



School Nurse Bootcamp 2025 Communicable Disease Update

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Agenda

- Intro to the IDPH Medical Services Division and Child Health Priorities
- Overview of Communicable Disease Control in Schools
- Spotlight on Diseases Prevented by School-Required Vaccines



IDPH Medical Services Division and Child Health Priorities

Medical Services Division



The Medical Services Division (MSD) was established in July 2021 to provide IDPH consultative medical support.

Medical Services Division Leadership Team

Chief Medical Officer

Arti Barnes, MD, MPH

Contact Us!



Children's Agenda Goals



- Streamline, coordinate and improve current IDPH services for children.
- Recommend long-term opportunities to build a foundation for better child health outcomes.
- Rooted in IDPH's Healthy Illinois 2028 State Health Improvement Plan.

Domains of Focus

Growing Bodies:

Improving Children's Physical Health

Developing Minds:

*Enhancing Children's Mental
and Behavioral Health*

Connected Care:

*A Unified Vision for Health linking public health,
community health, and health care systems*

Cross-Cutting Priorities

Social drivers of health

Racial and health equity

Informed by essential
public health data systems





Communicable Disease Control in Schools



School Nurses Are Critical in Preventing Communicable Diseases

- Public Health Promotion
 - Promote vaccinations
 - Communication and education
- Public Health Preparedness
 - Communicable disease response plans and policies
- Public Health Protection
 - Ensure vaccination of the school community
 - Disease control through case identification and management
- Liaison to public health departments and health care providers

- Schools are important public health partners as mandated reporters.
- Report cases to the local health department.



STOP

and Report Infectious Disease

Illinois Notifiable Disease and Conditions

Mandated reporters, such as health care providers, hospitals and laboratories, must report suspected or confirmed cases of these diseases to the local health department. Diseases marked "immediate" (in red) are reportable by phone as soon as possible, but within three hours. Diseases in **bold** are reportable within 24 hours. All other conditions not in red or bold are reportable within three days.

<p>Acute Flaccid Myelitis African Tick Bite Fever Anaplasmosis Any suspected bioterrorist threat (immediate) Any unusual case or cluster of cases that may indicate a public health hazard (immediate) Anthrax (immediate) Arboviruses Babesiosis Botulism, foodborne (immediate) Botulism, intestinal, wound, other Bourbon virus Brucellosis* California Encephalitis virus Campylobacteriosis Candida auris** Carbapenem-resistant Enterobacterales** Chancroid Chikungunya virus Chlamydia Cholera Coronavirus, Novel (immediate) COVID-19 Deaths in those <18 yrs COVID-19 ICU Admissions Cronobacter in infants <12 months Cryptosporidiosis Cyclosporiasis Dengue viruses 1-4 Diphtheria (immediate) Eastern Equine Encephalitis virus Ehrlichiosis Escherichia coli infections (E. coli O157, and other Shiga Toxin Producing E. coli) Gonorrhea Haemophilus influenzae, invasive Hantavirus pulmonary syndrome</p>	<p>Heartland virus Hemolytic uremic syndrome, post diarrheal Hepatitis A Hepatitis B, acute infection, perinatal and non-acute confirmed infection Hepatitis C, acute infection, perinatal and non-acute confirmed infection Histoplasmosis HIV infection Influenza A, novel (immediate) Influenza, ICU admissions Jamestown Canyon virus Japanese Encephalitis Kyasanu virus La Crosse virus Legionellosis Leptospirosis Listeriosis Lyme disease Malaria Measles Suspect, Probable or Confirmed (immediate) Melioidosis due to Burkholderia pseudomallei Middle Eastern Respiratory Syndrome (MERS) (immediate) Mpox Multi-drug Resistant Organisms** Mumps Neisseria meningitidis, Invasive Disease and Purpura Fulminans Outbreaks of public health significance Pertussis (whooping cough) Plague (immediate) Polio myelitis (immediate) Powassan virus Psittacosis due to Chlamydia psittaci</p>	<p>Q fever (Coxiella burnetii)* Rabies, human and potential human exposure and animal rabies Respiratory Syncytial Virus (RSV): deaths in those <18 yrs Respiratory Syncytial Virus (RSV): ICU Admissions Rocky Mountain Spotted Fever (RMSF) Rubella St. Louis Encephalitis virus Salmonellosis, other than typhoid or paratyphoid Severe Acute Respiratory Syndrome (SARS) (immediate) Shigellosis Smallpox (immediate) Snowshoe hare virus Spotted fever rickettsiosis S. aureus infections with intermediate or high level resistance to vancomycin Group A streptococcal infections, invasive disease, in persons admitted to the hospital or residing in a residential facility S. pneumoniae, invasive in those <5 yrs Syphilis Tetanus Toxic shock syndrome due to S. aureus Trichinosis Trivittatus virus Tuberculosis Tularemia* Typhoid fever and Paratyphoid fever Typhus Varicella (chickenpox) Vibriosis (other than Toxicogenic Vibrio cholera O1 or O139) West Nile virus Western Equine Encephalitis virus Yellow Fever virus Zika virus</p>
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*If bioterrorism suspected then report immediately (within three hours)

**Reportable to the Extensively Drug-Resistant Organism (XDRO) Registry by providers

Laboratories also must report positive test results of these diseases electronically to their local health department within the time frame indicated.

All reports are confidential and should include—

- the disease or condition being reported
- patient's name, date of birth, age, sex, race/ethnicity, address, and telephone number
- physician's name & telephone number
- clinical information
- method of diagnosis

TO REPORT A CASE

contact your local health department:

During regular business hours, call _____ - _____ - _____.

For emergencies after business hours, call _____ - _____ - _____.

If no local health department is available, contact the

Illinois Department of Public Health
217-785-7165 • TTY (hearing impaired use only) 800-547-0466

Effective 2/27/24

Communicable Disease School Nurse Guidance



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Chronic Diseases



Diabetes



Diseases A-Z List

Communicable Disease School Nurse Guidance



Download Communicable Disease School Nurse Guidance



Download Communicable Disease School Nurse Guidance (En Español)

Eye, Ear, Nose, Throat, and Respiratory

Teach effective, handwashing, good respiratory hygiene and cough etiquette
Colds are caused by viruses; antibiotics are not indicated.

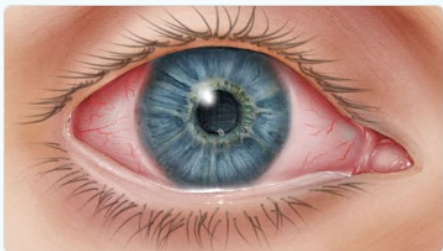


Communicable Disease School Nurse Guidance

Communicable Disease School Nurse Guidance

Guidance table is organized by color-coded disease categories.

- Eye, Ear, Throat & Respiratory
- **Gastrointestinal Illness**
- **Meningitis**
- **Skin Conditions and Rashes**
- **Animal Bites**



Example: Conjunctivitis (Pink Eye)

CDC

	Disease/ Illness	Mode of Transmission	Symptoms	Incubation Period	Period of Communicability	Criteria for Exclusion from School*	Reporting Requirement	Prevention & Control Measures
RESPIRATORY	Bronchiolitis, Bronchitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats (respiratory diseases caused by many different viruses and occasionally bacteria)	Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs -Direct contact with respiratory secretions from an infected person -Touching a contaminated object then touching mouth, nose or eyes	Variable, including runny nose, watery eyes, fatigue, coughing, and sneezing. May or may not have fever	Variable	Variable, often from the day before symptoms begin up to 5 days after onset	No exclusion unless febrile or other symptoms meeting exclusion criteria are present	May depend of etiology/organism Report unusual illness, clusters of cases above baseline for group and time of year, or increased/unusual severity of illness to the local health department	Teach effective, handwashing, good respiratory hygiene and cough etiquette. Colds are caused by viruses; antibiotics are not indicated.
	Conjunctivitis, Bacterial or Viral (Pink eye) http://www.cdc.gov/conjunctivitis/index.html	Contact with an infected person's skin, body fluid or through contact with a contaminated surface and then touching mucus membranes/eyes	Red eyes, usually with some discharge or crusting around eyes; may be itchy, sensitive to light, or watery Bacterial: may have yellow/greenish discharge; may affect one or both eyes Allergic and chemical conjunctivitis usually affects both eyes	Bacterial: Unknown. Viral: Varies with etiology	Bacterial: from onset of symptoms until after start of antibiotics, or as long as there is discharge from the eye Viral: variable, before symptoms appear and while symptoms are present (Allergic and chemical conjunctivitis is not contagious.)	Bacterial, Viral, or unknown etiology: Exclude if conjunctivitis is accompanied by symptoms of systemic illness or if the child is unable to keep hands away from eye. Childcare rules: exclude if purulent drainage until after 24 hours of treatment. http://www.illinois.gov/commission/carl/admincode/089/089004070G03100R.html	Not required to be reported May notify local health department of large clusters of cases or cases with unusual severity of illness	For all diseases: Good handwashing and hygiene practices; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable.

