skin testing requirements. Foreign-born persons from areas where TB is common are among those at higher risk for exposure to or infection with TB.

Conditions that increase the risk of progression from TB infection to TB disease are HIV infection, substance abuse, recent TB infection, chest X-ray that suggests previous TB, diabetes, silicosis, prolonged corticosteroid therapy, immunosuppressive therapy, and cancer of the head and neck.





HealthWise

Tuberculosis/TB* (continued)

Individuals with LTBI who are included among those at increased risk for developing TB disease should be evaluated for treatment. Treatment of LTBI should be considered dependent on the results of the TB skin test and risk factors. Directly observed therapy (DOT) has been shown to be highly effective and is recommended for the administration of the treatment of TB disease and in some cases for the treatment of LTBI. School nurses are encouraged to assist in providing DOT to students with TB and LTBI.

Tuberculin skin testing should be done either before or on the same day as vaccination with a live-virus vaccine or four to six weeks after the live-virus vaccination.

Tuberculin skin testing is not contraindicated for persons who have been vaccinated with BCG. Treatment of LTBI is not contraindicated for persons who have been vaccinated with BCG.





HealthWise



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Sexually Transmitted Infections (STIs)



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HealthWise

Crabs/Pubic Lice

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Insect (*Phthirus pubis*, the pubic louse).

Mode of Transmission: A person with pubic lice is said to be ‘infested,’ not ‘infected.’ By close physical contact or intimate contact with an infested person or shared articles such as clothing or linens.

Incubation Period: If many lice are transmitted at once, the incubation period is short; if few are transmitted, symptoms are delayed for several weeks.

Signs and Symptoms: Itching of the genital area; lice or nits in the pubic hair; bluish spots in the pubic area or thighs where lice have bitten.

Period of Communicability: Until lice or eggs are destroyed by treatment; a second pediculicide treatment is necessary only if eggs (nits) or lice are found.

Control of Cases: No restrictions.

Control of Contacts: No restrictions.

General Measures: Clothing and linen that has been used in the past week should be washed in hot water and/or dried in a hot cycle, or dry-cleaned. Fumigation of living areas is not necessary. Avoid intimate contact until nits and lice are eradicated.





HealthWise

Bacterial Vaginosis

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Bacteria.

Mode of Transmission: The disease is primarily caused by vaginal flora imbalance. Occasionally, it will be transmitted from person to person via sexual contact.

Signs and Symptoms: Males are usually asymptomatic but may have mild urethral discharge and/or painful urination; treatment is indicated if a female sexual partner becomes symptomatically reinfected. Females, too, are usually asymptomatic but may have malodorous, gray vaginal discharge.

Incubation Period: Usually five to seven days.

Period of Communicability: Until adequately treated.

Control of Cases: Cases should refrain from sexual intercourse until symptoms have resolved and medication is completed.

Control of Contacts: No restrictions.

General Measures: Educate about the transmission of the bacteria through sexual behavior.



HealthWise

Chlamydia*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 7 days. To report a case of chlamydia, call 708-633-8030.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Bacterium (*Chlamydia trachomatis*).

Mode of Transmission: The disease is transmitted from person to person via sexual contact; perinatal transmission can occur from mother to infant during birth process.

Signs and Symptoms: Up to 80% of both males and females may be asymptomatic. When symptoms are present, males have a mucoid discharge and/or painful urination. Females may have watery vaginal discharge, painful urination and a cervical mucoid or pus-filled discharge.

Incubation Period: Poorly characterized.

Period of Communicability: Until adequately treated.

Control of Cases: Refrain from sexual intercourse until symptoms have resolved and medication is completed.

Control of Contacts: No restrictions.

General Measures: Educate about the transmission of chlamydia through sexual behavior. Yearly screening is recommended for women under 25 years of age and for women 25 years and older who have new or multiple sex partners.





HealthWise

Genital Candidiasis/Yeast

Reportable to CCDPH? No. No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Yeast (various *Candida* species).

Mode of Transmission: The infection is transmitted through contact with secretions or excretions of mouth, skin, vagina and especially feces from patients or carriers and by passage from mother to infant during childbirth. Factors predisposing to endogenous spread include antibiotic usage, pregnancy, oral contraceptive usage, menstruation, diabetes mellitus, corticosteroid usage and immunosuppression (including HIV infection).

Signs and Symptoms: Males are usually asymptomatic. Females may have a white, curdy vaginal discharge, vulvar itching and vaginal soreness.

