Communicable Diseases Quarantine Rules and Regulations

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LOS ANGELES CITY SCHOOLS
SCHOOL PUBLICATION NO. 359
1948 (Revised)

Los Angeles City School District

Communicable Diseases Quarantine Rules and Regulations

School Publication No. 359

OFFICE OF THE SUPERINTENDENT—1948—LOS ANGELES CITY SCHOOLS
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FOREWORD

The control of communicable diseases in the schools is one of our most important duties to the child as well as to the school. It requires constant vigilance of health workers as well as teachers. This publication has been prepared to aid all school workers to understand more thoroughly the rules and regulations pertaining to the control of communicable diseases.

VIERLING KERSEY
Superintendent

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INTRODUCTION

In order that adequate measures for the control of communicable diseases may be carried out in all of our schools, the procedures outlined in this publication have been approved by the City, County, and State Health Departments. This outline summarizes the procedures recommended and in force at the present time.

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GENERAL HEALTH LAWS—STATE BOARD OF HEALTH

No instructor, teacher, pupil, or child affected with any contagious, infectious, or communicable disease which is or might be the subject of quarantine, or has been declared reportable, or who resides in any house, building structure, tent, or other place where such disease exists, or has recently existed, shall be permitted by any superintendent, principal, or teacher of any college, seminary, or public or private school, to attend such college, seminary, or school, except by the written permission of the local health officer.

INSTRUCTIONS FOR THE CONTROL OF MAJOR COMMUNICABLE DISEASES IN THE SCHOOLS

When a case of major communicable disease such as diphtheria, hemolytic streptococcal infection (scarlet fever), smallpox, poliomyelitis, or epidemic meningitis is discovered in a school or is suspected, the principal shall see that the parents of the pupil are noified to call for the latter or the principal shall see that he is taken home. All brothers and sisters or other pupils living at the same address shall also be excluded. In the case of any suspected major communicable disease the final diagnosis is made by the health officer, who shall be notified immediately, giving name, age, and address of pupil and disease suspected. For pupils living in city terriory, call MIchigan 5211; in county territory call nearest county health office.

The following procedure shall be followed:

1. The pupil shall be isolated until arrival of the parent.
2. Blankets, pillows, cot covers, or mattresses which have been contaminated shall be removed from use. The principal shall see that such contaminated material is bundled in blanket or sheet, clean side out, as instructed by the school physician or school nurse, and labeled with the name of the school. The Maintenance Section, Station 353 of the Business Division exchange, shall be notified immediately to collect for sterilization.
3. The desk of the pupil shall be immediately emptied of its contents and all books, papers, pencils, etc., shall be wrapped in paper and sent to the Business Division for disposition.
4. Cots shall be washed off with the antiseptic solution issued to all custodians and placed outside to dry for at least five hours before being used again. Direct sunlight when available is perferable.
5. The pupil's personal effects, clothing, etc., shall be wrapped securely in paper and sent home for boiling or sunning.
6. The pupil's desk and the four other desks or tables immediately surrounding the contaminated desk, as well as the floor in this area, shall be thoroughly washed with the antiseptic solution. The room shall then be thoroughly aired.
7. The pupil's locker shall be washed inside and out with the antiseptic solution.
8. The principal of the school shall be notified by the Health Services Branch of all cases developing among other pupils enrolled at that school or of cases occurring in the homes of pupils from that school. The same sanitation procedure shall be followed with regard to the classroom and the belongings of the affected pupil.

9. Pupils who have been absent on account of major communicable disease or those residing in homes in which there is a major communicable disease shall be excluded from school until readmitted by a special card issued by a health officer of the City or County Health Department.
10. In elementary schools a daily inspection shall be made by the school nurse of all pupils and all those who are suspected of being ill shall be excluded immediately by the principal.
11. In secondary schools an inspection shall be made of all pupils who are suspected of being ill and readmission service by a school physician or school nurse provided.
12. In case of a major communicable disease, all pupils of the school involved who have been absent for one day or more shall be closely inspected upon their return to school.
13. When absentees are suspected of being ill such absence shall be investigated.
14. Every school shall set aside one or more cots for the use of acutely ill children. These cots shall be covered with blankets. All blankets on these cots shall be covered with clean sheets or large paper towels, which shall be folded over the tops of the blankets for about eighteen inches. All pillows shall be covered with clean pillowcases or large paper towels. Both sheets and pillowcases shall be removed for laundering, or if made of paper shall be burned immediately following their use by a sick pupil.

EXCLUSION OF PUPILS FROM SCHOOL BECAUSE OF ILLNESS

Communicable Diseases. Any pupil suspected of having a contagious, infectious, or quarantinable disease shall be sent home immediately by the principal. If this is a major communicable disease the name and address of the pupil shall be reported to the local health department.

Whenever there is good reason to believe that a pupil exempted from physical examination is suffering from a recognized communicable or infectious disease, such pupil shall be sent home and not permitted to return until the school authorities are satisfied that such disease does not exist.

READMISSION OF PUPILS AFTER ILLNESS ABSENCE

The readmission of pupils who have been absent from school on account of illness shall be governed by the following provisions:

1. Pupils who have been absent from school with a quarantinable disease shall be readmitted to school after they have been released from quarantine by the local City Health Department, or if they reside in county territory, by their local County Health Department.
2. Pupils who have been absent from school for five days or more (Saturdays, Sundays, and holidays included) on account of illness other than a quarantinable disease, shall have a readmission card issued by one of the following:
   (a) Physicians or nurses of the Health Services Branch
   (b) City Health Department if attending school within the city limits
   (c) County Health Department if attending school outside of city limits
   (d) Any physician licensed to practice in the State of California.
3. Pupils who have been absent from school for a period of less than five days on account of a minor illness may be readmitted by the principal except during epidemic periods.
4. Pupils who have been absent from school for other known reasons than illness may be readmitted by the principal.