Hand Foot Mouth Disease



- Typically coxsackie virus
- Most common in children under 5 years
- Transmission: Respiratory droplets, saliva, blister fluid, fecal-oral
- Most contagious during the first week
- Exclusion: Fever, child cannot maintain hygiene (e.g., excessive drooling) or avoid contact with others
- Prevention: Hand hygiene, clean/disinfect surfaces, no sharing of food/utensils/cups
- Reporting: Individual cases are not reportable
 - Clusters of 10 linked cases within a 10-day period should be reported to the local health department.

Strep Throat



CDC

- Transmission: Respiratory droplets, contact
- Exclusion: Until fever-free for 24 hours AND on appropriate antibiotics for *at least 12 hours*
 - During outbreaks or recurrent infection, should be on antibiotics for at least 24 hours.
- Prevention: Hand hygiene, respiratory hygiene, no sharing of food/drinks/utensils/cups
- Reporting: Invasive disease is reportable (will likely occur through hospital)
 - Clusters of 10 linked cases within a 10-day period should be reported to the local health department.

Norovirus

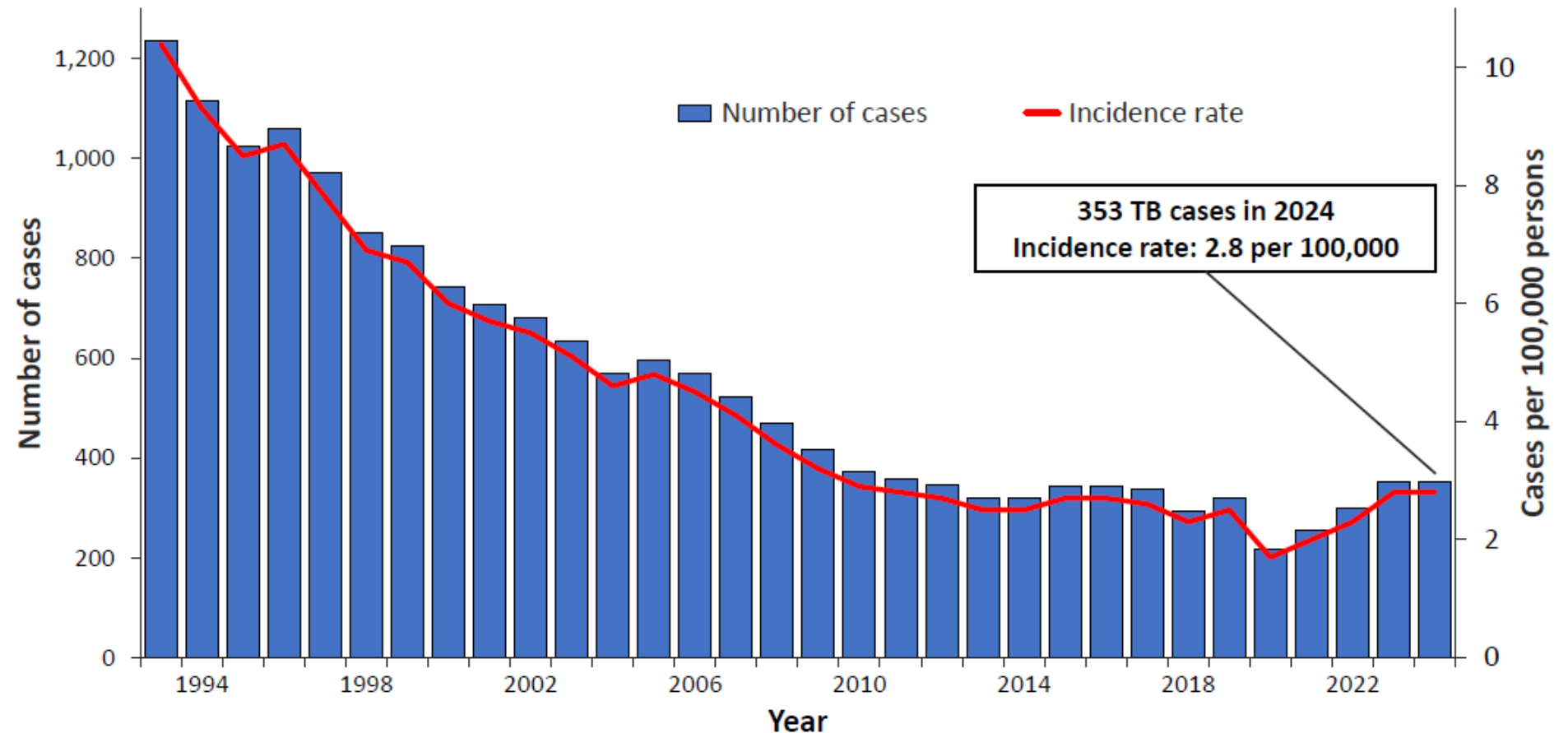


CDC

- Transmission: Fecal-oral, contaminated food/water, contact
- Exclusion: Until diarrhea, vomiting, and fever have ceased for 24 hours
 - Exclude from food handling for 48 hours after recovery
- Prevention: Hand washing (hand sanitizer not very effective), clean/disinfect surfaces
 - Ensure staff cleaning vomitus or stool wear a mask as aerosolization of the virus can occur.
- Reporting: Individual cases are not reportable
 - Report clusters of cases to the local health department.

Tuberculosis

TB Cases and Incidence Rates, Illinois, 1993–2024



Tuberculosis



CDC

- Transmission: Airborne, close contact for several hours
- Individuals with latent TB are not contagious.
- Exclusion: Return-to-school for individuals with active TB will be determined by the local health department.
 - No exclusion for latent TB or asymptomatic, exposed individuals.
- Reporting: Within 7 days to the local health department.

Respiratory Viruses: Influenza, COVID-19, RSV



CDC

- Exclusion: Until fever-free without use of fever-reducing medication for 24 hours and symptoms are improving.
- When returning to school/activities, for the next 5 days, wear a well-fitted mask.
- Prevention: *Immunization*, respiratory hygiene, hand hygiene, masking if symptoms or recent infection, ventilation.
- Report to the local health department if school operations are being affected or spike in absenteeism.

