



HealthWise

Healthwise 2026-27

Vaccine Preventable Diseases Guidance
for Suburban Cook County Schools



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Welcome

Dear School Nurses,

On behalf of Cook County Department of Public Health (CCDPH), thank you for all you do to keep suburban Cook County school students, staff, and families healthy. Your work is essential to protecting public health and ensuring children can learn and thrive in safe environments.

School nurses are often among the first to know when a child is ill, and the first line of defense in preventing illnesses from spreading in schools, families and the larger community. Your expertise, vigilance, and compassion are essential for detecting and communicating emerging health concerns to administrators and families, while making critical decisions under pressure.

We developed this communicable disease guidance to support you in that important work. The guidance included here is intended to serve as a practical, easy-to-use reference for identifying, managing, and responding to common communicable diseases encountered in schools. It reflects current public health recommendations and outlines when to take action, when to notify public health authorities, and when students may safely return to school.

Please know that this toolkit is only one part of our commitment to supporting you. CCDPH is available to serve as a resource for consultation, guidance, and collaboration whenever questions arise. We encourage you to reach out to us if you need support navigating a communicable disease situation, interpreting guidance, or connecting to additional public health resources.

Thank you for your dedication, professionalism, and leadership. Your work makes a measurable difference every day, and we are grateful for your partnership in building healthier communities.

Sincerely,

Kiran Joshi, MD, MPH
Chief Operating Officer
Cook County Department of Public Health



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Chickenpox (Varicella)



Agents:

Virus (Varicella Zoster Virus, VZV)

Signs and symptoms:

A sudden onset of mild fever, malaise and itchy rash progresses to vesicular lesions that last 3-4 days before scabbing.

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.

Incubation period:

Range 10-21 days; commonly 14-17 days

Period of communicability:

The disease may be transmitted one to two days before onset of rash through the first 4-5 days, or until all lesions have formed crusts.

Control of case:

- Case must be isolated and excluded from school or daycare 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.

Reportable to CCDPH?

Yes, reportable within 24 hours during normal business hours. To report a case of chickenpox, call 708-836-8699 or email CCDPH_SCHOOLS@Cookcountyhhs.org.

Note to parents recommended?

Yes. Notify staff members and parents when a case of chickenpox is identified. Please consult with CCDPH before communicating with parents/guardians or caregivers.

Control of contacts:

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.

Varicella-zoster immune globulin (VariZIG) 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., VariZIGTM, can be obtained from the sole authorized U.S. distributor FFF enterprises (24-hour telephone number: 800-843-7477).

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.

Preventable through routine childhood immunization?

Yes

1ST
DOSE

12-15 months

2ND
DOSE

4-6 years

General measures:

Varicella vaccines are given in a 2-dose series. The first dose is routinely recommended for all children 12-18 months of age unless contraindicated. A second dose is recommended at 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. People 13 years of age and older should receive two doses of the vaccine.



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COVID-19 (SARS-CoV-2)



Agents:

Virus SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) is a coronavirus that causes COVID-19.

Signs and symptoms:

May have no symptoms or can have any of the following: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, skin problems or changes.

Mode of transmission:

By breathing in air carrying droplets or aerosol particles that contain the SARS-CoV-2 virus when close to an infected person or in poorly ventilated spaces with infected persons.

Incubation period:

2-14 days

Period of communicability:

From two days before symptom onset through 10 days after symptom onset.

Control of case:

- Cases should be isolated from school, childcare, or workplace until both of the following are true for 24 hours: The case is 1.) fever-free without using fever-reducing medications and 2.) symptoms are improving overall.
- Upon return and for the next 5 days, CDC recommends enhancing hygiene practices, wearing a well-fitted mask and physical distance from others when indoors as much as possible.

Reportable to CCDPH?

