

Santa Cruz County

COMMUNICABLE DISEASE TOOLKIT for Schools & Childcare

Guidance for Reporting and
Managing Cases and Outbreaks



Revised July 2025

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This toolkit provides guidance for reporting and responding to specific communicable diseases commonly encountered in childcare and school settings.

Adapted from County of Santa Clara
Communicable Disease Case and Outbreak Toolkit
for Schools and Childcare



Reporting Requirements for Communicable Diseases



Follow requirements to report:

- Outbreaks, as defined in [Table 1](#) below.
- Unusual disease occurrences.

Report to Public Health at
(831) 454-4114 or email
HSACD@santacruzcountyca.gov

Respond to communicable disease cases:

- Answer these questions with APPENDIX A:
- Is this disease reportable?
 - Has the diagnosis been confirmed?
 - Do I need to send out an exposure notice?
 - Does the individual need to be excluded?
 - When can the individual return?

Refer to [APPENDIX A- Common Childhood Diseases](#)

Determine if there is an outbreak to report:

In general, an outbreak is defined as more cases of an illness than expected for a particular group at a particular time.

For most illnesses, report any suspected outbreak.
Refer to [Table 1](#) below.

Table 1: Reporting Requirements for County of Santa Cruz Public Health Department

Gastrointestinal Illness Outbreaks	Respiratory Illness Outbreaks	Title 17 Diseases
3 or more cases of vomiting and/or diarrhea (3 or more loose stools in a 24-hour period) among students and/or staff in an epidemiologically-linked group (such as a single classroom, sports team, or after-school group) with symptom onsets occurring within 72 hours.	<ul style="list-style-type: none">• 10% or more of the total population of students and staff, facility-wide, are absent with acute respiratory illness (ARI)*/or test positive for acute respiratory illness within a 3-day period OR, <ul style="list-style-type: none">• 20% or more of students and staff in an exposed group (such as a single classroom, sports team, or after-school group) with ARI*/or positive test for acute respiratory illness, with a minimum of five (5) ill, within a 3-day period.	1 or more cases of a Title 17 Disease where there is concerning exposure or high OB potential.

Note: The minimum reportable cluster size is 5 people. In smaller groups or sites with fewer than 15 people (students and staff), the minimum cluster size required to report is 3.

**Acute respiratory illness is defined as new onset of two or more of the following symptoms: fever or chills, cough, sore throat, runny or stuffy nose, difficulty breathing, and body aches.*

Contact Public Health for outbreak guidance:

You do not need to report the following outbreaks, but you can still call Public Health for guidance:

- Hand, foot, and mouth disease
- Scabies

Call (831) 454-4114

Basics of Gastrointestinal Illnesses



Gastrointestinal (GI) viruses spread quickly and easily through small particles of stool and vomit, potentially contaminating nearby food, surfaces, and objects.

Be sure to Clean, Separate, Cook, and Chill

Clean: Wash your hands and surfaces often

- [Wash your hands](#) for at least 20 seconds with soap and water before, during, and after preparing food and before eating.
- Rinse fresh fruits and vegetables under running water.
- Wash your utensils, cutting boards, and countertops with hot, soapy water after preparing each food item.
- Hand-sanitizers may not be effective against all GI germs.

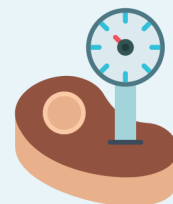


Separate: Don't cross contaminate

- Keep uncooked meat and eggs away from other foods.
- Use a separate cutting board for raw meat.
- Do not handle food or care for others when you are sick.

Cook to the right temperature

- Use a food thermometer to ensure foods are cooked to a safe internal temperature.



Chill: Refrigerate promptly

- Never leave perishable food out for more than 2 hours (or 1 hour if exposed to temperatures above 90°F).

Generally, people with GI illness are most contagious while symptomatic and in the first few days of feeling better.

The specifics on symptom type, onset, duration, and guidelines for return will vary depending on the illness.

For specific known diseases, see [APPENDIX A- Common Childhood Diseases](#).

Refer to [CDPH symptom guidance](#) for considerations on returning to school with unspecified GI illnesses.

Norovirus is the most common cause of GI outbreaks in school/childcare settings,* but GI outbreaks can still be caused by other viruses, bacteria, or parasites.

Frequently, the exact germ causing a GI outbreak will not be known. In such instances, schools should apply Norovirus outbreak control measures, which involves a disinfecting response comprehensive enough to eliminate any GI germ.

See [Managing Gastrointestinal Illness and Outbreaks](#) section on pg. 4



*Claire P. Mattison, Laura E. Calderwood, Zachary A. Marsh, Mary E. Wikswo, Neha Balachandran, Anita K. Kambhampati, Michelle E. Gleason, Hannah Lawinger, Sara A. Mirza; Childcare and School Acute Gastroenteritis Outbreaks: 2009–2020. Pediatrics November 2022; 150 (5): e2021056002. 10.1542/peds.2021-056002

Managing Gastrointestinal (GI) Illness and Outbreaks



How do I manage a GI outbreak?