Incubation Period: Variable.

Period of Communicability: Until adequately treated.

Control of Cases: Refrain from sexual intercourse until symptoms have resolved and medication is completed.

Control of Contacts: No restrictions.

General Measures: Educate about medication compliance and factors that may contribute to repeated episodes.





HealthWise

Genital Warts/HPV

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No. However, a vaccine (Gardasil™) is available for persons aged 9-26 years of age.

Note to Parents Recommended? No.

Agent(s): Virus (Human Papillomavirus, HPV).

Mode of Transmission: Person-to-person via direct contact with virus; often during sexual intercourse.

Signs and Symptoms: In males, vesicular lesions are accompanied by itching; ruptured lesions form painful ulcers. In females, vesicular lesions are accompanied by itching, vaginal discharge and sometimes bleeding; ruptured lesions (with the exception of cervical lesions) form painful ulcers. Females are more likely to develop flu-like symptoms during initial outbreak. Recurrences in both males and females are likely.

Incubation Period: Average incubation period is two to three months but may range from one to 20 months.

Period of Communicability: When lesions are present and when the virus is being shed asymptotically (both males and females can shed the virus asymptotically).

Control of Cases: Persons with genital or anal lesions should refrain from sexual contact until lesions have resolved.

Control of Contacts: No restrictions.

General Measures: Educate about the transmission of HPV through close contact, including sexual behavior(s). Since HPV can be transmitted during periods of asymptomatic viral shedding, condoms should be used consistently and correctly for each episode of sexual intercourse. However, condoms can only protect against transmission when the ulcers or virus are in genital areas that are covered or protected by the condom.





HealthWise

Gonorrhea*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 7 days. To report a case of gonorrhea, call 708-633-8030.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Bacterium (*Neisseria gonorrhoeae*).

Incubation Period: In males, one to 30 days (typically three to seven days); in females, uncertain, but within 10 days among most women who develop symptoms.

Signs and Symptoms: Most males experience discharge and/or painful urination, though some are asymptomatic. Females are usually asymptomatic but may have discharge and/or painful urination, bleeding between menstrual periods or excessive menstruation.

Period of Communicability: Until adequately treated.

Mode of Transmission: The infection is transmitted through contact with exudates from mucous membranes of infected persons, almost always as a result of sexual activity. Perinatal transmission can occur from mother to infant during birth process.

Control of Cases: Refrain from sexual intercourse until symptoms have resolved and medication is completed.

Control of Contacts: No restrictions.

General Measures: Educate about the transmission of gonorrhea through sexual behavior.



HealthWise

Herpes Simplex Virus/Cold Sores/ Genital Herpes

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Viruses (cold sores are caused by Herpes Simplex Virus I [HSVI] and genital herpes are caused by Herpes Simplex Virus II [HSVII]).

Mode of Transmission: Person-to-person by direct contact with secretions from the herpes simplex sores, from genital secretions or saliva of infected persons.

Incubation Period: Two to 12 days.

Signs and Symptoms: Primary infections are without symptoms in 50 percent or more of infected persons; fever and malaise may be present; a sore or ulcer may be accompanied by itching and may be painful; the sore may be raised; lesions can occur on the lip, mouth, throat, eye, external genitalia or vagina. Herpes simplex lesions can also appear on areas of the body such as the torso, arms and legs.

Period of Communicability: During presence of lesions and if the virus is being shed asymptotically.

Control of Cases: No restrictions other than students should be excluded from contact sports such as wrestling if active lesions are present on the body (outside the genital area) until lesions have resolved; if large areas of active lesions cannot be covered or if exposure to infectious secretions by other students cannot be avoided, the student infected with herpes simplex should be excluded until lesions are dry and scabbed.

Control of Contacts: No restrictions.

General Measures: Condoms can protect against transmission of herpes simplex virus but only when the ulcers or virus are in genital areas that are covered or protected by the condom. Routine personal hygiene measures can help prevent herpes simplex infections from being transmitted; for example, towels, clothing, and eating and drinking utensils should not be shared.





HealthWise

HIV/AIDS*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 7 days. To report a case of HIV or AIDS, call 708-492-2171.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Virus (Human Immunodeficiency Virus, HIV).

