



# DEPARTMENT OF EDUCATION

## Office of the Superintendent

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Superintendent of Education*

## Standard Operating Procedures

SOP 1200-004

**SUBJECT:** Communicable/Reportable Diseases

**EFFECTIVE DATE:** February 8, 2011

**INQUIRIES:** Student Support Services Division

### REFERRAL/ASSESSMENT/REPORTING

#### School:

1. Any suspected case of a communicable disease should be referred to the School Health Counselor (SHC) for assessment and reported to the school Principal/designee.
2. The school Principal/designee and SHC will consult Board Policy 336.3 to determine the suspected communicable disease and whether it is a Class I or Class II (refer to DPHSS Official Guam Reportable Disease List). The source document can be found at the DPHSS website address:  
<http://dphss.guam.gov/docs/PublicHealth/OFFICIALGUAMNOTIFIABLEDISEASELIST.pdf>
3. The school Principal/designee and SHC will send the individual home with directions to remain home until the condition has been treated and cleared by medical professionals and/or DPHSS personnel at the Center for Disease Control.
4. The Principal/designee and the SHC will inform the Student Support Services Division (SSSD) and the DPHSS personnel at the Center for Disease Control regarding any suspected cases and status.
5. Throughout the duration of a suspected or confirmed case, the Principal/designee and the SHC will submit daily to DPHSS and SSSD a completed reporting form provided by DPHSS.

Cases are to be reported per the Department of Public Health and Social Services Reportable Disease List, Chapter 3, Title X, Guam Code Annotated:

<http://www.justice.gov.gu/compileroflaws/GCA/10gca/10gc003.PDF>, and Board Policy 336.3.

#### District:

1. Student Support Services Division (SSSD) personnel will function as liaison between the school and the DPHSS regarding any suspected or confirmed cases and status.
2. SSSD maintains constant communication with DPHSS (lead agency) with regard to public advisories and other regulations as prescribed by DPHSS.
3. SSSD personnel will provide weekly updates during alerts or on suspected or confirmed cases to the Superintendent of Education through the Deputy Superintendent of Curriculum and Instructional Improvement and the Deputy Superintendent of Educational Support and Community Learning.

### RELEASE OF RECORDS / STUDENT INFORMATION

#### School:

1. Upon request for information by DPHSS, the school will immediately release records/information per DPHSS Chapter 3, Title X, and Guam Code Annotated (<http://www.justice.gov.gu/compileroflaws/GCA/10gca/10gc003.PDF>) and Board Policy 825.

District:

1. SSSD personnel will function as liaison between the school and the DPHSS regarding release records/information per DPHSS Reportable Disease List, Chapter 3, Title X, Guam Code Annotated (<http://www.justice.gov.gu/compileroflaws/GCA/10qca/10gc003.PDF>) and Board Policy 825.

*(Note: At both the school and district level, an official memorandum from DPHSS requesting a release of records is not required. A verbal request, e-mail message or faxed message will suffice, especially when mitigation and investigation is time sensitive.)*

**SURVEILLANCE**

School:

1. During episodes of increased surveillance, for example outbreaks of mumps, measles or pertussis, schools will follow daily reporting guidelines using a DPHSS reporting form provided by DPHSS.
2. School personnel will coordinate with the SHC in recognition and assessment of suspected students or staff.

District:

1. SSSD maintains constant communication with DPHSS with regard to monitoring school compliance. SSSD personnel will provide weekly updates during alerts or on suspected or confirmed cases to the Superintendent of Education through the Deputy Superintendent of Curriculum and Instructional Improvement and the Deputy Superintendent of Educational Support and Community Learning.

**MEDIA/PUBLIC ADVISORIES**

School and District:

1. The DOE under the lead of SSSD will maintain constant communication with DPHSS (lead agency) with regard to public advisories and other regulations as prescribed by DPHSS. Schools are not authorized to send out advisories or communicate with parents regarding suspected communicable diseases unless cleared by DPHSS and the Superintendent of Education.

**APPROVED BY:**



Nerissa Bretania Underwood, Ph.D.