- 1 **ISOLATE** and track symptomatic individuals.
- 2 **CLEAN** and **DISINFECT** soiled and high-touch areas.
- 3 **REPORT** to Public Health at (831) 454-4114
- 4 **EDUCATE** on hand hygiene, cleaning, and disinfection.
- 5 **MONITOR** absences and illnesses to identify additional cases.
- 6 For sites with nutrition services, follow steps under **FOOD SAFETY**.

1. ISOLATE

- ☐ During outbreaks, send home anyone with diarrhea or vomiting. Contact parents or guardians to pick up their children as soon as possible.
- ☐ Keep all sick people away from others while they wait to be picked up. Avoid common areas like hallways, cafeterias, and lunch areas.
- ☐ Start a list of anyone with diarrhea or vomiting. Note their symptoms, name, grade, classroom number, and date of symptom onset.
- ☐ During outbreaks, notify all sick people that they can return to school 48 hours after vomiting and diarrhea have stopped.

2. CLEAN¹ AND DISINFECT²

Refer to **Table 2: Cleaning and disinfecting instructions for specific surfaces and items** on page 5.

Clean

- ☐ Remove vomit or diarrhea right away.
 - ☐ Soak liquids with disposable absorbent materials, such as cloth, baking soda, paper towels, sawdust, or kitty litter. Do not vacuum material. Steam cleaning may be preferable for carpets.
 - ☐ Using gloves, pick up material with paper towels.
- ☐ Clean up soiled and high-touch areas immediately.
 - ☐ Wash areas with soapy water.
 - ☐ Rinse areas with plain water.
 - ☐ Wipe areas dry with paper towels.
 - ☐ Discard all waste into a plastic trash bag or biohazard bag. Immediately close and dispose of bag.
- ☐ Routinely clean high-touch surfaces and objects (aim for twice or more a day).

Example common high touch surfaces



Disinfect (should only be done by trained staff following standard precautions and OSHA guidelines).

- ☐ Apply bleach solution or an [EPA-registered disinfectant](#) to all contaminated and frequently touched surfaces. Bleach solution: mix 1 gallon of water with $\frac{3}{4}$ cup of concentrated bleach or 1 cup of regular strength bleach.
- ☐ Make sure rooms are [well ventilated](#).
- ☐ Aim to disinfect high-touch surfaces and objects at least twice daily until the outbreak is over.

1. "Cleaning" removes most germs, dirt, and impurities from surfaces. Clean with water, soap, and scrubbing.
2. "Disinfecting" kills most germs on surfaces and objects. Disinfecting is done with stronger bleach solutions or chemicals. Clean surfaces before you disinfect them.



Table 2: Cleaning and disinfecting instructions for specific surfaces and items.

High-touch surfaces Door handles, hand rails, light switches, toilets, faucets, tables, counters, chairs, walls, toys, phones, playground equipment, activity centers, and shared items.	Carefully remove any vomit and diarrhea, and clean contaminated objects and surfaces with soap and hot water. Then, disinfect with the bleach solution. Be sure to clean nearby objects that may also have been contaminated by vomit or diarrhea. This should be done multiple times a day if possible.
Non-porous (hard) surfaces Toilets, sinks, furniture, walls, floors and other hard surfaces.	Carefully remove vomit and diarrhea, and clean contaminated objects and surfaces with soap and hot water. Then, disinfect with the bleach solution.
Porous surfaces Carpets, upholstery, and other porous surfaces.	Carefully remove vomit and diarrhea, and clean with soap and hot water. Then, steam clean at a temperature of 158°F for five minutes or 212°F for one minute. To minimize aerosolization of particles, do not vacuum.
Food/mouth contact items Objects that may come in contact with food or the mouths of people (such as toys or dishes).	Carefully remove vomit and diarrhea. Then, disinfect with the bleach solution. Rinse thoroughly with clean water afterwards. Alternatively, dishes, utensils, and cups can be cleaned with a dishwasher (using hot water and dishwasher detergent) immediately after use.
Cloth and plush items Clothing, linens, textiles and plush items including stuffed animals, bedding, curtains, and mattress covers.	Carefully remove vomit and diarrhea. Wash items in a pre-wash cycle, followed by a regular wash cycle with detergent. Dry items at a temperature greater than 170° F. Do not mix contaminated and uncontaminated items in one load; it is better to discard soiled materials than to risk exposure during cleaning. If there are no on-site laundry facilities, double wrap soiled items in plastic bags, and take them to an off-site facility to be washed and dried. If soiled items are sent home, be sure to provide guidance on proper washing and drying procedures to parents or guardians.
Diaper changing stations and potty chairs	Clean with soap and hot water, and disinfect using the bleach solution after each use (including equipment or supplies that were touched). Rinse thoroughly with clean water afterwards.
Objects not easily cleaned Soiled items that are difficult to clean, like puzzle pieces, chalk, crayons and clay.	Discard.

