HealthWise 2013-14 Committee

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Acknowledgments

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Letter from Terry Mason, MD, FACS

On behalf of the Cook County Department of Public Health (CCDPH), I am pleased to share the 2013-14 update to HealthWise: Health Information and Resources for Schools and Child Care Providers in suburban Cook County (SCC).

HealthWise includes:

- An overview of CCDPH and the Cook County Health and Hospitals System
- Recommended immunizations, Illinois School Entry Requirements, information about the All Kids health insurance program, as well as CountyCare
- Fact sheets about preventable diseases and other health issues affecting children
- Communicable disease fact sheets and guidance associated with reportable and non-reportable communicable diseases
- A reportable disease pocket guide showing which diseases to report, timeframes and phone numbers for reporting
- A list of resources for additional information and other health education materials

HealthWise is available on our website at www.cookcountypublichealth.org, and on CD-ROM (upon request) by calling 708-633-8350 or e-mailing healthycook@cookcountyhhs.org.

I appreciate your continued commitment and partnership with CCDPH in protecting the public health of SCC students and families. I am confident HealthWise will be useful in your work.

Sincerely,

Terry Mason, MD, FACS
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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### REPORTABLE DISEASES POCKET GUIDE

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* indicates reportable to CCDPH Communicable Disease Department, 708-633-8030
How to Use the Prevention Fact Sheets

The information contained in the Prevention 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
- information about related public policies
- resources for additional information

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

### Asthma: What Schools Should Know

**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.

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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.
- In SCC, 9.4% of high school students currently have asthma, and 20% have ever been told by a healthcare professional that they 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_WhatsIt.html)
- Asthma and Allergy Foundation of America (www.aafa.org)

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Cook County Department of Public Health
HealthWise 2013-14
How to Use the 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 reportable and non-reportable communicable diseases in schools. Check out the Reportable Diseases Pocket Guide on page B-55.

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.

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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.
COOK COUNTY BOARD OF COMMISSIONERS

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                Carmen Velasquez
                Dorene P. Wiese, EdD

COOK COUNTY HEALTH AND HOSPITALS SYSTEM AFFILIATES

Ambulatory and Community Health Network of Cook County*
1901 W. Harrison, 5th Floor
Chicago, IL 60612
312-864-0719

Cermak Health Services of Cook County
2800 S. California Avenue
Chicago, IL 60608
773-869-7000

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 Health Center of Cook County
15900 S. Cicero Avenue
Oak Forest, IL 60452
708-633-4293

Provident Hospital of Cook County
500 E. 51st Street
Chicago, IL 60615
312-572-2000

Ruth M. Rothstein CORE Center of Cook County
2020 W. Harrison Street
Chicago, IL 60612
312-572-4500

*Clinics in Suburban Cook County
Cicero – Cicero Health Center  708.783.9800
Ford Heights – Cottage Grove Health Center  708.753.5800
Oak Forest – Oak Forest Health Center  708.633.4293
Palatine – Vista Health Center  847.934.7969
Phoenix – Woody Winston Medical Center  708.225.9900
Robbins – Robbins Health Center  708.293.8100
Cook County Department of Public Health Phone Numbers

- **Main Phone Number** 708.633.4000
- **CCDPH Clinics in Suburban Cook County**
  Call any number at right to make an appointment near you.
  CCDPH clinics are by appointment only. See page 4 for clinic locations, pages 11-15 for clinic services and page 10 for eligibility requirements.
  - 847.818.2860
  - 708.232.4500
  - 708.786.4000
  - 708.974.6160
- **Communicable Disease Unit**
  To report a reportable disease or disease outbreak during business hours (8:30 AM to 4:30 PM)
  708.633.8030
  To report an urgent communicable disease matter after hours (4:30 PM to 8:30 AM)
  708.633.4000, Option 3
- **Community Epidemiology and Health Planning Unit** 708.633.8335
- **Community Preparedness and Coordination Unit** 708.633.4036
- **Environmental Health Services Unit** 708.974.7105
  To report a drowning at a swimming pool, a chemical spill or chemical release, food establishment fire, sewage backup, power outage or no running water in the food preparation area.
  To report an urgent environmental health matter after hours (4:30 PM to 8:30 AM)
  312.617.2531
- **Prevention Services Unit** 708.633.8350
  Chronic disease prevention and health promotion, lead poisoning prevention, tobacco prevention and control, violence prevention
- **Public Health Nursing (Integrated Health Support Services)** 708.836.8637
### North
- Arlington Heights
- Barrington
- Barrington Hills
- Bartlett
- Buffalo Grove
- Deerfield
- Des Plaines
- East Dundee
- Elgin
- Elk Grove Village
- Glencoe
- Glenview
- Golf
- Hanover Park
- Hoffman Estates
- Inverness
- Kenilworth
- Lincolnwood
- Morton Grove
- Mount Prospect
- Niles
- Northbrook
- Northfield
- Palatine
- Park Ridge
- Prospect Heights
- Rolling Meadows
- Roselle
- Schaumburg
- South Barrington
- Streamwood
- Wheeling
- Wilmette
- Winnetka

### West
- Bellwood
- Bensenville
- Berkeley
- Berwyn
- Broadview
- Brookfield
- Burr Ridge
- Cicero
- Countryside
- Elmwood Park
- Forest Park
- Franklin Park
- Harwood Heights
- Hillside
- Hinsdale
- Hodgkins
- Indian Head Park
- La Grange
- La Grange Park
- Lyons
- Maywood
- McCook
- Melrose Park
- Norridge
- North Riverside
- Northlake
- River Forest
- River Grove
- Riverside
- Rosemont
- Schiller Park
- Stone Park
- Westchester
- Western Springs

### Southwest
- Alsip
- Bedford Park
- Blue Island
- Bridgeview
- Calumet Park
- Chicago Ridge
- Crestwood
- Evergreen Park
- Hickory Hills
- Hometown
- Justice
- Lemont
- Merionette Park
- Oak Lawn
- Orland Hills
- Orland Park
- Palos Heights
- Palos Hills
- Summit
- Willow Springs
- Worth

### South
- Burnham
- Calumet City
- Chicago Heights
- Country Club Hills
- Dixmoor
- East Hazel Crest
- Flossmoor
- Ford Heights
- Glenwood
- Harvey
- Hazel Crest
- Homewood
- Lansing
- Lynwood
- Markham
- Matteson
- Midlothian
- Oak Forest
- Olympia Fields
- Park Forest
- Phoenix
- Posen
- Richton Park
- Riverdale
- Robbins
- Sauk Village
- South Chicago Heights
- South Holland
- Steger
- Thornton
- Tinley Park

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*3rd District Courthouse
2121 Euclid Ave.
Rolling Meadows, IL
847.818.2860
847.818.2023*

*5th District Courthouse
10220 S. 76th Ave.
Bridgeview, IL
708.974.6160
708.974.6043*

*6th District Courthouse
16501 S. Kedzie
Markham, IL
708.232.4500
708.232.4010*

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*TDD/TTY: For people with speech and/or hearing impairments.
Cook County Department of Public Health (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 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.