IMMUNIZATION

Physicians of the city and county departments of health may administer vaccine and toxoid to pupils on school premises for immunization against smallpox and diphtheria on dates approved by the Health Services Branch. The school will be notified of the date set for giving immunizations by the school nurse who shall assist the physician in administering treatment at that time. Diphtheria immunization is given only to children ten years of age or under.

The consent of the parent or guardian of the pupil shall be on file at the school before any specific treatment is administered. Consent slips are provided by the city and county departments of health, one for administering vaccine and another for toxoid treatments. They shall be completely filled out at the school, showing the name and age of pupil, address, name of school and room number, before being sent to the pupil's home for the signature of the parent or guardian.

Parents or guardians wishing to have pre-school children immunized against smallpox or diphtheria shall accompany the child to the school where they will sign the consent slip.

Pupils shall be excused from their classes for immunization treatment. The school nurse shall be responsible for the maintenance of a complete record of all immunizations on the "Health Record" card, Form 34-EH-6.

DEFINITION OF TERMS

Carrier

A person who, without symptoms of a communicable disease, harbors and disseminates the specific microorganisms.

Communicable

Capable of being transmitted from one person to another.

Cleansing

This term signifies the removal by scrubbing and washing, as with hot water, soap, and washing soda, or organic matter on which and in which bacteria may find favorable conditions for prolonging life and virulence; also the removal by the same means of bacteria adherent to surfaces.

Education in Personal Cleanliness—By Teaching all Children the Necessity of:

1. Keeping the body clean by sufficiently frequent soap and water baths.
2. Washing hands in soap and water after voiding bowels or bladder, and always before eating.
3. Keeping hands and unclean articles, or articles which have been used for toilet purposes by others, away from mouth, nose, eyes, and ears.
4. Avoiding the use of common or unclean eating, drinking, or toilet articles of any kind, such as towels, handkerchiefs, hair brushes, drinking cups, etc.
5. Avoiding close exposure of persons to spray from the nose and mouth; as in coughing, sneezing, laughing, or talking.

Contact

A contact is any person or animal known to have been sufficiently near to an infected person or animal to have been presumably exposed to transfer of infectious material directly, or by articles freshly soiled with such material.

Disinfection

By this is meant the destroying of the vitality of pathogenic microorganisms by chemical or physical means.

When the word "concurrent" is used as qualifying disinfection, it indicates the application of disinfection immediately after the discharge of infectious material from the body of an infected person, or after soiling of articles with such infectious discharges, all personal contacts with such discharges or articles being prevented prior to their disinfection.

When the word "terminal" is used as qualifying disinfection, it indicates the process of rendering the personal clothing and immediate physical environment of the patient free from the possibility of conveying the infection to others, at the time when the patient is no longer a source of infection.

Fumigation

By fumigation is meant a process by which the destruction of insects, mosquitoes, body lice, and animals, such as rats, is accomplished by the employment of gaseous agents.

Isolation

The separating of persons suffering from a communicable disease, or carriers of the infecting organism, from other persons, as will prevent the conveyance of the infectious agent to susceptible persons.

Immune

An immune person is one who is safe from attack from a communicable disease by natural or acquired means.

Non-immune

A person who is susceptible to the infection of a communicable disease.

Incubation Period

The period of a disease between the implanting of the infesting organism and the development of symptoms. Note: From the above it will be evident that to be effective, the quarantine period for contacts must always exceed the maximum incubation period, dating from latest exposure.

Quarantine

By quarantine is meant the limitation of freedom of movement of persons who have been exposed to communicable disease for a period of time equal to the longest usual incubation period of the disease to which they have been exposed.

Report of a Disease

By report of a disease is meant the notification to the health authorities that a case of communicable disease exists in a specified person at a given address.

Epidemic

Attacking many people in the same region at the same time.

Sporadic

Not widely diffused or epidemic; occurring here and there.

Endemic

A disease which is local, or which is neither epidemic nor sporadic.

Prophylaxis

Active preventive measures which apply to all infectious diseases:

1. Quarantine, or less rigid isolation of patient.
2. Disinfection of hands (through thorough soap and water washing) of attendants and everyone before handling food.
3. Individual utensils for patients.
4. Scrupulous care in disposal or disinfection of excreta, respiratory secretions, sputum, etc.
5. Screens to prevent access of flies to patient, soiled bedding, excreta, etc.
6. Careful observation of contacts during period of incubation, and isolation on first suspicious signs.
7. Pasteurization of milk.
8. Chlorination of water.
9. General sanitation and hygiene.

Schick Test

The skin test by which is shown the susceptibility (non-immunity) of an individual to diphtheria.

Dick Test

Named for the Doctors Dick of Chicago. A skin test similar in theory and technic to the Schick Test, by which susceptibility to scarlet fever is demonstrated.

Preventive Inoculations (vaccines and serums)

These apply particularly to smallpox, diphtheria, typhoid fever, hydrophobia, and tetanus.

Mosquito Elimination

This is the chief means of control of yellow-fever and malaria, although in malarial regions (where mosquitoes are uncontrolled) quinine in small doses is usually an effective preventive. Persistent treatment of malaria patient is also prophylaxis for others, as it is always transmitted from patient to new host by the successive biting of a mosquito.

Rodent Control (especially rats, but also squirrels, etc.)

This is the ultimate means of prevention of plague (bubonic or pneumonic) which is transmitted through the bite of an infected rat-flea.

SPECIFIC INFECTIOUS DISEASES

Chickenpox (Varicella)

Definition

An acute infectious disease occurring chiefly in children, characterized by a vesicular eruption.

Cause

A specific filterable virus. The disease is usually epidemic, sometimes sporadic, and is not related to smallpox.

Method of Infection

Usually by direct contact.

Incubation Period

Fourteen to twenty-one days.

Symptoms

Invasion with slight fever, chilly sensation, sometimes vomiting and pain in back of legs. Eruption appears always within twenty-four hours from first symptoms.