Superintendent of Education

Appendices List:

Appendix A: 10 GCA Health and Safety Ch.3 Public Health and Social Services Article 3 Disease Control (Page 28-33)

Appendix B: Official Guam Notifiable Disease List

Appendix C: Morbidity Report Card

Appendix D: Board Policy 336.3 Control of Communicable Diseases (July 16, 1997)

Appendix E: School Guidelines for the Control of Communicable Diseases

Appendix F: Board Policy 825 Student Records (February 12, 1997)

Appendix G: Letter from J. Peter Roberto, ACSW, Director of Department of Public Health and Social Services

Appendix H: Sample of DPHSS Reporting Form (Mumps)

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(b) Where the duty of burial or other disposition of the dead human body does not devolve upon any other person in Guam, or if such person cannot after reasonable diligence be found within Guam, the Director shall arrange for the burial or other disposition of such body.

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**ARTICLE 3**  
**DISEASE CONTROL**

- § 3301. Definitions.
- § 3302. Duty to Report.
- § 3303. Same: Dispensaries, Hospitals, etc.
- § 3304. Same: Laboratories.
- § 3305. Same: Keeper of Boarding or Lodging Houses.
- § 3306. Same: Master of Vessels; Captain of Aircraft.
- § 3307. Investigation.
- § 3308. Same: Access to Records, Reports, etc.
- § 3309. Isolation and Quarantine: Regulations.
- § 3310. Same: Authority of Director.
- § 3311. Placarding.
- § 3312. Violation of Isolation or Quarantine.
- § 3314. Disinfection of Premises.
- § 3315. Destruction of Property.
- § 3316. Compensation.
- § 3317. Closing of Schools.
- § 3318. Disposal of Bodies.
- § 3319. Responsibility of Person in Charge of Minor.
- § 3320. Willful Exposure.
- § 3321. Concealing Disease.
- § 3322. Vaccination and Immunization.
- § 3323. Prenatal Test.
- § 3324. Reports as to Prenatal Test.
- § 3325. Prevention of Blindness at Childbirth.
- § 3326. Immunization Audit.
- § 3327. Same: Confidentiality.
- § 3328. Autopsy.
- § 3329. Testing for Tuberculosis.
- § 3330. Testing of Juveniles for Human Immunodeficiency Virus, and

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**Other Sexually Transmitted Diseases upon Conviction or  
Adjudication of Having Committed Act or Acts of Criminal  
Sexual Assault.**

**§ 3331. Disclosure of Test Results.**

**§ 3332. Notice of Risk of Sexually Transmitted Disease.**

**§ 3333. Restricting Entry into Guam.**

**NOTE: § 3330. Failure to Report was intentionally deleted by the Compiler of Laws, primarily because its purpose of definition was not included in P.L. 22-130's text. Amended by Compiler in order to reflect correct citation.**

**§ 3301. Definitions.**

As used in this article:

(a) *Communicable Disease* includes any of the following diseases or conditions which are dangerous to public health:

- (1) Acquired Immune Deficiency Syndrome (AIDS)
- (2) Amebiasis (amoebic dysentery);
- (3) Anthrax;
- (4) Brucellosis (undulant fever);
- (5) Chancroid;
- (6) Chickenpox;
- (7) Cholera;
- (8) Clonorchiasis (liver-fluke);
- (9) Conjunctivitis, acute infectious (pink eye);
- (10) Dengue;
- (11) Diarrhea of newborn (epidemic infantile);
- (12) Diphtheria;
- (13) Encephalitis, primary (infectious);
- (14) Erysipelas;
- (15) Favus;
- (16) Filariasis;
- (17) Fish (ciguatera) poisoning;
- (18) Fish (scombroid) poisoning;

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- (19) Glanders (farcy);
- (20) Gonorrhea;
- (21) Gonorrheal ophthalmia;
- (22) Granuloma inguinale;
- (23) Hepatitis A (Infectious)
- (24) HIV-seropositive condition;
- (25) Hepatitis B (Serum);
- (26) Hookworm disease;
- (27) Impetigo contagious (in institution);
- (28) Influenza;
- (29) Kerato-Conjunctivitis (Infectious);
- (30) Leprosy (Hansen's Disease);
- (31) Leptospirosis (Weil's disease or hemorrhagic jaundice);
- (32) Malaria;
- (33) Measles (rubeola);
- (34) Melioidosis
- (35) Meningitis, aseptic;
- (36) Meningitis, cerebrospinal (meningococcic);
- (37) Meningitis, other infectious;
- (38) Mononucleosis, infectious;
- (39) Mumps;
- (40) Paratyphoid fever;
- (41) Pertussis (whooping cough);
- (42) Plague;
- (43) Poliomyelitis, acute anterior (infantile paralysis);
- (44) Psittacosis-ornithosis;
- (45) Puerperal septicemia;
- (46) Rabies;