Cook County Department of Public Health
CCDPH is the state-certified public health agency for suburban Cook County (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 2.4 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 80,000 residents. The population is diverse, and the neediest populations are growing significantly.

CCDPH’s jurisdiction is geographically complex. Many community partners 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.
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 continually assesses and addresses the changing public health needs of its populations. CCDPH plays a unifying role helping individual municipalities and communities come together as a group to identify and address health concerns.

CCDPH uses local data to 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 local, state and federal officials establish and maintain policies that support sound public health practices. For example, 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 165 foodborne 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 wells; private sewage disposal systems; septic-tank cleaners and haulers; and 67 percent of the swimming facilities in Illinois on behalf of the Illinois Department of Public Health.
CCDPH provides clinical, regulatory and prevention services to protect the health of 2.4 million SCC residents and the tens of thousands of people who travel through the jurisdiction everyday.

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<td>Community Epidemiology and Health Planning</td>
<td>Population Characteristics, Health Status Indicators, Community Health Improvement Planning, Health Policy Issues</td>
</tr>
<tr>
<td>Environmental Health Services</td>
<td>Individual Sewage Disposal Systems and Water Wells</td>
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<td>Indoor Air Quality</td>
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<td>Vector Control Program</td>
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<td>Enforcement of Lead Poisoning Prevention Laws</td>
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<td>Food Program</td>
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<td>Swimming Pool Program</td>
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<tr>
<td>Integrated Health Support Services (Nursing)</td>
<td>Integrated Clinic Services (includes immunizations, contraception and STI services)</td>
</tr>
<tr>
<td></td>
<td>Hearing and Vision Screening</td>
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<tr>
<td></td>
<td>Breast and Cervical Cancer Screening Program</td>
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<td></td>
<td>Women, Infant and Children (WIC) Supplemental Nutrition Program</td>
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<td></td>
<td>Public Health Nursing Services</td>
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<td></td>
<td>Tuberculosis (TB) Prevention and Control Clinics and Case Management</td>
</tr>
<tr>
<td>Prevention Services</td>
<td>Chronic Disease Prevention and Health Promotion (includes tobacco prevention and control)</td>
</tr>
<tr>
<td></td>
<td>Community Epidemiology and Health Planning</td>
</tr>
<tr>
<td></td>
<td>Lead Poisoning Prevention Grant Program and Education</td>
</tr>
<tr>
<td>Policy Development and Communications</td>
<td>Public Health Policy Research/Analysis</td>
</tr>
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<td>Advocacy for Public Health Laws, Rules and Regulations</td>
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<td></td>
<td>Public Relations and Health Communications</td>
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<td>Government Relations</td>
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</tbody>
</table>
The 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 (WIC) Supplemental Nutrition Program; and Tuberculosis (TB) Prevention and Control.

<table>
<thead>
<tr>
<th>Programs</th>
<th>Services</th>
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</thead>
<tbody>
<tr>
<td>Breast and Cervical Cancer Screening Program</td>
<td>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.</td>
</tr>
<tr>
<td>Vision and Hearing Screening</td>
<td>Vision and hearing screening at child care centers, preschools, and schools within SCC.</td>
</tr>
<tr>
<td>Integrated Clinic Services</td>
<td>Childhood immunization; contraceptive management (family planning) and screening; diagnosis and management of Sexually Transmitted Infection (STIs).</td>
</tr>
<tr>
<td>Public Health Nursing</td>
<td>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).</td>
</tr>
<tr>
<td>Women Infants and Children (WIC) Supplemental Nutrition Program</td>
<td>Nutrition classes; individual counseling; breastfeeding support and food vouchers for financially eligible pregnant and/or breastfeeding women, infants and children up to age 5.</td>
</tr>
<tr>
<td>Tuberculosis (TB) Prevention and Control</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Location</th>
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<tbody>
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<td>847.818.2860</td>
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<td>Bridgeview</td>
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<td>South</td>
<td>Markham</td>
<td>708.232.4500</td>
<td>TDD: 708.232.4010</td>
</tr>
<tr>
<td>TB</td>
<td>Forest Park</td>
<td>708.836.8600</td>
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</tbody>
</table>
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 suburban Cook County (SCC).

2. Clients whose family/household income is greater than 250% of the Federal Poverty Level (FPL) or who have Medicaid, Medicare, or third party insurance coverage, 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, 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 requesting breast and cervical cancer screening must be between the ages of 35 and 64 years old and uninsured or underinsured. The Illinois Breast and Cervical Cancer Screening Program phone number is 1-888-522-1282.

5. 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.

6. 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.

7. Clients will be instructed to bring proof of identity (photo ID) with them to each clinic visit. Acceptable forms of proof of identity include:

<table>
<thead>
<tr>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>driver’s license</td>
<td>birth certificate (legal or hospital issued)</td>
</tr>
<tr>
<td>state ID card</td>
<td>crib card</td>
</tr>
<tr>
<td>consular issued ID</td>
<td>foster parent/legal guardian papers</td>
</tr>
<tr>
<td>school ID card</td>
<td>school ID card</td>
</tr>
<tr>
<td>employer ID card</td>
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<tr>
<td>passport</td>
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</tbody>
</table>
Vision and Hearing Screenings

CCDPH offers vision and hearing screening to child care centers, preschools, and elementary 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 dental services on a limited basis. Services may 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.