Rash

This is more abundant on trunk, face, or forehead than on the limbs; first maculopapular, then in a day or two becoming vesicular and pustular. Crusting by third or fourth day; itching often intense. Eruption appears in successive crops for two or three days, so all stages are seen at once.

Exclusion

The patient shall be isolated for seven days after appearance of the first crop of vesicles and may not return to school until all crusts have disappeared.

Contacts

If the one who has chickenpox is over 15 years of age, exclude all children until the disease has been verified by the health officer. Otherwise, all children except the patient may return to school.

Readmission

By the school physician or nurse, health officer, or by the attending physician.

Remarks

Complications or death rare. Chief danger is that sporadic cases of smallpox will be taken for chickenpox, and so start epidemics of smallpox.

Diphtheria

Definition

An acute infectious disease characterized by a fibrinous exudate or false membrane from which cultures of the diphtheria bacillus may be obtained, usually in throat, which causes grave constitutional symptoms due to absorption of toxins.

Cause and Method of Infection

Kelbs-Loeffler bacillus, contained in catarrhal discharges of infected persons or carriers; may be transferred by infected articles or infected milk.

Incubation Period

Usually two to five days, occasionally longer if the carrier stage precedes the development of clinical symptoms.

Symptoms

Invasion may be mild or severe. Usually chilliness in young children; sometimes convulsions; pain in back and limbs; temperature 102° to 104° F. Great variations in virulence in different cases; malignant cases proceed rapidly to delirium, stupor, and death in three to five days; mild cases often recover in a few days even without antitoxin.

Exclusion

Patient until recovery and until two consecutive negative cultures from the nose and throat have been taken at intervals of not less than 48 hours. Contacts: eight days from last known contact. If culture is negative after eight days, they may return to school.

Positive Culture

A growth of microorganisms on an artifical medium kept at body temperature for twenty-four hours or more, which demonstrates the presence of pathogenic organism. (This applies particularly to diphtheria, which is diagnosed positively when the typical bacilli are seen in cultures of material taken from throat or nose of suspected individuals.)

Readmission to School

By City Health Department if attending schools within the city, and by the County Health Department if attending schools outside of the city limits.

Remarks

Diphtheria may be primary in the conjunctiva (eyes) or extend to the ear (external), or to the skin around the mouth, anus, or genitals, and may occur in wounds.

German Measles (Rubella)

Definition

An acute communicable disease characterized by a mild onset, very little fever, a diffuse rash, sometimes resembling that of measles, sometimes that of scarlet fever—more often both at the same time. Enlargement of the cervical glands is the most consistent symptom.

Cause

Unknown.

Method of Infection

By direct contact with the patient, or with articles freshly soiled with the discharge from the nose and throat of the patient.

Incubation Period

From fourteen to twenty-one days—usually about sixteen days.

Duration

Four to seven days.

Complications

None. The greatest danger is that it may be confused with scarlet fever during its early stages.

Exclusion

The patient only until clinically recovered.

Readmission to School

By the health officer, physicians and nurses of the Heatlh Services Branch, or regularly licensed physicians.

Influenza

Definition

An acute infectious disease characterized by sudden onset, with fever, excessive prostration, aches and pains in back and limbs, coryza and bronchitis.

Cause

A filterable virus—most often associated with various types of bacteria.

Method of Infection

Direct contact with infected persons.

Incubation Period

Short; usually twenty-four to seventy-two hours.

Symptoms

Invasion is usually sudden, with a chill and all symptoms of severe fever, due to general infection, plus those of a particular local lesion, of which the following are the most common types: respiratory, nervous, gastro-intestinal, and febrile.

Duration

A few days to several weeks.

Convalescence

Is often slow in all types of severe prostration, with general soreness for several days.

Complications

Permanently impaired health in many cases, with chronic bronchitis, heart trouble, tuberculosis, etc. Pneumonia is one of the most common complications, seen most often in those who resume active life too soon.

Exclusion

Patient only until complete recovery.

Readmission to School

By the health officer, physicians and nurses of the Health Services Branch, or regularly licensed physicians.

Measles (Rubeola)

Definition

An acute infectious disease characterized by fever, catarrhal symptoms in nose and eyes, in the initial stage as well as at the height of the disease. Koplik spots appear in the mouth at this time. This is followed by a rapidly spreading blotchy eruption.

Cause

A specific and extremely infectious filterable virus.

Method of Infection

Direct contact with the nose and throat secretions of an infected individual. Endemic, and epidemic every two to four years. One attack usually, but not invariably, confers permanent immunity. (A "measles year" comes at fairly regular intervals, as soon as there is a large percentage of non-immune children in the population.)

Incubation Period

Eight to ten days from date of exposure to onset of fever; twelve to fourteen days until appearance of rash.

Symptoms

Invasion marked by chilliness, coryza, redness of eyes, sensitiveness to light, then cough, and fever rising to 103° to 104° F. Eruption usually appears on fourth day during highest temperature; begins on face and forehead and extends over body as rounded or crescentric reddish blotches. Typical spots seen inside mouth in most cases before rash on skin. Rash remains three to seven days.

Complications

The most common are bronchopneumonia, laryngitis, middle ear inflammation, and nephritis.

Exclusion

Patient until seven days after appearance of the rash and until all abnormal discharges from nose, ears, and throat have stopped, and cough has disappeared. If medical inspection is available and non-immune children can be inspected daily before entering classroom, they may remain in school. Immune children may remain in school.

Readmission to School

By the health officer, physicians and nurses of the Health Services Branch, or regularly licensed physicians after a diagnosis of measles satisfactory to the health officer has been made.

Remarks

Measles, with its sequelae, etc., is very serious in its mortality and prolonged impairment of health in many non-fatal cases. It is the most infectious of all diseases of childhood; very few escape infection ultimately but isolation of the young children during epidemics helps to protect those to whom it is most menacing. (The fifth year of life is the age of maximum prevalence of measles, but the first year is the age of maximum case fatality.) The period of convalescence is the crucial stage of measles; it is then that pneumonia and acute kidney trouble develop, and the foundation is laid for the later development of tuberculosis.