IDPH Respiratory Illness Dashboard

A Snapshot of Respiratory Surveillance in Illinois

from July 06, 2025 to July 12, 2025

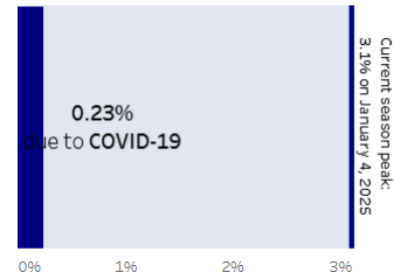
QUICK LOOK

CDC RESPIRATORY ILLNESS ACTIVITY LEVEL

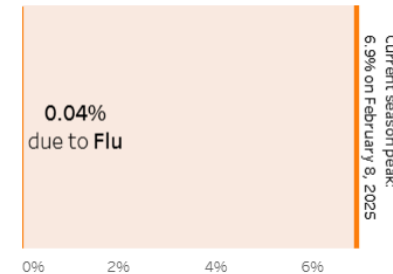


HOSPITAL ADMISSIONS

COVID-19



FLU

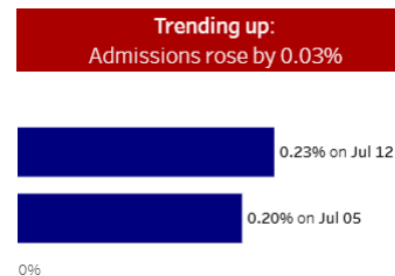


RSV

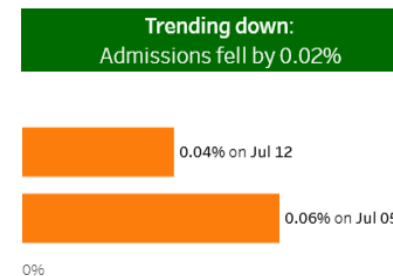


RESPIRATORY TRENDS

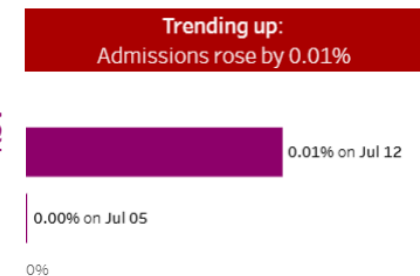
COVID-19



FLU



RSV





Diseases Prevented by School-Required Vaccines

Immunization Requirements



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Minimum Immunization Requirements for Children Enrolling or Entering a Child Care Facility or School in Illinois, 2025-2026

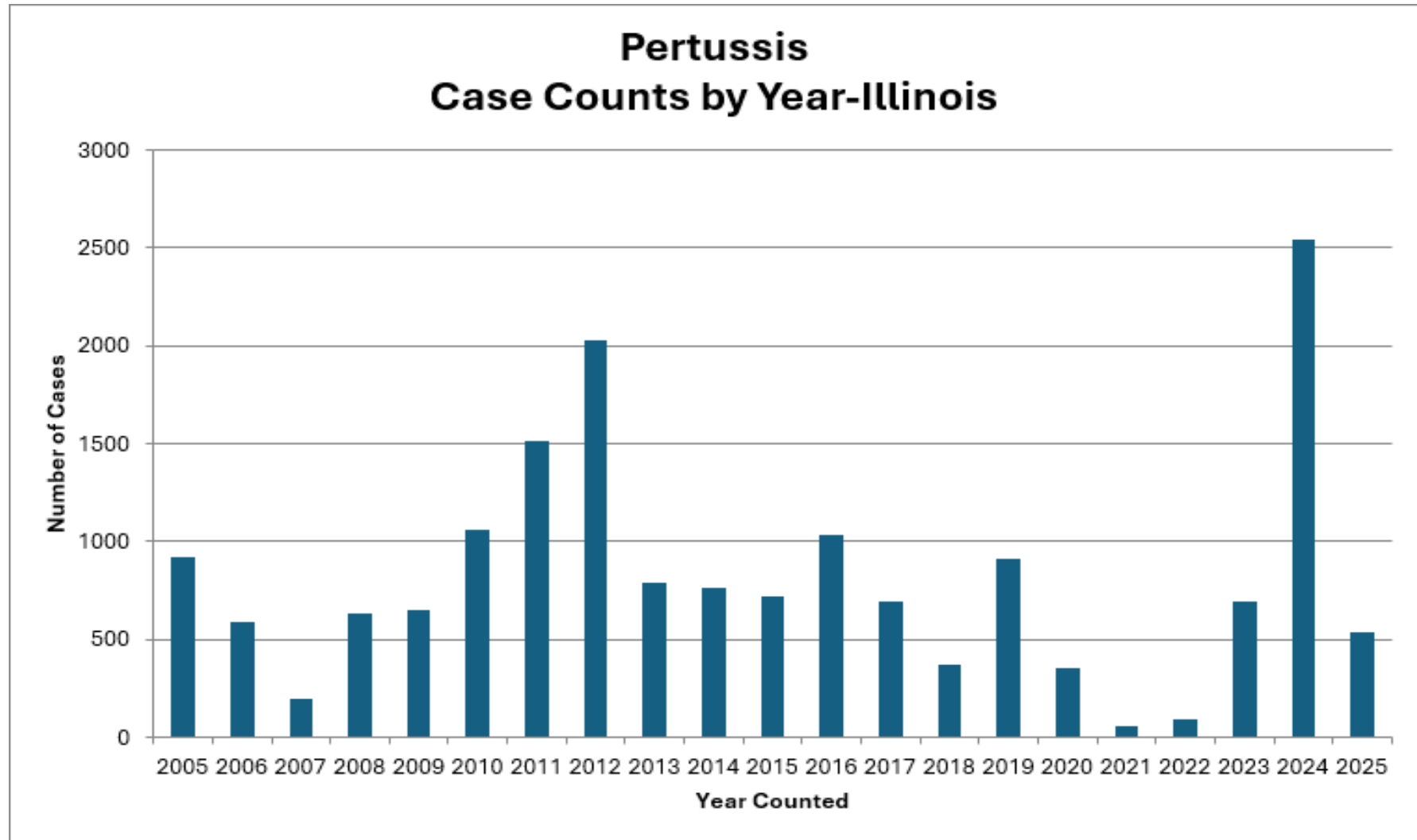
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[Download Minimum Immunization Requirements for Children Enrolling or Entering a Child Care Facility or School in Illinois, 2025-2026](#)

[Minimum Immunization Requirements for Children Enrolling or Entering a Child Care Facility or School in Illinois, 2025-2026](#)

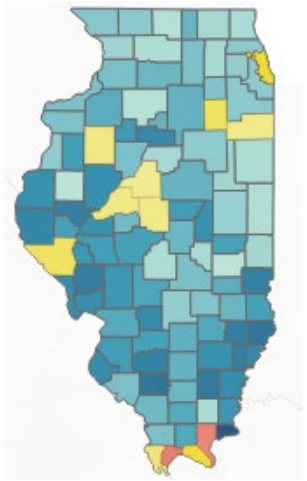
Pertussis



2024 and 2025 data are provisional.

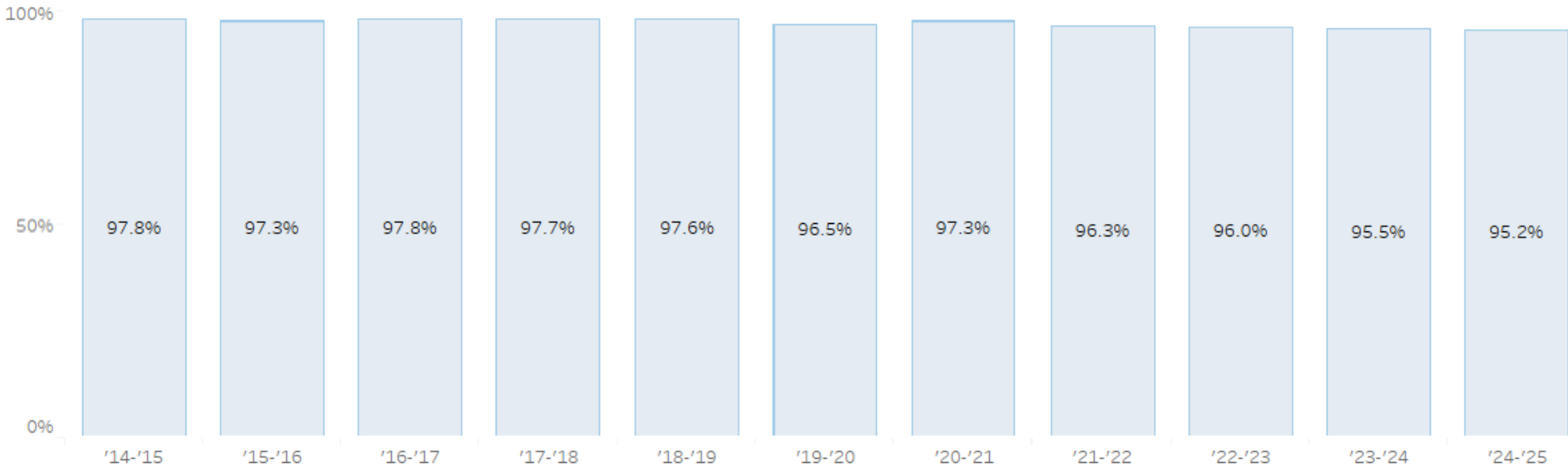
Illinois DTaP Vaccination Rate

- Vaccination rate has been trending down since '17-'18 but remains above the goal of 95%.