<table>
<thead>
<tr>
<th>Region</th>
<th>Location</th>
<th>Phone Number</th>
<th>TDD:</th>
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</thead>
<tbody>
<tr>
<td>North</td>
<td>Rolling Meadows</td>
<td>847.818.2860</td>
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<tr>
<td>Southwest</td>
<td>Bridgeview</td>
<td>708.974.6160</td>
<td>708.974.6043</td>
</tr>
<tr>
<td>South</td>
<td>Cottage Grove</td>
<td>708.753.5800</td>
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</tr>
<tr>
<td>West</td>
<td>Community Health</td>
<td>773.342.1388</td>
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</table>

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.
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 residing in SCC with household incomes at or below 250% of the Federal Poverty Level.
- 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.
- All teens are eligible regardless of income or insurance when seeking confidential services.

**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.

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<td><strong>South</strong></td>
<td>Markham</td>
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* 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.
Prenatal Intake provides referral, urine pregnancy testing to confirm pregnancy, 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. 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 2) 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.

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

**Who can receive STI services:**
Ask about eligibility requirements when making an appointment. In general, they include:

- Anyone who has any STI who is uninsured with household income at or below 200 percent of the Federal Poverty Level.
- Anyone who thinks they may have been exposed to an STI, including HIV.
- Students of all ages. Parental consent is required for anyone 11 years old or below. Parent consent is strongly encouraged, but not required for anyone 12 years and up.
- All teens are eligible regardless of income or insurance.

**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.

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<tr>
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* 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 and HIV services are confidential.
Clinic Services
Women, Infants & Children (WIC) Program

See page 10 for eligibility requirements.

The Women, Infants, and Children Program (WIC) offers nutrition classes, counseling, breastfeeding support, and food vouchers for eligible pregnant, postpartum, and/or breastfeeding women, and 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.
- Having a nutritional risk factor such as decreased iron levels (anemia), over or under-weight, or poor or inadequate diet.
- Meeting financial eligibility requirements 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.

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* 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.

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 18 years of age. A Vaccine Information Sheet (VIS) must be read and consent form signed by the parent or guardian. Only parents and/or legal 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.

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* 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.
Recommended Immunizations

The official 2013 U.S. Centers for Disease Control and Prevention (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/schedules/downloads/child/0-18yrs-schedule-landscape-chart.pdf.

These schedules can change yearly. They 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.

These schedules are consistent with the current recommendations from the CDC, the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

Please note that some of the recommended vaccines are not required for school entry. See Illinois School Entry Requirements on page 18.
Illinois School Entry Requirements

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

Diphtheria, Pertussis (Whooping Cough), Tetanus (DTP/Tdap)
• 4 or more doses
• The last dose qualifying as a booster and received on or after the 4th birthday
• Beginning in Fall 2013, all children entering, advancing or transferring into grades 6 thru 12 will be required to show proof of receipt of one dose of Tdap, regardless of the interval since the last dose of DTaP, DT or Td.
• Td 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 fourth birthday

Measles
• 1 dose received on or after first birthday
• Second dose received no less than 1 month (28 days) after the first dose

Rubella
• 1 dose received on or after first birthday

Mumps
• 1 dose received on or after first birthday

Hepatitis B
• Required for students entering preschool and 5th grade beginning school year 1997-98.
• #1 Dose – immediately
• #2 Dose - at least 4 weeks (28 days) after dose #1
• #3 Dose - at least 2 months (56 days) after dose #2 and must have been administered on or after 6 months of age

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 on or after first birthday

HIB (Haemophilus Influenza, Type B)
• Required for students entering preschool and kindergarten (not required after age 5)
• 1 or more doses depending on age of first dose
• If not received before 15 months old; only one dose required

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 are eligible for All Kids Health Insurance.

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 also assists families enrolled in All Kids, FamilyCare and Moms & Babies with a medical home.
• Visit the Illinois Health Connect website at www.illinoishealthconnect.com or call 1-877-912-1999
• TDD/TTY 1-866-565-8577 for the speech and hearing impaired
• Online at www.allkidscovered.com
• Visit www.getcoveredillinois.gov – the official health marketplace in Illinois under the Affordable Care Act. Or call 866-311-1119 to speak with a specially trained counselor and learn about new coverage options and financial help

Reminders:

• DO NOT CANCEL ANY HEALTH INSURANCE UNTIL YOUR ELIGIBILITY FOR ALL KIDS IS DETERMINED AND APPROVED!
What is CountyCare?
CountyCare is an Illinois Medicaid Program for eligible, uninsured adults who live in Cook County. It is operated by the State of Illinois and the Cook County Health and Hospitals System. Services include:

- Regular and specialty visits with doctors
- Free public transportation
- Prescriptions
- Labs, X-rays and other tests
- Nursing facility (after hospitalization)
- Addiction treatment
- Hospital services
- Mammograms
- Mental health
- Family planning

Who is eligible?
To qualify for CountyCare you must:

- Live in Cook County
- Be 19-64 years old
- Make less than $15,282 (individual), $20,628 (couple) annually
- Be a legal immigrant for five years or more or a US citizen
- Have a social security number or have applied for one

Individuals who qualify for Medicaid or Medicare are not eligible for CountyCare.

How can I apply?
- Call 312-864-8200 or toll free at 1-855-444-1661 to apply by phone or to find a facility to apply in person. The call center is open Monday thru Friday (8:00 AM – 8:00 PM) and Saturday (9:00 AM – 2:00 PM)
- For those with hearing or speech impairments, call the Illinois Relay at 711

Where can I get more information?
To learn more about CountyCare:

- Visit the CountyCare website at www.countycare.com
- Call 312-864-8200 or toll free 1-855-444-1661
The Communicable Disease Prevention and Control Unit works to prevent and control the spread of more than 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.