Meningitis (Epidemic)
Meningococcic Infections

Definition

An acute infectious disease with sudden onset, resulting in inflammation of the coverings of the brain and spinal cord.

Cause

Meningococcus

Method of Infection

By direct contact with infected persons and carriers, and indirectly by contact with articles freshly soiled with the discharges from the mouth and nose of such persons.

Incubation Period

Two to ten days, usually seven days.

Symptoms

The commonest clinical type is characterized by an acute onset, with severe headache (throbbing in character), backache, fever, chills, vomiting, and a stiff neck is soon noted. Sometimes petechial spots appear on the skin.

Exclusion

Until end of febrile period and until all acute symptoms have subsided.

Contacts

Quarantine not required. If patient remains in home, school children shall be excluded from school and confined to the premises for the duration of the illness.

Readmission to School

By the health officer only.

Mumps

Definition

An acute infectious disease characterized by fever, swelling and tenderness of one or both parotid glands (the large salivary glands in front of, and below, the ears), and sometimes by involvement of other salivary glands, or of testes or ovaries and breasts.

Cause

A specific filterable virus.

Method of Infection

By direct contact with infected persons, and from the discharges from the nose and throat of such infected persons.

Incubation Period

Twelve to twenty-six days, usually eighteen days. A period of twenty-one days is not uncommon.

Symptoms

Invasion with slight fever (rarely as high as 102° or 104° F.), and pain just below ear where swelling appears if parotid gland is affected. This enlarges greatly within two days. Some difficulty in chewing and swallowing, but often no real pain. Gradual subsidence after a week to ten days.

Exclusion

Patient only and until the swelling of the glands has disappeared.

Readmission to School

By the health officer, physicians and nurses of the Health Services Branch, or regularly licensed physicians.

Remarks

Rarely attacks infants and old persons; more common in males than in females. One attack usually confers immunity.

Pink-eye (Acute Epidemic Conjunctivitis)

Definition

A very contagious eye infection characterized by a marked inflammation and redness of the conjunctiva.

Cause

By the Koch-Weeks bacillus and also by the pneumococcus.

Method of Infection

Direct contact with infected persons and indirectly by contact with articles freshly soiled with the infectious discharges of such persons.

Incubation Period

Twelve to twenty-four hours.

Symptoms

Itching and smarting of the eyelids, followed by swelling and profuse discharge, inflamed and reddened conjunctiva; abnormal sensitiveness to light. The purulent secretions cause the edges of the lids to be glued together during sleep.

Exclusion

Patient only until recovery.

Readmission to School

By all regularly licensed physicians and by the nurses of the Health Services Branch.

Poliomyelitis, Acute Anterior (Infantile Paralysis)

Definition

An acute epidemic or sporadic infection with moderate fever, usually headache and stomach and intestinal upset. Stiffness of neck and spine followed by muscle weakness (paralysis) of any limb or any muscle or group of muscles.

Cause and Method of Infection

A specific filterable virus transmitted to the brain through the nose, from the nose and throat discharges of infected persons and carriers. Bowel discharges also contain the virus.

Incubation Period

Seven to fourteen days.

Symptoms

Early symptoms—Moderate fever, usually headache, vomiting, and constipation, drowsiness, stiffness of neck and spine.

Later symptoms—Motor weakness, and paralysis. Abortive cases are common, with no paralysis or with slight paralysis which rapidly disappears.

Course of More Severe Cases

After two or three weeks the paralyzed muscles may begin to recover or atrophy and contractures ensue. Growth of the affected limbs may be arrested.

Exclusion

The patient is isolated fourteen days from onset, and child contacts at home are excluded from school fourteen days after latest exposure.

Readmission to School

By the health officer only.

Protection During Epidemics

To prevent the spreading of infantile paralysis and to avoid contracting it, observe the following:

Keep your children off the streets.

Do not let them play with any child or adult who is not entirely well.

Keep sick persons who do not belong to your family out of your house.

Make sure that hands are thoroughly washed before eating.

Epidemics are undoubtedly due largely to carriers and "missed cases" —those not seen by physicians, or incorrectly diagnosed. (Positive diagnosis is difficult; the most expert care is essential.)

Respiratory Hemolytic Streptococcal Infections

I. Scarlet Fever
II. Other

Definition

An acute infectious disease usually characterized by a very virulent sore throat and a diffused scarlet eruption.

Cause

Hemolytic streptococcus, a streptococcus found in the respiratory secretions and in the circulating blood during the first week of the disease.

Method of Infection

Directly by contact with an infected person; indirectly by articles freshly soiled with discharges of an infected person, or through contaminated milk or milk products. Eighty per cent of cases occur in children under ten. Lasting immunity is usual after an attack, but not invariably as second attacks do occur.

Incubation Period

Two to seven days.

Symptoms

Invasion generally sudden, with vomiting, convulsions in young children, fever to 104° or 105°F. Rash appears in twenty-four to forty-eight hours as scattered red points on reddened ground, first on neck and chest, usually spreads rapidly over entire body as a bright scarlet rash, sometimes with hemorrhagic points. Skin is swollen, strawberry tongue; throat intensely sore, and inflamed. Headache often very severe. Fever and rash gradually subside from fifth day. Scaling follows in large flakes of size porportional to severity of fever; lasts ten to fifteen days.

Complications and Sequelae

1. Malignant type may cause death inside of two days.
2. Kidney trouble in second or third week—may cause death or chronic nephritis.
3. Pus infection of ears, lymph glands, heart, joints (very common).
4. Effects on nervous system, i.e., chorea, progressive paralysis, etc.

Exclusion

Duration of illness, not less than seven days, and until clinical recovery.

Contacts

Quarantine not required. (School teachers and cafeteria workers shall be referred to the Health Services Branch for permission to work.)

Readmission to school

Patient and contacts by the health officer only.