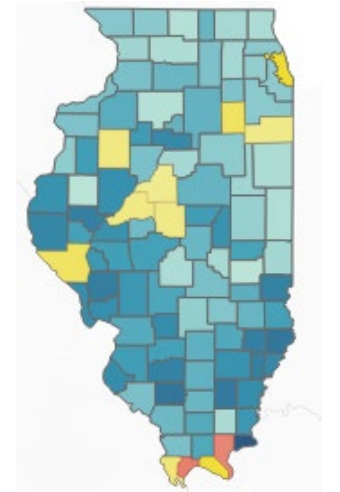
Protection (%) Trends

DTP/DTaP/TD | County = All | District(s) = All | School(s) = All



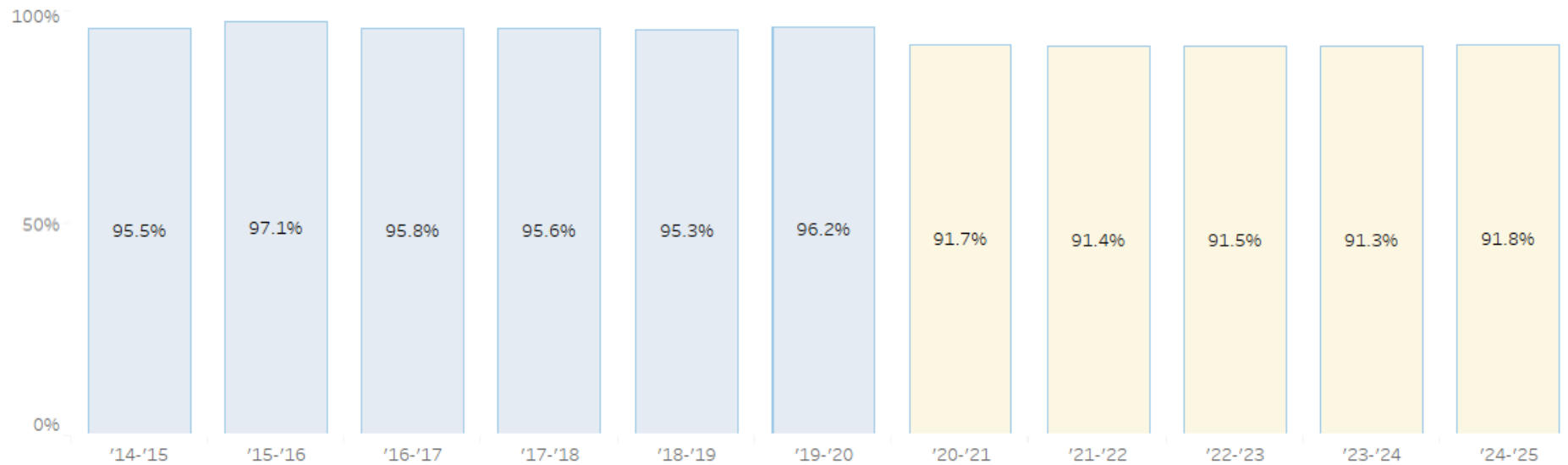
Illinois Tdap Vaccination Rate

- Vaccination rate increased in '24-'25 but remains below the goal of 95% or higher.



Protection (%) Trends

TDAP | County = All | District(s) = All | School(s) = All

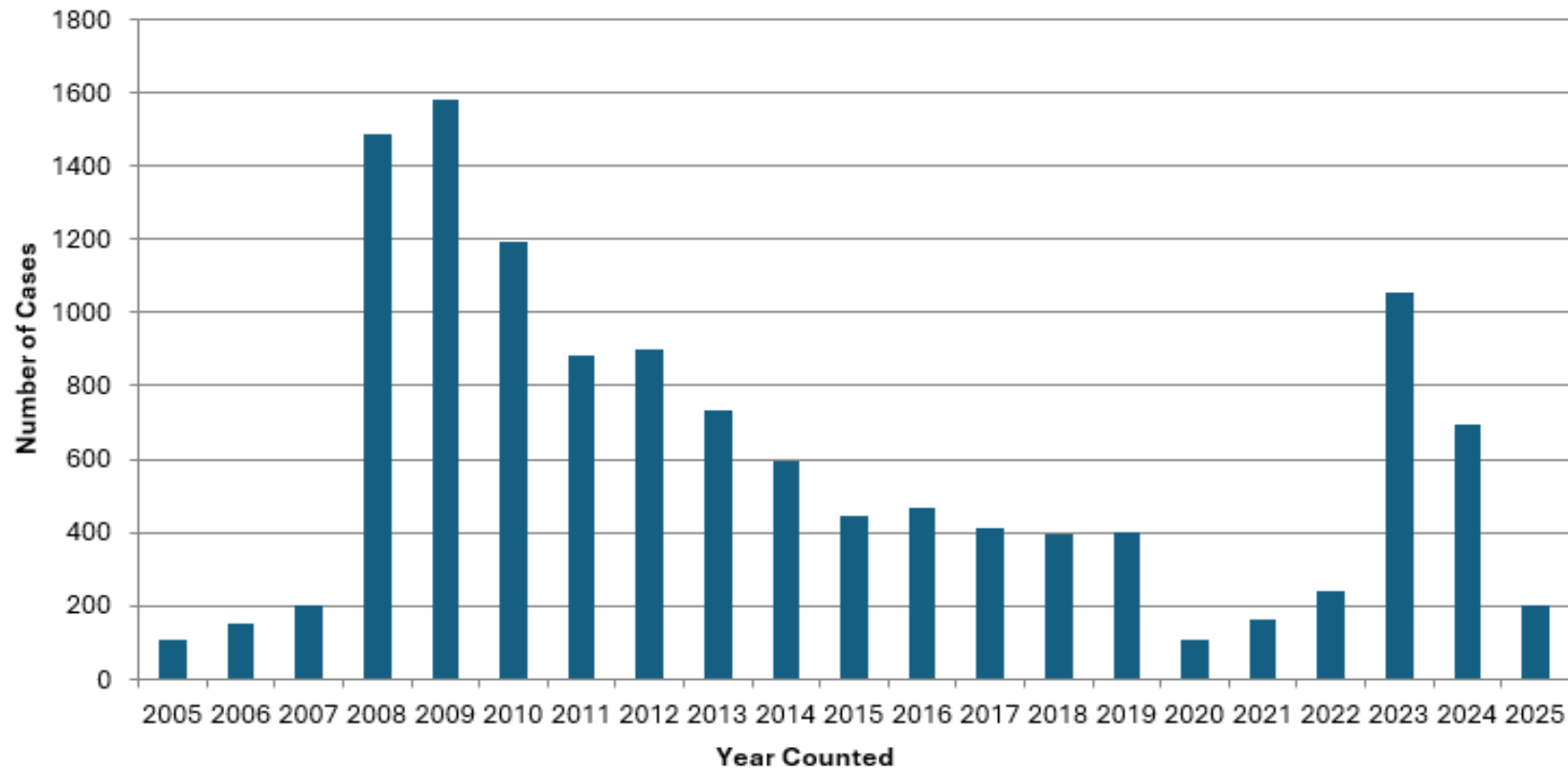


If there is a pertussis case at school

- Report suspected or confirmed cases to the local health department.
- Cases should be excluded from school until they have completed 5 days of appropriate antibiotic therapy, or if not treated, for 21 days from onset of symptoms.
 - Verify cases have completed antibiotic therapy before return to school.
- Contacts do not have to be excluded unless they develop symptoms.
 - Post-exposure prophylaxis is recommended in household contacts, people at high risk of severe disease, those who will have contact with people who are at high risk of severe disease
- Communicate and educate the school community about pertussis, including the importance of vaccination.
- Monitor for and report any new cases.

