

School Health Manual

Introduction to Communicable Diseases

Last Reviewed 6/03

School Policies	Exclusion from School
Reporting	Related Statutes
Resources (to be added)	

Since the early 1800's, Maine laws have addressed infectious diseases, placing a duty upon public health officials and school officials to control "communicable diseases." Schools have a role to aid in the control of disease and infestations and to protect children and employees from illness.

SCHOOL POLICIES

Because of the danger to student and employee health, school boards are required by law to adopt a policy for enforcement by the superintendent to safeguard the health of any student or employee who has contracted or been exposed to a communicable disease [Title 20-A §1001(11-A)]. See Sample School Policy for Immunization and Communicable Diseases.

Schools should have methods/procedures for:

1. Educating school personnel regarding symptoms and management of communicable diseases.
2. Handling blood-borne pathogens (Required by OSHA).
3. Educating parents to keep children home with signs of communicable disease and to secure appropriate treatment.
4. Record-keeping and retrieval procedures regarding non-immunized children.
5. Exclusion and follow-up of children who are not immunized against vaccine preventable diseases or who have contracted a communicable disease or infestation.
6. Designating the school nurse (or other school official) as liaison with public health officials for the reporting of "notifiable" communicable diseases.

EXCLUSION FROM SCHOOL

Exclusion is defined in the respective laws as the responsibility of the superintendent and/or the Bureau of Health (BOH), Division of Disease Control (1-800-821-5821). In essence, the BOH recommends exclusion under specific conditions and the action is the responsibility of the superintendent. **(Excerpts from Maine Law found at the end of this section.)**

The BOH has broad powers and responsibilities regarding communicable diseases, including investigating cases, establishing reporting requirements, and establishing procedures for control. The law specifically allows BOH to direct that a child who has been exposed to a communicable disease be excluded from school. (There is no distinction made between public and private schools in Title 22.) Under its general authority, it can also close a school or exclude employees.

If a person is excluded because of a communicable disease, this person is permitted to return to school upon a physician's representation (in writing or orally) to the school nurse or school principal that the person is no longer communicable.

Where there is an outbreak of vaccine-preventable diseases, BOH encourages the immediate immunization of non-immunized persons to aid in controlling the spread of the disease. In addition, school procedure should address potential danger to employees. For example, children not immunized against rubella should be reassigned to other teachers if a pregnant teacher is at risk from the disease or excluded if this is not possible.

REPORTING OF NOTIFIABLE COMMUNICABLE DISEASES

The requirements for reporting communicable diseases are covered in the Rules for the Control of Notifiable Conditions, Maine Department of Human Services, and Bureau of Health, Chapter 258. Schools, public and private, are required to report to the Bureau of Health, constellation of symptoms of communicable diseases and the number of individuals affected.

Vaccine-preventable diseases should be reported immediately and appropriate action taken to ensure the protection of other children and adults in the school setting.

A list of reportable diseases can be found at:
www.state.me.us/dhs/boh/ddc/reportable.htm.

Reporting is done via telephone to Bureau of Health (1-800-821-5821) or by fax (1-800-293-7534). For consultation and inquiries, call 207-287-5301.

OTHER NON-REPORTABLE COMMUNICABLE DISEASES

Still other communicable diseases must be handled locally and are not reported to public health officials such as ringworm, impetigo, and scabies. (See descriptions in this Communicable Disease Section.)

MAINE LAW Excerpts from Title 20-A (Department of Education)

§1001. Duties of school boards

School boards shall perform the following duties:

11-A. Exposure to a communicable disease. They shall adopt a policy for enforcement by the superintendent to safeguard the health of any student or employee who has contracted or been exposed to a communicable disease, in accordance with sections 6301, 6351-A, and 6551, Title 22, chapter 251.

§6301. Student health

1. Duty of teacher. A teacher who has reason to believe that a student is a public health threat as a result of being infested with parasites, or having a communicable disease of the skin, mouth or eyes, shall inform the superintendent.

2. Duty of superintendent. A superintendent informed by a teacher under subsection 1 may:

A. Inform the student's parent;

(1) To cleanse the clothing and bodies of their children; and

(2) To furnish their children with the required home or medical treatment for the relief of their trouble so defined in subsection 1.

B. Exclude student from the public schools until the student is no longer a public health threat; and

C. Exclude the student from public school as soon as safe and proper transportation home is available.

3. Duty of parent. A parent informed by a superintendent under subsection 2 shall promptly do what is reasonably necessary to ensure that the student is no longer offensive or dangerous.

4. Penalty. Any parent who fails to comply with subsection 3 shall be fined not more than \$5 for the first offense or \$10 for subsequent offenses.