3. REPORT



- ☐ Report gastrointestinal outbreaks to Public Health.
 - Call (831) 454-4114 or email HSACD@santacruzcountyca.gov
- ☐ Prepare to answer the following questions for the Public Health Department:
 - When did this outbreak start?
 - What symptoms do ill individuals have?
 - How many students have been ill in total?
 - How many staff have been ill in total?
 - Are the ill individuals from a specific grade/classroom/activity?
 - If yes: Approximately how many staff and students/children are in that group?
 - If no: Are cases of ill individuals dispersed across the entire school or childcare site?
 - If yes: Approximately how many students/children and staff do you have at your site?
 - Any events, field trips, or activities held during the week prior to the first illness, especially if food was served.
 - Have any ill students or staff been absent for more than a couple of days?
 - Are there any positive test results for any ill student or staff?
 - Are any students or staff known to have visited the emergency room, been hospitalized or died?
 - Be prepared to share any custodial protocols for cleaning areas with vomit and diarrhea.
 - If any vomiting incidents or diarrhea accidents happened in the school, know when and where.
 - Consider marking a map with student initials in areas where students had episodes of diarrhea/vomiting/gastrointestinal symptoms.
 - Is there food preparation or distribution on site? If yes:
 - Has anyone who handles food been ill?
 - Where does food preparation or distribution occur?
 - Is there a record of the breakfast, lunch, and snack menus for the past two weeks?
- ☐ Notify and consult your school administration or [regional licensing office](#) about this outbreak.



Potential next steps after reporting

- Public Health may instruct sick people to visit their healthcare providers to get stool testing and report back. This will help confirm the outbreak cause.
- ☐ Send the line list back to Public Health as soon as possible and no later than within 1 business day of reporting the outbreak. It is okay if it is not complete; additional information can always be updated as it becomes available.



4. EDUCATE



- ☐ Review outbreak response and prevention measures with staff.
 - See [APPENDIX C- Considerations for Outbreak Responsibility Areas, by Role.](#)
- ☐ Post and distribute the [Vomiting/Diarrhea exposure notice](#) to families of students in affected classrooms.
- ☐ Refer parents to cleaning and disinfection practices for Norovirus.
 - See [APPENDIX E- Communicable Disease Program Norovirus Fact Sheet.](#)
- ☐ During outbreaks, exclude students, staff, and volunteers with diarrhea and/or vomiting from school for at least 48 hours AFTER vomiting and diarrhea have stopped.
- ☐ Educate all children, students, staff and volunteers on appropriate hand hygiene.
 - ☐ Schedule handwashing breaks for students and staff to encourage frequent handwashing.
 - ☐ Have staff supervise the handwashing of younger students and children.
 - ☐ During outbreaks, consider periodically broadcasting public announcements to remind people to practice frequent handwashing, especially before lunch and snack times.
 - See [APPENDIX D- CDC Handwashing Promotion Library.](#)

PROPER HANDWASHING MEANS:

Covering **all parts of the hands with soap and water.**



Including fingernails.

Rubbing soapy hands together vigorously for **at least 20 seconds.**



Try singing the ABCs or the birthday song.

Thoroughly rinsing hands with water.



Drying hands with a clean towel or air drying them.



5. MONITOR

- ☐ On a daily basis, use existing data sources (such as attendance data, call out logs) to track additional illnesses.
 - Consider including a message in the attendance office voicemail asking the caller to give specifics on symptom type and onset date when reporting an illness.

If requested by Public Health:

- ☐ Log case information into the line list.
- ☐ Email Public Health daily case updates.
 - If there are any new cases, email Public Health the updated line list.
 - If no new cases, email Public Health stating “We have no new cases on MM/DD/YY.”
- ☐ Continue active surveillance until Public Health notifies you that the outbreak is over (generally 1 to 2 incubation periods with decreasing cases, varies by disease).



For sites with nutrition services.

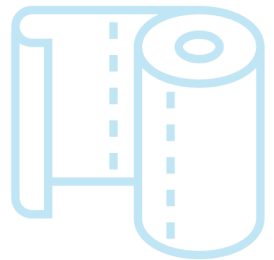
Staff

- ☐ Exclude ill food service staff from work until at least 48 hours after symptom resolution.
 - If a food worker is diagnosed with a certain Title 17 Disease (salmonella, shigella), Public Health may restrict this individual from returning to work until stool specimens are negative. In these instances, clearance to return to work can only be issued by Public Health.
- ☐ Require food service staff to wear disposable gloves and masks when handling, serving, or preparing food.
- ☐ Ensure that all food service staff have access to a dedicated bathroom facility that is not shared with students or other non-food service staff.
 - Ensure handwashing station is located either within or adjacent to bathrooms.
 - Handwashing station should have warm water, handwashing cleanser, and sanitary single-use towels, or a heated-air hand drying device.
- ☐ Ensure that all food service staff wash their hands thoroughly before food handling and immediately after using the restroom.