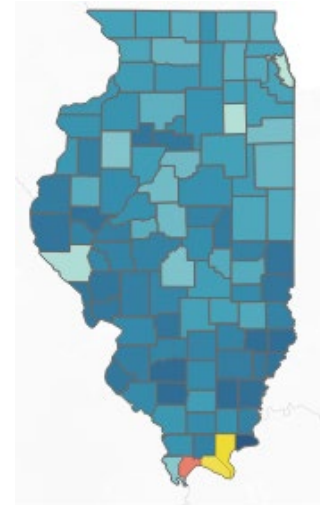
Varicella

**Varicella
Case Counts by Year-Illinois**



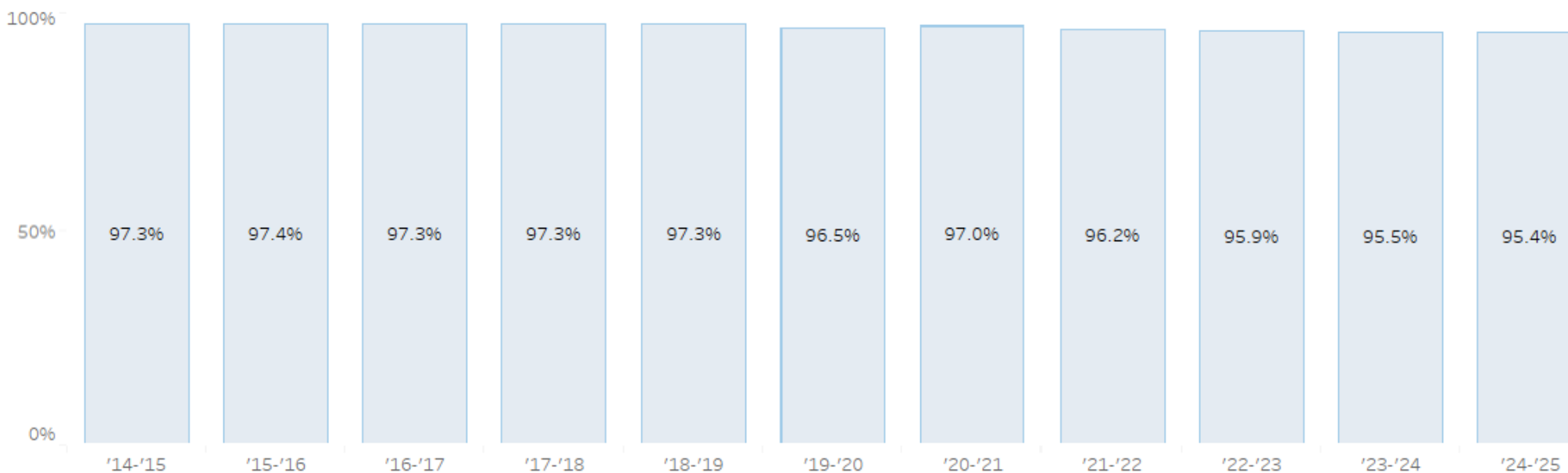
Illinois Varicella Vaccination Rate

- Vaccination rate in '24-'25 was overall stable from the prior school year.
- Steady decline starting in '17-'18 but remains above goal of 90% or higher.



Protection (%) Trends

Chickenpox/Varicella | County = All | District(s) = All | School(s) = All



If there is a varicella case at school

- Report suspected to cases to the local health department.
- Cases should be excluded for at least 5 days AND until all lesions are crusted.
 - If the rash is atypical (non-vesicular), they must be 24 hours without fever and no new lesions appearing.
- Contacts do not have to be excluded unless they develop symptoms.
- Communicate and educate the school community about varicella, including the importance of vaccination.
- Monitor for and report any new cases.
 - Outbreaks are defined as 3 or more linked cases.

What is Measles?

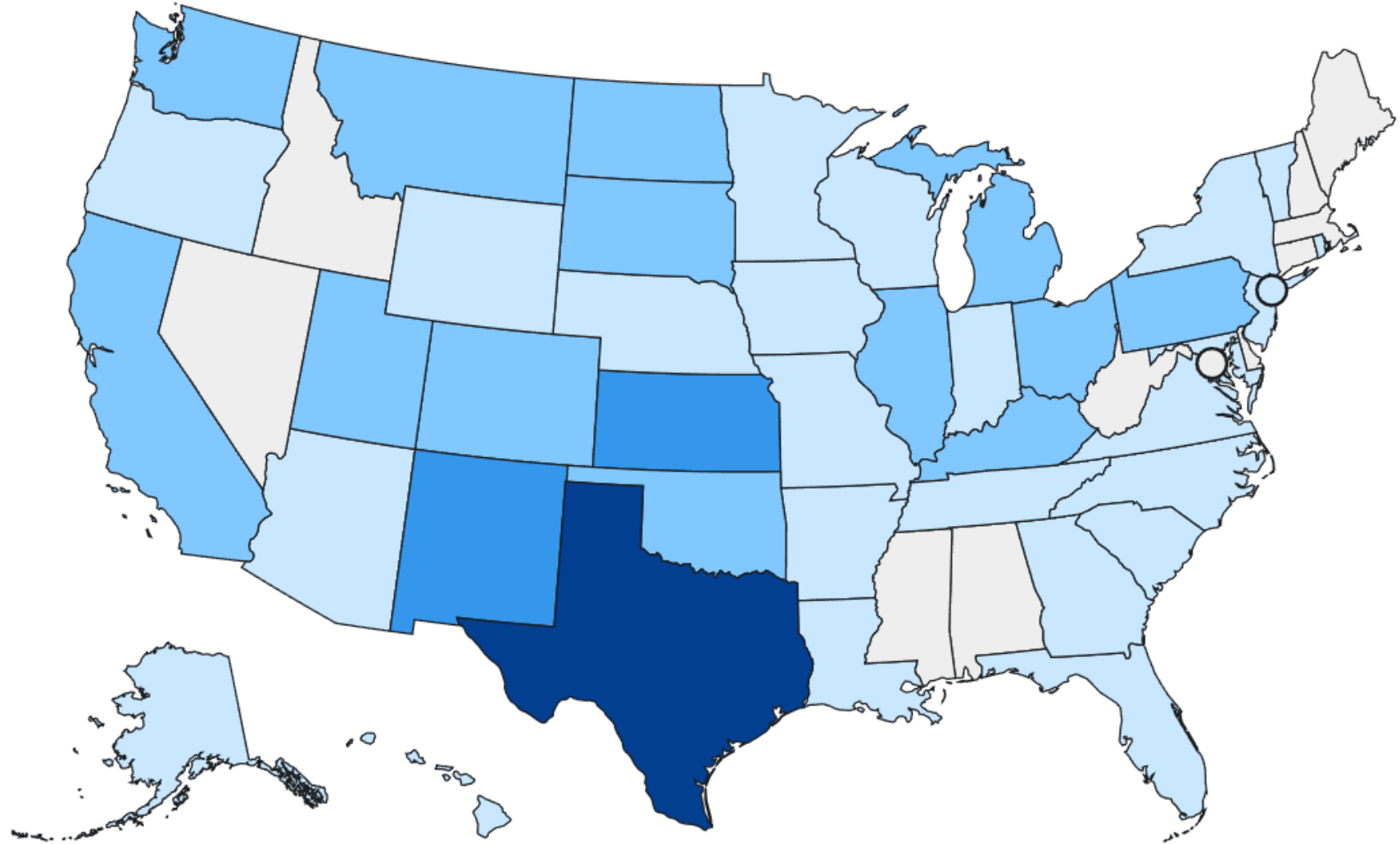
- Highly contagious virus, airborne spread.
 - Can stay in the air up to 2 hours after an infected person has left the room.
- Initial symptoms start around 10 days after exposure.
 - High fever
 - Cough
 - Runny nose
 - Red, watery eyes
- Measles rash appears about four days after the start of symptoms.
 - Starts at the hairline and spreads downward.
- Contagious four days before through four days after the start of the rash.



What is Measles?

- Complications
 - Ear infections
 - Diarrhea
 - Pneumonia
 - Encephalitis (swelling of brain)
 - Subacute sclerosing panencephalitis (SSPE)
 - Develops 7-10 years after infection
 - Rare but fatal
 - Death: 1-3 per 1,000 cases
 - 3 deaths this year in the U.S., 2 in school-age children
- No specific treatment for measles.
- Vaccination is the best way to prevent measles.