Remarks

Scarlet fever is remarkably variable in different epidemics. It varies from the malignant type with 100 per cent mortality to mild, hardly recognizable type, with practically no mortality. This causes many "missed cases" which spread infection. Considering average mortality and seriousness of complications it has remained until recently one of the most dreaded scourges of childhood.

Smallpox (Variola)

Definition

An acute infectious disease characterized by a peculiar febrile course and a rash which appears on third or fourth day and is successively papular, vesicular, pustular, forming crusts which fall off ten to forty days after the first sign of the lesions.

Cause

A specific virus.

Method of Infection

By contact with persons sick with the disease. This contact need not be intimate; also by articles of persons contaminated by discharges of the sick, including feces and urine.

Incubation Period

Eight to twenty-one days, commonly twelve days.

Symptoms

Invasion is sudden with chills in adults or convulsions in children, severe headache and (lumbar) backache, and fever to 103° and 104° F.

Rash

Usually on fourth day (never before third day) typical rash appears, first on forehead, and wrists, spreading within twenty-four hours over face, extremities, and trunk. (The rash favors the limbs more than the trunk.) Simultaneously the fever falls and all symptoms diminish. By eighth or ninth day pustular stage is reached, with coincident return of fever and general symptoms for about twenty-four hours. Crusting (drying of pustules) begins on the tenth or eleventh day, and terminates with healing of skin at about three weeks.

Exclusion

Patient is isolated until complete healing of skin.

Contacts

Quarantine of all contacts until successfully vaccinated. Children on premises excluded but if successfully vaccinated and removed from premises, may return to school.

Readmission to School

By the health officer only.

Typhoid Fever

Definition

An infectious disease characterized by intestinal ulceration and changes in other organs; by continuous fever, prostration, diarrhea or constipation, and a typical eruption.

Cause

Bacillus typhosus, invariably from a previous case.

Method of Infection

Ingestion of bacilli (into digestive tract) in contaminated water, milk, or other food; in other words, through "fingers, flies, and food." After recovery a certain percentage of persons become carriers, and may harbor bacilli in gall-bladder or intestines for years and repeatedly spread the disease, though they themselves are in good health.

Incubation Period

Seven to twenty-one days, usually ten to fourteen days.

Symptoms (Very variable)

Typical cases as follows: Onset usually gradual; lassitude, chilliness, constipation or diarrhea. Sometimes nosebleed or abdominal pain. Invasion is usually dated from time patient is obliged to stay in bed.

First Week—Fever higher each evening, to 103° to 104° F. with pulse slow in proportion (100 to 110). Tongue coated, abdomen distended and tender. Bronchitis often present. Mental confusion at night.

Second Week—Symptoms all intensified; fever constantly high, pulse faster; headache replaced by apathy; intestinal symptoms increase—there may be hemorrhage or perforation. Typical eruption—"rose spots" usually appear seventh to tenth day; flat papules disappearing on pressure; come in crops, each lasting two to three days.

Third Week—Morning temperature lower, with gradual fall through week. Marked emaciation and weakness. Complications most likely to occur this week.

Fourth Week—Temperature gradually falls to normal. Symptoms disappearing.

Convalescence

Very gradual, with intense appetite and great increase in weight.

Complication and Sequelae (Numerous and common)

Sudden death may occur any time from second week on; may be due to hemorrhage, perforation, or no demonstrable cause. Inflammatory conditions due to Bacillus typhosus in various organs—lungs (pneumonia, etc.), veins of legs (thrombosis), nerves (neuritis), kidneys, bones, joints.

Exclusion

Patient is isolated until temperature is normal for five days, and under observation until two negative stool cultures. Children in home excluded from school until isolation of patient is satisfactory.

Readmission to School

By the health officer.

Whooping Cough (Pertussis)

Definition

An acute infectious disease involving the trachea and bronchi and characterized by a typical cough, followed by a long inspiration, the "whoop."

Cause

Bacillus pertussis, found in the sputum.

Method of Infection

Usually transmitted by direct contact with the discharges from the nose and throat of infected persons.

Incubation Period

Seven to ten days, usually ten, and not exceeding sixteen days.

Immunity

Children are most often affected; one attack usually protects, and some persons have a natural immunity to it.

Symptoms

Onset gradual. The catarrhal stage begins with catarrhal symptoms in eyes, nose, and bronchi (like a cold). After some days (usually seven to ten) the cough gradually gets worse and the paroxysmal stage dates from the first "whoop." Severe or frequently repeated cough often ends with expectoration of thick mucus or vomiting.

Convalescence

Gradual—after three weeks to four months.

Complications and Sequelae

Frequent enough to cause considerable mortality, especially in the first year of life. Cerebral hemorrhage, bronchipneumonia, and tuberculosis are the chief of these.

Exclusion

Patient until three weeks after start of paroxysmal cough and until complete recovery. If medical inspection is available and non-immune children can be inspected daily before entering classroom, they may remain in school. Immune children may remain in school.

Readmission to School

By the health officer, physicians and nurses of the Health Services Branch, or regularly licensed physicians.

SPECIFIC SKIN INFECTIONS OR INFESTATIONS

Impetigo (Contagious Sore)

Definition

An inflammatory skin disease characterized by isolated pustules and later crusting.

Cause

Various pus germs (Streptococci and Staphylococci).

Method of Infection

Direct contact; inoculable (from one person to another) and autoinoculable. It is presumed the germs become implanted in minute cuts, cracks, or abrasions, as the normal skin is resistant to infection.

Incubation Period

Short, usually two to five days.

Symptoms

Purely local. Rapid development of pustules, most commonly about mouth, face, and hands, but may occur anywhere on body. Pustules solitary at first, but may become confluent. Crusting usually conspicuous and often disfiguring.

Exclusion

Patient only until recovery.

Readmission to School

By all regularly licensed physicians and by the nurses of the Health Services Branch.