5-A. Notification. The superintendent shall cause notice of the communicable disease to be given to the Department of Human Services, in accordance with the requirements of Title 22, chapter 251, and rules issued under that chapter.

§6356. Exclusion from school [From Immunization Law]

1. Public health official action. When a public health official has reason to believe that the continued presence in a school of a child who has not been immunized against one or more diseases presents a clear danger to the health of others, the public health official shall notify the superintendent of the school. The superintendent shall cause the child to be excluded from the school during the period of danger or until the child receives the necessary immunizing agent.

Whenever, as a result of this section, a child is absent from the public school for more than 10 days, the superintendent shall make arrangements to meet the educational needs

of the child.

2. Superintendent's action. Notwithstanding the provisions of this subchapter on immunization against specific diseases, a superintendent may exclude from the public schools any child who is a public health threat, in accordance with section 6301, and the superintendent shall exclude from school any child or employee who has contracted or has been exposed to a communicable disease as directed by a physician after consultation with the BOH.

Definitions: The term "disease" in this section refers only to those listed diseases for which immunization is required in the School Immunization Law.

**A "public health official" in this section means a local health officer, the Director or the BOH, Department of Human Services, or any designated employee or agent of the Department of Human Services.

Excerpts from Rule 10-144 Chapter 258 (Department of Human Services)

Definitions

- I. **Communicable Disease:** A disease or condition that may cause serious illness, serious disability or death, the infectious agent of which may pass or be carried, directly or indirectly, from the body of one person to the body of another or through a contaminated food or food product.
- X. **Infectious Person:** A person who is diagnosed as having a communicable disease and who, after appropriate medical evaluation or testing, is determined to be a potential source of infection to others, given conditions necessary for transmission of the disease.
- FF. **Notifiable Condition:** Any communicable disease, the occurrence or suspected occurrence of which is required to be reported to the Department pursuant to Title 22, Chapter 250, Section 1493.
- TT. **Reporting facility:** Any hospital, clinical laboratory, rural health clinic, ambulatory care facility, or other health care facility providing clinical, diagnostic or therapeutic services to patients, licensed to operate in the State of Maine.
- UU. **School:** Any public or private elementary, secondary or post-secondary educational institution in the State of Maine.

2. NOTIFIABLE CONDITIONS

The Department may designate any communicable disease as a notifiable condition and establish requirements for reporting of conditions in order to measure the public health impact, to provide immediate disease intervention as

needed, and to limit the potential for epidemics of communicable diseases. Maine law requires that health care providers report conditions deemed to be of public health importance in accordance with these rules.

In accordance with 22 MRSA sections 801-825, the Department hereby adopts the following rules and procedures providing for a uniform system of reporting, recording and collecting information concerning notifiable conditions.

A. Who Must Report:

- (1) Health Care Providers
- (2) Medical laboratories
- (3) Health care facilities

- (4) Administrators

Administrators, (or their designees) of other public or private institutions such as penal institutions, nursing homes, schools, and day care centers, shall report any outbreak or epidemic situations prevalent within the institution.

- (5) Health officers
- (6) Veterinarians and veterinary medical laboratories
- (7) Others

B. What to Report:

- (4) Administrators of all other public or private institutions:
 - (a) constellation of symptoms exhibited;
 - (b) number of individuals affected.

Where to Report:

These reports may be made to the Department by telephone 1-800-821-5821 or (207) 287-5301 or by fax transmission (1-800-293-7534). Although fax or telephone should be the primary method of reporting, written reports may be sent to the Division of Disease Control, Bureau of Health, Station 11, Augusta, Maine 04333. Standard forms for the reporting of the notifiable conditions are currently available upon request for disease reporting; however, other forms of written reports are acceptable. Cases of tuberculosis reported by telephone shall be followed by a written report mailed to the Department within 48 hours.

E. Why Report:

Reporting of notifiable conditions is required by health care providers under 22 MRSA, Chapter 250 §822. The Department has authority to implement rules to establish reporting requirements to require other professionals to report. (22 MRSA, Chapter 250 §802.)

The primary objectives of disease surveillance are:

- (1) to determine the incidence and prevalence of Notifiable conditions within the State,
- (2) to evaluate risks of transmission;
- (3) to intervene rapidly when appropriate to control spread of disease, and,
- (4) when appropriate, to increase understanding of the distribution and determinants of the condition in the state's population.