No. However, schools are encouraged to notify CCDPH if assistance is needed to manage the outbreak/cluster, or if something unusual is occurring (e.g., burden of disease in the school setting is greater than expected, relative to community levels). In situations where school congregate settings have suspected COVID-19 outbreaks in a core group with at least 20% of a defined population OR at least five cases (including those identified via home testing) among individuals with symptom onset within seven days of each other, whichever is higher.

Note to parents recommended?

Not for individual cases, but a COVID-19 Parent Fact Sheet is available on IDPH's Communicable Disease School Nurse Guidance webpage for clusters and outbreaks.

Control of contacts:

There are no restrictions among immune or susceptible populations.

Preventable through routine childhood immunization?

Yes

YEARLY

6 months and up

General measures:

Staying up to date with vaccination, improve ventilation, wearing well-fitted masks, enhancing hygiene practices, and testing to inform actions.

Vaccine Recommendations:

- All children ages 6 months through 23 months.
- Children ages 2 years through 17 years who have at least one underlying risk factor, who have weakened immune systems, who have never been previously vaccinated for COVID-19, who live in congregate settings or live in households with those at risk for severe COVID-19.
- Children ages 2 years through 17 years without underlying risk factors whose parents/guardians want them to get a COVID-19 vaccine.



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Diphtheria



Agents:

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

Signs and symptoms:

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

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.

Incubation period:

Usually 2-5 days, (range 1-10 days)

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. Effective antibiotic treatment ends shedding.

Control of case:

- Case must be isolated and excluded from daycare or school until two successive cultures from both nose and throat, taken not less than 24 hours apart, are negative for diphtheria bacilli once antibiotic therapy is completed.
- Cutaneous wounds should be kept covered.

Reportable to CCDPH?

Yes, reportable within 3 hours. To report a case of diphtheria, call 708-836-8699 or email CCDPH_SCHOOLS@Cookcountyhhs.org.

Note to parents recommended?

Not recommended.

Control of contacts:

Close contacts are identified as:

- Those who have been close enough to the case to be directly exposed to respiratory droplets or secretions,
- Those who have been exposed to an undressed wound in a cutaneous diphtheria case, or
- Those who have had close, habitual contact with the case, such as household members.

Please consult CCDPH on management of close contacts.

Preventable through routine childhood immunization?

Yes



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.



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Hepatitis A



Agents:

Virus (hepatitis A virus, HAV)

Signs and symptoms:

Infection often occurs without overt symptoms, or mild symptoms such as slight fever, tired feeling, loss of appetite, stomachache, nausea, or vomiting are usually followed by jaundice. Young children may have mild diarrhea without jaundice.

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:

From 15 to 50 days; average 28 to 30 days

Period of communicability:

Persons are most infectious from 1-2 weeks before symptom onset to about 2 weeks after non-jaundice symptom onset or one week after onset of jaundice.

Control of case:

- Exclude case from school during the 2 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.

Reportable to CCDPH?

Yes, reportable within 24 hours during normal business hours. To report a case of hepatitis A, call 708-836-8699 or email CCDPH_SCHOOLS@Cookcountyhhs.org.

Note to parents recommended?

Yes. Please consult with CCDPH before communicating with parents/guardians or caregivers.

Control of contacts:

There are no restrictions in general school population; households 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.

Preventable through routine childhood immunization?

Yes. Minimum interval: 6 months



General measures:

Teach the importance of handwashing. Adults should supervise the handwashing of children/youth.

- Immunoglobulin (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 daycare center, Ig should be considered for additional children, staff and selected households.
- Ig is not indicated for the usual school or office setting.

Timely immunization at 12 months of age is important. Consider hepatitis A vaccine for caregivers. Infected caregivers should not prepare meals for others.



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Influenza (Flu)

**Agents:**

Virus (Influenza viruses)

Signs and symptoms:

Sudden onset of fever, chills, headache, malaise, body aches, and nonproductive cough.

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.

Incubation period:

1-4 days

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.

Reportable to CCDPH?