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- (47) Relapsing fever;
- (48) Rheumatic fever (active);
- (49) Rickettsial disease;
- (50) Ringworm of the scalp (tinea capitis);
- (51) Rubella (German measles);
- (52) Salmonellosis;
- (53) Scabies;
- (54) Severe Acute Respiratory Syndrome (SARS)
- (55) Scarlet Fever;
- (56) Septic sore throat (streptococcus);
- (57) Shigellosis (bacillary dysentery);
- (58) Smallpox;
- (59) Syphilis;
- (60) Tetanus;
- (61) Trachoma;
- (62) Trichinosis;
- (63) Tuberculosis (pulmonary);
- (64) Tuberculosis (other than pulmonary);
- (65) Tularemia;
- (66) Typhoid fever;
- (67) Typhus fever;
- (68) Yaws;
- (69) Yellow fever

(70) Any other disease deemed by the Director to be dangerous to the public health may be added by regulation.

(b) *Isolation* means the separation of persons suffering a communicable disease or carriers of such a disease from other persons for the period of communicability in such places and under such conditions as will prevent the transmission of the causative agent; and

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(c) *Quarantine* means the limitation of freedom of movement of those who have been exposed to a communicable disease, whether a person or animal, for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contacts with those not so exposed.

**SOURCE:** New Item (a)(55) (SARS) added by P.L. 27-07:1; remaining items renumbered pursuant to P.L. 27-07:2.

**§ 3302. Duty to Report.**

Any person licensed or registered to practice any healing art under Chapter 12 of this Title who has knowledge of or suspects the presence of any communicable disease or any other disease dangerous to the public health, shall report the same to the Director within forty-eight (48) hours after diagnosis, unless a different time is prescribed by regulation, together with the name, age, village of residence and sex of the person afflicted, the house or other place in which such person may be found, and such other information as may be required by regulation.

**§ 3303. Same: Dispensaries, Hospitals, etc.**

The superintendent, chief medical officer, nurse in charge or other person in charge of any hospital, clinic, dispensary, infirmary, medical aid station or other establishment providing medical care, either to the general public or otherwise, who has knowledge of the presence of any communicable disease or any other disease dangerous to the public health shall report the same to the Director in accordance with § 3302 of this article. When the patient is hospitalized, the person in charge of the hospital in which he is hospitalized shall make the report.

**3304. Same: Laboratories.**

The director, administrator, chief officer or other person in charge of any laboratory, public or private, performing any test or examinations upon persons or their blood, urine, feces or any other body products shall, upon identification or suspected identification of an etiologic agent, antigen, antibody or any other substance or combination of substances generally accepted as being diagnostic of the presence of a communicable disease, shall report same to the Director in accordance with § 3302 of this article.

**§ 3305. Same: Keeper of Boarding or Lodging Houses.**

Any owner, keeper or other person in charge of the operation of a hotel, boarding house or dormitory shall immediately report to the Director

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the presence therein of any person he has reason to believe to be sick of, or to have died of any contagious, infectious, communicable or other disease dangerous to the public health.

**§ 3306. Same: Master of Vessels; Captain of Aircraft.**

Any master of a vessel or captain of an aircraft shall immediately report to the Director or his representative the presence aboard such vessel or aircraft of any person such master or captain has reason to believe to be sick of or to have died of any communicable disease.

**§ 3307. Investigation.**

When a complaint is made or a reasonable belief exists that a communicable disease or other disease dangerous to the public health prevails in any house or elsewhere which has not been reported, the Director shall make an inspection for the purpose of discovering whether any such disease exists.

**§ 3308. Same: Access to Records, Reports, etc.**

When the Director has reason to believe that a communicable disease exists but that full and complete information as required by § 3302 of this article has not been provided, the Director or his representative may examine any and all records or reports deemed necessary to fully investigate the disease.

**§ 3309. Isolation and Quarantine: Regulations.**

Isolation and quarantine shall be imposed in accordance with regulations. Such regulations shall designate the disease for which isolation or quarantine is necessary, and such other requirements concerning diagnosis, treatment, release and other pertinent matters as may be necessary.

