



## PROCEDURES FOR COMMUNICABLES AND RASHES

### CHICKEN POX

A viral infection that causes an itching rash.

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#### SIGNS

Itching.

Slight fever.

Listlessness.

A rash that can be seen and felt and then appears as small, fluid filled blisters for 3-4 days.

Blisters that break and scab over.

Several stages may be present at the same time.

Usually begins on the arms and legs and spreads to the trunk and face.

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#### PROCESS CRITERIA

The Health Staff will:

1. Inspect any student suspected of having chicken pox.
2. Exclude the student until the condition is treated appropriately.
3. Provide the parent/guardian of the excluded student with written information regarding chicken pox, treatment and re-admission requirements along with a return to school form.
4. Student will be allowed to return to school once all the blisters are scabbed over and dry.
5. Prior to re-entry into the classroom student will follow up with the Health Staff.
6. No reports required.

Refer to Health Services Communicable Disease Flip-Chart

## PROCEDURES FOR COMMUNICABLES AND RASHES

### CONJUNCTIVITIS - PINK EYE

A contagious infection that causes irritation and inflammation of the membranes that line the inner eyelid.

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#### SIGNS

Burning, itching or tearing of one or both eyes.

Redness of the lining of the eye lid of one or both eyes.

Possible white yellow discharge from the eyes, small amounts at first, then larger.

Eyelids are often stuck together in the morning, or after a nap, as the pus has drained out and then dried.

Eyelids may become swollen and red.

May be painful when looking toward light.

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#### PROCESS CRITERIA

The Health Staff will:

1. Inspect any student suspected of having conjunctivitis.
2. Exclude student until the condition is treated appropriately.
3. Provide the parent /guardian of the excluded student with written information regarding conjunctivitis, treatment and readmission requirements along with return to school form.
4. Student will be allowed to return to school after eyedrops ordered by a physician have been administered for 24 hours.
5. Prior to re-entry into the classroom student will follow up with the Health Staff.
6. No reports required.

Refer to Health Services Communicable Disease Flip-Chart

## Fifth Disease - Topic Overview

### What is fifth disease?

Fifth disease is a very common childhood illness. Adults can get it too. It is sometimes called "slapped cheek disease" because of the rash that some people get on the face. You spread the disease by coughing and sneezing.

As a rule, people can spread fifth disease only while they have flu-like symptoms and before they get a rash. Some people who have fifth disease, such as those who have certain blood disorders or weak immune systems, may be able to spread the disease for a longer time.

### What causes fifth disease?

Fifth disease is caused by a virus called human parvovirus B19.

### What are the symptoms?

Early symptoms are similar to the flu—runny nose, sore throat, headache—and may be so mild that you don't notice them. The rash ~~can~~ comes several days later, first on the face and later over the rest of the body. The rash usually fades within 2 to 5 days.

Some people, usually adults, also get pain in their joints. This can last for several weeks or even months. Some people may also have a headache.

Not all people with fifth disease get a rash or feel sick.

### How is fifth disease diagnosed?

Your doctor can diagnose fifth disease by doing a physical exam and asking questions about your medical history. Fifth disease is easier to diagnose if you have the rash.

### How is it treated?

Most people can treat this illness at home with rest, fluids, and pain relievers. Fifth disease usually goes away after a few weeks.

For a few weeks, the rash may come back when you are out in the sun, get too warm, or are under stress. This does not mean the disease has gotten worse.

By the time the rash appears, you can no longer spread the disease to anyone else. As soon as your child gets a rash, he or she may return to school or day care.

If you are pregnant or have a weak immune system or certain blood disorders, see your doctor. Fifth disease can cause problems for the fetus of a pregnant woman, but this is not common.

## PROCEDURES FOR COMMUNICABLE AND RASHES-RUBELLA (GERMAN MEASLES)

### GERMAN MEASLES (RUBELLA)

Rubella is a mild infectious childhood disease that is now infrequent because of the availability of the vaccine. The greatest danger of rubella is its effect on a human fetus.

