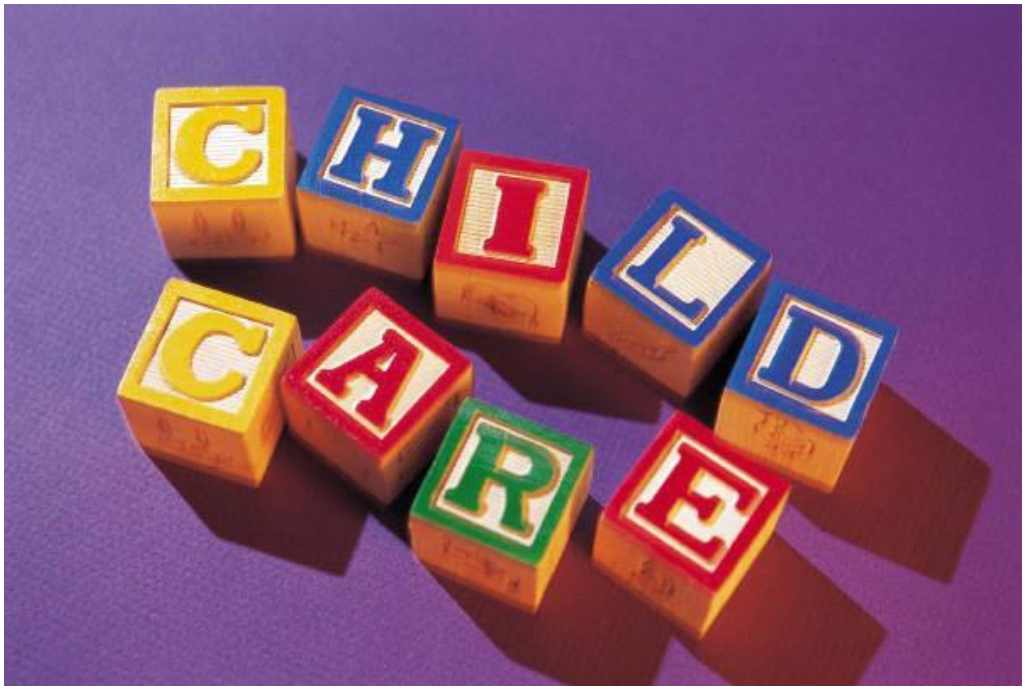
Illness and Reportable Diseases in Child Care

Maryland State Department of Education
Division of Early Childhood Development
Office of Child Care

Resource Guide



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ILLNESS AND REPORTABLE DISEASES

According to the AAP Managing Infectious Diseases in Child Care and Schools: "Staff and child care providers must decide whether children are too ill to participate in care or require more care than can be reasonably be provided without compromising care of the others in the group." An exclusion decision by a responsible adult is always required when a decision to exclude would apply to children in care and the adults responsible for that care.

Requirements for exclusion related to "an acute illness" should be based on the requirements of The Maryland State Department of Education Office of Child Care (OCC) COMAR regulations 13.16-18.08.01 Individualized Attention to Care, and COMAR 13A.15.11.02 (Family) Health and 13A.16-18.11.01Center (Health) Exclusion for Acute illness regulations. An additional resource is the Department of Health and Mental Hygiene (DHMH) Communicable Disease Guideline information related to acute illness (fever, vomiting, and diarrhea) exclusion and required reporting to the local or state health department. These resources provide helpful information to inform the child care provider, the parent/guardian, and/or the health care provider when making the final determination about an acutely ill child or reporting a potential infectious disease exposure in a child or staff to the local health department. A partial list of Signs of Illness in Children may be found at Appendix **A** of this document, and will assist in making critical observations about the status of a child receiving care.

Caring for Our Children Standard 3.6.1.1 Inclusion/Exclusion Due to Illness recommends that caregivers /teachers should:

(a) Develop written exclusions policies and criteria that "promote consistency and aid to diffuse disagreements between parents/legal guardians and program/school staff members about the handling of children who are ill.