**§ 3310. Same: Authority of Director.**

(a) Notwithstanding § 3309 of this article, when a person has or is reasonably suspected of having or is reasonably suspected of being a carrier of any communicable disease or any other disease dangerous to the public health, the Director may impose isolation of such person and may impose quarantine on anyone who has had contact with such person. The extent and duration of isolation and quarantine imposed in a given case and release therefrom shall be within the discretion of the Director, depending upon the disease. The Director may, in his discretion, determine the persons subject

# OFFICIAL GUAM NOTIFIABLE DISEASE LIST

Authority: Chapter 3, Title X, Guam Code Annotated

## CLASS I DISEASES

Class I diseases include those with potential for rapid spread or requiring prompt action for effective control and must be reported immediately by phone in addition to usual morbidity card report – do not wait for laboratory confirmation.

Acute flaccid paralysis	Meningococcal disease
*Anthrax	Pertussis
*Botulism	*Plague
Cholera	Poliomyelitis (acute)
Dengue	Rabies (in man or animal)
Diphtheria	Rubella (including congenital)
Encephalitis, viral	SARS
Food or fish poisoning (2 or more related cases)	*Small Pox
*Hemorrhagic fevers (all forms)	*Tularemia
Measles (Rubeola)	Typhoid fever
	Typhus
	Yellow Fever

\*Indicates diseases that may be used as bioterrorism agents.

## CLASS II DISEASES

Individual cases of Class II diseases may be reported by morbidity report card. Please report unusual outbreaks or apparent epidemics by phone.

AIDS/HIV	Leptospirosis
Amebiasis	Lyme disease
Brucellosis	Lymphogranuloma venereum
Campylobacteriosis	Malaria
Chancroid	Meningitis, aseptic
Chickenpox	Meningitis, bacterial
Chlamydia trachomatis	Mumps
Coccidioidomycosis	Myocarditis
Conjunctivitis, viral or bacterial	Parovovirus B19 (Fifth disease)
Cryptosporidiosis	Rheumatic fever (active) and poststreptococcal glomerulonephritis
Cyclosporiasis	Salmonellosis (non-typhoid)
Eosinophilic meningoencephalitis	Scabies
Enterococcus sp., vancomycin resistant (VRE)	Scarlet fever
Escherichia coli 0157:H7	Shigellosis
Food or Fish poisoning (isolated cases)	Staphylococcus aureus (MRSA or VRSA)
Giardiasis	Streptococcal disease (Group A)
Granuloma inguinale	Strep. pneumoniae, penicillin resistant
Haemophilus influenzae, invasive disease	Streptococcal sore throat
Hansen's disease (Leprosy)	Syphilis (including congenital)
Hemolytic-uremic syndrome	Tetanus
Hepatitis A, B, C Δ or unspecified viral	Toxic-shock syndrome
Herpes simplex Type 2	Trichinosis
Human papillomavirus (HPV)	Tuberculosis
Kawasaki syndrome	Vibriosis
Legionellosis	

Recognizing that no list can include every disease that could possibly pose a threat to the residents of Guam, the Guam Department of Public Health and Social Services encourages the reporting of any additional disease cases not listed above which have potential for serious public health impact or which may merit epidemiologic investigation.

**Telephone reports: Weekdays 8:00 a.m. to 5:00 p.m. • 735-7299 or 735-7143**

**After hours/Weekends: Emergency Telephone • 888-WARN (9276)**

**Fax reports (24 hours): 734-1475**

ATTN: Territorial Epidemiologist, Department of Public Health and Social Services