Food preparation and handling

- ☐ Throw away all potentially contaminated food.
- ☐ Clean and disinfect food preparation equipment and surfaces frequently.
 - See [APPENDIX F- Norovirus Fact Sheet for Food Workers.](#)
- ☐ Use safe food-handling techniques, such as washing fruits and vegetables and cooking meat thoroughly.
- ☐ Run dishes, utensils, and cups through a dishwasher (using hot water and dishwasher detergent) immediately after use.



Food service and consumption

- ☐ Stop all self-service food and drinks (including ice storage bins). Instead, have kitchen staff or other adults serve.
- ☐ Prohibit the use of shared food utensils and cups.
- ☐ Consider using single-use dining materials during time of outbreak.
- ☐ Ensure that clean water, soap, and paper towels are available in dining areas and other areas where eating may occur.
 - See [APPENDIX F- Norovirus Fact Sheet for Food Workers.](#)

Basics of Respiratory Illnesses



There is substantial overlap between the common cold and more serious illnesses like COVID-19 and influenza.

Flu, COVID-19, and the common cold spread similarly.

They're transmitted by small particles that come from your nose and mouth when you:

Sneeze,

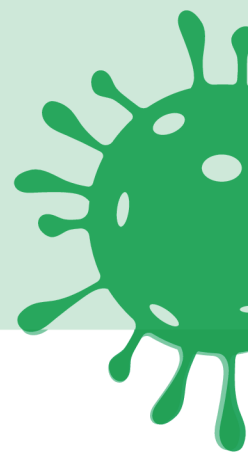
Cough,

Sing,

or Talk



which raises the possibility of infecting those nearby.



Generally, people with respiratory illnesses can be infectious for hours to days before they show symptoms.

Once symptoms begin, infectiousness can last for several days. The specifics on symptom type, onset, duration, and guidelines for return will vary depending on the illness.

For specific known diseases, see [APPENDIX A- Common Childhood Diseases](#).

Refer to [CDPH symptom guidance](#) for considerations on returning to school with unspecified respiratory illnesses.

Most common respiratory illnesses are treated with rest and hydration, with some notable exceptions.

COVID-19, influenza, and pertussis are examples of viral respiratory illnesses that have treatments.



Managing Respiratory Illness and Outbreaks:



How do I manage a respiratory outbreak?

1

ISOLATE and track symptomatic individuals.

2

CLEAN and **DISINFECT** soiled and high-touch areas.

3

REPORT to Public Health at (831) 454-4114

4

EDUCATE on respiratory and hand hygiene.

5

MONITOR absences and illnesses to identify additional cases.

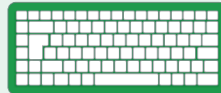
1. ISOLATE

- ☐ Send home anyone with fever, cough, sore throat, or other acute respiratory illness symptoms in accordance with [CDPH symptom guidance](#) or your facility's protocol.
- ☐ Notify individuals that they can return to school/childcare once they are fever-free for 24 hours without medication, symptoms are getting better overall, and they can meaningfully participate in routine activities. Follow CDC's guidelines for [Preventing Spread of Respiratory Viruses When You're Sick](#).

2. CLEAN¹ AND DISINFECT²

- ☐ Immediately clean up visibly soiled and high-touch areas, like doorknobs and desks.
- ☐ Follow your school's standard procedures for routine cleaning and disinfecting. Typically, this means daily cleaning or disinfecting surfaces and objects that are touched often.

Example common high touch surfaces



3. REPORT

- ☐ Report respiratory outbreaks to Public Health.
 - ☐ Call (831) 454-4114 or email HSACD@santacruzcountycal.gov
 - ☐ Report COVID-19 Outbreaks through [SPOT](#)
- ☐ Prepare to answer the following questions for the Public Health Department:
 - When did this outbreak start?
 - What symptoms do ill individuals have?
 - How many students have been ill in total?
 - How many staff have been ill in total?
 - Are the ill individuals from a specific grade/classroom/activity?
 - If yes: Approximately how many staff and students/children are in that group?
 - If no: Are cases of ill individuals dispersed across the entire school or childcare site?
 - If yes: Approximately how many students/children and staff do you have at your site?
 - Any events, field trips, or activities held during the week prior to the first illness.
 - Have any ill students or staff been absent for more than a couple of days?
 - Are there any positive test results for any ill student?
 - Are any students or staff known to have visited the emergency room, been hospitalized or died?
- ☐ Notify and consult your school administration or [regional licensing office](#) about this outbreak.

1. "Cleaning" removes most germs, dirt, and impurities from surfaces. Clean with water, soap, and scrubbing

2. "Disinfecting" kills most germs on surfaces and objects. Disinfecting is done with stronger bleach solutions or chemicals. Clean surfaces before you disinfect them.