(b) Encourage all families to have a backup plan for child care in the event of short or long term exclusion;

(c) Review with families the inclusion/exclusion criteria and clarify that the program staff (not families) will make the final decision about whether children who are ill may stay based on the program's inclusion/exclusion criteria and their ability to care for the child who is ill without compromising the care of other children in the program;

(d) Develop policies and procedures for handling children's illnesses, medication/treatment authorizations (including care plans and inclusion/exclusion policies).

(e) Request a primary health care provider's note to readmit a child if the primary care provider's advice is needed to determine whether the child is a health risk to other, or if the primary care provider's guidance is needed about any special care the child requires;

(f) Rely on the family's description of the child's behavior to determine whether the child is well enough to return, unless the child's status is unclear from the parent's report.

(g) Notify the parent/guardian when a child develops new signs or symptoms of illness. Parent/guardian notification should be immediate for emergency or urgent issues. Staff should notify parents/guardians of children who have symptoms that require exclusion and parents/guardians should remove the child from the child care setting as soon as possible. Most conditions that require exclusion do not require a primary care provider visit before reentering care.

(h) For children whose symptoms do not require exclusion, verbal or written notification to the parent/guardian at the end of the day is acceptable.

When it is Necessary to Exclude Sick Children from Care

A child may be excluded from care if:

The child's illness prevents the child from participating comfortably in activities that the facility routinely offers for well children or mildly ill children.

1) The child is displaying any of the signs and symptoms that require an evaluation from a health care provider as indicated by the child's age and condition. In this situation the parent is notified of the need for immediate emergent or urgent issues.

2) The illness requires more care than the child care staff is able to provide without compromising the needs of the other children in the group.

3) The child exhibits an acute change in behavior, and examples include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash

4) The child with fever: Temperature at or above 100.0◦ F orally, 101 ◦ F rectally or temporally (Temporal Artery Forehead scan), or 99.5◦ F axillary (armpit). Exclusion due to fever should be based on disease-specific guidelines or other clinical guidance from the child's health care provider.

5) The child with Diarrhea: Loose or watery stools of increased frequency that is not associated with change in diet. Stools that is not able to be contained by a diaper or be controlled /contained by usual toileting practices. Exclude until diarrhea has resolved and child is diarrhea-free for at least 24 hours; or until cleared by medical provider.

6) The child with Vomiting: Two or more episodes of vomiting in a 24 hour period. The child should be excluded until vomiting resolves or until a health care provider clears for return.

7) The child mouth sores with drooling unless the child's primary care provider or local health department authority states that the child is noninfectious.

8) The child with rash with fever or behavioral changes, until the primary care provider has determined that the illness is not an infectious disease.

9) The child with Impetigo/Scabies, until treatment has been started.

10) The Child with Hand, Foot and Mouth Disease: Fever, uncontrollable "hand to mouth" behavior, not able to contain their secretions, such as ulcers in the mouth and the child is drooling, or draining sores that cannot be covered.

If child care staff is uncertain about whether the child's illness poses an increased risk to others, exclude the child until a health care provider notifies the child care program that the child may attend. If a child's illness does not meet any of the above criteria or infectious disease criteria for exclusion as listed in the DHMH Communicable Disease Summary, the child should not be excluded.

Follow These Procedures for a Child Who Requires Exclusion

The caregiver/teacher must:

a) Provide care in a place where the child will be comfortable and supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms. A potentially contagious child should be separated from other children by at least three feet.
b) Ask the parent/guardian to pick up the child as soon as possible
c) Discuss the signs and symptoms of illness with the parent/guardian or primary care provider
d) Follow the advice of the primary care provider
e) Contact the local health department if there is a question of a reportable (harmful) infectious disease in a child or staff member in the facility. The Health Department has the legal authority to make a final determination
f) Document actions in the child's file with date, time, symptoms actions taken (and by whom); sign and date the document.

g) Develop a procedure for parent/staff information and share it with your assigned licensing specialist. Update it as needed.
h) Follow general cleaning and sanitation procedure

Conditions/Symptoms That Do Not Require Exclusion

a) Common colds, runny noses (regardless of color or consistency of nasal discharge);
b) A cough not associated with an infectious disease or fever;
c) Fever: Temperature up-to 100.0°F orally, 101° rectally or temporally or (99.5F axillary) without any signs or symptoms of illness in children older than six months regardless of whether acetaminophen or Ibruprofen was given; ***Remember children, younger than 6 months of age, with a fever requires a parent to contact a health care provider for an evaluation and recommendations for treatment.
d) Rash without fever and behavioral changes;
e) Lice or nits (exclusion for treatment may be delayed until the end of the day);
f) Ringworm (exclusion may be delayed until the end of the day. Lesions must be covered. If there is a possibility of high contact sports or other skin to skin activity the child should be excluded from the activity).