Mode of Transmission: HIV is spread by sexual contact (vaginally, orally, or anally) with an infected person; by sharing needles and/or syringes or other equipment used for drug injection with someone who is infected; or through transfusion of infected blood or clotting factors. In the health care setting, workers have become infected with HIV after being stuck with needles containing HIV-infected blood. Perinatal transmission may occur before or during birth or through breastfeeding after birth.

Incubation Period: The asymptomatic/incubation period is variable, from months to 10 years or longer depending on the progression of disease.

Signs and Symptoms: At two to six weeks after infection, patients may develop viral-like illness consisting of fever, sweats, fatigue, malaise, lymphadenopathy and sore throat. Patients may then remain asymptomatic for months to years. Infected infants may fail to thrive.

Period of Communicability: From the time a person becomes infected with HIV through life.

Control of Cases: There are no restrictions unless the case has open and uncoverable weeping skin eruptions, has aggressive behavior that poses a risk to others (e.g., biting), or is neurologically handicapped and lacks control of body secretions. Cases should be evaluated on a case-by-case basis by persons knowledgeable about HIV transmission, the case's specific circumstances, risks to others, etc. The physician of an HIV-infected child may determine the patient should be excluded when measles, rubella or chickenpox is occurring at the school.

Control of Contacts: There are no restrictions in the general school population. Prevention measures need to be applied for sexual or intravenous drug using partners.

General Measures: Teach the importance of routinely applying universal precautions with all persons, regardless of known HIV infection status; e.g., wear gloves when exposure to blood, body fluids, non-intact skin or mucous membranes may occur; perform proper handwashing following these exposures and after gloves are removed; use disinfectants appropriately, etc. Educate about the transmission of HIV through sexual behaviors and sharing equipment used in preparing or injecting drugs, and through perinatal transmission.





HealthWise

Syphilis*

Reportable to CCDPH? Yes, as soon as possible during regular business hours but within 7 days. To report a case of Syphilis, call 708-633-8030.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Bacterium (*Treponema pallidum*).

Mode of Transmission: By direct contact with infectious exudates from obvious or concealed, moist, early lesions of skin and mucous membranes of infected persons during sexual contact; perinatal transmission from mother to infant.

Incubation Period: From 10 to 90 days, usually 21 days.

Signs and Symptoms: In the primary stage, chancre (usually, a painless sore), lymphadenopathy; in secondary stage, palmar-plantar rash, nickel/dime-sized lesions (often on the face), alopecia, mucous patches, malaise, macular rash, papular rash, squamous rash, annular rash or split papules.

Period of Communicability: During primary and secondary stages when lesions are present, primarily during sexual contact; perinatally, during any stage.

Control of Cases: Refrain from sexual intercourse until symptoms have resolved and medication is completed.

Control of Contacts: No restrictions.

General Measures: Educate about the transmission of the organism through sexual behavior.





HealthWise

Trichomoniasis

Reportable to CCDPH? No.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Protozoan (*Trichomonas vaginalis*).

Incubation Period: Four to 28 days.

Mode of Transmission: Person-to-person via sexual contact.

Signs and Symptoms: Males are usually asymptomatic but may have mild urethral discharge and/or painful urination. In females, frothy yellow or green vaginal discharge and vulvar irritation, including swelling, redness and itching, may be present.

Period of Communicability: Until adequately treated.

Control of Cases: Refrain from sexual intercourse until symptoms have resolved and medication is completed.

Control of Contacts: No restrictions.

General Measures: Educate about the transmission of the organism through sexual behavior.



HealthWise



**COOK COUNTY HEALTH
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Other Illnesses/Conditions



**COOK COUNTY HEALTH
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HealthWise

Animal Bites/Rabies Exposure/ Potential Rabies Exposure*

Reportable to CCDPH? Yes. Animal bites with human or potential human exposure to rabies should be reported as soon as possible but within 24 hours. Call 708-633-8030 to report a human (or potential human) exposure to rabies.

Preventable Through Routine Childhood Immunization? No. pre-exposure prophylaxis is available for some at-risk populations. Post-exposure prophylaxis may be indicated in certain circumstances. See Control of Cases.

Note to Parents Recommended? Generally, no. There may be some benefit in providing education to parents. See General Measures.

Agent(s): Virus (Lyssaviruses).

Mode of Transmission: Transmission occurs when a person is exposed to the saliva of a rabid animal through a bite or scratch or when the animal's saliva contacts a fresh abrasion or mucous membrane. Transmission also can occur if there is exposure to a rabid animal's brain tissue or cerebrospinal fluid.