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### SIGNS AND SYMPTOMS

Low grade fever below 101 for less than two days  
Sore throat, nasal discharge, cough, and swelling of lymph nodes behind ears.  
Student acts tired a few days before rash appears.  
Rash, distinct faint pink; appears first on face and rapidly spreads downward.  
Red spots may become large patches.

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### PROCESS CRITERIA

The Health Staff will:

1. Inspect any student suspected of having measles.
2. Review Immunization Record of student for MMR vaccine.
3. Immediately exclude student from school from onset of fever and rash, through the 6<sup>th</sup> day after the rash appears, and until the individual is fever-free.
4. Provide the parent/guardian of the excluded student with information regarding measles, treatment and re-admission requirements.
5. Review immunizations records of students for rubella
6. Notify local Health Department.
7. Any student who has not received rubella vaccine or who does not have proof of immunity shall not be permitted to attend school during an outbreak, as determined by local health department.
8. Letters should be sent to all parents with students on exemption status. Exempt students and staff should be sent home.
9. Refer any pregnant women exposed to rubella to her health provider.

Refer to Health Services Communicable Disease Flip-Chart

## PROCEDURES FOR COMMUNICABLES AND RASHES-MEASLES

### MEASLES (Rubeola)

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#### SIGNS AND SYMPTOMS

Fever of 101 or greater.

Red, watery eyes, conjunctivitis.

Runny nose.

Cough

Red rash starts on face and spreads downward over entire body.

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#### PROCESS CRITERIA

The Health Staff will:

1. Inspect any student suspected of having measles.
2. Review Immunization Record of student for MMR vaccine.
3. Immediately exclude student from school from the time of the onset of illness through four days after rash appears, and until student is fever free.
4. Provide the parent/guardian of the excluded student with information regarding measles, treatment and re-admission requirements.
5. Review immunizations record of students for rubeola.
6. Notify local Health Department.
7. Any student who has not received rubeola vaccine or who does not have proof of immunity shall not be permitted to attend school during an outbreak, as determined by local health department,
8. Letters should be sent to all parents with students on exemption status. Exempt students and staff should be sent home.

Refer to Health Services Communicable Disease Flip-Chart

## PROCEDURES FOR COMMUNICABLES AND RASHES

### MUMPS (Parotitis)

An internal viral infection that causes illness marked by inflammation of the salivary glands.

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### SIGNS AND SYMPTOMS

Pain and swelling of one or more of the salivary glands located in front of the ears.

Fever

Headache

Vomiting

Listlessness

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### PROCESS CRITERIA

1. Inspect any student suspected of having mumps.
2. Review Immunization Record of student for MMR vaccine.
3. Immediately exclude the student until the condition is treated appropriately. Student may return to school a maximum of 9 days after start of swelling.
4. Provide the parent/guardian of the excluded student with information regarding mumps, treatment and re-admission requirements.
5. Review immunizations record of students for mumps.
6. Notify local Health Department.
7. Any student who has not received mumps vaccine or who does not have proof of immunity shall not be permitted to attend school during an outbreak, as determined by the local health department.
8. Letters should be sent to all parents with students on exemption status. Exempt students and staff should be sent home.

## PROCEDURES FOR COMMUNICABLES AND RASHES

### PEDICULOSIS (HEAD LICE)

Insects that cause an itching reaction on the scalp or hairy parts of the body.

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#### SIGNS

Severe itching of any of the hairy parts of the body.

Little white eggs (called nits) that stick on and near the bottom of the hair shaft.

Tiny grey bugs (lice) crawling on the skin or through the hair.

Tiny red blisters or rash near the edge of hairline, on the neck and often behind the ears.