References:

Caring for Our Children (2013).National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs,3rd(ed).

Communicable Disease Summary:
http://phpa.dhmh.maryland.gov/IDEHASharedDocuments/guidelines/CDSummary_FINAL_2011_Nov.pdf

Communicable Disease Fact Sheets:
http://phpa.dhmh.maryland.gov/SitePages/fact-sheets.aspx

SIGNS OF ILLNESS IN CHILDREN

If a child in your care exhibits any of the following common signs of acute illness, contact the child's parent immediately and try to keep the child separated from the other children until the parent arrives.

General Appearance

- Excessive crying, clinginess, fussiness
- Doubled over in pain, unable to move
- Listless, lethargic, unresponsive
- Vomiting, diarrhea
- Feverish
- Seizure (although child has no history of seizure disorder)

Breathing

- Fast, shallow, gasping breaths
- Difficulty breathing, wheezing
- Sucking in around ribs
- Flaring nostrils
- Persistent or uncontrollable coughing

Skin

- Pale, grayish, flushed, yellowish skin
- Hot or cold and clammy skin
- Skin rashes, sores, swelling, or bruising
- Scratching at skin or scalp
- Skin doesn't spring back when pinched

Eyes, Nose, Ears, and Mouth

- Eyes swollen, red, crusty, watery, yellowish, or sunken
- Nose congested or runny
- Ears draining pus or blood
- Pulling at ears
- Mouth or lips with sores
- Sore throat, difficulty swallowing
- Excessive drooling

Appearance of Urine/Stool

- Gray or white stool
- Black or blood-flecked stool
- Unusually dark or tea-colored urine

Excerpts from COMAR 10.06.01 - For Informational Purposes Only

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Subtitle 06 DISEASES
Chapter 01 Communicable Diseases and Related Conditions of Public Health Importance

Authority: Health-General Article, §§2-104(b), 18-102, 18-105, 18-202, 18-307, and 24-101—24-110, Annotated Code of Maryland

.2 Definitions.

B. Terms Defined.

(5) Child Care Facility.

(a) "Child care facility" means a licensed, registered, or unlicensed facility, institution, establishment, or home where children receive care or supervision for which money is paid when the child's parent has given the child's care over to another on a regular basis for some portion of a 24-hour day as a supplement to the parent's primary care of the child.
(b)"Child care facility" includes child care center, day care center, nursery, family day care home, and babysitter.

Diseases, Conditions, Outbreaks, & Unusual Manifestations Reportable by Maryland Health Care Providers

The regulations governing reporting were last updated effective October 1, 2008. Table 1, below, copied from the Code of Maryland Regulations (COMAR) 10.06.01.03 C, details the diseases, conditions, outbreaks, and unusual manifestations that are reportable in Maryland. The table has been altered from the exact COMAR version by the addition of information about the reporting of AIDS, arboviral infections and HIV. This document is intended to provide guidance about reporting to physicians and other health care providers, hospitals and other health care institutions, and certain other groups specified below. For simplicity, the use of "health care providers" in this document refers to all those groups that are required to report, except laboratories, which have a separate guidance document for their use. In addition to the list of reportable conditions, Table 1 also indicates the timeframe for reporting. Several footnotes to the table elaborate on specific details, as do the following sections of this document: Legal Authority, Who Should Report, What to Report, How to Report, When to Report, and Where to Report. The full text of the regulations can be found in COMAR (online at www.dsd.state.md.us/comar/).