As of 8/5/25, 1356 confirmed cases in the US



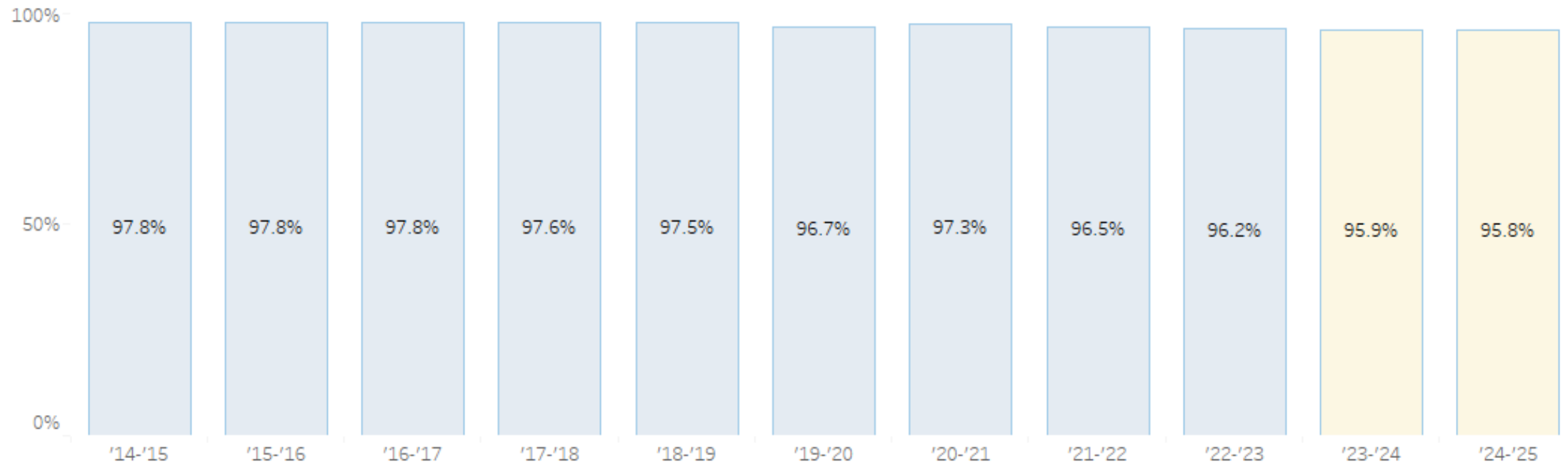
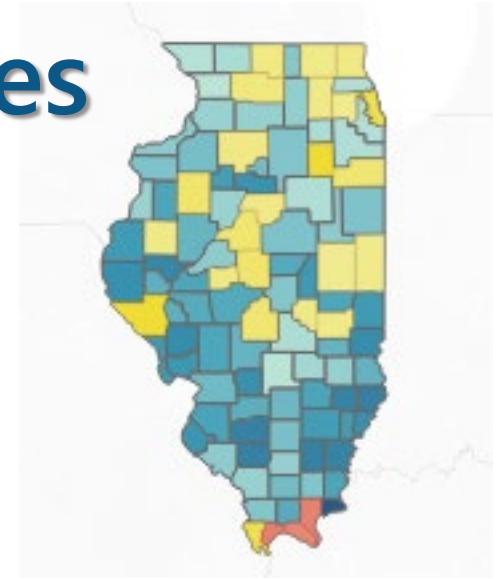
Measles in Illinois

- 10 confirmed cases
- All adults
- No hospitalizations
- 1 outbreak in southern Illinois
 - Ended July 4.
 - An outbreak is defined as 3 or more linked cases.

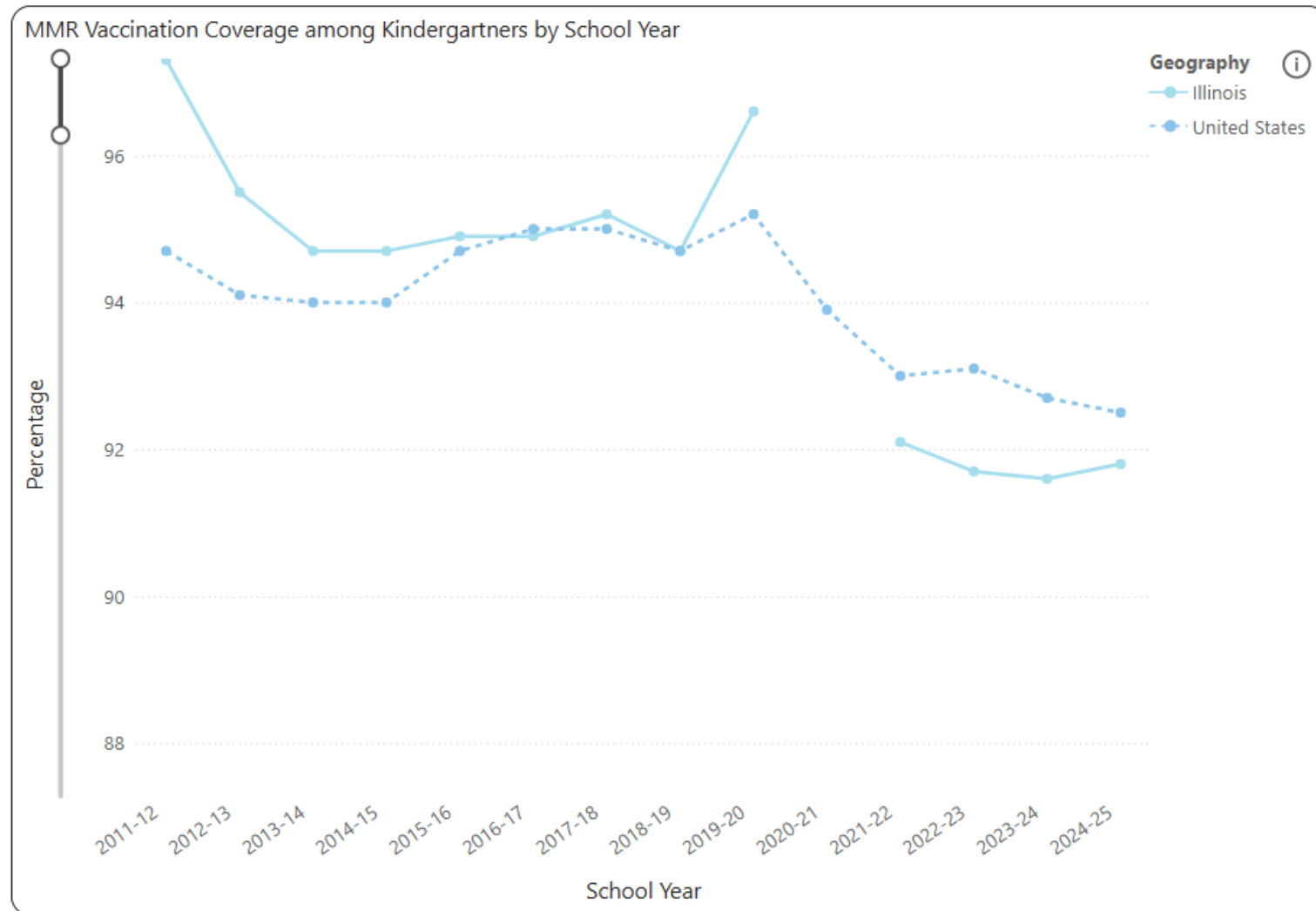


IL School Measles Vaccination Rates

- Vaccination rate in '24-'25 was overall stable from the prior school year.
- Steady decline starting in '17-'18.



Illinois has been under the U.S. average for kindergarten MMR vaccination rate



Measles Outbreak Simulator Dashboard

Measles Outbreak Projections in Illinois Schools

Select the county, type of school funding and school district you want to see data for.

If no results are returned, confirm that the school district filter is either set to (All), or to a relevant school district in the selected county-school funding combination.


County	Funding Type	School District
City of Chicago	Public	(All)

Select a school from the list of relevant schools below to generate a simulation.

