

SELECTED COMMUNICABLE DISEASES: GUIDELINES FOR REPORTING AND MANAGEMENT OF CASES AND CONTACTS

Persons with a communicable disease or their contacts may spread disease through the community as a result of their work duties or participation in group activities. Special restrictions, therefore, may apply. If necessary, persons in sensitive occupations or situations (SOS) shall be removed from these activities as long as they are still contagious. The Disease Control & Prevention Unit of the San Mateo County Public Health Department is responsible for supervising the restriction of infected persons and contacts in sensitive occupations or situations.

Persons employed in ***sensitive occupations*** may include health care providers, commercial food and milk handlers, teachers, child care workers, those treating, cooking for or caring for others, and other persons whose duties appreciably increase the risk of disease transmission.

Persons in ***sensitive situations*** may include: child care or nursery school children, patients in facilities for the developmentally disabled, frail elderly, immunosuppressed and institutionalized individuals, or others with selected contagious diseases.

Non-urgent communicable diseases should be reported by fax, phone or mail to:

**San Mateo County DCPS
Attn: Morbidity Clerk
225 37th Avenue
Tel. 650.573.2346
Fax 650.573.2919**

Please note that these guidelines address the Public Health aspects of infections. For current information on care of individual patients, consult with standard texts or specialists. Before prescribing or administering any vaccine or medication, check for contraindications and precautions.

Reporting Requirement	Incubation Period	Case Management	Contact Management
Botulism (<i>infant, foodborne, wound</i>)			
<p>Report immediately by phone – Notify Health Officer on Call</p>	<p>Usually 12-36 hrs after eating contaminated food; sometimes several days afterward.</p> <p>Wound botulism occurs within days of entry of bacteria.</p>	<p>Foodborne & wound: equine serum trivalent botulinum antitoxin¹</p> <p>Infant: Human-derived botulinum immune globulin (called BIG – iv or Baby Big) if given early in course²</p>	<p>There is no evidence of person-to-person transmission. Close medical observation for anyone who ate incriminated foods.</p>
Campylobacteriosis			
<p>Report within 1 working day</p>	<p>2-5 days avg. (1-10 days range) (dose-dependent)</p>	<p>Case investigation will not be routinely performed, and will depend on specific circumstances (outbreaks). In cases involving food handlers, case management may involve excluding from work until asymptomatic and one negative stool.</p>	<p>Contact management depends on individual circumstances. In some cases, symptomatic contacts may be removed from work until asymptomatic with 1 negative stool.</p>
Chickenpox (<i>varicella</i>)			
<p>Only report <i>varicella hospitalizations and deaths</i> – report within 1 working day</p>	<p>14-16 days avg. (2-3 wks. range)</p>	<p>Isolate for at least 5 days after rash onset or until all vesicles become crusted over.</p>	<p>No restrictions. Susceptible unless immunized or history of disease. Refer immunocompromised people and pregnant women to physician immediately for passive immunization with varizag.</p>
Chlamydia (CT)			
<p>Report within 7 calendar days</p> <div data-bbox="235 1642 787 1768" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>For more information on Chlamydia treatment, call the STD Control Program at 650.573.2346.</p> </div>	<p>Probably 7-14+ days</p>	<p>All cases and sexual contacts should refrain from unprotected sexual activity until treatment 1 week post. Evaluate for other STI's. If symptomatic, treat presumptively for gonorrhea as well as Chlamydia.</p>	<p>Examine, test & treat anyone who had sex with the patient during the 60 days preceding the patient's diagnosis or onset of symptoms. Monitor infants born to mothers with chlamydia and treat them if infection develops.</p>

1 Available from CDPH (510.620.3434) or the CDC (404.639.3670).

2 To obtain human-derived Botulinum Immune Globulin, call the Infant Botulism Prevention Program (510.540.2646).

SOS = Sensitive occupation or situation

III.A.1.a. Selected Communicable Diseases Guidelines

Reporting Requirement	Incubation Period	Case Management	Contact Management
Diphtheria			
Report immediately by phone	2-5 days, sometimes longer	Immediate hospitalization. Treat with antibiotics and antitoxin ¹ . Strict isolation until cleared by DCP.	Test & prophylax all contacts regardless of immunization status. Exclude contacts in SOS until negative nose and throat culture results obtained. Observe contacts carefully for 7 days after last exposure.
E. coli: shiga toxin producing (STEC) including E coli: 0157:H7			
Report immediately by phone	3-4 days avg. (2-8 days range)	If symptomatic and in SOS exclude from SOS until 2 consecutive negative specimens obtained (not less than 24 hrs apart and at least 48 hours after completion of antibiotic therapy, if given). Requires clearance from DCP to return to work.	
Giardiasis			
Report within 7 calendar days	7-10 days avg. (3-25+ days range)	Case investigation will not be routinely performed, and will depend on specific circumstances (outbreaks). In cases involving food handlers, case management may involve excluding from work until 5 days of treatment is completed and diarrhea resolved.	Case investigation will not be routinely performed, and will depend on specific circumstances (outbreaks). In some cases, symptomatic contacts may be tested to rule out infection.