MORBIDITY REPORT CARD		SHN	MORBIDITY REPORT CARD		SHN
Disease:	Date:		Disease:	Date:	
Name: _____		Name: _____		Name: _____	
Student / Teacher at		<input type="checkbox"/> Civilian	Student / Teacher at		<input type="checkbox"/> Civilian
Ethnicity: _____		<input type="checkbox"/> Military dependent	Ethnicity: _____		<input type="checkbox"/> Military dependent
Age: _____	DOB: _____	Sex: _____	Age: _____	DOB: _____	Sex: _____
Village: _____		Village: _____		Village: _____	
Address (optional): _____		Address (optional): _____		Address (optional): _____	
School: BRD	Doctor: _____	School: BRD	Doctor: _____	School: BRD	Doctor: _____
MORBIDITY REPORT CARD		SHN	MORBIDITY REPORT CARD		SHN
Disease:	Date:		Disease:	Date:	
Name: _____		Name: _____		Name: _____	
Student / Teacher at		<input type="checkbox"/> Civilian	Student / Teacher at		<input type="checkbox"/> Civilian
Ethnicity: _____		<input type="checkbox"/> Military dependent	Ethnicity: _____		<input type="checkbox"/> Military dependent
Age: _____	DOB: _____	Sex: _____	Age: _____	DOB: _____	Sex: _____
Village: _____		Village: _____		Village: _____	
Address (optional): _____		Address (optional): _____		Address (optional): _____	
School: BRD	Doctor: _____	School: BRD	Doctor: _____	School: BRD	Doctor: _____

Descriptor Term:	Descriptor Code: 336.3	Issued Date: July 16, 1997
<b>CONTROL OF COMMUNICABLE DISEASES</b>	Rescinds:	Issued:

## **BOARD POLICY**

The Department of Education shall exclude all students from attending school who:

- have a communicable disease;
- exhibit symptoms of a communicable disease; or
- are reasonably suspected to have been in contact with someone who was contagious with a communicable disease at a time and in such a manner that they could have been infected with the disease;

which could endanger their health or the health of others.

The Department may require as a condition for re-admittance that appropriate documentation from one or more licensed physicians or the Department of Public Health & Social Services be submitted to the school which indicates that such attendance is no longer a risk to the students or others in the schools.

Notifications of other students and staff of the existence of a communicable disease shall be in accordance with regulations and guidelines propounded by the Department of Public Health & Social Services and/or the Environmental Protection Agency.

The Department shall develop guidelines for the control of communicable diseases pursuant to this policy.

Adopted:      Board of Education 8/25/87  
 Revised:      7/11/97

Completed by mec

Appendix D

## SCHOOL GUIDELINES FOR THE CONTROL OF COMMUNICABLE DISEASES

DISEASE	INCUBATION PERIOD	SIGNS AND SYMPTOMS	ISOLATION AND EXCLUSION FROM SCHOOL	RESTRICTIONS ON CONTACTS	PREVENTIVE MEASURES
* Chicken Pox	14-21 days	Rash-blisters in varying states changing to crusts. Fever variable.	One week after the onset of rash; Or until a written statement from a physician verifying clinical recovery and non-communicability is submitted.	None	None
Cholera	Few hours to 5 days	Profusely watery diarrhea and rapid dehydration	Until a written statement from a physician verifying clinical recovery AND certified clearance from public health department are submitted.	Surveillance of contacts for 5 days from last exposure.	Stool culture of un-recognized cases among contacts. Prophylactic treatment of household contacts.
Diphtheria	2-5 days usually	Fever, sore throat with grayish patch or membrane.	Until a written statement from a physician verifying clinical recovery AND certified clearance from public health department are submitted.	Modified quarantine of non-immune contacts until cleared by public health.	Refer to childhood immunization recommendation.
* Gonorrhea	2-7 days usually	Discharge and/or burning sensation when urinating. May be asymptomatic.	None	None. Although sexual contact must have medical evaluation.	Preventive treatment of sexual contacts
* Hepatitis A	15-50 days	Weakness, fever, loss of appetite, abdominal discomfort, jaundice.	One week from the onset of jaundice AND until a written statement from a physician verifying clinical recovery is submitted	None	Immune globulin in prophylaxis. Personal hygiene (handwashing, sanitation, etc.)
Impetigo	4-10 days	Infected crusted sores on exposed parts of the body.	a) Until sores are healed; OR b) At least 48 hours when a written statement from a physician verifying that medication has been prescribed is submitted.	None	Cleanliness. Lesions must be covered by appropriate dressing.
** Meningococcal Meningitis	2-10 days	Fever, intense headache, nausea, vomiting, stiff neck, and petechial rash.	Until a written statement from a physician verifying clinical recovery and non-communicability is submitted.	Surveillance of contacts.	Prophylactic treatment available from physician and health department.

