Chronic Absenteeism

Recently a school justice partnership studied chronic absenteeism in grades K-5 in a neighboring community.

Chronic absenteeism was defined as missing 10% or more of enrolled school days (approximately 18 days in a year). This was found to be a problem across all school districts and involved 24% of our students.

The top three reasons for missing school:
1) Parent-diagnosed illness.
2) Parents don’t see the importance of school.
3) Medical/dental appointments.

The study suggests:

As a medical/dental professional, how can I help reduce chronic absenteeism?
• Provide return-to-school notes after a medical/dental appointment.
• Reserve afternoon or evening appointments for school-aged patients.
• Reinforce good school attendance with parents and students.

Foodborne Illness in Childhood

Food Net Surveillance reported by the CDC in the MMWR April 18, 2014, revealed the high incidence of children with foodborne illness in the United States. The overall rates are higher in children than in the general population, even after adjusting for the well known underdiagnoses of these diseases.

Norovirus remains number one with 58% of domestically acquired foodborne illness.

The top 5 bacterial, in order of incidence:
1) Non-typhoidal Salmonella (42%)
2) Campylobacter (28%)
3) Shigella (21%)
4) Yersinia Enterocolitis (5%)
5) Shiga toxin E. coli 0157 (3%)

In the Southwestern Region of Michigan in 2013 there were 509 reported cases of foodborne illness. Number one was Campylobacter and Salmonella was second.

Avoiding Children having contact with raw meat and cross contaminated food products remains a key.

Adults need to wash hands well after food preparation and before preparing/serving children juice, formula, and food.

Readmission Guidelines for Daycares and Schools for Common Illnesses

Please see the guidelines on page 2, which do contain reasons to NOT exclude and encourage to return as soon as possible.

Quiz

The number one medical reason for school absenteeism?

Answer
Asthma—Please make sure your families have asthma action plans!

Comparisons

• $75 cost of an albuterol inhaler for asthma.
• $60 billion conservative estimate annual asthma treatment costs in the U.S.
• $1 billion U.S. annual food safety budget (2013).
• $16 billion U.S. annual medical costs caused by the major foodborne pathogens.
• $25 cost of a dose of MMR vaccine (measles, mumps, rubella).
• $150,000 estimated direct health cost of one case of vaccine preventable measles.

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### GUIDELINES for Readmission to Daycares and Schools for Common Childhood Illnesses

<table>
<thead>
<tr>
<th>Illness</th>
<th>Exclusion Requirements</th>
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</thead>
<tbody>
<tr>
<td><strong>CHICKENPOX</strong> (Varicella)</td>
<td>Until lesions are dry and crusted.</td>
</tr>
<tr>
<td><strong>COLD SORES</strong></td>
<td>Exclusion not required</td>
</tr>
<tr>
<td><strong>CONJUNCTIVITIS</strong> (Pink Eye)</td>
<td>Exclude until 24 hours of treatment or symptoms resolved. Allergic conjunctivitis does not require exclusion.</td>
</tr>
<tr>
<td><strong>DIARRHEA</strong>: Non-specific, Rotavirus and most Salmonella</td>
<td>Exclude when diarrhea cannot be contained or presence of fever.</td>
</tr>
<tr>
<td><strong>SALMONELLA</strong> Typhi</td>
<td>Exclusion until permission from the Health Department/ or healthcare professional</td>
</tr>
<tr>
<td><strong>SHIGELLA</strong></td>
<td>Exclusion until permission from the Health Department/ or healthcare professional</td>
</tr>
<tr>
<td><strong>FIFTH DISEASE</strong> (erythema infectiosum)</td>
<td>Exclusion not required</td>
</tr>
<tr>
<td><strong>HAND-FOOT-MOUTH DISEASE</strong></td>
<td>Exclusion not required</td>
</tr>
<tr>
<td><strong>HEPATITIS</strong></td>
<td>Until approved by a health care professional</td>
</tr>
<tr>
<td><strong>IMPETIGO</strong></td>
<td>Exclude until 24 hours of antibiotic treatment</td>
</tr>
<tr>
<td><strong>LICE</strong></td>
<td>Exclude at end of school day. May return after treatment. (or if NO NITS, only when this is school policy)</td>
</tr>
<tr>
<td><strong>MONONUCLEOSIS</strong></td>
<td>Exclusion not required</td>
</tr>
<tr>
<td><strong>PERTUSSIS</strong> (Whooping cough)</td>
<td>After five (5) days of treatment or 21 days after onset if no treatment is prescribed</td>
</tr>
<tr>
<td><strong>RINGWORM</strong></td>
<td>Exclusion not required (should be treated)</td>
</tr>
<tr>
<td><strong>SCABIES</strong></td>
<td>Until treated</td>
</tr>
<tr>
<td><strong>STAPH SKIN INFECTIONS</strong> (including MRSA)</td>
<td>Boils and draining lesions to be covered. Exclusion not required.</td>
</tr>
<tr>
<td><strong>STREP THROAT &amp; SCARLET FEVER</strong></td>
<td>After 24 hours of treatment</td>
</tr>
<tr>
<td><strong>TUBERCULOSIS</strong></td>
<td>Exclusion until permission from the Health Department/ or healthcare professional</td>
</tr>
<tr>
<td><strong>UPPER RESPIRATORY INFECTION</strong></td>
<td>When fever is gone</td>
</tr>
</tbody>
</table>

As a general guideline, children with fever (temp. 100.4°F or greater), vomiting, severe diarrhea, or those too sick to have meaningful school interaction should be excluded.

Children, who are **NOT** vaccinated against varicella (chicken pox), pertussis, or other vaccine preventable illness may be excluded if a case occurs in your school until they are no longer capable of contracting the vaccine preventable disease. The health department will advise you if this is necessary.