Public Health may email you a line list to track respiratory illness cases.

- ☐ Send the line list back to Public Health as soon as possible and no later than within 1 business day of reporting the outbreak. It is okay if it is not complete; additional information can always be updated as it becomes available.

4. EDUCATE

- ☐ Review outbreak response and prevention measures with staff.
 - See [APPENDIX C- Considerations for Outbreak Responsibility Areas, by Role.](#)

Exposure Notices

- ☐ If the cause of the outbreak is known, visit our webpage to post and distribute the appropriate exposure notice.
- ☐ Advise exposed individuals and/or their guardians to watch for signs and symptoms of respiratory disease, especially fever, and to notify a designated school staff if these develop. The staff person may be the attendance clerk, health technician/clerk, classroom teacher, school nurse, or school administrator.

Take added precautions when returning to normal activities

- ☐ Individuals can return once they are fever-free for 24 hours without medication and symptoms are getting better overall, and they can meaningfully participate in routine activities. When returning to normal activities, take added precautions like improved respiratory hygiene and masking over the next 5 days, per [CDC Guidance](#).
 - ☐ Practice good respiratory hygiene by covering your coughs and sneezes, washing or sanitizing your hands often, and cleaning frequently touched surfaces.

Masking

- ☐ Recommend masking for anyone with respiratory symptoms or confirmed COVID-19, per [CDPH masking guidance](#).

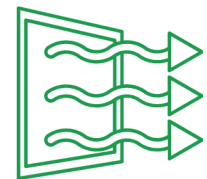


Vaccinations

- ☐ Encourage students, staff, and volunteers to stay up to date on [influenza and COVID-19 immunizations](#).

Ventilation and Filtration

- ☐ Optimize your [HVAC mechanical ventilation system](#).
- ☐ Open doors and windows for natural ventilation.
- ☐ Add portable air cleaning devices or purifiers to classrooms.



5. MONITOR

- ☐ On a daily basis, use existing data sources (attendance data, call out logs) to track additional illnesses.
 - Consider including a message in the attendance office voicemail asking the caller to give specifics on symptom type and onset date when reporting an illness.

If requested by Public Health:

- ☐ Log case information into the line list.
- ☐ Email Public Health daily case updates.
 - If there are any new cases, email Public Health the updated line list.
 - If no new cases, email Public Health stating "We have no new cases on MM/DD/YY."
- ☐ Continue active surveillance until Public Health notifies you that the outbreak is over (generally 1 to 2 incubation periods with decreasing cases, varies by disease).

APPENDIX A

Common Childhood Diseases

Reportable diseases or conditions highlighted in green.

Disease/Condition	Reporting	Notification	Exclusion Guidelines	
Linked to additional information.	Is this disease reportable to Public Health?	Exposure notice needed?	Exclusion recommended	Recommended exclusion period
Amebiasis	No, unless person is a food handler	No, unless instructed by Public Health in the case of a food handler	Yes	Symptom onset until 48 hrs. after symptom resolution *Additional considerations for food handlers
Bed Bugs	No	No	No	To be discussed with Public Health
Campylobacter	Yes	No	Yes	Symptom onset until 48 hrs. after diarrhea resolves
Chickenpox	No, unless person is hospitalized, died, or is part of an outbreak	Yes, and consult with Public Health if there are concerns for exposure to pregnant or immuno-compromised people	Yes, with recommendations for nonimmune siblings' exclusion for 21 days	Symptom onset until after all blisters have scabbed
Clostridioides difficile (C. diff)	No	No	Yes	Symptom onset until 48 hrs. after diarrhea resolves
COVID-19	No, unless there is a respiratory outbreak as defined in Table 1	Yes, if there is a respiratory outbreak	No, unless they meet sign/symptom-based exclusion criteria	Fever free for 24 hrs. and overall symptom improvement

Disease/Condition	Reporting	Notification	Exclusion Guidelines	
Linked to additional information.	Is this disease reportable to Public Health?	Exposure notice needed?	Exclusion recommended	Recommended exclusion period
Cryptosporidiosis	Yes	Yes, if recreational water exposure occurred on site - contact Public Health for exposure notice	Yes	Symptom onset until 48 hrs. after diarrhea resolves
E. coli O157:H7/Shiga toxin producing E. coli	Yes	Yes	Yes	Symptom onset until 48 hrs. after symptom resolution * May be additional restrictions from Public Health
Giardia	No	Yes	Yes	Symptom onset until 48 hrs. after symptom resolution
Hand, foot, and mouth Disease	No	Yes	Yes, if symptoms of fever or uncontrolled drooling with mouth sores	Symptom onset until 24 hrs. after fever resolution (without medication)
Head Lice	No	Yes	Yes	After adequate treatment
Hepatitis A	Yes	Yes - contact Public Health for exposure notice	Yes	Symptom onset until at least 7 days have passed and diarrhea has resolved
HiB (Haemophilus influenzae Type b) - Invasive	Yes (if less than 5 years old, any invasive disease is reportable; if 5 and older, only meningitis cases are reportable)	Yes - contact Public Health for exposure notice	Yes	Symptom onset until symptom improvement and initiation of antibiotics
Impetigo	No	Yes	Yes	Symptom onset until appropriate treatment initiated. Blisters should be covered