Who Should Report: The following persons and establishments shall report:

1. Health care providers (for example, physician, physician's assistant, dentist, chiropractor, nurse practitioner, nurse, medical examiner, administrator of a hospital, clinic, nursing home, or any other licensed health care provider)
2. Public, private, or parochial school and child care facility personnel (teacher, principal, school nurse, superintendent, assistant superintendent or designee).
3. Masters or person in charge of vessels or aircraft within the territory of Maryland.
4. Owners or operators of food establishments.
5. Any individual having knowledge of an animal bite.

What to Report: Diseases, Conditions, etc. Health care providers must report those diseases and conditions as indicated in Table 1. Reporting by laboratories does not nullify the health care provider's or institution's obligation to report these diseases and conditions, nor does reporting by health care providers nullify the laboratory's obligation to report.

When to Report: Health care providers should report according to the "Timeframe for Reporting" shown in Table1. There are two timeframe categories: "immediate" and "within one working day." When an immediate report is required, the person making the report should communicate directly with an individual and not leave a message on an answering device.

Where to Report: Each jurisdiction in Maryland has its own health department. Health care providers must submit a report in writing of diagnosed or suspected cases of the specified diseases and conditions to the Commissioner of Health in Baltimore City or the health officer in the county where the provider cares for that person. See Table 3 for addresses and telephone numbers for local health departments, including numbers for after hours or weekend reporting.

Additional Information Should the health department needs to contact the patient, the advice and assistance of the reporting health care provider will ordinarily be sought first. Health departments offer medical and epidemiological consultation and laboratory assistance to physicians and other health care providers.

HIPAA: The HIPAA Privacy Rule permits physicians and other covered entities to disclose protected health information, without a patient's written authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease. This includes conducting public health surveillance, investigations, or interventions. (For more about the privacy rule and public health see: http://dhmh.maryland.gov/hipaa/SitePages/Home.aspx and http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm.)

Getting Up-to-Date Information

Requirements for reporting diseases and other important information will change with time. Please call your local health department or the Maryland Department of Health and Mental Hygiene - Division of Infectious Disease Surveillance (410-767-6709), or visit one of the following Internet sites to obtain the most current information.

HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS[1]	Reporting Time Period	
Diseases and Conditions	**Immediate**	**Within One Working Day**
Arboviral infections including, but not limited to: Chikungunya virus infection Dengue fever Eastern equine encephalitis LaCrosse virus infection St. Louis encephalitis Western equine encephalitis West Nile virus infection Yellow fever Zika virus disease	X	
Babesiosis		X
Botulism	X	
Brucellosis	X	
Campylobacteriosis		X
Chancroid		X
Chlamydia trachomatis, including lymphogranuloma venereum (LGV)		X
Cholera	X	
Coccidioidomycosis		X
Creutzfeldt-Jakob disease		X
Cryptosporidiosis		X
Cyclosporiasis		X
Diphtheria	X	
Ehrlichiosis		X
Encephalitis, infectious		X
Epsilon toxin of Clostridium perfringens	X	
Escherichia coli O157:H7 infection	X	
Giardiasis		X
Glanders	X	
Gonococcal infection		X

HEALTH CARE PROVIDERS INSTITUTIONS, & OTHERS[1]	Reporting Time Period	
Diseases and Conditions	**Immediate**	**Within One Working Day**
Haemophilus influenzae invasive disease	X	
Hantavirus infection	X	
Harmful algal bloom related illness		X
Hemolytic uremic syndrome, post- diarrheal		X
Hepatitis A acute infection	X	
Hepatitis, viral (B, C, D, E, G, all other types and undetermined)		X
Human immunodeficiency virus (HIV) infection[5]	x(physicians)	With in 48hours for institutions)
Human immunodeficiency virus (HIV) perinatal exposure (infant whose mother has tested positive for HIV)		(within 48 hours of birth, for physicians)
Influenza-associated pediatric mortality		
Influenza: novel influenza A virus infection	X	
Isosporiasis		X
Kawasaki syndrome		X
Legionellosis	X	
Leprosy		X
Leptospirosis		X
Listeriosis		X
Lyme disease		X
Malaria		X
Measles (rubeola)	X	
Melioidosis	X	

HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS[1]	Reporting Time Period	
Diseases and Conditions	**Immediate**	**Within One Working Day**
Meningitis, infectious		X
Meningococcal invasive disease	X	
Microsporidiosis		X
Mumps (infectious parotitis)		X
Mycobacteriosis, other than tuberculosis and leprosy		X
Pertussis	X	
Pertussis vaccine adverse reactions		X
Pesticide related illness		X
Plague	X	
Pneumonia in a health care worker resulting in hospitalization		X
Poliomyelitis	X	
Psittacosis		X
Q fever	X	
Rabies (human)	X	
Ricin toxin poisoning	X	
Rocky Mountain spotted fever		X
Rubella (German measles) and congenital rubella syndrome	X	
Salmonellosis (nontyphoidal)		X
Severe acute respiratory syndrome (SARS)	X	

HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS[1]	Reporting Time Period	
Diseases and Conditions	**Immediate**	**Within One Working Day**
Shiga-like toxin producing enteric bacterial infections	X	
Shigellosis		X
Smallpox and other orthopoxvirus infections	X	
Staphylococcal enterotoxin B poisoning	X	
Streptococcal invasive disease, Group A		X
Streptococcal invasive disease, Group B		X
Streptococcus pneumoniae invasive disease		X
Syphilis		X
Tetanus		X
Trichinosis		X
Tuberculosis and suspected tuberculosis[6]	X	
Tularemia	X	
Typhoid fever (case, carrier, or both, of Salmonella Typhi)	X	
Vancomycin-intermediate *Staphylococcus aureus* (VISA) infection or colonization		X
Vancomycin-resistant *Staphylococcus aureus* (VRSA) infection or colonization		X
Varicella (chickenpox), fatal cases only		X
Vibriosis, non-cholera[7]		X
Viral hemorrhagic fevers (all types)	X	
Yersiniosis		X

Outbreak Reporting

Outbreak means:

- A **foodborne** disease outbreak, defined as two or more epidemiologically related cases of illness following consumption of a common food item or items, or **one case** of the following:

  - Botulism
  - Cholera
  - Mushroom poisoning
  - Trichinosis
  - Fish poisoning such as Ciguatera poisoning
  - Scombroid poisoning
  - Paralytic shellfish poisoning
  - Any other neurotoxic shellfish poisoning

- Three or more cases of a disease or illness that is not a foodborne outbreak and that occurs in individuals who are not living in the same household, but who are epidemiologically linked;
- An increase in the number of infections in a facility, such as a hospital, long-term care facility, assisted living facility, school, or child care center, over the baseline rate usually found in that facility;
- A situation designated by the Secretary as an outbreak; or
- One case of:

  - Anthrax
  - Plague
  - Rabies (human)
  - Smallpox
  - Any of the single cases defined as a foodborne disease outbreak above

An outbreak of a disease of known or unknown etiology that may be a danger to the public health should be reported to your local health department immediately.