No. However, do immediately report any unusual case or cluster of cases (two or more) that may indicate a public health hazard 708-836-8699 or email CCDPH_SCHOOLS@Cookcountyhhs.org.

Note to parents recommended?

Not for individual cases, but a Seasonal Influenza (Flu) Fact Sheet for Parents is available on IDPH's Communicable Disease School Nurse Guidance webpage for clusters and outbreaks.

Control of cases:

- Exclude cases from daycare or school until 24 hours after fever subsides without the use of fever-reducing medications (e.g., Tylenol™ or Motrin™).
- Upon return and for the next 5 days, CDC recommends enhancing hygiene practices, wearing a well-fitting mask and physical distancing from others when indoors as much as possible.

Control of contacts:

No restrictions.

Preventable through routine childhood immunization?

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.



6 months and up

General measures:

Influenza 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.



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Measles



Agents:

Virus (Measles virus)

Signs and symptoms:

A 2-4-day prodromal period with fever (usually 103-105° F), cough, watery eyes and runny nose precedes the red, blotchy rash, which usually begins on the face and becomes generalized. Rash lasts 4-7 days.

Mode of transmission:

Measles is one of the most highly communicable infectious diseases and is primarily spread from person to person by direct contact with respiratory droplets or airborne spread.

Incubation period:

The average incubation period for measles is 10-12 days from exposure to prodrome and 14 days from exposure to rash (range: 7-21 days). Immune globulin may extend beyond this period.

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.

Reportable to CCDPH?

Yes, reportable by telephone within 3 hours during normal business hours. To report a case of measles, call 708-836-8699 or email CCDPH_SCHOOLS@Cookcountyhhs.org.

Note to parents recommended?

Yes. Notify staff members and parents when a case of measles is identified. Please consult with CCDPH before communicating with parents/guardians or caregivers.

Control of contacts:

There are no restrictions among immunized populations. In school or daycare 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.

Preventable through routine childhood immunization?

Yes



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 daycare, 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.



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Mumps



Agents:

Virus (Mumps virus)

Signs and symptoms:

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

Mode of transmission:

Person-to-person spread by droplet or direct contact with patient's eyes, throat or nasal secretions.

Incubation period:

From 12-25 days, commonly 16-18 days.

Period of communicability:

Peak infectious time begins 1-2 days before swelling to 5 days after, but may range from 7 days before to 9 days after. For the purpose of contact tracing and exclusions, the infectious period is 2 days before to 5 days after parotitis.

Control of cases:

- Exclude cases from school, childcare or workplace until 5 days after onset of parotitis. Note: daycare licensing rules require 9 days exclusion; refer to [IDPH Communicable Disease School Nurse Guidance](#).

Reportable to CCDPH?

Yes, reportable within 24 hours during normal business hours. To report a case of mumps, call 708-836-8699 or email CCDPH_SCHOOLS@Cookcountyhhs.org.

Note to parents recommended?

Yes. Please consult with CCDPH before communicating with parents/guardians or caregivers.

Control of contacts:

There are no restrictions among immunized populations. Unvaccinated contacts should be immunized. Close contacts include household and other contacts who had unprotected face-to-face (<3 feet) contact with an infectious person for at least 5 minutes, or direct contact with saliva from an infectious person. Susceptible close contacts shall be excluded from school, childcare facilities, or the workplace from days 12 through 25 after exposure.

Preventable through routine childhood immunization?

Yes

1ST DOSE

12-15 months

2ND DOSE

4-6 years

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 daycare, 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.



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Pertussis (Whooping Cough)



Agents:

Bacterium (*Bordetella pertussis*)

Signs and symptoms:

Initial upper respiratory symptoms feature an irritating cough that develops into a violent, spasmodic cough within 1-2 weeks. The patient may develop the characteristic "whoop" during the coughing spasms. The symptoms, if left untreated, may last 1-2 months.