Signs and Symptoms: In animals, rabies may result in behavior changes, e.g., a nocturnal animal appearing during daylight hours; a wild animal allowing humans to approach it; a domesticated animal appearing overly aggressive or overly docile; an animal exhibiting excess salivation, difficulty walking, or having a stunned or paralyzed appearance; or, in the case of a bat, difficulty flying. In humans, rabies is often preceded by a sense of apprehension, headache, fever, malaise, and subtle changes in personality or cognition; pain is often associated with the site of a previous animal bite.

Incubation Period: In animals, the incubation period has not been specifically established. In humans, symptoms of rabies usually appear within three to eight weeks but can be days or years following the time of exposure. Once symptoms appear, rabies is almost always fatal.

Period of Communicability: In dogs, cats and ferrets, this period is usually three to seven days before signs of illness due to rabies and throughout the course of the disease. In other animals, particularly wild animals, the period of communicability is not specifically established and may be lengthy before signs of rabies appear. Many wild animals, for example, bats, raccoons, skunks, foxes, coyotes, wolves and other biting mammals, may carry rabies. Rabbits, opossums, squirrels, chipmunks, rats and mice are rarely infected with rabies virus. Exposures to birds, fish, amphibians or reptiles never pose a risk of rabies.

Control of Cases: Animal bites and scratches should be cleansed immediately by washing the bite site with soap and water; some may require medical attention. When there is any question about an animal bite or contact with a bat having the potential for rabies exposure, it should be reported to the local health authority. Bites from some species, such as bats, may go undetected due to small teeth size, so the local health authority should be contacted to determine if rabies preventive treatment is recommended and if animal control should be notified. Should it be determined that a person not capable of knowing a bite occurred (an infant or a sleeping person) has been present in the same room with a bat, rabies post-exposure prophylaxis will be recommended if the bat cannot be tested and found negative for rabies.

Control of Contacts: No restrictions.

General Measures: Educate children to avoid any domestic or wild animal that is acting strangely, is sick or is unfamiliar to them. Teach children to report any contact with a wild animal or any unfamiliar domestic animal to an adult and to inform an adult any time they are bitten or scratched by any animal. Ensure that dogs, cats and ferrets are fully vaccinated against rabies.





HealthWise

Cytomegalovirus/CMV*

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Virus (Cytomegalovirus, CMV).

Mode of Transmission: Transmission usually occurs from person to person via direct contact of virus-containing saliva or urine with a break in the skin or a mucous membrane of the eye, nose or mouth. Risk of CMV transmission occurs in all settings where there is close personal contact with and among infants and children. Sexual transmission occurs via exposure to virus in cervical secretions or semen. Perinatal transmission also can occur from mother to infant.

Signs and Symptoms: CMV is ubiquitous and asymptomatic infections are the most common. The few who develop symptoms usually have a mononucleosis-like illness with fever, swollen lymph nodes and sore throat. The most severe infections occur in developing fetuses when a previously uninfected pregnant woman is exposed to the virus and may transmit the infection to her fetus. Congenital infection may result in mental retardation, hearing loss or other abnormalities. The vast majority of CMV infections, i.e., 90 percent, do not cause disease.

Incubation Period: While not well-defined in all circumstances, illness following transfusion with infected blood usually begins three to 12 weeks following transfusion. Infections acquired during birth are also first demonstrable three to 12 weeks after delivery.

Period of Communicability: CMV excretion may occur for many months and may persist or be episodic for several years following primary infection.

Control of Cases: No restrictions.

Control of Contacts: No restrictions.

General Measures: Routine hygienic procedures are the most effective method of preventing CMV transmission. CMV circulation is most prevalent in children younger than 2 years of age. Educate women of childbearing age about the potential risks of acquiring CMV infection and the importance of proper handwashing before any activity that brings hands in contact with eyes, nose or mouth, e.g., eating, drinking, smoking, etc. If caregivers of children younger than 2 years of age expect to become pregnant, CMV antibody testing and consultation with a physician can identify if they are immune to CMV; for those women without immunity, temporarily limiting contact with children younger than 2 may reduce the risk. Contact with children that does not involve exposure to saliva or urine poses no risk of CMV transmission.





HealthWise

Fever

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? Yes, for daycares, preschools or institutions that care for persons who are developmentally delayed. Contact CCDPH prior to distribution of materials to parents guardians or caregivers.

Agent(s): Variable, usually viruses or bacteria.