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#### PROCESS CRITERIA

The Health Staff will:

1. Inspect any student reasonably suspected of having Pediculosis.
2. Exclude student until the condition is treated appropriately.
3. Check the complete classroom of the excluded student.
4. Provide confidentiality:
  - a. When screening the students, do not spend a great deal of time on a questionable student. Visit with the student and in passing ask their name. This will allow you to call the individual to a private location for thorough inspection later.
5. Check all siblings of excluded student for infestation in all grade levels. If siblings are found to be positive, their classrooms must be screened as well.
6. Send a parent information letter with each student in the class where a positive case is identified.
7. Provide the parent/guardian of the excluded student with written information regarding pediculosis, treatment, inspection of family members for the condition and readmission requirements.
8. Readmit students only after the Health Staff has received proof of treatment and has inspected the student.
9. Notify parent/guardian, whose excluded student has not returned to school



**SNOWFLAKE UNIFIED SCHOOL DISTRICT #**  
**PROCEDURE FOR CONTROL OF PEDICULOSIS IN THE SCHOOL**  
**SETTING**

1. Routine checking will be done on all students in October and January of each year.
2. Teachers should be instructed to send students for complaints of itching scalp to the health office for examination.
3. Active pediculosis is defined by presence of live lice that have not been treated with a pediculicidal shampoo or any visible nits (lice eggs).
4. CASE FOLLOW UP:
  - A. Exclude child until treated.
  - B. In compliance with a No-Nit Policy, exclude until all nits are removed.
  - C. Contact parent and instruct as to treatment and removal of nits.
  - D. Check classroom.
  - E. Check siblings.
  - F. Parent notification letter of pediculosis sent home with all students at risk.
5. Students must receive clearance from the health office prior to being readmitted to class.

**REFERENCES:**

- 1) Communicable Disease Flip Chart section II Head Lice (Pediculosis)
- 2) Arizona Department of Health Services Epidemiology section  
3815 North Black Canyon Highway  
Phoenix, AZ 85015  
602-230-5808
- 4) 1-800-FOR-LICE (Lice Action Network)  
Free materials
- 5) The National Pediculosis Association

## How To Control Headlice

1. Shampoo the child's hair (and other infested family members) with an appropriate shampoo or cream rinse which is labeled for controlling lice. Some examples of lice shampoos or rinses include: A - 200 Pyrinax, Kwell, Nix, Rid, and R & C. These and other products are available at your local drug store, or they may be prescribed by a doctor. Be sure to follow the instructions on the label!!! Do not use remedies or products that are not labeled for controlling lice as these may not work, and they may even be harmful.
2. Be sure to shampoo all affected family members at the same time! Any family member with nits (eggs) in the hair or with an itchy scalp should be treated.
3. After shampooing, family members should change into clean clothes. Wash all dirty clothing, linens and towels in a hot or warm wash cycle. Non-washable items may be dry-cleaned, or they may be vacuumed and sealed in plastic bags for two weeks.
4. Soak combs, brushes, hair picks, etc. in hot (almost boiling) water for at least 15 minutes.
5. Vacuum chairs, couches and other furniture where the children sit, sleep or play in order to pick-up any loose nits or lice. You do not need to apply household pesticides.
6. Be sure to shampoo everyone once again 7 to 10 days later!!! The timing is very important. And, remember to wash dirty clothes, vacuum furniture and treat combs and brushes on the same day.
7. To better your chances for a successful treatment, take the time to remove nits from your child's hair, preferably by using nit combs which are available at local drugstores. Nit removal is important as some of the eggs will survive the shampoo treatments.

### How To Avoid Getting Headlice

1. Do not share hats, combs, brushes, scarfs or coats.
2. Hang your coats separately. Do not hang or pile them on top of each other.
3. Try not to sit and play real close together. Chairs and desks should be spaced apart.

**JLCC COMMUNICABLE /  
INFECTIOUS DISEASES**

Any student with, or recovering from, a communicable disease will not be permitted in school until the period of contagion is passed or until a physician recommends a return, in accordance with A.R.S. 36-529 et seq., appropriate regulations of the State Department of Health Services, and policies of the County Health Department.