Mode of transmission:

Pertussis is highly contagious. Transmission typically occurs when a susceptible person inhales aerosolized droplets from the respiratory tract of an infected person. Transmission via contact with fomites is thought to occur rarely, if ever.

Incubation period:

Commonly 7 days, almost uniformly within 10 days and not exceeding 21 days.

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 or 21 days after cough onset if no treatment is received.

Reportable to CCDPH?

Yes, reportable by telephone within 24 hours during normal business hours. To report a case of pertussis, call 708-836-8699 or email CCDPH_SCHOOLS@Cookcountyhhs.org.

Note to parents recommended?

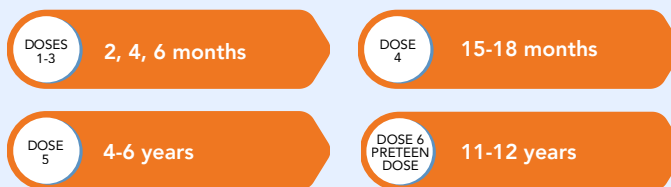
Yes. Please consult with CCDPH before communicating with parents/guardians or caregivers.

Control of contacts:

Susceptible contacts do not need to be excluded unless they become symptomatic. 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.

Preventable through routine childhood immunization?

Yes. Children are routinely recommended to receive 5 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine (DTaP) at the following ages:



Tetanus diphtheria acellular pertussis vaccine (Tdap) booster is recommended for children 7-10 years of age who are not fully vaccinated against pertussis.

Tdap vaccine is 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.



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**Agents:**

Poliovirus, a member of the *Enterovirus C* species, exists as three distinct serotypes (PV-1, PV-2, PV-3) that cause poliomyelitis.

Signs and symptoms:

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

Mode of transmission:

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

Incubation period:

Commonly 7-12 days, with a range from 3-21 days.

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 case:

- 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.

Reportable to CCDPH?

Yes, reportable within 3 hours during normal business hours.

To report a case of polio, call 708-836-8699 or email CCDPH_SCHOOLS@Cookcountyhhs.org.

Note to parents recommended?

No.

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.

Preventable through routine childhood immunization?

Yes

DOSE
1

2 months

DOSE
2

4 months

DOSE
3

6-18 months

DOSE
4

4-6 years

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 daycare or school.



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Respiratory Syncytial Virus (RSV)



Agents:

Virus (Respiratory Syncytial Virus, RSV)

Signs and symptoms:

RSV does not usually cause severe illness in healthy adults and children. However, some people with RSV infection, especially infants younger than 6 months of age and adults who are older or have certain risk factors, can become very sick and may need to be hospitalized. RSV can also cause more severe illness such as bronchiolitis (inflammation of the small airways in the lungs) and pneumonia (infection of the lungs). It is the most common cause of bronchiolitis and pneumonia in children younger than 1 year of age.

In the most severe cases, a person may require: Additional oxygen, IV fluids if they can't drink enough to stay hydrated, or intubation (have a breathing tube inserted through the mouth and into the windpipe) with mechanical ventilation (a machine to help a person breathe). In most of these cases, hospitalization lasts only a few days.

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 2-8 days with 4-6 most common.

Period of communicability:

RSV is communicable shortly before onset and for the duration of symptoms, usually 3-8 days. In infants, RSV shedding may very rarely persist for several weeks or longer after clinical symptoms subside.

Reportable to CCDPH?

No. However, do immediately report any unusual case or cluster of two or more cases that may indicate a public health hazard, by calling 708-836-8699 or emailing CCDPH_SCHOOLS@Cookcountyhhs.org.

Note to parents recommended?

Not for individual cases, but RSV Parent Fact Sheet is available on IDPH's Communicable Disease School Nurse Guidance webpage for clusters and outbreaks

Control of cases:

- There are no restrictions. A case does not need to be excluded unless he or she has a fever or is not well enough to participate in usual activities.