Remarks

Sometimes spontaneous cure after a few days; sometimes continues indefinitely if not properly treated. Easily and quickly curable if treated. For simple treatment see Form 33.113.

Pediculosis (Lice)

Definition

As affects schools, the term refers usually only to infection of scalp with head lice.

Cause

Head louse: Pediculus capitus
Body louse: Pediculus vesimenti
Crab louse: Pediculus pubis

Method of Infection

The adult female deposits eggs (nits) and attaches them to hairs, especially at the back of the head. These hatch in less than a week, and in less than two weeks more the new crop is laying eggs, so it is obvious that the multiplication will be rapid unless actively treated.

Incubation Period

Strictly speaking, there is none, as the first adult louse to reach a new host may cause symptoms immediately.

Symptoms

Itching, and often lesions due to scratching and consequent pus infections.

Exclusion

As long as either active lice or nits are found in the hair.

Readmission to School

By all regularly licensed physicians and by the nurses of the Health Services Branch.

Treatment

For treatment see Form 33.110.

Remarks

Proper, persistent treatment easily rids one of lice, but recurrences are frequent due to undestroyed nits, or reinfestation from dirty associates. Both lice and nits are easily seen with the naked eye.

Ringworm

Definition

Any parasitic skin disease taking the form of circular patches, such as tinea barbae (of beard), tinea tonsurans (of scalp), or favus (the type marked by round ("honeycomb" crusts).

Cause

Various miscroscopic plant parasites, each having its special characteristics.

Method of Infection

Direct contact with infected persons, dogs, cats, etc. The organisms are widespread and the source of infection is often impossible to determine.

Incubation Period

Unknown.

Symptoms

Typically isolated patches which spread at periphery and clear up at center, causing more or less ringlike form. Amount of scaling or crusting varies greatly. (The same organisms often cause lesions with no suggestion of ring form.) Itching may or may not be present.

Exclusion

Patient only until recovery.

Readmission to School

By the health officer, school physician, school nurse, or any licensed physician.

Remarks

Due to multiplicity of causes and other conditions, this group of infections shows the greatest variety of forms, but treatment is more or less similar in all non-hairy regions. Ringworm of the scalp is the most difficult to cure, often keeping the child out of school for months. Other varieties respond promptly to treatment outlined in Form 33.129.

Ringworm of the Feet, Athlete's Foot (Epidermomycosis)

The cause of this condition is a small fungus growth which finds the areas between the toes a favorable place in which to live and grow. There are two types, one of which causes the skin between the toes to become moist, soft, and white, peeling off easily and leaving a reddened shining area. There may be itching and scaling of the skin. The other type produces small blister-like pimples which break and form scabs and are accompanied by itching. Sometimes the hands may be affected, and if the same towel that is used in drying the feet is used in drying the whole body, the condition may also spread to the groin and armpits.

In prevention and care of "athlete's foot" it is essential that:

1. All active cases of athlete's foot be excluded from the use of dressingrooms, showers, and swimming pools.
2. The feet be bathed daily; washing carefully between the toes with soap and warm water.
3. The whole foot and in between the toes be wiped absolutely dry.
4. Socks be changed daily.
5. Shoes be wide enough to provide free movement of the toes.
6. Foot tubs containing 1% hypochlorite solution or 15% sodium thiosulfate be placed at the entrance of the shower rooms.

Scabies (The Itch)

Definition

A contagious skin disease due to the female itch-mite, which bores beneath the skin, forming burrows, in which it lays its eggs. The male is smaller and relatively unimportant except in reproduction.

Cause

Sarcoptes scabiei.

Method of Infection

Direct contact, with infested persons and indirectly by use of underclothing, gloves, bedding, etc., of such persons.

Incubation Period

Twenty-four to forty-eight hours. Symptoms begin as soon as the mite begins to burrow; the reproductive cycle is shorter than that of lice.

Symptoms

Intense itching in vicinity of each burrow. Web of fingers and toes most common sites, although any part of the body surface may be affected. Itching is intensified at intervals of few days as successive crops mature and start new burroughs.

Exclusion

Patient only until recovery.

Readmission to School

By the health officer, physicians and nurses of the Health Services Branch, or regularly licensed physician.

Treatment

Refer to Form 33.131.

REPORTABLE DISEASES

Anthrax
Botulism
Chancroid
Chickenpox (Varicella)
Cholera, Asiatic
Coccidioidal granuloma
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum)
Dengue
Diphtheria
Dysentery, amebic
Dysentery, bacillary
Encephalitis, infectious
Epidemic diarrhea of the newborn
Epilepsy
Food poisoning
German measles (Rubella)
Glanders
Gonococcus infection
Granuloma inguinale
Influenza, epidemic
Jaundice, infectious
Leprosy
Malaria
Measles (Rubeola)
Meningitis, epidemic
Mumps (Parotitis)
Paratyphoid fever, A and B
Plague
Pneumonia, lobar
Poliomyelitis, acute anterior
Psittacosis
Rabies, human and animal
Relapsing fever
Rheumatic fever
Rocky Mountain spotted fever
Streptococcal infections (Including scarlet fever)
Smallpox (variola)
Syphilis
Tetanus
Trachoma
Trichinosis
Tuberculosis
Tularemia
Typhoid fever
Typhus fever
Undulant fever (Brucellosis)
Whooping cough (Pertussis)
Yellow fever

QUARANTINABLE DISEASES

Cholera
Diphtheria
Encephalitis, infectious
Leprosy
Meningitis, meningococcic
Plague
Poliomyelitis, acute anterior
Smallpox
Typhoid and paratyphoid fever
Typhus fever
Yellow fever

NON-REPORTABLE DISEASES WHICH ARE EXCLUDABLE FROM SCHOOL

Conjunctivitis, infectious
Impetigo
Pediculosis
Acute cold
Pink-eye
Ringworm
Scabies
Undiagnosed rashes