School District	Facility Name	Enrollment PreK-12	School Vaccination Rate
Chicago Public Schools Dist 299	Azuela Elem School	692	96.5%
Chicago Public Schools Dist 299	Back of The Yards IB HS	1,014	99.4%
Chicago Public Schools Dist 299	Barnard Elem Comp Math & Sci Ctr	249	89.2%
Chicago Public Schools Dist 299	Barry Elem School	471	92.6%

If you are a keyboard user, or if your school of interest is not present in the list above, you can type in the school model inputs below. 

School Enrollment	School Vaccination Rate	Students Initially Infected
500	85.0%	1

 Click the information icon to learn more about, and optionally alter, the SEIR model and the epidemic parameters used to generate the projections in this dashboard.

Chance of exceeding 10 new infections new infections

58%

with selected model inputs and epidemic parameters

Likely outbreak size

45 - 72 cases

if there are over 10 new infections new infections

Illinois School Measles Vaccination Coverage Survey

March 24 – May 2, 2025

Survey was sent to Illinois schools and school districts included in the Illinois 2024-2025 school directory.

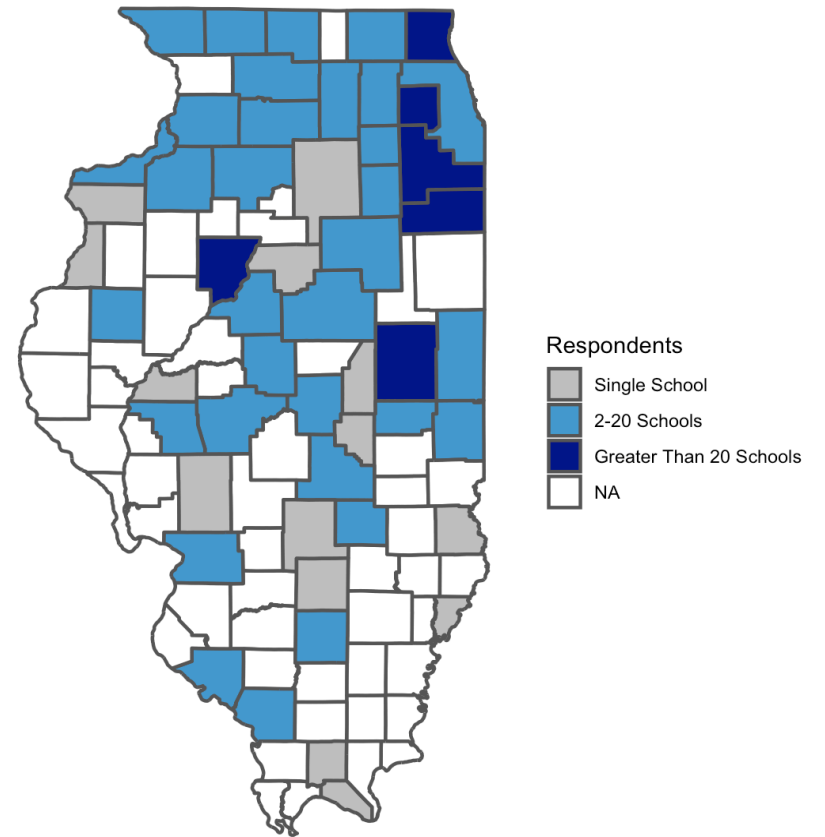
While all schools had the option to participate, schools with <96% coverage in 2023-2024 or 2024-2025 received a targeted email and were encouraged to participate.

544

Schools
Principals/Staff Survey
Respondents

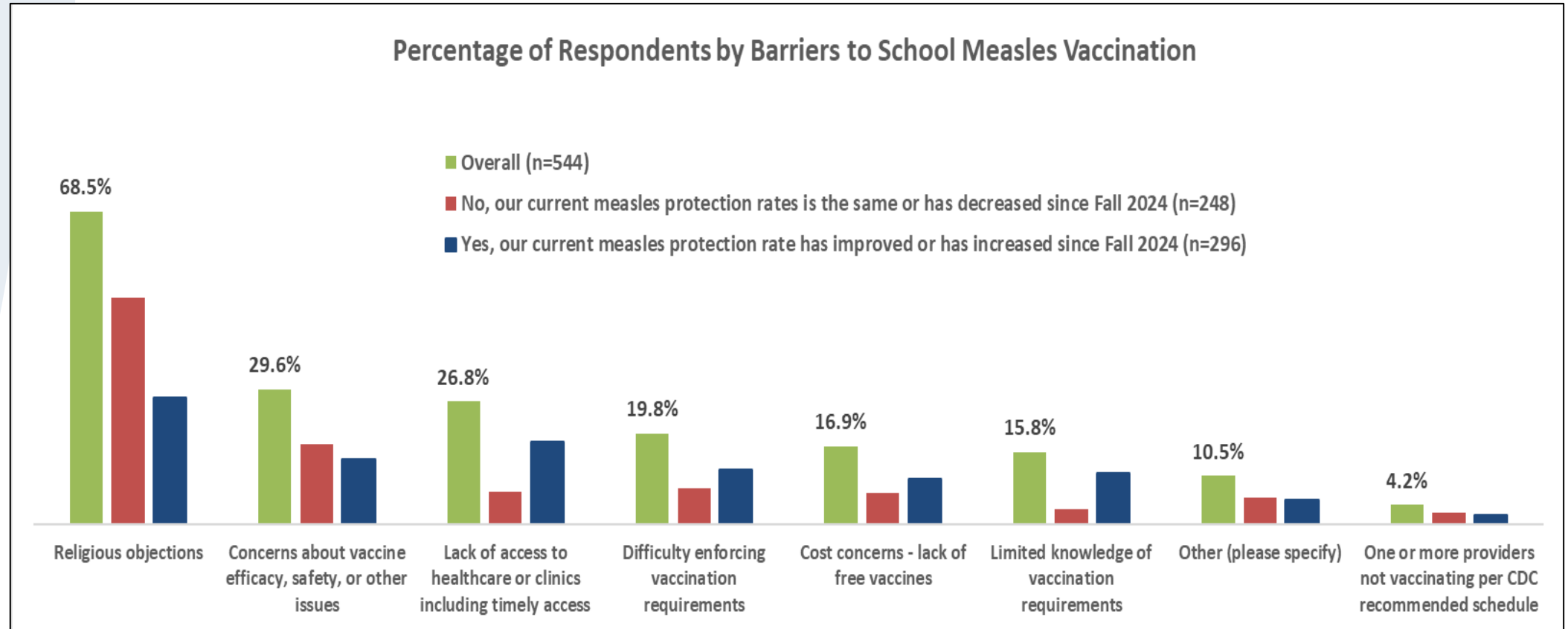
53

Counties Represented



Illinois School Measles Vaccination Coverage Survey

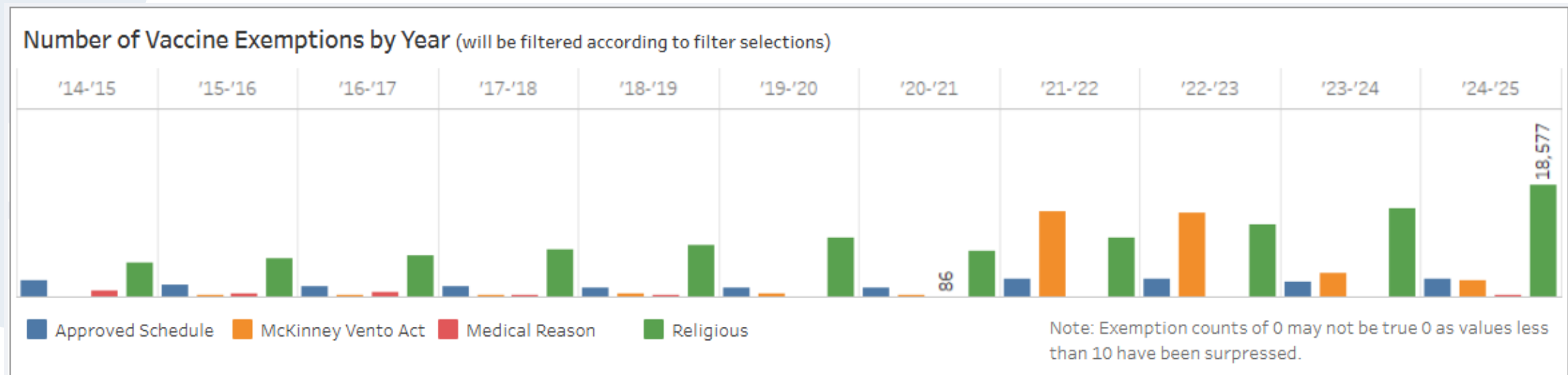
Barriers



**Note that respondents may be counted across multiple answer categories, as a result of this being a multi-selection question (n=626).*

Religious Exemptions Are Rising

Exemptions for Measles Vaccination



Exemptions From Immunizations

- Religious exemptions must be requested on the state form.
- Medical exemptions and alternate schedules require a written statement from the child's health care provider.
- All exemption forms/statements must be signed by the health care provider completing the child's school health examination.