Control of contacts:

There are no restrictions.

Preventable through routine childhood immunization?

Yes. An infant RSV antibody is recommended for infants younger than 8 months of age who are born during or are entering their first RSV season (usually fall through spring) if:

- The mother did not receive RSV vaccine during pregnancy, or
- The mother's RSV vaccination status is unknown, or
- The infant was born within 14 days of maternal RSV vaccination.

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.



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Rubella (German Measles, 3-Day Measles)

**Agents:**

Virus (Rubella virus)

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.

Mode of transmission:

Rubella is transmitted primarily through direct contact with infected patients or by droplet contact from nasopharyngeal secretions. Infants with CRS shed large quantities of virus in their pharyngeal secretions and urine and serve as a source of infection.

Incubation period:

From 14-21 days; usually 16-18 days

Period of communicability:

For about one week before and one week after onset of rash. Infants with congenital rubella can shed the virus for months.

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's 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.

Reportable to CCDPH?

Yes, reportable within 24 hours during normal business hours. To report a case of rubella, call 708-836-8699 or email CCDPH_SCHOOLS@cookcountyhhs.org.

Note to parents recommended?

Yes. Please consult with CCDPH before communicating with parents/guardians or caregivers.

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.

Preventable through routine childhood immunization?

Yes

**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 daycare, school, and college entry. Proof of prior rubella disease is not acceptable unless laboratory evidence of immunity is presented.



Streptococcus (Strep)



Agents:

Streptococcus pyogenes (Group A Strep)

Signs and symptoms:

Fever, sore throat with pus spots on tonsils, tender swollen glands. Scarlet fever has the above symptoms, plus a sandpaper-like rash. Symptoms may vary.

Mode of transmission:

Group A strep bacteria are very contagious. Some people infected with group A strep bacteria don't have symptoms or seem sick, but can still spread the bacteria to others through respiratory droplets or direct contact. Rarely group A strep bacteria can spread through food that isn't handled properly.

Incubation period:

2-5 days

Period of communicability:

Highest during acute infection. No longer contagious within 24 hours after antibiotics.

Control of cases:

- **Schools:** Exclude until fever-free without the use of fever-reducing medications or symptoms improving if fever not present AND on appropriate antibiotics for at least 12 hours. However, during outbreaks or in the setting of recurrent infection, IDPH recommends individuals stay home for at least 24 hours after taking antibiotics AND fever-free or symptoms improving if fever not present.
- **Child Care:** Exclude until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours.

Reportable to CCDPH?

Clusters of 10 epidemiologically linked cases of strep throat/scarlet fever within a 10-day period are reportable to the local health department.

Note to parents recommended?

Note to parents should be recommended for outbreaks.

Control of contacts:

Clusters of 10 epidemiologically linked cases of strep throat/scarlet fever within a 10-day period are reportable to the local health department. Invasive disease from streptococcal bacteria is reportable.

Preventable through routine childhood immunization?

No vaccine exists. However, good hygiene and limiting contact with cases significantly reduces risk of contracting Streptococcus.

General measures:

Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling; symptomatic contacts of documented cases should be tested, and if results are positive, should be treated.



Tetanus (Lockjaw)

**Agents:**

Bacteria (*Clostridium tetani*)

Signs and symptoms:

The first sign is most commonly spasms of the jaw muscles, or "lockjaw." Other symptoms can include: Trouble swallowing; sudden, involuntary muscle spasms—often in the stomach; painful muscle stiffness all over the body; seizures (jerking or staring); headache; fever and sweating; changes in blood pressure and heart rate.

Mode of transmission:

Tetanus doesn't spread from person to person. Tetanus spores from the environment enter the body through: cuts or wounds contaminated with dirt, feces (poop), or saliva (spit); puncture wounds (wounds caused by an object, like a nail or needle); injuries with dead tissue (e.g., burns, crush injuries, frostbite). Less commonly, tetanus can be transmitted through: chronic sores and infections; dental infections; insect bites; intravenous (IV) drug use; surgical procedures.