Parents will be requested to provide a history of the communicable diseases for each student, and such records will be kept and maintained by the School.

A student suffering from a communicable disease shall be excluded from school to protect the student's own welfare and also to protect other students from illness. Early recognition of a communicable disease is of prime importance. The administrator or county health director shall make the decision for exclusion and readmission.

**Pediculosis (Lice Infestation)**

Students with pediculosis shall be excluded from school until treatment specific for pediculosis has been initiated and the student is symptom free.

<http://ip.ctspublish.com/asba/public/pxext.dll/Pinnacle/7ba/a7c?F=templates&fn=document-f...> 6/7/2012

## Meningococcal Disease and Teens

Meningococcal disease, commonly called meningitis, is a serious bacterial infection that can cause swelling of the lining around the brain and spinal cord (meningitis) or blood infection (meningococemia). Each year, up to 2,800 people get the disease<sup>1</sup>, which strikes quickly and can lead to death and other devastating complications, such as deafness, brain damage, and amputation of arms, legs, fingers and toes within hours of first symptoms.<sup>2</sup>

### Risk Factors for Meningococcal Disease

- Anyone can get meningococcal disease, but pre-teens and teens are at greater risk of contracting the disease. In fact, pre-teens and teens account for nearly 30 percent of all cases of reported meningococcal infection in the U.S.,<sup>3</sup> and death rates are up to five times higher among 15- to 24-year olds compared with other age groups. [need ref]
- Some behaviors common among pre-teens and teens can put them at greater risk for getting the disease. These include:
  - Living in close quarters, such as dormitories, boarding schools and sleep-away camps
  - Being in crowded situations for long periods of time
  - Moving to a new residence or attendance at a new school or camp with students from geographically diverse areas<sup>4</sup>
  - Cigarette smoking or being around people who smoke
  - Activities that may weaken the immune system, such as irregular sleep habits

### How Meningococcal Disease is Spread

- The disease is spread by exchange of respiratory droplets and close, personal contact with infected persons, such as through kissing or coughing and sneezing.<sup>5</sup>

### Signs and Symptoms

- The symptoms of meningococcal disease are very similar to those of the flu or other common viral illnesses, which is why sometimes the disease is misdiagnosed as something less serious. Symptoms may include sudden high fever, headache, stiff neck, nausea, vomiting, confusion and exhaustion. As the disease progresses, a purplish rash may also appear.
- A person may not have all of these symptoms or have them all at the same time. Since the disease moves quickly, it is very important to seek medical attention immediately if two or more of these symptoms are present, or if the symptoms are unusually sudden or severe.<sup>6</sup>

### Treating Meningococcal Disease

- Someone diagnosed with meningococcal disease needs emergency medical treatment immediately. The disease is treated with intravenous (IV) antibiotics directly in the bloodstream, but even with quick medical treatment the disease can kill an otherwise healthy young person within 48 hours.

### Preventing Meningococcal Disease

- Vaccination is the best way to reduce your chance of contracting meningococcal disease.<sup>8</sup> The Centers for Disease Control and Prevention (CDC) recommends vaccination for all pre-teens and teens 11-18 years of age and college freshmen living in dormitories.<sup>9</sup>
- Pre-teens and teens can also help reduce their risk by practicing good hygiene and maximizing their body's own immune response by eating a balanced diet, getting enough sleep and exercise, and avoiding cigarettes and alcohol use.<sup>10</sup>

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### References:

- <sup>1</sup> Pichichero M, Casey J, Bletter M, et al. Comparative Trial of the Safety and Immunogenicity of Quadrivalent (A, C, Y, W-135) Meningococcal Polysaccharide-Diphtheria Conjugate Vaccine Versus Quadrivalent Polysaccharide Vaccine in Two- to Ten-Year-Old Children. *Pediatr Infect Dis J* 2004;24:57-62.
- <sup>2</sup> Meningococcal Disease In-Short. CDC Web site. Accessed January 15, 2008. <http://www.cdc.gov/vaccines/vpd-vac/mening/in-short-both.htm>.
- <sup>3</sup> Harrison L, Pass M, Mendelsohn A, et al. Invasive Meningococcal Disease in Adolescents and Young Adults. *JAMA* 2001;286:694-699.
- <sup>4</sup> CDC MMWR. Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP), May 27, 2005;54(RR-7):1-21.
- <sup>5</sup> Meningococcal Disease In-Short. CDC Web site. Accessed January 15, 2008. <http://www.cdc.gov/vaccines/vpd-vac/mening/in-short-both.htm>.
- <sup>6</sup> Facts about Meningococcal Disease for Adults. NFID Web site. Accessed January 15, 2008. [http://www.nfid.org/meningitis/consumers\\_factsheet.html](http://www.nfid.org/meningitis/consumers_factsheet.html).
- <sup>7</sup> Rosenstein N, Perkins B, Stephens D, et al. The Changing Epidemiology of Meningococcal Disease in the United States, 1992-1996. *J Infect Dis*. 1999;180:1894-901.
- <sup>8</sup> Facts about Meningococcal Disease for Adults. NFID Web site. Accessed January 15, 2008. [http://www.nfid.org/meningitis/consumers\\_factsheet.html](http://www.nfid.org/meningitis/consumers_factsheet.html).
- <sup>9</sup> CDC MMWR. Recommended Immunization Schedules for Persons Aged 0-18 Years, January 11, 2008. 57(1): Q1-Q4
- <sup>10</sup> Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. Atkinson W, Hamborsky J, McIntyre L, Wolfe S, eds. 10th ed. Washington DC: Public Health Foundation, 2007.

## PROCEDURES FOR COMMUNNICABLES AND RASHES-RASH

### RASH (General)

Any irritation causing changes of color and texture of skin.

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### SIGNS

Redness or abnormal coloring of the skin on any area of the body.

Unusual change of texture of skin (raised bumps, fine sandpaper appearance, etc.)

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### PROCESS CRITERIA

The Health Staff will:

1. Inspect any student with a rash.
2. Exclude the student if observed with the following:
  - a. Fever
  - b. Cough
  - c. Itching
  - d. Red, watery eyes
  - e. Stiff neck.
  - f. Sore throat
  - g. No MMR immunizations
3. Provide the parent/guardian of the affected student with written information regarding rash, treatment and re-admission requirements.
4. Student may return to school with a physician release from communicable disease.
5. Prior to re-entry into the classroom student will follow-up with the Health Staff.

Refer to the Health Service Communicable Disease Flip-Char (rash flow chart)

## PROCEDURES FOR COMMUNICABLES AND RASHES-RASH

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### PROCESS CRITERIA

The Health Staff will:

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2. Exclude the student if observed with the following:
  - a. Fever
  - b. Cough
  - c. Itching
  - d. Red, watery eyes
  - e. Stiff neck.
  - f. Sore throat
  - g. No MMR immunizations
3. Provide the parent/guardian of the affected student with written information regarding rash, treatment and re-admission requirements.
4. Student may return to school with a physician release from communicable disease.
5. Prior to re-entry into the classroom student will follow-up with the Health Staff.

## PROCEDURES FOR COMMUNICABLES AND RASHES

### RINGWORM

A rash caused by a fungus that affects the skin.

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### SIGNS

Flat, spreading, ring shaped lesions.

May be dry and scaly or moist and crusted.

May be itchy.

Slightly raised covered by tiny blisters.

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### PROCESS CRITERIA

The Health Staff will:

1. Inspect any student suspected of having ringworm.
2. Exclude the student until the condition is treated appropriately.
3. Provide the parent/guardian of the excluded student with written information regarding ringworm, treatment and readmission requirements along with return to school form.
4. Student will be allowed to return to school once treatment has begun as recommended by a physician and the exposed sores are covered.
5. Prior to re-entry into the classroom student will follow up with the Health Staff.
6. No reports required.