Incubation Period: Variable, determined by the causative agent.

Signs and Symptoms: Oral temperature of 100 degrees F or greater.

Period of Communicability: Variable, determined by causative agent.

Mode of Transmission: Fever itself is not transmissible; the causative agent of the fever will determine the mode of transmission.

Control of Cases: Cases excluded due to fever may be readmitted when fever subsides, unless fever accompanies disease(s) for which there are other restrictions.

Control of Contacts: There are no restrictions in general school population, unless the causative agent of the fever indicates an appropriate treatment or prophylaxis of identified contacts.

General Measures: Variable, determined by the causative agent.





HealthWise

Head Lice/Pediculosis

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? Yes. Consult CCDPH before communicating with parents/guardians or caregivers.

Agent(s): Insect (*Pediculus capitis*, head louse).

Mode of Transmission: A person with head lice is said to be “infested,” not “infected.” By direct contact with an infested person, clothing or article (e.g., scarf, coat, jacket, comb, etc.).

Incubation Period: Eggs hatch in seven to 10 days.

Signs and Symptoms: Scratching of the scalp; pinpoint gray/white eggs (nits) attached securely to the hair shaft.

Period of Communicability: Lice or eggs (nits) are viable until destroyed by treatment. A second pediculicide application is recommended seven to 10 days following the first treatment.

Control of Cases: Exclude case from school until the day after the first shampoo, lotion or cream rinse pediculicide is properly applied.

Control of Contacts: If head lice are found in several children in one classroom, or in more than one classroom in a school, all students need to be examined.

General Measures: Teach the importance of not sharing combs, brushes, hats and coats. Store coats, hats, scarves, etc., separately; if these items are stored on hooks, hang far enough apart to prevent items from touching. Contact your local health authority for recommendations for the control of pediculosis.





HealthWise

Hepatitis C Virus/ HCV*

Reportable to CCDPH? Yes, report cases as soon as possible during regular business hours but within 7 days. To report a case of hepatitis C, call 708-633-8030.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Virus (hepatitis C virus, HCV).

Mode of Transmission: HCV is primarily transmitted through exposure to an infected person's blood or tissue (e.g., through contaminated needles or sharps). Sexual transmission has been documented but occurs far less efficiently and frequently than transmission acquired through blood exposures.

Incubation Period: Ranges from two weeks to six months; usually six to nine weeks.

Signs and Symptoms: Infection is usually asymptomatic (more than 90 percent of cases). Infected persons may have mild illness with insidious onset and loss of appetite, vague abdominal discomfort, nausea and/or vomiting; progression to jaundice is less common than with hepatitis B. A high percentage of HCV-infected persons develop chronic infection (50 percent - 80 percent) that may take 20 or more years to produce symptoms resulting from cirrhosis or liver cancer.

Period of Communicability: Occurs throughout the course of the infection.

Control of Cases: No restrictions.

Control of Contacts: No restrictions.

General Measures: Teach the importance of routinely applying universal precautions to all persons, regardless of HCV infection status (e.g., wear gloves when exposure to blood, blood-containing body fluids, non-intact skin or mucous membranes may occur; perform proper handwashing following these exposures and after gloves are removed; use disinfectants appropriately, etc.). Toothbrushes, needles, razors or any personal care item that may have blood contamination should not be shared. Persons infected with HCV should be vaccinated against hepatitis A and B viruses to prevent additional liver damage. Open cuts and sores should be covered. Educate about the risk of acquiring HCV through sharing of needles or syringes used for drug injection and from tattooing and body piercing when done under insanitary conditions.





HealthWise

Mononucleosis/ Epstein-Barr Virus/EBV

Reportable to CCDPH? No.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Virus (Epstein-Barr Virus, EBV).

Mode of Transmission: The virus is shed through saliva (also by saliva on hands, on toys, when kissing, etc.); virus is shed in saliva during the illness and possibly for a year or more after infection.

Incubation Period: Four to six weeks.

Signs and Symptoms: Fever, sore throat, swollen glands and fatigue are common; sometimes the liver and spleen are affected and enlarged. Infections may be asymptomatic.

Period of Communicability: Prolonged; shedding of the virus in oral secretions may persist for a year or more after infection; 15 percent to 20 percent or more of healthy adults who are EBV antibody positive are long-term carriers.

Control of Cases: There are no restrictions. An infected child does not need to be excluded unless he or she has a fever of 100 degrees F or greater or is not well enough to participate in usual activities.