Incubation period:

Range 3-21 days; average 8 days

Period of communicability:

The disease is not contagious from person-to-person. It enters the body through a cut or wound.

Control of case:

- No restrictions

Reportable to CCDPH?

Yes, reportable within 3 days during normal business hours. To report a case of tetanus, call 708-836-8699 or email CCDPH_SCHOOLS@Cookcountyhhs.org.

Note to parents recommended?

No.

Control of contacts:

No restrictions

Preventable through routine childhood immunization?

Yes

**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.



Tuberculosis (TB)



Agents:

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

Signs and symptoms:

- Latent TB infection (LTBI): None.
- Pulmonary/laryngeal TB disease: Productive and prolonged cough lasting >3 weeks, plus chest pain, fever, chills, night sweats, fatigue, appetite loss and weight loss.

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.

Incubation period:

The incubation period can vary from about 2-10 weeks to several years. Latent infections may never develop into active disease. In general, progression from LTBI to active disease is most likely within the first two years of infection.

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.

Reportable to CCDPH?

Yes, as soon as possible during regular business hours but within 3 days. To report a case of tuberculosis, call 708-836-8600.

Note to parents recommended?

Yes. Consult with CCDPH before communicating with parents/guardians or caregivers.

Control of cases:

- Children can attend school or daycare if they are not considered infectious.
- For those with active disease: Public health officials determine when an individual with active TB may return to work or school.
- Schools: Contact the CCDPH TB program about when children may return to school and whether children with active TB disease require written clearance.

Control of contacts:

- Testing for TB is required of all household members and close contacts.
- Contacts with a negative TB test should receive a second TB test 10-12 weeks after their last exposure.
- People who test positive for TB should be evaluated for active disease. If active disease is ruled out, these people should be evaluated for treatment of LTBI.
- Recent contacts with LTBI are one of the highest risk groups for developing TB and preventive treatment should be considered.
- Children can attend school or daycare if they have LTBI whether or not they are being treated.

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).

General measures:

Contact your local school board about TB 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.

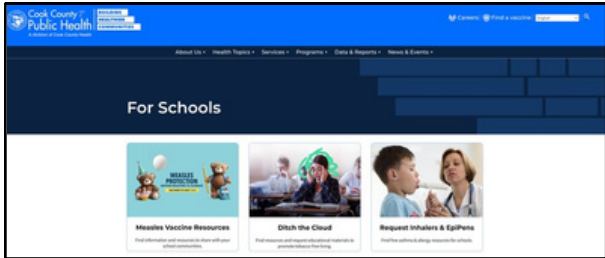
Tuberculin testing should be done either before or on the same day as vaccination with a live-virus vaccine or 4-6 weeks after the live-virus vaccination.



HealthWise

Connect With Us

Information for Schools

Subscribe to our Healthy Schools Update Newsletter Subscribe to receive our <i>Healthy Schools Update</i> and other newsletters via email and/or text, including: • Behavioral Health Matters (mental health and substance use) • Building Healthier Communities (all public health topics) • Public Health Pulse (policy)		
Register for our Monthly School Health Meetings Join us for virtual monthly meetings designed for school administrators, nurses, staff in K-12 schools, and daycare centers. Stay updated on the latest health guidance, vaccine requirements, upcoming events, grants, and more. • View the schedule and register to attend the next virtual meeting. • Missed a meeting? View recordings of past meetings, agendas, and related materials on the School Health Meetings page.	• September: 9/18/2026 • October: Annual In-Person School Health Conference, 10/27/26 • November: 11/20/2026 • December: 12/18/2026 • January: 1/15/2027 • February: 2/19/2027 • March: 3/19/2027 • April: 4/16/2027 • May: 5/21/2027	
Visit our School Health Resources Webpage Visit the School Health Resources webpage for access to up-to-date guidance, tools, and programs to promote the health and safety of your community. Explore a range of resources, from vaccine requirements and disease prevention strategies to grant opportunities and special events.		