**ILLINOIS CERTIFICATE OF RELIGIOUS EXEMPTION
TO REQUIRED IMMUNIZATIONS AND/OR EXAMINATIONS FORM**

PARENT OR LEGAL GUARDIAN - COMPLETE THIS SECTION

Note: This form is required for all students entering kindergarten, sixth or ninth grades when parent(s) or legal guardian(s) is requesting a religious exemption on or after October 15, 2015. This form also must be submitted to request religious exemption for any student enrolling to enter any public, charter, private or parochial preschool, kindergarten, elementary or secondary school on or after October 15, 2015.
This form may **NOT** be used for personal or philosophical reasons. Illinois law does not allow for such exemptions.

Student Name (last, first, middle) _____ Parent/Guardian Name: _____ Address: _____ _____ _____	Student Date of Birth Month Day Year _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Telephone Number(s): _____ _____	School Name: _____ Grade: _____ City: _____ Exemption requested for (mark all that apply): <input type="checkbox"/> Hepatitis B <input type="checkbox"/> DTaP <input type="checkbox"/> Polio <input type="checkbox"/> Hib <input type="checkbox"/> Pneumococcal <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> Td/Tdap <input type="checkbox"/> Meningococcal <input type="checkbox"/> Health Exam <input type="checkbox"/> Eye Exam <input type="checkbox"/> Dental Exam <input type="checkbox"/> Vision/Hearing Tests <input type="checkbox"/> Other (indicate below) _____
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To receive an exemption to vaccination/examination, a parent or legal guardian must provide a statement detailing the religious beliefs that prevent the child from receiving each required school vaccination/examination being requested.
In the space provided below, state each vaccination or examination exemption requested and state the religious grounds for each request. If additional space is needed, attach additional page(s).

Religious Exemption Notice:
No student is required to have an immunization/examination that is contrary to the religious beliefs of his/her parent or legal guardian. However, not following vaccination recommendations may endanger the health or life of the unvaccinated student, others with whom they come in contact, and individuals in the community. In a disease outbreak, or after exposure to any of the diseases for which immunization is required, schools may exclude children who are not vaccinated in order to protect all students.
I have read the Religious Exemption Notice (above) and have provided requested information for each vaccination/examination being requested for religious exemption.

Signature of parent or legal guardian (required) _____ Date _____

HEALTH CARE PROVIDER* - COMPLETE THIS SECTION

Provision of information: I have provided the parent or legal guardian of the student named above, with information regarding 1) the required examinations, 2) the benefits of immunization, and 3) the health risks to the student and to the community from the communicable diseases for which immunization is required in Illinois. I understand that my signature only reflects that this information was provided; I am not affirming the parent or legal guardian's religious beliefs regarding any examination, immunization or immunizing agent.

Signature of health care provider* _____ Date: _____ (Must be within 1 year prior to school entry)	Health Care Provider Name: _____ Address: _____ Telephone #: _____
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*Health care provider responsible for performing child's health examination includes physicians licensed to practice medicine in all of its branches, advanced practice nurses, or physician assistants.

Measles Response Planning

- Review the immunization records of all children
- Follow up with parents/guardians of children who do not have evidence of immunity
 - Educate on importance of and requirement for vaccination
 - Obtain documentation of immunity
 - Provide resources for vaccination
 - [Vaccine Locator Dashboard](#) (for Vaccines for Children and Adult 317 Program)
 - [Local Health Department](#)
 - Health Care Partner
 - findahealthcenter.hrsa.gov

Measles Response Planning

- Keep a list of all students who do not have evidence of immunity (susceptible).
 - To quickly identify who needs post-exposure prophylaxis and needs to be excluded if exposed
- Review school policies and state law on exclusion of susceptible students and staff if there is a measles case or exposure in your school.
- Have a process for quickly identifying persons who may have been exposed, including students, staff, visitors, and volunteers.
 - Student attendance sheets, staff schedules, visitor and volunteer sign-in sheets
- Identify a designated isolation space.
- Ensure adequate stock of PPE.
- Immediately contact your local health department if you learn of or suspect any students or staff with measles.

If there is a suspected or confirmed measles case at school

- IDPH Measles Guidance for Schools
 - Found at dph.illinois.gov/measles.
- Isolate from other students.
 - If possible, place in single room with the door closed while awaiting pick up. Keep that room empty for two hours after the suspect case leaves.
- Immediately contact the local health department (LHD) to ensure control measures are implemented.
 - The LHD will provide additional guidance and instructions, including guidance on excluding the case and any exposed, susceptible individuals and sending communications to the school community.

Isolation and Quarantine

- If diagnosed with measles:
 - Contagious four days before start of rash through four days after start of rash.
 - Isolate and exclude from school during this period.
- If exposed to someone with measles:
 - If no documented proof of immunity (vaccination or laboratory evidence), quarantine and exclude from school for 21 days after last exposure.
 - Post-exposure prophylaxis may be an option.
 - Vaccination within 72 hours after first exposure. No quarantine needed if they receive this.
 - In certain individuals, immune globulin within six days after first exposure. Still need to quarantine.



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[Before, During, and After School
Emergencies](#)

**[Preventing Spread of Infections
in K-12 schools](#)**

Preventing Spread of Infections in K-12 Schools

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› Preventing Spread of Infections in K-12 Schools	Maintaining School Operational Status
Everyday Actions for Schools to Prevent and Control the Spread of Transmissible Infections	Considerations for Prioritizing Additional Strategies
When Students or Staff are Sick	Appendix A: How Infections Spread
Planning for Outbreaks, Epidemics, and Pandemics	Science Brief: Prevention and Control of Respiratory and Gastrointestinal Infections in Kindergarten through Grade 12 (K-12) Schools
Additional Strategies that May Be Used to Minimize Infectious Disease Transmission in Schools during Times of Elevated Illness Activity	Fact Sheet: Help Your Child's School Prevent the Spread of Infections



Everyday Strategies for Schools to Prevent and Control the Spread of Infections

Take Steps for
Cleaner Air

Cleaning,
Sanitizing, and
Disinfecting

Hand Washing

Respiratory
Etiquette

Vaccinations

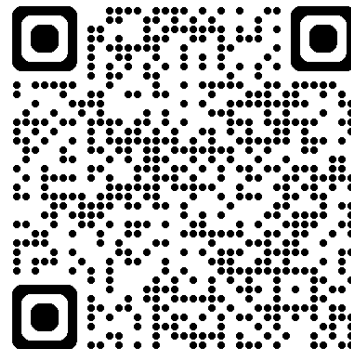
Stay home when sick





Receive critical IDPH updates by signing up for
SIREN alerts.

siren.illinois.gov



Resources

- National Association of School Nurses: Immunizations Resources
- Illinois Department of Public Health: Communicable Disease School Nurse Guidance
- Illinois Control of Communicable Disease Code
- IL Immunization Requirements for Child Care Facilities and Schools
- IDPH Talking to Parents About Immunizations – Resource Toolkit
- IDPH School Vaccination Coverage Dashboard
- IDPH VFC Vaccine Locator
- IDPH Measles Webpage: dph.illinois.gov/measles
 - Guidance for Schools
- IDPH Measles Outbreak Simulator Dashboard

Thank you for all that you do!



Questions?

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