<table>
<thead>
<tr>
<th>Programs</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Communicable Disease</td>
<td>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</td>
</tr>
<tr>
<td>Enhanced Surveillance</td>
<td>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</td>
</tr>
<tr>
<td>HIV Surveillance and Prevention</td>
<td>Monitors trends in incidence and prevalence of HIV; provides counseling and testing services to clients living with HIV</td>
</tr>
<tr>
<td>Infection Prevention</td>
<td>Detects and prevents outbreaks in out-of-hospital settings, including, but not limited to nursing homes, long-term care facilities and child care providers</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>Monitors trends in incidence and prevalence of chlamydia gonorrhea and syphilis cases; performs contact tracing for STIs; ensures appropriate treatment for STIs</td>
</tr>
<tr>
<td>Tuberculosis Surveillance and Prevention</td>
<td>Monitors trends in incidence and prevalence of tuberculosis cases; conducts contact investigations; maintains logs of persons with latent tuberculosis infections</td>
</tr>
<tr>
<td>Vaccine Preventable Diseases (VPDs) Surveillance and Prevention</td>
<td>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</td>
</tr>
</tbody>
</table>

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

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

**For more information**

Phone 708-633-8030
The Community Epidemiology and Health Planning (CEHP) Unit monitors 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 is responsible for the following activities:

- Describing changes in population characteristics such as age, race/ethnicity, gender, income
- Monitoring health status indicators such as disease, injury, birth outcomes, mortality, and risk/preventive factors
- Community health improvement planning
- Examining 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 IPLAN report ‘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:

- Consulting on development of health curricula
- Providing information about health policy issues
- Identifying community resources and referral networks
- Providing data on youth risk behaviors in SCC

**For more information**

Phone  708-633-8350
Web    www.cookcountypublichealth.org/data-reports
The Community Preparedness and Coordination Unit (CPCU) 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

<table>
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<tr>
<th>Activities</th>
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</thead>
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<tr>
<td>Planning</td>
<td>Pharmaceutical Stockpile Distribution Plan, Pandemic Disease Plan, Mass Vaccination Plan</td>
</tr>
<tr>
<td>Exercising</td>
<td>Develops, coordinates, and evaluates tabletop, functional, and full-scale exercises</td>
</tr>
<tr>
<td>Outreach</td>
<td>Community planning teams, educational campaigns, training, and guidance</td>
</tr>
<tr>
<td>Regional coordination</td>
<td>Creation of a Health and Hospital Committee, First Responder Task Force, Mass Care Workgroup, Special Needs Advisory Panel, Cook County Medical Reserve Corps; and participates in regional and local planning committees</td>
</tr>
</tbody>
</table>

CPCU can assist schools and child care providers with:

- Family preparedness
- Volunteering in the Medical Reserve Corps

**For more information**

Phone 708-633-4036
Web www.cookcountypublichealth.org
The Environmental Health Services (EHS) Unit is the regulatory arm of CCDPH and is empowered to enforce Cook County and Illinois state laws relating to environmental health issues within SCC. Environmental health inspectors regularly inspect, monitor, regulate, educate and advise SCC residents on environmental health concerns that adversely impact human health.

<table>
<thead>
<tr>
<th>Programs</th>
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</thead>
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<tr>
<td>Individual Sewage Disposal Systems and Water Wells</td>
<td>Potable water; individual sewage disposal systems; water wells</td>
</tr>
<tr>
<td>Indoor Air Quality</td>
<td>Upon request, responds to complaints and provides on-site consultation to schools and childcare facilities in SCC on indoor air quality issues</td>
</tr>
<tr>
<td>Food Program</td>
<td>Food inspections; food recalls; food complaints</td>
</tr>
<tr>
<td>Swimming Pool Program</td>
<td>Swimming pool complaints; licensure and operational inspections; drowning incidents</td>
</tr>
<tr>
<td>Enforcement of Lead Poisoning Prevention Laws*</td>
<td>Home inspections for families with lead poisoned children; education on lead-safe work practices; investigate lead complaints; work with property owners to remove lead-based paint hazards. For a complete overview of all CCDPH lead poisoning prevention services, refer to Appendix A, page A-4.</td>
</tr>
<tr>
<td>Vector Control Program</td>
<td>Upon request, responds to complaints and provides on-site consultation to schools and childcare facilities in SCC on vector-related issues.</td>
</tr>
</tbody>
</table>

The EHS Unit can assist schools and child care providers by providing consultation and inspection services for food protection and indoor air quality.

**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**
- Responds to complaints and provides consultation on indoor environmental hazards

**For more information**
- Food Protection 708-974-7118
- Wells and Septic 847-818-2843
- Indoor Air Quality/Lead Enforcement 708-974-7117
- Public Pools 847-818-2844
- Vector Control Program 708-974-7121
The Prevention Services Unit (PSU) strives to promote health and wellness and takes a multi-level approach to addressing chronic disease, lead poisoning, tobacco and violence. The departments in PSU work in collaboration with local governments, community institutions, healthcare entities, schools and individuals to raise awareness, increase knowledge and skills, educate and mobilize communities, build or support coalitions, and advocate for changes in community and organizational practices and policies to support prevention and health.

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<thead>
<tr>
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<td>Health Promotion (Outreach, Education, Programs); Tobacco Prevention and Control (Includes Cessation Programs), and Violence Prevention</td>
</tr>
<tr>
<td>Lead Poisoning Prevention</td>
<td>Lead-Based Paint Hazard Control Grant Program (Torrens Fund), Outreach, Education, Policy Development, and Report Lead Poisoning</td>
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For more information
Phone 708-633-8350
Web www.cookcountypublichealth.org
Chronic Disease Prevention and Health Promotion (CDPHP) aims to foster healthy residents in healthy communities and reduce the prevalence of chronic disease and violence by addressing the factors that contribute to the burden of these conditions. The department works to promote efforts focused on healthy eating, active living, tobacco prevention and control, sexual health, and violence prevention, including intimate partner violence and youth violence (bullying). See Appendix A: Prevention Fact Sheets.

### Prevention Strategies Examples

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<th>Prevention Strategies</th>
<th>Examples</th>
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<td>Strengthening individual knowledge and skills</td>
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<td>Promoting community education</td>
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<td>Educating providers</td>
<td>Promotion of provider best practices to assist patients in cessation</td>
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</tr>
<tr>
<td>Changing organizational practices and influencing public policy</td>
<td>Model Communities Program; Healthy Hotspots</td>
</tr>
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CDPHP can assist schools and child care providers with the following:

- Multi-week tobacco curriculum for middle school students
- Identification of resources in SCC regarding intimate partner and youth violence
- Technical assistance to promote and enforce smoke-free environments
- Materials including posters for the That’s Just Nasty tobacco campaign

### 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
- Education and outreach

For a complete overview of all CCDPH lead poisoning prevention services, refer to Appendix A, page A-4.

### Strategies

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<td>Lead Based Paint Hazard Control Grant Program</td>
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<tr>
<td>Community Education and Outreach</td>
<td>Presentations to parents, healthcare providers and community-based organizations about the importance of blood lead testing and ways to prevent lead poisoning</td>
</tr>
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This department can assist schools and child care providers with the following:

- Health education and outreach
- Case management for children with elevated blood lead levels
- Financial assistance to address residential lead-based paint hazards for qualifying property owners

**For more information**

Phone 708-633-8045
Web www.cookcountypublichealth.org
The Policy Development and Communications 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 residents to raise awareness about important health topics.