Communicable Disease Unit Contacts **708-836-8699**

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Illinois Reportable Diseases and Conditions

Organized by Reporting Timeframe



Cook County
Public Health
A division of Cook County Health



TO REPORT: CALL 708-836-8600 AND PRESS 2

IMMEDIATE - WITHIN 3 HOURS

Reportable by phone as soon as possible, but within 3 hours

Any suspected bioterrorist threat

Any unusual case or cluster of cases that may indicate a public health hazard

Anthrax

Botulism, foodborne

Coronavirus, Novel

Diphtheria

Influenza A, novel

Measles: Suspect, Probable or Confirmed

Middle Eastern Respiratory Syndrome (MERS)

Plague

Poliomyelitis

Severe Acute Respiratory Syndrome (SARS)

Smallpox

WITHIN 24 HOURS

Reportable by phone as soon as possible, but within 24 hours

Acute Flaccid Myelitis

Botulism, intestinal, wound, other

Brucellosis*

Cholera

Cronobacter in infants <18 months

Escherichia coli infections (E. coli O157, and other Shiga Toxin producing E. coli)

Haemophilus influenzae, invasive

Hantavirus pulmonary syndrome

Hemolytic uremic syndrome, post diarrheal

Hepatitis A

Influenza, deaths in those <18 yrs

Melioidosis due to Burkholderia pseudomallei

Mumps

Neisseria meningitidis, Invasive Disease and Purpura Fulminans

Outbreaks of public health significance

Pertussis (whooping cough)

Q fever (Coxiella burnetii)*

Rabies, human and potential human exposure and animal rabies

Rubella

S. aureus infections with intermediate or high level resistance to vancomycin

Streptococcal infections Group A, invasive disease, in persons admitted to the hospital or residing in a residential facility

Toxic shock syndrome due to S. aureus

Tularemia*

Typhoid fever and Paratyphoid fever

Typhus

Varicella (chickenpox)

Illinois Reportable Diseases and Conditions

TO REPORT: CALL 708-836-8600 AND PRESS 2

WITHIN 3 DAYS

Reportable by phone as soon as possible, but within 3 days

African Tick Bite Fever	Keystone virus
Anaplasmosis	La Crosse virus
Arboviruses	Legionellosis
Babesiosis	Leptospirosis
Bourbon virus	Listeriosis
California encephalitis virus	Lyme disease
Campylobacteriosis	Malaria
Candida auris**	Multidrug-resistant organisms**
Carbapenem-resistant Enterobacterales**	Powassan virus
Chancroid	Psittacosis due to Chlamydia psittaci
Chikungunya virus	Respiratory Syncytial Virus (RSV): deaths in those <18 years
Chlamydia	Respiratory Syncytial Virus (RSV): ICU admissions
COVID-19 deaths in those <18 years	Rocky Mountain Spotted Fever (RMSF)
COVID-19 ICU admissions	St. Louis encephalitis virus
Cryptosporidiosis	Salmonellosis, other than typhoid or paratyphoid
Cyclosporiasis	Shigellosis
Dengue viruses 1–4	Snowshoe hare virus
Eastern equine encephalitis virus	Spotted fever rickettsioses
Ehrlichiosis	S. pneumoniae, invasive in those < 5 years
Gonorrhea	Syphilis
Heartland virus	Tetanus
Hepatitis B, acute infection, perinatal and non-acute confirmed infection	Trichinosis
Hepatitis C, acute infection, perinatal and non-acute confirmed infection	Trivittatus virus
Histoplasmosis	Tuberculosis
HIV infection	Vibriosis (other than toxigenic Vibrio cholera O1 or O139)
Influenza, ICU admissions	West Nile virus
Jamestown Canyon virus	Western equine encephalitis virus
Japanese encephalitis	Yellow fever virus
	Zika virus

Notes: * If bioterrorism is suspected, report immediately within 3 hours. ** Reportable to the Extensively Drug-Resistant Organism (XDRO) Registry by providers. Laboratories must also report positive test results electronically to their local health department within the indicated timeframe.