EXCLUSION PROCEDURE FOR CONTROL OF CUMMUNICABLE DISEASES

DISEASE	EXCLUSION PERIOD OF PATIENT	EXCLUSION PERIOD OF CONTACTS
CHICKENPOX	For 7 days and until all primary scabs have disappeared.	All children over 15 years until disease has been verified by a registered physician. All others may return to school.
DIPHTHERIA	8 days followed by 2 consecutive negative cultures from nose and throat.	8 days plus one negative culture by City or County Health Department.
GERMAN MEASLES	Patient only until clinical recovery-	None.
INFLUENZA PNEUMONIA	Until clinical recovery.	None.
MEASLES	7 days after appearance of rash and until all abnormal discharges and cough have disappeared.	If medical inspection is available and non-immune children can be inspected daily before entering classroom, they may remain in school. Immune children may remain in school-
MENINGOCOCCIC INFECTIONS	Until end of febrile period and until all acute symptoms have subsided.	Quarantine not required. If patient remains in home, school children shall be excluded from school and confined to the premises for the duration of the illness.
MUMPS	Patient only, and until swelling of glands has disappeared.	None.
PEDICULOSIS	Until free from lice and nits.	None.
POLIOMYELITIS	14 days.	14 days.
RESPIRATORY HEMOLYTIC STEPTOCOCCAL INFECTIONS I. SCARLET FEVER II. OTHER	Duration of illness not less than 7 days and until clinical recovery.	Quarantine not required. (School teachers and cafeteria workers shall be referred to the Health Services Branch for permission to work.)
SMALLPOX	Until scabs have disappeared.	Until immunity has been established.
TUBERCULOSIS	Patient until clinical recovery.	None.
TYPHOID FEVER	Until recovery-	Children in household are excluded from school until isolation of patient is satisfactory to the health officer.
WHOOPING COUGH	21 days and until recovery.	If medical inspection is available and non-immune children can be inspected daily before entering classroom, they may remain in school. Immune children may remain in school.
ERYSIPELAS—IMPETIGO— PINK-EYE—RINGWORM— SCABIES—TRACHOMA	The one affected until recovery.	None.
GONOCOCCUS INFECTION SYPHILIS	The one affected until rendered non-infectious.	None.

HEALTH EXAMINATION OF CERTIFICATED EMPLOYEES RETURNING AFTER ABSENCE

(From Superintendent's Special Bulletin No. 125, dated March 25, 1943)

For the purpose of safeguarding the welfare of our children and certificated personnel, the Board has authorized, effective April 1, 1943, that a health examination be required for readmission to service after absence of certificated employees under the following conditions:

1. Any certificated employee absent from service because of illness or injury for not to exceed five consecutive working days shall be readmitted to service without a health examination at the discretion of the division, branch, or section head, or principal.

2. Any certificated employee absent from duty because of illness or injury for a period of time in excess of five consecutive working days and not to exceed ten working days shall either report for examination to the Health Services Branch or submit to the division, branch, or section head, or principal, on return to duty, Form No. 33.14 completely filled in by a physician licensed to practice medicine in the State of California. Upon receipt of this form the division, branch, or section head, or principal shall readmit the employee and immediately forward the Form No. 33.14 bearing his approval and signature to the Health Services Branch, 451 North Hill Street. Such form shall indicate:

   (a) That the absence was due to illness or injury

   (b) The nature of the illness or injury which caused the absence

   (c) That the health condition of the employee at the time of health examination is such as to warrant his return to service, and does not show evidence of a communicable disease or other health condition which might constitute a health menace or hazard to other personnel or to the students enrolled in our schools in the judgment of the examining physician.

   No further action to approve a readmission to service is necessary unless the employee is further notified by the Health Services Branch.

3. Any certificated employee absent from duty because of illness or injury for a period of time in excess of ten working days shall either report for examination to the Health Services Branch; or submit in person a report to the Health Services Branch from a physician licensed to practice medicine in the State of California on a Form No. 33.14 prescribed by the Board of Education. Such form shall indicate:

   (a) That the absence was due to illness or injury

   (b) The nature of the illness or injury which caused the absence

   (c) That the health condition of the employee at the time of health examination is such as to warrant his return to service, and does not show evidence of a communicable disease or other health condition which might constitute a health menace or hazard to other personnel or to the students enrolled in our schools in the judgment of the examining physician.

   If approved in health the employee is given a health clearance card which is presented to the Personnel Office and to the division, branch, or section head, or principal.

4. Any employee absent from service for any reason other than illness or injury for more than twenty days shall be subject to a health examination by the Health Services Branch or by a licensed physician as prescribed under Paragraph 3 above. Such report, if prepared by a private physician shall be filed in person by the employee with the Health Services Branch.

5. Any certificated employee returning to service from absence under conditions covered by Paragraphs 3 and 4 above shall file in person the required health report with the Health Services Branch which shall be responsible for admitting such personnel to service or requiring health examination as in their judgment the condition may warrant.
   Adminstratiors of certificated employees shall readmit to service only those employees who have been provided with a health clearance card by the Health Services Branch.

6. Any certificated employee shall be required to report for a health examination to the Health Services Branch when such an examination has been requested through the Personnel Office upon the request of the employee's assistant superintendent.

7. Notice by telephone to the division, branch, or section head, or principal that a health clearance card has been issued by the Health Services Branch will permit the readmission of the employee pending receipt of the clearance card.

Forms No. 60.82B and 33.14 should be available in the division, branch, section head's or principal's office at all times.

HEALTH EXAMINATION OF CLASSIFIED EMPLOYEES RETURNING AFTER ABSENCE

(From Superintendent's Special Bulletin No. 151, dated May 20, 1943)
Rule 22.809 (Amended)

1. Any classified employee absent from duty because of illness or injury for not to exceed five consecutive working days shall be readmitted to duty without a health examination at the discretion of the division, branch or section head, or principal.