PDCU focuses on the following topics:
- Public health policy research, analysis and advocacy
- Public relations and health communications

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<th>Programs</th>
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<td>Public Health Policy Research/Analysis</td>
<td>Researches and analyzes public health policies</td>
</tr>
<tr>
<td>Advocacy for Public Health Laws, Rules and Regulations</td>
<td>Advocates for public health laws, rules and regulations</td>
</tr>
<tr>
<td>Public Relations and Health Communications</td>
<td>Provides health-related news during routine and emergency situations such as outbreaks, and events that may be of importance to the public and partners; develops mass marketing campaigns, health materials, microsites, CCDPH website and social media presence</td>
</tr>
<tr>
<td>Government Relations</td>
<td>Liaisons between elected officials and CCDPH</td>
</tr>
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</table>

PDCU can assist schools and child care providers with information about:
- Public health policies and legislation
- CCDPH programs and services
- Tobacco prevention for youth:
  www.thatsjustnasty.com
- Sugar-loaded beverages:
  www.rethinkyourdrink.com
- Social media:
  Facebook /ccdph and Twitter @cookcohealth

For more information
Web www.cookcountypublichealth.org
APPENDIX A
Prevention Fact Sheets

Cook County Department of Public Health
Promoting health. Preventing disease.
Protecting you.
Prevention Fact Sheets
Appendix A – Table of Contents

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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.
- In SCC, 9.4% of high school students currently have asthma, and 20% have ever been told by a health care professional that they have asthma.
- 7% of children ages 0–17 years old experienced one or more health-related asthma issue(s) 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)
- Asthma and Allergy Foundation of America (www.aafa.org)
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)
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.

- There is no safe blood lead level. The U.S. Centers for Disease Control and Prevention recommends using a ‘reference value’ of 5 micrograms per deciliter (μg/dL) to identify children with elevated lead levels.

- 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 residential zip code.

- 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

- U.S. 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)
What Schools Should Know About CCDPH Lead Services

The CCDPH Lead Poisoning Prevention Program is a collaborative effort between: Environmental Health Services, Integrated Support Services, and Prevention Services. Below is an overview of all lead services and each unit’s role in helping to prevent, reduce and/or eliminate the effects of childhood lead poisoning in SCC.

Environmental Health Services Unit
The Environmental Health Services Unit provides lead risk assessments in the homes of children who have been identified as having an elevated blood-lead level. Lead risk assessors: identify both lead-based paint and non lead-based paint hazards in the home; issue orders to correct lead-based paint hazards; monitor and provide guidance to property owners and contractors as they work to correct lead-based paint hazards; conduct testing to confirm that a home has been made ‘lead safe’; and respond to complaints of improper removal of lead-based paint.

Integrated Health Support Services Unit
The Integrated Health Support Services Unit provides case management for young children with elevated blood-lead levels. Case management can include home visits from public health nurses, medical follow-up, nutritional evaluations, and developmental screenings.

Prevention Services Unit: Lead Poisoning Prevention Department
The Lead Poisoning Prevention Department within the Prevention Services Unit provides case follow-up for children with elevated blood-lead levels who are not followed by public health nurses. It also works with the state to ensure accurate reporting of children with elevated blood-lead levels, and provides education and outreach to parents, schools, healthcare and childcare providers, and community-based organizations. This department also administers the Lead-Based Paint Hazard Control Grant program, which provides funds to property owners to remediate identified lead hazards.

For more information:
For more information about the Lead Poisoning Prevention Program, call the number below to be routed to the staff person who can best assist you.

Phone 708-633-8045
Web www.cookcountypublichealth.org
Well-nourished students tend to be better students. Poor nutrition interferes with cognitive function and performance in the areas of language, concentration and attention and is associated with lower academic achievement.

- In SCC, 80 percent of high school students do not eat the recommended five servings of fruits and vegetables per day, during the last seven days (SCC Youth Risk-Factor Behavior Surveillance Survey).
- 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 when 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.

For more information:

- Cook County Voices Story: Students Go for 100% Healthy Vending (www.cookcountyvoices.com/community-students-go-for-100-percent-healthy-vending)
- 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)
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 days.
- Despite this, more than half of SCC high school students surveyed in 2010 were not physically active for a total of at least 60 minutes per day on five or more of the past seven days (SCC Youth Risk-Factor Behavior Surveillance Survey).
- In 2010, 30 percent of SCC high school students watched three or more hours of TV per day on an average school day (SCC 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

- Cook County Voices: School Wellness (www.cookcountyvoices.com/community-school-wellness)
What Schools Should Know About Teen Pregnancy

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

- In 2010, 37 percent of SCC high school students had ever had sexual intercourse (SCC Youth Risk-Factor Behavior Surveillance Survey). There are about 2,500 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).

- Of the sexually active students, only 62 percent used a condom during last sexual intercourse and only 15 percent of students used other forms of birth control to prevent pregnancy (SCC Youth Risk-Factor Behavior Surveillance Survey).

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), 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 Comprehensive Sex Education Act – Public Act 98-0441 (Illinois Bill HB 2675)

- Signed by Illinois Governor Pat Quinn on Aug. 16, 2013, this law amends the School Code and the Critical Health Problems and Comprehensive Health Education Act to provide that sex education classes offered in grades 6 through 12 must include developmentally and age-appropriate, medically accurate, evidence-based, current information on abstinence, contraception and healthy relationships for the prevention of pregnancy and sexually transmitted diseases, including HIV/AIDS.

For more information

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 SCC, 12 percent of high school students smoke. In Illinois, it is expected that 18,300 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.
- The Illinois School Code prohibits the use of tobacco on school property by any school personnel, student, or other such person when such property is being used for any school purposes. 105 ILCS 5/10-20.5b and 105 ILCS 5/34-18.11.

For more information:

- That’s Just Nasty – Youth Tobacco Prevention (www.thatsjustnasty.com)
- 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)
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 are killed with a firearm.
- In SCC, homicide was the leading cause of death between 2005 and 2007 for youth ages 15 to 24 years old (CCDPH).
- 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:

- CDPH Bullying Prevention Toolkit (www.cookcountypublichealth.org/bullying-prevention-resources)
- U.S. Centers for Disease Control and Prevention (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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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. A pocket-size reference card containing a list of which diseases are reportable to CCDPH is available on page B-54, along with when and what phone numbers to call. Print, cut, laminate if possible, and store in a handy place, like a pocket, clipboard or desktop. A larger size poster is available on our website at www.cookcountypublichealth.org/publications.