Control of Contacts: No restrictions.

General Measures: Teach the importance of basic hygiene measures such as covering the mouth when coughing or sneezing and frequent, proper handwashing before any activity that brings hands in contact with the mouth, e.g., eating, drinking, smoking, etc. Emphasize the importance of proper disposal of used tissues and prompt handwashing after handling articles soiled with respiratory secretions; discourage the sharing of glasses, straws, water bottles, eating utensils, etc.

Due to the risk of rupture of the spleen, contact sports should be avoided until permission is given by the physician.





HealthWise

Meningitis, Bacterial*

Reportable to CCDPH? Yes, as soon as possible but within 24 hours. To report a case of bacterial meningitis, call 708-633-8030.

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? Yes, sometimes. Consult with CCDPH before communicating with parents, guardians and caregivers.

Agent(s): Bacteria (most commonly, *Neisseria meningitidis*, *Streptococcus pneumoniae* and *Haemophilus influenzae* type b).

Mode of Transmission: By direct and immediate contact with nose and throat secretions of a person carrying the bacteria, e.g., kissing on the mouth, drinking from a shared glass or straw, sharing eating utensils, coughing or sneezing directly into the face of another person, etc. Contacts who engage in one or more of the preceding activities, or in similar activities, are regarded as close contacts.

Incubation Period: Two to 10 days.

Signs and Symptoms: Sudden onset of fever, headache, stiff neck (except in infants), nausea, often vomiting, a purplish-red rash in some cases, confusion or difficulty awakening from sleep are common, especially in children. In infants, poor feeding, extreme listlessness, irritability and sometimes vomiting may be the only symptoms present.

Period of Communicability: Until bacteria are no longer present in nose and throat secretions.

Control of Cases: Exclude case from school until clinical recovery, i.e., absence of fever.

Control of Contacts: There are no restrictions. Depending on which bacterium causes illness, an appropriate treatment or prophylaxis may be considered for household contacts and identified close contacts; close contacts in a child care facility may be treated. Contact at school does not generally warrant prophylactic treatment.

General Measures: Vaccination against meningitis caused by *Haemophilus influenzae* type b (Hib) is routinely recommended for all susceptible children 5 years of age and younger, unless contraindicated. Immunization should be given as soon as possible after 2 months of age and is required prior to admission to day care or school.

Teach importance of basic hygiene, especially covering the mouth when coughing or sneezing; not sharing glasses, straws, eating utensils; disposing of used tissues properly; washing hands after handling soiled tissues.





HealthWise

Meningitis, Viral

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No. Sometimes it is necessary to provide information to parents explaining the difference between viral and bacterial meningitis to alleviate anxiety.

Agent(s): Viruses (e.g., enteroviruses).

Mode of Transmission: Viral meningitis can be transmitted by failure to wash hands after toileting or other contact with infected stool (most frequently viral meningitis is due to a viral infection in the stomach and intestine [enteroviruses]); also by direct contact with nose and throat secretions of a person carrying the virus, e.g., kissing on the mouth, drinking from a shared glass or straw, sharing eating utensils, coughing or sneezing directly into the face of another person; a small number of cases are transmitted by insects such as mosquitoes or ticks (arboviruses).

Incubation Period: Variable, determined by the causative agent, usually two to 10 days.

Signs and Symptoms: Sudden onset of fever, headache, stiff neck (except in infants), nausea, often vomiting.

Period of Communicability: Variable, determined by causative agent.

Control of Cases: Exclude case from school until clinical recovery, i.e., absence of fever.

Control of Contacts: No restrictions.

General Measures: Teach importance of basic hygiene, especially covering the mouth when coughing or sneezing; not sharing glasses, straws, eating utensils; disposing of used tissues properly; washing hands after handling soiled tissues and after toileting. Prophylactic antibiotics are of no value.





HealthWise

Pink Eye/ Conjunctivitis

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Bacteria, viruses.

Mode of Transmission: By direct contact with discharge from the conjunctivae or upper respiratory tracts of infected persons; from contaminated fingers and other articles, e.g., eye medications.

Incubation Period: One to three days.

Signs and Symptoms: Pink/redness of the eyes, with white or yellow discharge on the eyelids; eye pain, or redness of the eyelids or skin surrounding the eye may occur.

Period of Communicability: Until active infection resolves.