2. Any classified employee absent from duty because of illness or injury for a period of time in excess of five consecutive working days and not to exceed ten working days shall either report for examination to the Health Services Branch or submit to the division, branch, or section head, or principal on return to duty, Form No. 33.14 completely filled in by a physician licensed to practice medicine in the State of California. Upon receipt of this form the division, branch, or section head, or principal shall readmit the employee and immediately forward the Form No. 33.14 bearing his approval and signature to the Health Services Branch, 451 North Hill Street. Such form shall indicate:

   (a) That the absence was due to illness or injury

   (b) The nature of the illness or injury which caused the absence

   (c) That the health condition of the employee at the time of health examination is such as to warrant his return to service, and does not show evidence of a communicable disease or other health condition which might, in the judgment of the examining physician, constitute a health menace or hazard to other personnel or to the students enrolled in our schools.

   No further action to approve a readmission to duty is necessary unless the employee is further notified by the Health Services Branch.

3. Any classified employee absent from duty because of illness or injury for a period of time in excess of ten working days shall either report for examination to the Health Services Branch; or submit in person a report to the Health Services Branch from a physician licensed to practice medicine in the State of California on a Form No. 33.14 prescribed by the Board of Education. Such form shall indicate:
   (a) That the absence was due to illness or injury
   (b) The nature of the illness or injury which caused the absence
   (c) That the health condition of the employee at the time of health examination is such as to warrant his return to service, and does not show evidence of a communicable disease or other health condition which might constitute a health menace or hazard to other personnel or to the students enrolled in our schools in the judgment of the examining physician.

   If approved in health the employee is given a health clearance card which is presented to the Personnel Office and to the division, branch, or section head, or principal.

4. Any classified employee absent from duty for any reason for five calendar months or more shall also be subject to health examination by a licensed physician as prescribed under Paragraph 3 above, or at his own discretion may report for the required health examination to the Health Services Branch.

5. Any classified employee returning to duty from absence under conditions covered by Paragraphs 3 and 4 above shall file the required health report with the Health Services Branch which shall be responsible for admitting the employee to duty or requiring further health examination as in their judgment the condition may warrant.

6. Any classified employee shall be required to report for health examination to the Health Services Branch when such an authorization has been given by the Personnel Office upon the request of the employee's assistant superintendent. If the report of the physician shows the employee to be in an unfit condition to perform his duties, the employee may be required to take sufficient leave to fit him to perform his duties.

7. Any classified employee absent in excess of ten working days because of illness or injury, or in excess of five calendar months for any reason, shall be readmitted to duty only on the presentation of a health clearance card from the Health Services Branch. Notice by telephone to the division, branch, or section head, or principal that a clearance card has been issued by the Health Services Branch will permit the readmission of the employee pending receipt of the clearance card.

Forms No. 33.14 and 60.82B should be available in the division, branch, or section head's, or principal's office at all times.

QUARANTINE PROCEDURE FOR EMPLOYEES

(From Administrative Guide, Section 16.232)

In the event of quarantine of an employee, the procedure is as follows:

1. The physician or other medical attendant should notify the health department of the city in which the employee resides, or if such city has not a health department, or if the employee does not reside within the limits of any city, he should notify the County Health Department of the quarantine **within twenty-four hours.** Cases reported over the

telephone shall be confirmed by post card furnished by the City or County Health Department for reportable diseases. It is not necessary to notify the Health Services Branch at this time.

2. After the employee has been released from quarantine, he shall report for **exclusion and readmission cards** to the City or County Health Department with a release from quarantine from the physician or other officer who authorized the exclusion.
3. The two cards shall then be taken to the Health Services Branch, 451 North Hill Street, where they are filed and the employee given a quarantine card.
4. The employee should take the quarantine card immediately to the Personnel Division, 451 North Hill Street, where it will be filed and exchanged for a "Permission to Return After Quarantine" slip, Form No. 31.71. This slip shall be taken to the principal, or the division, branch, or section head, and shall positively be obtained before an employee is permitted to return to service. **Under no circumstances may an employee return after having been quarantined without such return slip issued only by the Personnel Division.**
5. The "Permission to Return After Quarantine" slip, Form No. 31.71, shall be attached to the "Certification of Illness or Injury," Form No. 60.82B.

ILLNESS OR QUARANTINE OF EMPLOYEES ON LAST DAY OF SCHOOL

Illness: If an employee is ill on the last day of school, or if employed on calendar month basis on last day of month, and his signature and the physician's certification are not obtainable, "Certification of Illness or Injury," Form No. 60.82B, signed by the division, branch, or section head, or the principal, shall be filed in the Controlling Division on the date designated, with the notation that an exact copy of the certification, with the signatures of the employee and the division, branch, or section head, or the principal and the physician's certification will be similarly filed as soon as possible. (This note is important.) It should be explained to the employee that his illness warrant will be held in the Controlling Division, 451 North Hill Street, (Station 18) until the certification, completely filled out and signed, is received by the Controlling Division.

In cases of severe illness where the employee's signature is not obtainable, a statement to that effect shall be made by the division, branch, or section head, or principal on the certification and filed after obtaining the certification of a physician.

Quarantine (for another's illness): If employee is quarantined for another's illness and is not released by the last day of school, a statement to that effect shall be made by the principal on the certification and filed, without the employee's signature but signed by the division, branch, or section head, or principal, in the Controlling Division. The employee shall request a temporary release from quarantine from the Health Services Branch, 451 North Hill Street, as soon as possible after exclusion and prior to the last day of school (or, if classified employee, the last day of the month). This release shall then be filed with the Personnel Division, 451 North Hill Street, which shall issue a temporary quarantine slip, Form No. 31.71. This slip shall then be filed with the division, branch, or section head, or principal who shall attach the slip to the employee's "Certification of Illness or Injury," Form No. 60.82B, for submission to the Controlling Division. The employee may not return to duty until this slip is presented to the department or school in which he is employed. When the employee is released from quarantine the regular procedure shall be followed and his warrant will be released when the employee files with the Controlling Division the regular quarantine slip issued by the Personnel Division.