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)
Enteric/Gastrointestinal (GI) Illnesses
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.
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 (¼ 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.
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.
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.
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.
Rash/Skin-Related Illnesses
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 close contact occurs with people who have erythema infectiosum/fifth disease infection (at home, school, or in child care or 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 close contact occurs with people who have erythema infectiosum/fifth disease infection (at home, school, or in child care or 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.
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.
**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.
MRSA (Methicillin-Resistant Staphylococcus Aureus)*

Reportable to CCDPH? No, unless a cluster of 2 or more laboratory confirmed MRSA cases occur in a congregate setting (including, but not limited to, schools, correctional facilities, day care settings, and sports teams) within a 14-day period. Report 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? No, unless a cluster of 2 or more cases occur within a 14 day period. Consult with CCDPH prior to contacting parents, guardians, or caregivers.

Agent(s): Bacteria (Staphylococcus aureus).

Mode of Transmission: Person-to-person by direct contact with pus or drainage from a person who has purulent lesions. Contaminated 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: Unless directed by a physician, students with MRSA infections should not be excluded from attending school. Exclusion from school and sports activities should be reserved for those with wound drainage (“pus”) that cannot be covered and contained with a clean, dry bandage and for those who cannot maintain good personal hygiene.

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.
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.
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.
Vaccine Preventable Diseases
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; by indirect contact with articles soiled by an infected patient’s vesicular and mucous membrane discharges; or airborne spread of vesicle fluid, or secretions of the respiratory tract.

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.

CDC recommends administration of VariZIG as soon as possible after exposure to the varicella-zoster virus and within 10 days. See http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a4.htm. Varicella-zoster immune globulin (VZIG) given within 10 days 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.
**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 *Corynabacterium 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:** Children are routinely recommended to receive 5 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine (DTaP) at the following ages: 2, 4 and 6 months; between 15 and 18 months; and again, at 4-6 years of age. Tetanus diphtheria acellular pertussis vaccine (Tdap) booster is recommended for children 7-10 years of age who are not fully vaccinated against pertussis, routinely indicated for persons 11 years of age and older, and for pregnant women during each pregnancy preferably at 27-36 weeks gestation. Routine booster doses of tetanus-diphtheria combined toxoid (Td) vaccine should be given every 10 years.
Hepatitis A Virus*

Reportable to CCDCPH? 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.
**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.
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.
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.
Pertussis (Whooping Cough)*

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: Children are routinely recommended to receive 5 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine (DTaP) at the following ages: 2, 4 and 6 months; between 15 and 18 months; and again, at 4-6 years of age. Tetanus diphtheria acellular pertussis vaccine (Tdap) booster is recommended for children 7-10 years of age who are not fully vaccinated against pertussis, routinely indicated for persons 11 years of age and older, and for pregnant women during each pregnancy preferably at 27-36 weeks gestation. Routine booster doses of tetanus-diphtheria combined toxoid (Td) vaccine should be given every 10 years.
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 on or after 2 months of age and is required prior to admission to day care or school.
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 airborne transmission, 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, childcare, 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.
**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) at the following ages: 2, 4 and 6 months; between 15 and 18 months; and again, at 4-6 years of age. Tetanus diphtheria acellular pertussis vaccine (Tdap) booster is recommended for children 7-10 years of age who are not fully vaccinated against pertussis, routinely indicated for persons 11 years of age and older, and for pregnant women during each pregnancy preferably at 27-36 weeks gestation. Routine booster doses of tetanus-diphtheria combined toxoid (Td) vaccine should be given every 10 years.
Respiratory Illnesses
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.
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 everyone 6 months of age and older, unless medical contraindications exist. Teach the importance of basic hygiene, especially covering the mouth when coughing or sneezing; educate about hand-to-mucous membrane transmission.
Respiratory Syncytial Virus/RSV

Reportable to CCDDPH? 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.
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.
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.
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.
Sexually Transmitted Infections (STIs)
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 (708-633-8585).

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.
Chlamydia*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 7 days. To report a case of chlamydia, call 708-633-8585.

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: 7-21 days, but many people are asymptomatic.

Period of Communicability: Until adequately treated.

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

Control of Contacts: No restrictions.

General Measures: Chlamydia is the most commonly reported infectious disease. 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.
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 (708-633-8585).

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.
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 (708-633-8585).

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.
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 (708-633-8585).

Preventable Through Routine Childhood Immunization? No. However, a vaccine (Gardisil™) 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 asymptomatically (both males and females can shed the virus asymptomatically).

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.
Gonorrhea*

Reportable to CCDPH? Yes, as soon as possible during normal business hours but within 7 days. To report a case of gonorrhea, call 708-633-8585.

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 activity until symptoms have resolved and medication is completed.

Control of Contacts: No restrictions.

General Measures: Educate about the transmission of gonorrhea through sexual behavior. Drug-resistant gonorrhea is an increasingly alarming trend. People whose symptoms continue after treatment should return to their provider for re-evaluation.
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 (708-633-8585).

Preventable Through Routine Childhood Immunization? No.

Note to Parents Recommended? No.

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

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 asymptomatically.

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.
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 708-633-8038.

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.
Syphilis*

Reportable to CCDPH? Yes, as soon as possible during regular business hours but within 7 days. To report a case of Syphilis, call 708-633-8585.

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 activity 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.
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.
Other Illnesses/Conditions
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 (e.g., veterinarians, animal control wardens). 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 (Rhabdoviruses).

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. If a person is unable to determine if a bite occurred (e.g. an infant or a sleeping person 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 contact with any domestic or wild animal that is acting strangely, sick or unfamiliar to them. Teach children to report to an adult any contact with a wild animal or unfamiliar domestic animal as well as any time they are bitten or scratched by an animal. Ensure that dogs, cats and ferrets are fully vaccinated against rabies.
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.
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.
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.
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.
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? Yes. There are vaccines for three types of bacteria that can cause meningitis: Neisseria meningitidis (meningococcus), Streptococcus pneumoniae (pneumococcus), and Haemophilus influenzae type b (Hib).