About Us

WHO WE ARE. WHAT WE DO.



Cook County DEPT. of
Public Health
A division of Cook County Health

**BUILDING
HEALTHIER
COMMUNITIES**



We are Cook County Department of Public Health. We are building healthier communities.

We are Cook County Department of Public Health, a nationally-accredited, state-certified local health department, serving suburban Cook County. We build healthier, more equitable communities by protecting health, preventing disease, engaging communities, and analyzing and sharing data for action.

Who we serve



2.5M
PEOPLE



127
SUBURBS



700
SQUARE MILES



40
FEDERALLY
QUALIFIED
HEALTH
CENTERS



140
CHILD CARE
CENTERS



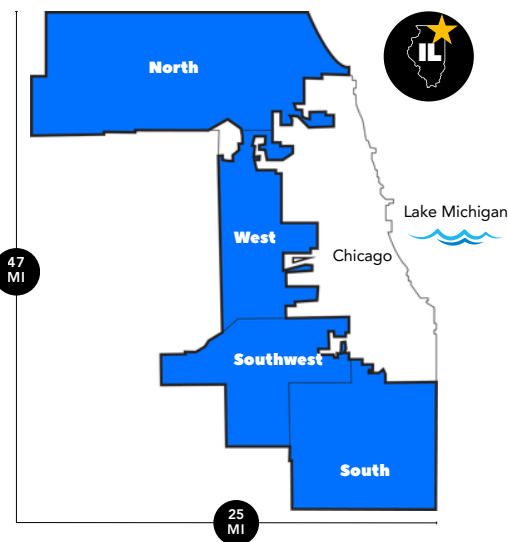
19
HOSPITALS



88
PARK
DISTRICTS



557
SCHOOL
DISTRICTS



Suburban Cook County
Excluding Evanston, Oak Park,
Skokie, and Stickney Township

LEARN MORE



We are building healthier communities.

We promote health.

We partner with community-based organizations and residents to promote access to programs and services for mental health, positive youth development and healthy food.

We work to improve worker health and safety through coalition building, outreach and education. Our health educators and community health promoters share essential health information and resources with the community.

Through impactful media campaigns, we raise awareness about prevalent diseases and other significant health-related topics.

We protect health.

Our emergency response coordinators prepare for and respond to public health emergencies and disasters with local, state and federal first responders.

Our dedicated environmental inspectors conduct routine visits to various establishments, including tobacco retailers, restaurants, swimming pools, spas, tanning, tattoo and body piercing parlors. They also inspect homes to protect young children from potential lead poisoning hazards and ensure septic and other water systems are safe.

Our public health nurses provide vital support to mothers and babies, offering care throughout the stages of pregnancy and beyond, including visits to the homes of high-risk infants. They conduct essential vision and hearing screenings in schools and administer breast and cervical cancer screenings for eligible women.

We prevent illnesses, injuries and death.

Additionally, our public health experts work to prevent and manage the transmission of communicable diseases, such as COVID, TB, measles, and sexually transmitted infections. Their work involves conducting rigorous monitoring, community education and thorough outbreak investigations. Our community vaccination program brings needed immunizations to suburban neighborhoods.

We collect health data.

Our team of epidemiologists diligently tracks and shares vital disease data from over 127 municipalities. We offer a searchable database and custom reports, empowering data-driven decisions. With our Cook County Health Atlas, we provide user-friendly data on over 400 indicators, spanning health behaviors, demographics, socioeconomic factors and the physical environment across suburban Cook County.