Control of Cases: Exclude case from school until 24 hours after treatment begins or child is examined by a physician and approved for readmission to school.

Control of Contacts: No restrictions.

General Measures: Teach the importance of proper handwashing. Allergic conjunctivitis of the eye is not contagious.





HealthWise

Pinworms

Reportable to CCDPH? No. However, do immediately report any unusual case or cluster of cases (2 or more) that may indicate a public health hazard (708-633-8030).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

Agent(s): Roundworm (*Enterobius vermicularis*).

Mode of Transmission: By direct transfer of infective eggs by hand from anus to mouth of the same or another person; indirectly through articles/items contaminated with eggs of the pinworm, e.g., clothing, bedding, food or anything placed in the mouth if handled with unwashed hands contaminated with eggs of the pinworm.

Incubation Period: Variable, may be three to six weeks or longer.

Signs and Symptoms: Perianal itching.

Period of Communicability: Usually about three weeks.

Control of Cases: Exclude case from school until 24 hours after treatment begins.

Control of Contacts: No restrictions.

General Measures: Teach the importance of proper handwashing. Adults should supervise the handwashing of children/youths. Families should be informed there is a high frequency of reinfection; all members in the household of the case may need to be treated as a group.

TOPIC	WEBSITE DESCRIPTION	WWW.
ALCOHOL ABUSE		
Al-Anon/Alateen	Alcohol Abuse Support Group for Families	al-anon.alateen.org
ASTHMA		
American Lung Association		lungU.S.a.org/lung-disease/asthma
American Lung Association of Metropolitan Chicago		lungchicago.org
Asthma & Allergy Foundation of America		aafa.org
Illinois Department of Public Health (IDPH)		idph.state.il.U.S./about/chronic/asthma.htm
COMMUNITY PREPAREDNESS		
American Red Cross of Greater Chicago		chicagoredcross.org
U.S. Centers for Disease Control and Prevention (CDC)	Guidance for schools Vaccine information Checklists for schools/daycares	flu.gov/professional/school/index.html
Federal Emergency Management Agency (FEMA)	Tools for teachers, parents and families Games Fact sheets	ready.gov/kids/index.html
DIABETES		
American Diabetes Association		diabetes.org
FOOD ALLERGIES		
American Academy of Allergy, Asthma, and Immunology		haaaai.org
Asthma & Allergy Foundation of America		aafa.org
Illinois Food Allergy Education Association		illinoisfaea.org
Illinois State Board of Education	Illinois State Board of Education and Illinois Department of Public Health Food Allergy Guidelines	isbe.net/nutrition/htmls/food_allergy_guidelines.htm

TOPIC	WEBSITE DESCRIPTION	WWW.
HEART DISEASE		
American Heart Association		americanheart.org
HOMELESSNESS		
Illinois State Board of Education	homeless education	isbe.state.il.us/homeless/default.htm
U.S. Substance Abuse and Mental Health Services Administration (SAMSHA)	Homelessness Resource Center	homeless.samhsa.gov/Default.aspx
U.S. Department of Health & Human Services (DHHS)	Homelessness resources	hhs.gov/homeless/resources/index.html#ResourcesforPersonsExperiencingHomelessness
INJURY PREVENTION		
National Center for Injury Prevention & Control		cdc.gov/injury/index.html
U.S. Consumer Product Safety Commission		cpsc.gov
CAR AND BOOSTER SEATS		
U.S. Centers for Disease Control and Prevention (CDC)	Child passenger safety	cdc.gov/ncipc/factsheets/childpas.htm
Illinois Department of Public Health	Car Seat Check Van	idph.state.il.us/childsafety/kidvan.htm
CHOKING		
U.S. Centers for Disease Control and Prevention (CDC)	Choking prevention	cdc.gov/HomeandRecreationalSafety/Choking/default.html
Illinois Department of Public Health	Choking emergency care	idph.state.il.us/about/choking.htm
LEAD POISONING		
U.S. Centers for Disease Control and Prevention (CDC)	Information on lead poisoning	cdc.gov/nceh/lead
U.S. Environmental Protection Agency (EPA)		epa.gov/lead
MENTAL HEALTH		
DocAssist (University of Illinois at Chicago)	DocAssist physical healthcare and mental healthcare for school-age and daycare-age students/children	psych.uic.edu/docassist