¹ Antitoxin available from CDPH at 510.620.3434 or CDC 404.639.8200.

SOS = Sensitive occupation or situation

III.A.1.b. Selected Communicable Diseases Guidelines

Reporting Requirement	Incubation Period	Case Management	Contact Management
Gonorrhea (GC)			
Report within 7 calendar days	2-7 days	All cases and sexual contacts should refrain from unprotected sexual activity until 1 week post treatment. Treat for Chlamydia as well as GC.	See www.cdc.gov/std Examine, test & treat anyone who had sex with the patient during the 60 days preceding the patient's diagnosis or onset of symptoms. Treat all infants born to mothers with gonococcal infections. Prophylax all infants after birth with ophthalmic ointment (erythromycin). Note: Fluoroquinolones are no longer recommended for treatment of GC in fections in California due to resistance to this class of drugs.
<div style="border: 1px solid black; padding: 5px;"> <p>For more information on gonorrhea treatment, call the STD Control Program at 650.573.2346.</p> </div>			
Haemophilus influenzae, invasive disease (e.g., Hib meningitis)			
Report within 1 working day if patient is less than 15 years of age.	Probably 2-4 days	Isolate until 24 hrs of antibiotic therapy is completed. Give rifampin or equivalent antibiotic prior to hospital discharge to eliminate nasal carriage.	If household has one or more infants (< 12 mo. of age) other than index case or inadequately-immunized 1-3 y/o child, prophylax all household contacts (adults & children). Rifampin prophylaxis of staff & children in daycare classrooms is discretionary when 1 case has occurred, but is recommended when 2 or more cases of invasive disease have occurred within 60 days. Observe all contacts under 6 years of age for signs of illness.
Hepatitis A			
Report within 1 working day	Average 28-30 days (15-50 days range)	Exclude from SOS during illness and for 1 week after onset of jaundice.	No restrictions. Contacts are susceptible unless they are immunized or have a history of disease. Susceptible household and/or other close contacts should receive Hepatitis A vaccine and/or immune globulin depending on their age and immune status within 2 weeks of last exposure.

Reporting Requirement	Incubation Period	Case Management	Contact Management
Hepatitis B			
Report within 7 calendar days (specify acute vs. chronic when reporting)	Average 2-3 months (variable)	No restrictions. Use universal blood/body fluid precautions.	No restrictions. Contacts are susceptible unless they are immunized or have a history of disease. Vaccinate with HBV vaccine & HBIG: 1) infants born to HBsAg+ mothers within 12 hrs of birth 2) sexual contacts to acute cases (if > 2 wks. since last exposure or exposure to chronic carrier, give HBV vaccine only) 3) other percutaneous transmucosal exposure to known infectious blood within 24 hrs.
Hepatitis C			
Report within 7calendar days (specify acute vs. chronic when reporting)	Average 40 days (2 wks. - 6 mo. range)	No restrictions. Use universal blood/body fluid precautions.	No restrictions.
Measles (<i>rubeola, 10-day measles, hard measles</i>)			
Report within 1 working day	About 10 days But may be 7 to 18 days from exposure to onset of fever, usually 14 days until rash appear; rarely as long as 19-21 days.	Isolate until 5 days after rash onset.	Susceptible unless adequately immunized or history of disease. Vaccinate susceptibles within 72 hours with live virus vaccine. If immunized or pregnant, may give IG within 6 days of exposure, preferably within 72 hours for maximum protection.

Reporting Requirement	Incubation Period	Case Management	Contact Management
Meningococcal infections			
Report immediately by phone	Average 3-4 days (2-10 days range)	Respiratory isolation for 24 hours after start of chemo treatment. Give rifampin or offer appropriate equivalent antibiotic prior to hospital discharge to eliminate nasal carriage.	Prophylax household, child care center and other <u>intimate</u> contacts with rifampin, or ciprofloxacin (ceftriaxone if pregnant) preferably within 24 hours of diagnosis of primary case. Observe contacts carefully for development of febrile illness.
Mumps			
Report within 7 calendar days	Average 15-18 days (14-25 days range)	Respiratory isolation for 9 days after onset of keratitis.	Susceptible unless immunized, history of disease or born before 1957. Exclude susceptibles from school or workplace from 12 th -25 th day after exposure.
Pertussis (whooping cough)			
Report within 1 working day	Average 9-10 days (range 6-20 days).	Isolate for 3 weeks after paroxysmal cough onset or 5 days of appropriate antibiotic treatment.	Prophylax household & close contacts regardless of age and immunization status within 21 days of exposure. Immunize if under 7 and received less than 4 doses of a pertussis-containing vaccine (e.g., DTaP) or 4 th dose ≥ 3 years ago. Carefully observe for respiratory symptoms for 21 days after last contact.