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.
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.
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.
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.
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.
**REPORTABLE DISEASES**

**Required by the Illinois Department of Public Health**

Cook County healthcare providers and hospitals must report any suspected or confirmed case of these diseases to the Cook County Department of Public Health (phone numbers listed below) within the number of hours or days indicated.

### IMMEDIATE (Within 3 hours, Call (708) 633-8030)

- Any suspected bioterrorist threat or event
- Any unusual case or cluster of cases that may indicate a public health hazard
- Anthrax
- Botulism, foodborne
- Brucellosis (if bioterrorism suspected)
- Influenza A, novel virus
- plague
- Q Fever (if bioterrorism suspected)
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tularemia (if bioterrorism suspected)

### 24 HOURS (Within 24 hours, Call (708) 633-8030)

- Botulism (infant, wound, other)
- Chickenpox (varicella)
- Cholera
- Ciprofloxacin-resistant E. coli O157:H7 and other shiga-toxin producing E. coli, enterotoxigenic E. coli, enteropathogenic E. coli and enteroadhesive E. coli
- Foodborne or waterborne illness
- Haemophilus influenzae (invasive)
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis A
- Measles (rubella)
- Mumps
- Meningococcal disease, invasive
- Pertussis (whooping cough)
- Poliomyelitis
- Rabies, human
- Rabies, potential human exposure
- Rubella (including Congenital Rubella Syndrome)
- Smallpox vaccination, complications of
- Staphylococcus aureus, methicillin-resistant (MRSA) infections under 65 days of age, clusters of 2 or more laboratory confirmed cases occurring in a 2-week period with a suspected epidemiologic link in a community setting
- Staphylococcus aureus infections with intermediate or high-level resistance to vancomycin
- Streptococcal infections, Group A, invasive disease (including streptococcal toxic shock syndrome and necrotizing fasciitis) and sequence to Group A streptococcal infections (rheumatic fever and acute glomerulonephritis)
- Typhoid fever
- Typhus

### 7 DAYS (Within 7 days, Call (708) 633-8030)

- AIDS
- Arboviral infections (including, but not limited to, West Nile virus, California encephalitis, and St. Louis encephalitis)
- Brucellosis (unless bioterrorism suspected, then immediately)
- Chlamydia
- Croup
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Giardiasis
- Gonorrhea
- Hepatitis B
- Hepatitis C
- Hepatitis D
- Histoplasmosis
- HIV infection
- Influenza, death (in persons less than 18 years of age)
- Legionellosis
- Leprosy
- Leptospirosis
- Listeriosis
- Malaria
- Ophthalmia neonatorum (gonococcal)
- Pertussis
- Q fever (unless bioterrorism suspected, then immediately)
- Reye syndrome
- Salmonellosis, other than typhoid fever
- Shigellosis
- Streptococcal pneumoniae, invasive disease in children less than 5 years
- Syphilis
- Tularaemia
- Tickborne disease (includes Lyme disease, ehrlichiosis, anaplasmosis, and Rocky Mountain spotted fever)
- Toxic shock syndrome due to Staphylococcus aureus
- Tuberculosis
- Tularemia (unless bioterrorism suspected, then immediately)
- Vibriosis (non-cholera)
- Yersinia

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*STIs = abbreviation for sexually transmitted infections*
Below is a list of mostly national resources. For a listing of programs and services in suburban Cook County (SCC), visit our website at www.cookcountypublichealth.org and click on the SCC Resources link.