## SCHOOL GUIDELINES FOR THE CONTROL OF COMMUNICABLE DISEASES

DISEASE	INCUBATION PERIOD	SIGNS AND SYMPTOMS	ISOLATION AND EXCLUSION FROM SCHOOL	RESTRICTIONS ON CONTACTS	PREVENTIVE MEASURES
Menophilus Influenza type b	2-4 days	Fever, vomiting, lethargy, and stiff neck.	Until a written statement from a physician verifying clinical recovery and non-communicability is submitted.	Surveillance of contacts under 6 years of age.	Prophylactic treatment and vaccine available from the health department.
Mumps	14-21 days	Fever, swelling of the parotid glands.	Nine days from the onset of illness. None	Surveillance of contacts	Refer to childhood immunization recommendation.
Pediculosis	Immediate transfer	Lice and nits in hair; frequent scratching of head.	Until lice and eggs are destroyed	None	Hair inspection for presence of Lice, eggs or nits.
Pink Eye	1-3 days	Painful, pink or red eyes, with or without exudates and/or Photophobia.	Until symptoms have resolved	None	Cleanliness and personal hygiene.
Poliomyelitis	7-21 days	Fever, headache, pain in the neck and back and other muscles. Paralysis.	Until a written statement from a physician verifying clinical recovery AND certified clearance from public health department are submitted.	Surveillance of contacts	Refer to childhood immunization recommendation.
Rabies	2 weeks to 6 months	Always fatal; paralysis, convulsions and death within 6 weeks.	Until certified clearance by public health department is submitted.	None	Avoid exposure to saliva of rabid animal or patients. Cleansing of bite wounds.

## SCHOOL GUIDELINES FOR THE CONTROL OF COMMUNICABLE DISEASES

DISEASE	INCUBATION PERIOD	SIGNS AND SYMPTOMS	ISOLATION AND EXCLUSION FROM SCHOOL	RESTRICTIONS ON CONTACTS	PREVENTIVE MEASURES
* Rubella (German Measles)	14-21 days	Mild fever, rash, post & pre-auricular lymphadenopathy, arthralgia.	4 days after onset of rash or until rash subsides.	None. Although pregnant contacts must have medical evaluation.	Refer to childhood immunization recommendation.
* Rubella (Measles)	12-14 days	Fever, coryza, cough, conjunctivitis, and generalized skin rash.	4 days after onset of rash AND Until a written statement from a physician verifying clinical recovery and non-communicability is submitted.	Modified quarantine of non-immune contacts until cleared by public health.	Refer to childhood immunization recommendation. Immune globulin in may aid in prevention.
**Salmonella	6-72 hours	Fever, diarrhea, nausea, vomiting and abdominal pain.	Until a written statement from a physician is obtained verifying clinical recovery.	Stool culture of any household contacts involved in food handling, Direct patient care, or care of young children.	Sanitation and personal hygiene.
Scabies	2-6 weeks with no reexposure. 1-4 days after reexposure.	Itching between fingers, elbows, armpits, and/or other areas of the body.	a) Until sores are healed; OR b) At least 48 hours when a written statement from a physician verifying that medication has been prescribed is submitted.	Inspection of hands daily for two weeks.	Cleanliness, esp. of hands. Treatment of cases. Prophylactic treatment of intimate contacts. Lesions must be covered by suitable dressing.
** Shigella	1-7 days	Fever, diarrhea with bloody stool, nausea and vomiting and abdominal cramp.	Until a written statement from a physician verifying clinical recovery AND certified clearance from public health department are submitted.	Modified quarantine. (ill contacts should be excluded from food handling and the care of children until proven negative on two successive cultures).	Sanitation and personal hygiene.
** Streptococcal infections, including scarletina	1-3 days	Sore throat, fever, sometimes rash.		a) Until clinical recovery; OR b) At least 48 hours when a written Statement from a physician verifying that medication has been prescribed is submitted and evidence of improvement is apparent.	Surveillance of contacts. Identification and treatment of carriers.