Disease/Condition	Reporting Is	Notification	Exclusion Guidelines	
Linked to additional information.	this disease reportable to Public Health?	Exposure notice needed?	Exclusion recommended	Recommended exclusion period
Influenza	No, unless there is a respiratory outbreak as defined in Table 1, or person was less than 18 years old and died	Yes, if there is a respiratory outbreak	No, unless they meet sign/symptom-based exclusion criteria	Fever free for 24 hrs. and overall symptom improvement
Measles ⁴	Yes	Yes – contact Public Health for exposure notice	Yes	To be discussed with Public Health
Meningococcal Meningitis	Yes	Yes – contact Public Health for exposure notice	Yes	To be discussed with Public Health
MRSA (Methicillin-resistant Staphylococcus aureus)	No	No	No	To be discussed with Public Health
Mumps	Yes	Yes – contact Public Health for exposure notice	Yes	To be discussed with Public Health
Norovirus	No, unless a food handler or gastrointestinal outbreak	Yes – use vomiting/diarrhea exposure notice	Yes	Symptom onset until 48 hrs. after symptom resolution *Additional considerations for food handlers
Parvovirus B19 (Fifth Disease)	No	Yes	Only if fever present	Fever onset until 24 hrs. after fever resolution (without medication)
Pertussis (Whooping Cough)	Yes	Yes – contact Public Health for exposure notice	Yes	Symptom onset until 5 days post initiation of antibiotic treatment
Pink Eye (Conjunctivitis)	No	Yes	No	To be discussed with Public Health
Pinworm	No	Yes	No	To be discussed with Public Health

Disease/Condition	Reporting Is	Notification	Exclusion Guidelines	
Linked to additional information.	this disease reportable to Public Health?	Exposure notice needed?	Exclusion recommended	Recommended exclusion period
Respiratory illness (cause unknown)	No, unless there is a respiratory outbreak as defined in Table 1	Yes, if there is an outbreak	No, unless they meet sign/symptom-based exclusion criteria	Fever free for 24 hrs. and overall symptom improvement
Respiratory Syncytial Virus (RSV)	No, unless there is a respiratory outbreak as defined in Table 1, or person was less than 5 years old and died	Yes	No, unless they meet sign/symptom-based exclusion criteria	Fever free for 24 hrs. and overall symptom improvement
Ringworm	No	Yes	Yes	After treatment initiation *Take special consideration for athletes
Roseola (Sixth disease)	No	Yes	No, only if fever present	Fever onset until 24 hrs. after fever resolution (without medication)
Rotavirus	No, unless a food handler	Yes – use vomiting/diarrhea exposure notice	Yes	Symptom onset until 48 hrs. after symptom resolution *Additional considerations for food handlers
Rubella	Yes	Yes – contact Public Health for exposure notice	Yes * Unvaccinated close contacts should be excluded as well	Symptom onset until 7 days post rash onset *Contacts until MMR vaccine or 23 days after contact

Disease/Condition	Reporting	Notification	Exclusion Guidelines	
Linked to additional information.	Is this disease reportable to Public Health?	Exposure notice needed?	Exclusion recommended	Recommended exclusion period
Salmonella	Yes	Yes	Yes	Symptom onset until 48 hrs. after symptom resolution *May be additional restrictions from Public Health
Scabies	No	Yes	Yes	Symptom onset until post appropriate treatment
Shigella	Yes	Yes		Symptom onset until 48 hrs. after symptom resolution *Additional considerations for food handlers
Shingles	No	Yes		Rash onset until all lesions have crusted
Strep Throat/Scarlet Fever	No	Yes		Symptom onset until 24 hours post initiation of antibiotics with symptom improvement
Typhoid/Paratyphoid Fever	Yes	Yes		Symptom onset until 48 hrs. after symptom resolution *Additional considerations for food handlers

Disease/Condition	Reporting	Notification	Exclusion Guidelines	
Linked to additional information.	Is this disease reportable to Public Health?	Exposure notice needed?	Exclusion recommended	Recommended exclusion period
Vomiting/diarrhea ³ (cause unknown)	No, unless a food handler or gastrointestinal outbreak as defined in Table 1	Yes, if there is an outbreak		Symptom onset until 48 hrs. after symptom resolution *Additional considerations for food handlers

2 Diarrhea is when 3 or more episodes of loose stools occur in a 24-hour period OR an occurrence of loose stools that is above normal for the person.