TOPIC	WEBSITE DESCRIPTION	WWW.
MENTAL HEALTH (CONT'D)		
Mental Health America of Illinois		mhai.org
National Institute of Mental Health		nimh.nih.gov
U.S. Centers for Disease Control and Prevention (CDC)	Tips for coping with stress	cdc.gov/violenceprevention/pub/coping_with_stress_tips.html
U.S. Centers for Disease Control and Prevention (CDC)	Youth suicide prevention	cdc.gov/ncipc/dvp/Suicide/youthsuicide.htm
U.S. Substance Abuse and Mental Health Services Administration (SAMSHA)	General website	samhsa.gov
U.S. Substance Abuse and Mental Health Services Administration (SAMSHA)	Anxiety Information Center	mentalhealth.samhsa.gov/publications/allpubs/ken98-0045/
U.S. Substance Abuse and Mental Health Services Administration (SAMSHA)	Information for people living with mental illness and their friends	whatadifference.samhsa.gov
NUTRITION		
U.S. Centers for Disease Control and Prevention (CDC)	Resource to promote fruits and vegetables	fruitsandveggiesmatter.gov
National Nutritional Foods Association		nnfa.org
OBESITY		
Consortium to Lower Obesity in Chicago Children (CLOCC)		clocc.net
First Lady Michelle Obama's Let's Move Campaign	Obesity prevention through physical activity	letsmove.com
U.S. Centers for Disease Control and Prevention (CDC)	Childhood overweight and obesity information	cdc.gov/obesity/childhood/index.html
PERSONAL HYGIENE		
U.S. Centers for Disease Control and Prevention (CDC)	Cover Your Cough Flyer	http://www.cdc.gov/flu/protect/covercough.htm
U.S. Centers for Disease Control and Prevention (CDC)	Handwashing: Clean Hands Save Lives!	cdc.gov/cleanhands
U.S. Centers for Disease Control and Prevention (CDC)	Oral Hygiene	cdc.gov/oralhealth/publications/factsheets/brushup.htm
PHYSICAL ACTIVITY		

TOPIC	WEBSITE DESCRIPTION	WWW.
Aerobics & Fitness Association of America		afaa.com
PHYSICAL ACTIVITY (CONT'D)		
First Lady Michelle Obama's Let's Move Campaign	Obesity prevention through physical activity	letsmove.com
President's Council on Physical Fitness & Sports		fitness.gov
TEEN PREGNANCY AND SEXUAL HEALTH		
Birth to Three & Beyond (Teen Parents)		birthto3.org
Illinois Caucus for Adolescent Health		icah.org
National Campaign to Prevent Teen Pregnancy		teenpregnancy.org
TOBACCO USE		
U.S. Centers for Disease Control and Prevention (CDC)	Tobacco Use Prevention Guidelines for School Health Programs	cdc.gov/healthyyouth/tobacco/guidelines/index.htm
VIOLENCE PREVENTION		
American Professional Society on the Abuse of Children	Child Abuse	apsac.org
Child Help USA	Treatment & Prevention of Child Abuse	childhelpusa.org
Illinois Department of Children & Family Services	Child Abuse	state.il.us/dcfs/faq/faq_faq_can.shtml
National Youth Violence Prevention Resource Center	Youth Violence	safeyouth.org
U.S. Centers for Disease Control and Prevention (CDC)	Cyber Bullying: Information on youth electronic aggression	cdc.gov/ViolencePrevention/youthviolence/electronicaggression/index.html
U.S. Centers for Disease Control and Prevention (CDC)	Teen Dating Violence	cdc.gov/ViolencePrevention/intimatepartnerviolence/teen_dating_violence.html
U.S. Health Resources & Services Administration (HRSA)	Bullying: Stop Bullying Now! (for younger kids)	stopbullyingnow.hrsa.gov/index.asp
VIOLENCE PREVENTION PHONE NUMBERS		
Illinois Domestic Violence Helpline		(877) 863-6338
National Child Abuse Hotline		(800) 621-HOPE (800-621-4673)

TOPIC	WEBSITE DESCRIPTION	WWW.
National Domestic Violence Hotline		(800) 799-7923 / (800) 787-3224 (TTY)
National Hope Line Network		(800)-SUICIDE/(800) 784-2433
National Sexual Assault Hotline		(800) 656-4673
National Suicide Prevention Lifeline		(800) 273-8255
National Teen Dating Violence Helpline		(866) 331-9474
Rape, Abuse and Incest National Network		(800) 656-HOPE
School Violence Tip Hotline		(800) 477-0024