Refer to Health Services Communicable Disease Flip-Chart



## PROCEDURES FOR COMMUNICABLES AND RASHES-SCABIES

### SCABIES

Tiny insects called mites that burrow under the skin causing a highly itchy communicable rash to appear.

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### SIGNS, SYMPTOMS

Small blister-like sores or tiny borrows (short, wavy, dirty looking lines).

Intense itching of the skin, more severe at night.

Lines may be found around the wrist, ankles, between the fingers, in the back of knees, under armpits, around the waist and in the elbow area.

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### PROCESS CRITERIA

1. Inspect any student suspected of having scabies.
2. Exclude the student from school until 24 hours after treatment has been completed.
3. Instruct parents that all family members should be treated. Also, they need to wash all bed linens, towels, underwear, and so forth, in hot water.
4. Prior to re-entry into the classroom student will follow up with the Health Staff.
- 5.

Refer to the Health Services Communicable Disease Flip-Chart.

## **PROCEDURES FOR COMMUNICABLES AND RASHES**

### **VIRAL A HEPATITIS**

An inflammation of the liver caused by a virus.

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#### **SIGNS**

Fever

Loss of appetite

Nausea

Abdominal discomfort

Jaundice of eyes and skin

Dark colored urine

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#### **PROCESS CRITERIA**

The Health Staff will:

1. Inspect any student suspected of having Hepatitis.
2. Exclude the student until the condition is diagnosed and treated appropriately.
3. Provide the parent/guardian of the excluded student with written information regarding  
Hepatitis, treatment and readmission requirements along with a return to school form.
4. Student will be allowed to return to school 7 days past the onset of jaundice or 14 days  
after the onset of illness and is fever free for 24 hours.
5. Prior to re-entry into the classroom the student will follow up with the Health Staff.
6. Case reports required.

Refer to the Health Services Communicable Disease Flip Chart.

## Whooping Cough and Adolescents

Whooping cough, or pertussis, is a highly communicable bacterial disease characterized by cough, followed by vomiting and whooping. It is named after the "whoop" sound that children often make when they try to breathe during a severe coughing spell. However, people who have mild whooping cough do not always make the "whoop" sound.<sup>1</sup>

Whooping cough is caused by the bacterium *Bordetella pertussis* found in the mouth, nose and throat of an infected person, and is spread through close contact when an infected person talks, sneezes or coughs.<sup>2</sup>

### How Whooping Cough is Spread

- Whooping cough can be most easily spread during the early stages of infection, typically before the beginning of severe coughing spells.<sup>3</sup>
- Adults and older children who may have a milder form of whooping cough, which is often mistaken for the common cold, can easily spread the disease to others, especially infants and young children.<sup>4</sup>
- Ninety percent of unvaccinated children living with someone with whooping cough will also get the disease.<sup>5</sup>

### Whooping Cough in Adolescents

- Although most whooping cough cases in the past decade were in children, more than half of cases now occur in pre-teens, teens and adults.<sup>6</sup>
  - Pre-teens and teens get whooping cough more often than any other age group except for infants younger than one year (496 cases per 100,000 adolescents).<sup>6</sup>
  - The increase in whooping cough among pre-teens and teens may be due to the fact that more and more cases are reported and an increase in the bacteria that cause whooping cough.<sup>6</sup> In addition, childhood whooping cough vaccinations last only 5 to 10 years; therefore, many pre-teens and teens are no longer protected against whooping cough and can be infected again.<sup>10</sup>
- Whooping cough causes as much as 25% of all severe cough illnesses lasting seven days or more among adolescents.<sup>11</sup>
  - Most adolescents who get whooping cough are ill for several weeks and visit several physicians before they are diagnosed.<sup>12</sup>
- Among adolescents, whooping cough can cause long-lasting cough, difficulty breathing, and difficulty sleeping or vomiting after coughing. In some people, however, whooping cough infection does not cause any symptoms.<sup>13</sup>
- Whooping cough may cause pneumonia, bruised ribs, collapsed lungs, increased urination, seizures, infections of the brain and death in pre-teens and teens.<sup>14</sup>

### Protecting Pre-teens and Teens from Whooping Cough

- The Centers for Disease Control and Prevention (CDC) recommends that pre-teens and teens are vaccinated to prevent infection with whooping cough:
  - Whooping cough infection may not produce any symptoms, and may therefore go undetected and become worse.