G. Confidentiality:

The name and related information which may identify individuals reported to the Department shall remain confidential and may be released only to other public health and school officials or agencies for public health purposes, or to the Department for adult or child protection purposes in accordance with 22 MRSA, Chapters 958-A and 1071. In an extreme public health emergency, the information may also be released to private health care providers and agencies for the purpose of preventing further disease transmission. By law, no person, official or institution complying with reporting requirements shall be held liable for any civil damage as a result of such act. No person may disclose the results of an HIV test except as permitted in 5 MRSA, Section 19203.

Disease reporting information collected from health care providers, laboratories, hospitals or other institutions, and from patients themselves, is considered confidential and data released to the public, the media, or other agencies may not contain potentially identifying information, unless otherwise specified in these rules.

J. Notifiable Conditions List:

- (1) **Category 1:** Reportable immediately to the Bureau of Health by telephone on the day of recognition or strong suspicion of disease.

Chickenpox (varicella)

- Admission to hospital, any age
- Adults > 18 years, any clinical setting

Diphtheria
Hepatitis (viral, acute)
Measles (rubella)
Meningococcal disease
Outbreaks

- Foodborne (involving 2 or more persons); waterborne; and respiratory
- Institutional
- Unusual disease or illness

Pertussis
Poliomyelitis
Rabies (human and animal)
Rubella (including congenital)
Staphylococcus aureus disease, reduced or resistant susceptibility to vancomycin
Tuberculosis*

Category 1 Diseases that are possible indicators of bioterrorism.

Anthrax
Botulism
Brucellosis
Gram positive rod septicemia or meningitis, growth within 72 hours of inoculation in laboratory
Outbreaks of unusual disease or illness
Plague
Q fever
Ricin Poisoning
Smallpox
Staphylococcal enterotoxin B pulmonary poisoning

- (2) **Category 2:** Reportable within 48 hours of recognition or strong suspicion to the Bureau of Health.

Acquired Immunodeficiency Syndrome (AIDS)
Babesiosis
Campylobacteriosis
CD4 lymphocyte counts <200/uL or 14% of total lymphocytes
Chancroid
Chlamydia (c. trachomatis) (all sites)
Chickenpox
Chickenpox-related death

Creutzfeldt-Jacob disease, <55 years of age
Cryptosporidiosis
Cyclosporiasis
Ehrlichiosis
Encephalitis
Escherichia coli O157:H7 gastroenteritis*
Giardiasis
Gonorrhea
Haemophilus influenzae disease, invasive, all serotypes*
Hantavirus pulmonary syndrome
Hemolytic-uremic syndrome (post-diarrheal)
Hepatitis B (chronic, perinatal)
Hepatitis C (chronic)
Hepatitis (non-A and non-B)
Human Immunodeficiency virus (HIV) infection**
Influenza-like illness outbreaks
Legionellosis
Listeriosis
Lyme disease
Malaria
Meningitis, bacterial
Meningococcal invasive disease
Mumps
Salmonellosis*
Shiga toxin-related disease (gastroenteritis)
Shigellosis
Streptococcal disease, invasive Groups A and B
Streptococcus pneumoniae, invasive
Syphilis
Tetanus
Toxoplasmosis
Trichinosis
Vibrio species, including Cholera
West Nile virus infection
Yellow Fever

*Clinical isolates to be submitted to the State Health Environmental Testing Laboratory

**Soundex patient identifier or patient name required

Category 2 Diseases that are antibiotic resistant organisms. To be reported according to criteria established by clinical microbiologists statewide (MICRONET).

Staphylococcus aureus methicillin-resistant disease, invasive, community acquired

Penicillin resistant streptococcus pneumoniae

L. Reporting of Outbreaks/ Unusual Case Incidence:

Any pattern of cases or increased incidence of cases or illness beyond the expected number of cases in a given period, or cases or illness regardless of apparent agent which may indicate a newly recognized infectious agent, or an outbreak or related public health hazard, (including suspected or confirmed outbreaks of food or waterborne disease), must be reported immediately by telephone to the Department.

In the event that the Bureau of Health determines that an outbreak or unusual disease condition has occurred, it may request providers who care for cases to report specified information as set forth in Section 2B to the Department.

Excepts from Title 22 (Department of Human Services)

§806. Exclusion from school

1. Dismissal. In the event of an actual or threatened outbreak of a communicable disease, the department may order that any or all persons attending or working in any school or day care facility be excluded until the department determines that a public health threat no longer exists.
2. Exclusion. The department may exclude any infected person from attending or working in a school or day care facility if that infected person poses a public health threat. An individual excluded pursuant to this subsection shall be permitted to return to the school or day care facility after the department, in consultation with the physician responsible for the individual's care, determines that return is permissible and will not pose a threat to the public health. The department shall notify the superintendent or day care facility administrator of that determination.