3 Certain staff (food, health care, or childcare staff) and some children (5 years of age and under OR over 5 and need toileting assistance) may be restricted from work/school/group care by the Public Health Department. This means they can go back only when their stool is tested by the Public Health Department Laboratory confirming no bacteria or toxins are found.

4 Immediately reportable disease to Public Health

APPENDIX B-School and Childcare Outbreak Flowchart

Outbreak Identification

Identify a reportable outbreak by reviewing [Table 1. Outbreak reporting thresholds for County of Santa Cruz Public Health](#) (pg. 2)

If outbreak reporting threshold is not met:

Review [APPENDIX A-Common Childhood Diseases](#) (pg. 12)

Reportable outbreak identified

Initial Outbreak Response and Reporting

- ☐ Isolate symptomatic individuals.
- ☐ Clean and disinfect soiled and high touch areas. (pg. 4)
- ☐ Report to Public Health at 831-454-4114
- ☐ Educate school/childcare community on hand hygiene, cleaning, disinfection, and use of appropriate PPE.

Public Health Department Duties:

Collects available information over the phone.

For complex outbreaks, email outbreak instructions and Outbreak line list to school/childcare site for logging all available outbreak case information.

May request that sick people visit their healthcare providers for diagnostic testing.

Provides technical assistance, guidance, and resources, as needed.

If exposure notice needed (Appendix A):

Post and distribute exposure notices.

If nutrition/food services on-site:

[Follow food-safety precautions.](#) (pg. 8)

Surveillance and Monitoring

Monitor symptoms and absences to identify additional cases.

If requested by Public Health:

Log and send new case information on Outbreak line list.

Public Health Department Duties:

Monitors the outbreak

May require school/childcare to provide additional information (e.g. contact information)

Provides additional technical assistance, guidance, and resources, as needed.

Outbreak Conclusion

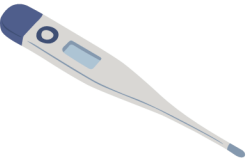





Fulfill any remaining investigative requests.

Continue outbreak response measures until indicated by Public Health.

Public Health Department Duties:

Provides guidance as to when the outbreak can be considered resolved (generally 1-2 incubation periods with decreasing cases, varies by disease).

APPENDIX C- Considerations for Outbreak Responsibility Areas, by Role.

Role	Outbreak Responsibility Areas
School nurses and/or health staff/supervisors 	ISOLATE, REPORT, EDUCATE, and MONITOR.
Custodial staff and supervisors 	CLEAN and DISINFECT.
Nutrition services staff and director (gastrointestinal illnesses and outbreaks only) 	FOOD SAFETY.
Administrators (site directors, principals, superintendent) 	Supporting ISOLATE, CLEAN and DISINFECT, REPORT, EDUCATE, MONITOR.
Teachers and classroom staff 	ISOLATE, CLEAN, EDUCATE, MONITOR.
Other organizations or programs that use school facilities (such as sports, after school programs) 	ISOLATE, CLEAN, EDUCATE, MONITOR.

APPENDIX D- CDC Handwashing Promotion Library

Available at cdc.gov/clean-hands/communication-resources

Includes:

Graphics



Posters



Animations



Videos



Norovirus

"Stomach Flu"



- Norovirus causes nausea, vomiting, and diarrhea.
- Symptoms usually begin 12 to 48 hours after exposure and last up to 3 days.
- Focus on managing your symptoms and staying hydrated.
- Call a doctor if dehydration is severe.
- Stay home until you've been symptom free for 48-hours without medication.

Prevent norovirus with cleaning and disinfection.

Clean.

Remove vomit or stool right away.

- Wear protective clothing like gloves, aprons or masks.
- For carpets or upholstery, use baking soda or other absorbent materials to absorb liquid.
- Do not vacuum. Pick up any mess using paper towels.
- Throw away any food items that may have become contaminated.

Use soapy water to wash surfaces that contacted vomit or diarrhea.

- Clean all nearby high-touch surfaces, like doorknobs and toilet handles.
- Rinse thoroughly with plain water and wipe dry with paper towels.
- Steam cleaning may be necessary for carpets and upholstery.

Machine-wash and dry affected clothes

- Use hot water, bleach, and detergent. Run on longest setting.



Disinfect.

For hard surfaces, prepare a chlorine bleach solution.

If using regular strength bleach (5.25%), increase the amount of bleach to 1 cup.



**3/4 cup of
concentrated
bleach**



**1 gallon of
water**

- Leave surfaces wet for at least 5 minutes.
- Rinse all surfaces intended for food or mouth contact with water before use.

Wash your hands thoroughly with soap and water.

Hand sanitizers may not be effective against norovirus.

What do you need to know?

- Norovirus spreads easily and quickly.
- Norovirus particles are found in the stool or vomit of infected people.
- Proper cleaning and handwashing are best ways to prevent spread.