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<tr>
<th><strong>CAR AND BOOSTER SEATS</strong></th>
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<tr>
<th><strong>CHOKING</strong></th>
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<tbody>
<tr>
<td>American Red Cross</td>
<td>First Aid, CPR, AED certification</td>
<td><a href="http://www.redcross.org/take-a-class/program-highlights/cpr-first-aid/workplaces-schools-individuals#first-aid-cpr-aed">www.redcross.org/take-a-class/program-highlights/cpr-first-aid/workplaces-schools-individuals#first-aid-cpr-aed</a></td>
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<thead>
<tr>
<th><strong>LEAD POISONING</strong></th>
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<tbody>
<tr>
<td>U.S. Centers for Disease Control and Prevention (CDC)</td>
<td>Information on lead poisoning</td>
<td><a href="http://www.cdc.gov/nceh/lead">www.cdc.gov/nceh/lead</a></td>
</tr>
<tr>
<td>U.S. Environmental Protection Agency (EPA)</td>
<td></td>
<td><a href="http://www.epa.gov/lead">www.epa.gov/lead</a></td>
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<tr>
<th><strong>MENTAL HEALTH</strong></th>
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<tbody>
<tr>
<td>DocAssist (University of Illinois at Chicago)</td>
<td>DocAssist physical healthcare and mental healthcare for school-age and daycare-age students/children</td>
<td><a href="http://www.psych.uic.edu/docassist">www.psych.uic.edu/docassist</a></td>
</tr>
<tr>
<td>Mental Health America of Illinois</td>
<td></td>
<td><a href="http://www.mhai.org">www.mhai.org</a></td>
</tr>
<tr>
<td>National Institute of Mental Health</td>
<td></td>
<td><a href="http://www.nimh.nih.gov/index.shtml">www.nimh.nih.gov/index.shtml</a></td>
</tr>
<tr>
<td>U.S. Centers for Disease Control and Prevention (CDC)</td>
<td>Youth suicide prevention</td>
<td><a href="http://www.cdc.gov/ViolencePrevention/pub/youth_suicide.html">www.cdc.gov/ViolencePrevention/pub/youth_suicide.html</a></td>
</tr>
<tr>
<td>U.S. Substance Abuse and Mental Health Services Administration (SAMSHA)</td>
<td>What a Difference a Friend Makes website: information for people living with mental illness and their friends</td>
<td><a href="http://www.whatadifference.samhsa.gov">www.whatadifference.samhsa.gov</a></td>
</tr>
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<tr>
<th><strong>NUTRITION</strong></th>
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<tbody>
<tr>
<td>U.S. Centers for Disease Control and Prevention (CDC)</td>
<td>Fruit and vegetable calculator: how many fruits and vegetables each person needs per day; MyPlate Daily Food Plan</td>
<td><a href="http://www.cdc.gov/nutrition/everyone/fruitvegetables/index.html">www.cdc.gov/nutrition/everyone/fruitvegetables/index.html</a></td>
</tr>
<tr>
<td>Rethink Your Drink Campaign (Cook County Department of Public Health)</td>
<td>Information about sugar loaded beverages and healthier beverage options</td>
<td><a href="http://www.rethinkyourdrinknow.com">www.rethinkyourdrinknow.com</a></td>
</tr>
<tr>
<td>OBESITY</td>
<td>U.S. Centers for Disease Control and Prevention (CDC)</td>
<td><a href="http://www.cdc.gov/obesity/childhood/index.html">www.cdc.gov/obesity/childhood/index.html</a></td>
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<tr>
<td>Consortium to Lower Obesity in Chicago Children (CLOCC)</td>
<td><a href="http://www.clocc.net">www.clocc.net</a></td>
<td></td>
</tr>
<tr>
<td>First Lady Michelle Obama's Let's Move Campaign</td>
<td>Obesity prevention through physical activity</td>
<td><a href="http://www.letsmove.gov">www.letsmove.gov</a></td>
</tr>
<tr>
<td>U.S. Centers for Disease Control and Prevention (CDC)</td>
<td>Childhood overweight and obesity information</td>
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<thead>
<tr>
<th>PERSONAL HYGIENE</th>
<th>U.S. Centers for Disease Control and Prevention (CDC)</th>
<th><a href="http://www.cdc.gov/flu/protect/covercough.htm">www.cdc.gov/flu/protect/covercough.htm</a></th>
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</thead>
<tbody>
<tr>
<td>U.S. Centers for Disease Control and Prevention (CDC)</td>
<td>Cover Your Cough Flyer</td>
<td><a href="http://www.cdc.gov/flu/protect/covercough.htm">www.cdc.gov/flu/protect/covercough.htm</a></td>
</tr>
<tr>
<td>U.S. Centers for Disease Control and Prevention (CDC)</td>
<td>Handwashing: Clean Hands Save Lives!</td>
<td><a href="http://www.cdc.gov/handwashing">www.cdc.gov/handwashing</a></td>
</tr>
<tr>
<td>U.S. Centers for Disease Control and Prevention (CDC)</td>
<td>Children's Oral Health Information and Resources</td>
<td><a href="http://www.cdc.gov/oralhealth/topics/child.htm">www.cdc.gov/oralhealth/topics/child.htm</a></td>
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<tr>
<th>PHYSICAL ACTIVITY</th>
<th>First Lady Michelle Obama’s Let's Move Campaign</th>
<th><a href="http://www.letsmove.gov">www.letsmove.gov</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>President’s Council on Physical Fitness &amp; Sports</td>
<td>Obesity prevention through physical activity</td>
<td><a href="http://www.letsmove.gov">www.letsmove.gov</a></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>TEEN PREGNANCY AND SEXUAL HEALTH</th>
<th>Birth to Three</th>
<th><a href="http://www.birthto3.org">www.birthto3.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois Caucus for Adolescent Health</td>
<td>Adolescent sexual health and parenting</td>
<td><a href="http://www.icah.org">www.icah.org</a></td>
</tr>
<tr>
<td>The National Campaign to Prevent Teen and Unplanned Pregnancy</td>
<td></td>
<td><a href="http://www.thenationalcampaign.org">www.thenationalcampaign.org</a></td>
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</tbody>
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<tr>
<th>TOBACCO USE</th>
<th>That's Just Nasty Campaign (Cook County Department of Public Health)</th>
<th><a href="http://www.thatsjustnasty.com">www.thatsjustnasty.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Centers for Disease Control and Prevention (CDC)</td>
<td>Tobacco use prevention guidelines for school health programs</td>
<td><a href="http://www.cdc.gov/healthyouth/tobacco/guidelines/index.htm">www.cdc.gov/healthyouth/tobacco/guidelines/index.htm</a></td>
</tr>
</tbody>
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<tr>
<th>VIOLENCE PREVENTION</th>
<th>American Professional Society on the Abuse of Children</th>
<th><a href="http://www.apsac.org">www.apsac.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Help USA</td>
<td>Treatment and prevention of child abuse</td>
<td><a href="http://www.childhelpusa.org">www.childhelpusa.org</a></td>
</tr>
<tr>
<td>Illinois Department of Children &amp; Family Services</td>
<td>Child abuse</td>
<td><a href="http://www.state.il.us/dcfs/">www.state.il.us/dcfs/</a></td>
</tr>
<tr>
<td>National Sexual Violence Resource Center</td>
<td>Sexual violence</td>
<td><a href="http://www.nsvrc.org">www.nsvrc.org</a></td>
</tr>
<tr>
<td>U.S. Centers for Disease Control and Prevention (CDC)</td>
<td>Teen dating violence</td>
<td><a href="http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html">www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html</a></td>
</tr>
<tr>
<td>VIOLENCE PREVENTION HOTLINE NAME</td>
<td>ORGANIZATION, WEBSITE ADDRESS</td>
<td>PHONE NUMBER</td>
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<tr>
<td>National Child Abuse Hotline</td>
<td>Childhelp, <a href="http://www.childhelp.org">www.childhelp.org</a></td>
<td>800-422-4453 800-4-A-CHILD</td>
</tr>
<tr>
<td>National Domestic Violence Hotline</td>
<td></td>
<td>800-799-7233 800-799-SAFE 800) 787-3224 TTY</td>
</tr>
<tr>
<td>National Hope Line Network</td>
<td><a href="http://www.hopeline.com">www.hopeline.com</a></td>
<td>800-442-4673 800-442-HOPE</td>
</tr>
<tr>
<td>National Sexual Assault Hotline</td>
<td>Rape, Abuse and Incest National Network (RAINN), <a href="http://www.rainn.org">www.rainn.org</a></td>
<td>800-656-4673 800-656-HOPE 866-331-8453 TTY</td>
</tr>
<tr>
<td>National Suicide Prevention Lifeline</td>
<td><a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a></td>
<td>800-273-8255 800-273-TALK</td>
</tr>
<tr>
<td>National Teen Dating Violence Helpline</td>
<td><a href="http://www.loveisrespect.org">www.loveisrespect.org</a></td>
<td>866-331-9474</td>
</tr>
<tr>
<td>School Violence Tip Hotline (for students, parents, teachers, nurses, anyone)</td>
<td><a href="http://www.schoolviolencehotline.org">www.schoolviolencehotline.org</a></td>
<td>800-748-7047</td>
</tr>
</tbody>
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