- o Doctors may accidentally diagnose whooping cough as another disease.
- o The childhood whooping cough vaccination may have stopped working by the time a child reaches adolescence.<sup>15</sup>
- Giving pre-teens and teens the whooping cough vaccine is the best way to protect them from the disease.<sup>16</sup>
- The CDC recommends that persons aged 11 – 12 years receive the tetanus-diphtheria-acellular pertussis vaccine, or Tdap. This FDA-approved vaccine helps prevent not only whooping cough, but also tetanus and diphtheria.<sup>17</sup>

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#### References:

- <sup>1</sup> Edwards KM, Decker MD, Mortimer EA. Chapter 14: Pertussis vaccine. In: Plotkin SA, Orenstein WA, eds. *Vaccines*, 3rd ed. Philadelphia, PA: W.B. Saunders Company. 1999;293-342.
- <sup>2</sup> Edwards KM, Decker MD, Mortimer EA. Chapter 14: Pertussis vaccine. In: Plotkin SA, Orenstein WA, eds. *Vaccines*, 3rd ed. Philadelphia, PA: W.B. Saunders Company. 1999;293-342.
- <sup>3</sup> American Academy of Pediatrics. Pertussis. In: Pickering LK, ed. *2000 Red Book: Report of the Committee on Infectious Diseases*. 25th ed. Elk Grove, IL: American Academy of Pediatrics; 2000;435-448.
- <sup>4</sup> <http://www.cdc.gov/nip/publications/pink/perl.pdf>.
- <sup>5</sup> Offit, P; Bell, L. *Vaccines: What Every Parent Should Know*, 3rd Ed., 2003; 35.
- <sup>6</sup> CDC. MMWR. School-Associated Pertussis Outbreak – Yavapai County, Arizona, September 2002 – February 2003; March 19, 2004: 53(10): 216-19.
- <sup>7</sup> CDC. MMWR. Pertussis Outbreak Among Adults at an Oil Refinery – Ill.; Jan. 10 2003. 52(01): 1-4.
- <sup>8</sup> CDC. MMWR. Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP). 2006;55:1-34.
- <sup>9</sup> Entwistle Josephs, Judith. Pertussis in the Adolescent and Adult: A Primary Concern. *Clinical Excellence for Nurse Practitioners*. 2000; Vol. 4 (6): 361-65.
- <sup>10</sup> CDC. MMWR. Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP). 2006;55:1-34.
- <sup>11</sup> Pichichero, M. A Boost for Pertussis Prevention. *Family Practice News*, Vol. 34 No. 4
- <sup>12</sup> Pichichero, M. Economic Impact of Pertussis. *Arch Pediatr Adolesc Med*. 1997; 151: 35-40.
- <sup>13</sup> CDC. MMWR. Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP). 2006;55:1-34.
- <sup>14</sup> Pichichero, M. Economic Impact of Pertussis. *Arch Pediatr Adolesc Med*. 1997; 151: 35-40.
- <sup>15</sup> CDC. MMWR. Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP). 2006;55:1-34.
- <sup>16</sup> Offit, P; Bell, L. *Vaccines: What Every Parent Should Know*, 3rd Ed., 2003; 40, 98.
- <sup>17</sup> CDC MMWR. Recommended Immunization Schedules for Persons Aged 0–18 Years. January 11, 2008. 57(1); Q1-Q4.