MARYLAND LOCAL HEALTH DEPARTMENTS

Addresses & Telephone Numbers for Infectious Disease Reporting

Telephone (**T**) or Pager (**P**) Number for After Hours and Weekend Reporting

JURISDICTION	ADDRESS	JURISDICTION	ADDRESS
ALLEGANY Ph. 301-759-5112 Fax 301-777-5669 •**T** 301-759-5000	PO Box 1745 12501 Willowbrook Road SE Cumberland MD 21501-	**HARFORD** Ph. 410-612-1774 Fax 410-612-9185 •**T** 443-243-5726	1321 Woodbridge Station Way Edgewood MD 21040
ANNE ARUNDEL Ph. 410-222-7256 Fax 410-222-7490 •**T** 443-481-3140	Communicable Disease & Epi. 1 Harry S. Truman Parkway Room 231 Annapolis MD 21401	**HOWARD** Ph. 410-313-1412 Fax 410-313-6108 •**T** 410-313-2929	8930 Stanford Blvd Columbia MD 21045
BALTIMORE CITY Ph. 410-396-4436 Fax 410-625-0688 •**T** 410-396-3100	1001 E. Fayette Street Baltimore MD 21202	**KENT** Ph. 410-778-1350 Fax 410-778-7913 •**T**(410) 708-5611	125 S. Lynchburg Street Chestertown MD 21620
BALTIMORE CO. Ph. 410-887-6011 Fax 410-377-5397 •**T** 410-832-7182	Communicable Disease, 3rd Floor 6401 York Road Baltimore MD 21212	**MONTGOMERY** Ph. 240-777-1755 Fax 240-777-4680 •**T** 240-777-4000	2000 Dennis Avenue Suite 238 Silver Spring MD 20902
CALVERT Ph. 410-535-5400 Fax 410-414-2057 •**P** 443-532-5973	PO Box 980 975 Solomon's Island Road Prince Frederick MD 20678	**PR. GEORGE'S** Ph. 301-583-3750 Fax 301-583-3794 •**T** 240-508-5774	3003 Hospital Drive Suite 1066 Cheverly MD 20785-1194
CAROLINE Ph. 410-479-8000 Fax 410-479-4864 •T 443-786-1398	403 South 7th Street Denton MD 21629	**QUEEN ANNE'S** Ph. 410-758-0720 Fax 410-758-8151 •**T** 410-758-3476	206 N. Commerce Street Centreville MD 21617
CARROLL Ph. 410-876-4900 Fax 410-876-4959 •**T** 410-876-4900	290 S. Center Street Westminster MD 21158-0845	**ST. MARY'S** Ph. 301-475-4316 Fax 301-475-4308 •**T** 301-475-8016	PO Box 316 21580 Peabody Street Leonardtown MD 20650
CECIL Ph. 410-996-5100 Fax 410-996-1019 •**T** 410-392-2008	John M. Byers Health Center 401 Bow Street Elkton MD 21921	**SOMERSET** Ph. 443-523-1740 Fax 410-651-5699 •**T** 443-614-6708	Attn: Communicable Disease 7920 Crisfield Highway Westover MD 21871
CHARLES Ph. 301-609-6810 Fax 301-934-7048 •T 301-932-2222	PO Box 1050 White Plains MD 20695	**TALBOT** Ph. 410-819-5600 Fax 410-819-5693 •**T** 410-819-5600	100 S. Hanson Street Easton MD 21601
DORCHESTER Ph. 410-228-3223 Fax 410-901-8180 •**P** 410-221-3362	3 Cedar Street Cambridge MD 21613	**WASHINGTON** Ph. 240-313-3210 Fax 240-313-3334 •T 240-313-3290	1302 Pennsylvania Avenue Hagerstown MD 21742
FREDERICK Ph. 301-600-3342 Fax 301-600-1403 •**T** 301-600-1603	350 Montevue Lane Frederick MD 21702	**WICOMICO** Ph. 410-543-6943 Fax 410-548-5151 •**T** 410-543-6996	Attn: Communicable Disease 108 E. Main Street Salisbury MD 21801-4921
GARRETT Ph. 301-334-7777 Fax 301-334-7771 Fax 301-334-7717 •**T** 301-334-1930	Garrett Co. Community Health Ctr. 1025 Memorial Drive Oakland MD 21550-4343 (Fax for use during emergencies)	**WORCESTER** Ph. 410-632-1100 Fax 410-632-0906 •**T** 443-614-2258	PO Box 249 Snow Hill MD 21863

Sample Emergency Numbers Form

Post this information by each telephone or accessible to staff	
Center and Other Emergency Numbers	
Center/Family Home Care Name	
License /Registration Number	
Center/Family Home Care Address	
Center Phone Number	
Available Staff Name/Names	
Emergency Number	
Poison Control	
Law enforcement	
DSS-Child Protective Service	
Health Department Communicable Diseases Division Number	
Licensing Office Number	
Licensing Specialist Number	
Health/Nurse Consultant Number	
Other Useful Information- Emergency Exit :	

Recommendations adapted from

1.Aronson, S.S., T.R. Shope, eds. 2013 the American Academy of Pediatrics (AAP) Managing Infectious Diseases in Child Care and Schools Managing Infectious Diseases in Child Care and Schools 3rd Edition© 2013

2.Instructions for Maryland Infectious Disease Morbidity Reporting (DHMH 1140)

3..The AAP Model Health Care Policies 5th Edition & Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education 3rd Edition.