Norovirus is spread through tiny particles of stool and vomit.

You can get norovirus from:

- Contaminated food and drink.
- Direct contact with someone infected with norovirus, such as sharing foods.
- Touching contaminated surfaces and then your mouth.

DON'T DO THIS!



Handle and prepare food safely.

- Wash hands before eating, preparing, or handling food.
- Cook meat thoroughly.
- Wash produce carefully.



Food can be contaminated by:

- Direct contact with contaminated hands or surfaces.
- Tiny droplets in the air from nearby vomit.

Anyone can get norovirus, but certain groups are at a higher risk for serious illness and death.

- Adults older than 65 years old
- Children younger than 5 years old
- Immunocompromised individuals



Prevent norovirus spread with cleaning and disinfection.

- Wash hands with soap and water.
- Disinfect surfaces in areas exposed to vomit and stool.



There is no treatment for norovirus.

Antibiotics will not help.

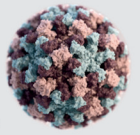
Antibiotics fight bacteria, not viruses.

Stay hydrated and stay home.

- Stay home until you've been symptom free for 48 hours without medication.
- Drink plenty of liquids.
- Call a doctor if dehydration is severe.

Norovirus: Facts for Food Workers

Norovirus spreads easily and can make you very sick with diarrhea, vomiting, and stomach pain. All food workers should know how to prevent the spread of norovirus.



Foods contaminated with norovirus can make people sick.

Norovirus is the leading cause of foodborne illness outbreaks in the United States. Norovirus causes about half of all outbreaks of food-related illness. Most reported norovirus outbreaks are caused by people who touch or prepare food when they are sick, or sometimes by food that comes from contaminated water. Because the virus is very tiny and spreads easily, it only takes a very small amount of virus to contaminate food and make someone sick.

Food can get contaminated with norovirus when—

Infected people who have feces (stool) or vomit on their hands touch the food.

Food is placed on counters or surfaces that have tiny drops of feces (stool) or vomit on them.

Tiny drops of vomit from an infected person spray through the air and land on the food or surfaces, like countertops.

Feces (stool) or vomit is in areas where food is grown or harvested.

Food workers with norovirus illness can spread the virus to others.

People who are infected with norovirus can shed billions of norovirus particles in their feces (stool) or vomit. You are most contagious—

When you feel sick with norovirus, and

During the first few days after you feel better.

If you work with food when you have norovirus, you can easily contaminate the food and drinks you touch. People who have the contaminated food or drinks you touched can also get norovirus and become sick.

Norovirus causes about half of all outbreaks of food-related illness.

Any food served raw or handled after being cooked can get contaminated with norovirus.



4 Tips to Prevent Norovirus from Spreading

1. When you are sick, do not prepare, serve, or touch food for others

Food workers should stay home when sick and for at least 48 hours after symptoms stop. This also applies to sick workers in schools, daycares, healthcare facilities, and other places where they may expose people to norovirus.

Food workers should inform managers if they have any symptoms of norovirus illness or were recently sick. Even when returning to work, it is especially important that food workers continue to take precautions like frequent handwashing.

For more information, see the FDA Food Code: (<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/>)

2. Practice proper hand hygiene

Always wash hands carefully with soap and water, especially—

After using the toilet and

Before eating, preparing, or handling food.

Alcohol-based hand sanitizers can be used in addition to hand washing. However, they should not be used as a substitute for washing with soap and water. In addition, food workers should avoid touching food, especially ready-to-eat food, with bare hands, and use gloves or tongs instead. Hands should still be washed before and after use of gloves in order to prevent cross-contamination.

3. Wash fruits and vegetables and cook seafood well

Carefully wash fruits and vegetables before preparing and eating them.

Cook oysters and other shellfish thoroughly before eating.

Thorough cooking is important because noroviruses can survive temperatures as high as 145°F. Quick steaming processes that are often used for cooking shellfish won't kill the virus.

Food that might be contaminated with norovirus should be thrown out.

4. Clean and disinfect contaminated surfaces

After throwing up or having diarrhea, immediately clean and disinfect contaminated surfaces like countertops. Use a chlorine bleach solution with a concentration of 1000 to 5000 ppm (5 to 25 tablespoons of household bleach [5.25%] per gallon of water) or other disinfectant registered as effective against norovirus by the Environmental Protection Agency (EPA).

See EPA's list of registered disinfectants effective against norovirus: (<https://www.epa.gov/pesticide-registration/list-g-antimicrobial-products-registered-epa-claims-against-norovirus-feline>)

What is the Right Way to Wash Your Hands?

1. Wet your hands with clean, running water (warm or cold) and apply soap.
2. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
3. Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "ABC" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.
6. Use a paper towel or your elbow to open the bathroom door.

See CDC's handwashing website: (www.cdc.gov/handwashing/)



Visit CDC's norovirus website at www.cdc.gov/norovirus for more information.