Reporting Requirement	Incubation Period	Case Management	Contact Management
Plague (<i>Yersinia pestis</i>)			
<p>Report immediately by phone</p> <p>Notify or call Health Officer immediately.</p>	<p>1-7 days. 1-4 days in pneumonic plague.</p>	<p><u>Pneumonic plague: strict isolation with precautions against airborne spread until 48 hours of effective antibiotic therapy completed and clinical improvement.</u></p> <p><u>Bubonic plague: drainage and secretion precautions are indicated for 48 hours after start of effective treatment.</u></p> <p><u>Rid all patients, their clothing and baggage of fleas.</u></p>	<p>Prophylax household or face-to-face contacts of all of pneumonic plague. Observe carefully for 7 days after last exposure. If contact refuses prophylaxis, strict isolation for 7 days.</p>
Rabies, human or animal			
<p>Report immediately by phone</p> <p>Notify or call Health Officer.</p>	<p>3-8 weeks average. (9 days - 7 years range)</p>	<p>See Rabies Post-exposure Prophylaxis Guide on page II.D.2.</p>	
Rubella (<i>German measles</i>)			
<p>Report within 7 calendar days</p>	<p>14-17 days average. (14-21 days range)</p>	<p>Isolate for 7 days after rash onset.</p>	<p>Susceptible unless immunized or history of disease. Refer to MD if contacts are pregnant or immunocompromised.</p>
Salmonellosis (<i>other than typhoid fever</i>)			
<p><i>Report within 1 working day</i></p>	<p><i>12-36 hours average. (6-72 hrs range)</i></p>	<p><i>Exclude case from SOS until 2 consecutive negative specimens obtained (not less than 24 hours apart and at least 48 hours after completion of antibiotic therapy, if given). Requires clearance from DCP to return to work in SOS.</i></p>	<p>Test all symptomatic contacts. Exclude symptomatic contacts from SOS until 2 consecutive negative specimens obtained (not less than 24 hrs apart and at least 48 hours after completion of antibiotic therapy, if given).</p>

Reporting Requirement	Incubation Period	Case Management	Contact Management
Shigellosis			
Report within 1 working day	1-3 days average. (12-96 hours range)	Exclude from SOS until 2 consecutive negative specimens obtained (not less than 24 hours apart and at least 48 hours after completion of antibiotic therapy, if given). Requires clearance from DCP to return to work in SOS	Test all symptomatic contacts. Exclude symptomatic contacts from SOS until 2 consecutive negative specimens obtained (not less than 24 hours apart and at least 48 hours after completion of antibiotic therapy, if given).
Syphilis			
Report within 1 working day	<p>1° Syphilis: Average 3 weeks. for 1° infection (10 days - 3 months range)</p> <p>2° Syphilis: Average 4 weeks. (2-6 week range)</p>	<p>Advise to refrain from unprotected sexual activity until treatment of case & contacts is complete.</p> <p>Use universal precautions for blood and body secretions for hospitalized patients and for infants with congenital syphilis</p>	<p>Identify all sex partners of 1°, 2° and early latent (< 1 yr. duration) syphilis cases. For late and late latent syphilis identify sexual partners and children of infected mother. If exposure is within 90 days of the primary case's dx, treat <u>regardless</u> of contacts' serology results. All other contacts outside the 90-day exposure window should be evaluated with syphilis serology & treated if infected.</p> <p>Treat all infants born to untreated or inadequately treated seroreactive mothers.</p>
<p>For more information on Syphilis treatment, call the STD Control Program at 650.573.2346.</p>			
Tetanus			
Report within 7 calendar days	Average 10 days (1-21 days range). Depends on character, extent and location of wound.	IM Tetanus immune globulin (TIG) is the treatment of choice. If TIG is not available give equine tetanus antitoxin in a single large dose following appropriate testing for hypersensitivity. Observe for anaphylaxis. Active immunization should be initiated concurrently with treatment. Separate syringes and separate sites must be used..	Not transmissible person-to-person. Maintain active protection by administering Td booster doses every 10 years. (Tdap once).
<p>Note: Prevention of tetanus infections by early wound care and administration of TIG and/or DTap, Td, or Tdap is most important.</p>			

Reporting Requirement	Incubation Period	Case Management	Contact Management
Tuberculosis			
<p>Report confirmed or suspected cases of active disease within 1 working day.</p> <p>Report TB infection in converters and in children < 2 y/o within 7 days.</p>	<p>2-10 weeks from infection to development of positive TST reaction.</p> <p>Months to years between infection and active disease.</p>	<p>Respiratory isolation for cases of active pulmonary disease.</p>	<p>Identify and administer TST to household and other close contacts. If negative, a repeat stain first should be performed 2-3 months after exposure has ended. CXRs should be obtained for positive reactors and for some initially negative reactors at a high risk of developing active disease, specially young children, at least until the repeat stain test is shown to remain negative.</p>
<p>For more information on TB management, contact the TB Control Program at 650.573.2346.</p>			