## SCHOOL GUIDELINES FOR THE CONTROL OF COMMUNICABLE DISEASES

DISEASE	INCUBATION PERIOD	SIGNS AND SYMPTOMS	ISOLATION AND EXCLUSION FROM SCHOOL	RESTRICTIONS ON CONTACTS	PREVENTIVE MEASURES
** Syphilis	10-90 days	Painless ulcer which may progress to the secondary stage with rash, Alopecia etc.	None	None. Although sexual contacts must have medical evaluation.	Prophylactic treatment of sexual contacts.
Tinea (Ring worm, primarily of the scalp)	10-40 days	Scaly spots in the hair or nits.	At least 48 hours when a written statement from a physician verifying that medication has been prescribed is submitted and evidence of improvement of the condition is apparent.	None	Cleanliness and treatment of cases.
* Tuberculosis	From infection to demonstrable primary Lesion or significant tuberculin reaction about 4-12 weeks.	Fever, cough, loss of weight, etc.	Until certified clearance by public health department is submitted to the school.	None	Prophylactic treatment available at public health.
Typhoid Fever	7-21 days	Fever, diarrhea, lost of appetite, Jaundice.	Until a written statement from a physician verifying clinical recovery AND certified clearance from public health department are submitted.	Modified quarantine. (1household contacts must be excluded from food handling until proven negative on two stool and urine culture at least 24 hours apart).	Sanitation and personal hygiene
Whooping Cough	7-10 days	Fever, paroxysmal cough, coryza.	Three weeks after onset of illness AND until a written statement from a physician verifying clinical recovery is submitted.	Modified quarantine of non-immune contacts until cleared by public health.	Refer to childhood immunization recommendation.

Class I      Immediate Telephone Reporting Required. Conditions with potential for epidemic spread or requiring rapid action.  
 Class II      Prompt reporting required to the Territorial Epidemiologist by telephone or morbidity report card within 48 hours.

## Definitions:

Modified Quarantine means a selective, partial limitation of freedom of movement of contacts, commonly on the basis of known or presumed differences in susceptibility and related to the danger of disease transmission.  
 Surveillance means the continuing scrutiny of all aspects of occurrence and spread of a disease that are pertinent to effective control.  
 Written statement from physician and/or clearance from public health department must indicate that student is no longer contagious.

## SCHOOL GUIDELINES FOR THE CONTROL OF COMMUNICABLE DISEASES

DISEASE	INCUBATION PERIOD	SIGNS AND SYMPTOMS	ISOLATION AND EXCLUSION FROM SCHOOL	RESTRICTIONS ON CONTACTS	PREVENTIVE MEASURES
AIDS (Required Immune Deficiency Syndrome)	Up to nine years Note: (As research continues this may change).	Wide range, including but not limited to: fever night sweats diarrhea weight loss fatigue swollen lymph glands skin rashes neurologic disorders, such as: dementia memory loss partial paralysis loss of coordination pneumonia cancers other illness	In most cases, children with AIDS should be allowed to attend school. However, children with AIDS who lack control of bodily functions, have open wounds or cuts, or display behavior such as biting should receive individualized instruction outside the classroom.  The decision to not allow a student to attend regular classes can only be made by a team consisting of: a representative from the Department of Public Health; the student's physician; the students' parents or guardian; the principal of the student's school; the student's teachers; a homebound teacher (from Special Education); and the school's health counselor or guidance counselor.	Precautions need to be taken, to ensure the bodily fluids of students with AIDS do not come into contact with others in the school.  Refer to the criteria and procedures for providing individualized instruction to students with AIDS (see column on ISOLATION AND EXCLUSION FROM SCHOOL) if the school still considers the student to pose a risk to others after these precautions have been taken.	Refrain from sexual contact with infected persons.  Avoid sharing drug injection paraphernalia with infected persons.  Avoid contact with bodily fluids with infected persons.  (Because it is not practically possible to determine if a person is infected with AIDS, the practical prevention of contracting AIDS means avoiding sexual relationships with multiple partners and any type of intravenous drug abuse).

Descriptor Term:	Descriptor Code:	Issued Date:
	825	2/12/97
<b>STUDENT RECORDS</b>	Rescind:	Issued:
	825	9/1/95

## BOARD POLICY

### I. DEFINITIONS

- A) Education records: All of the written information maintained by the Department of Education (the Department) which relate to a student—regardless of the manner in which the written information is maintained—except for:
  - records of personnel which are in the sole possession of the maker and are not accessible or revealed to any other individual except a substitute
  - records of a law enforcement unit of an educational agency or institution which are maintained apart from educational records, maintained solely for law enforcement purposes, and not disclosed to individuals other than law enforcement
- B) Eligible student: A student who has reached 18 years of age or is attending a postsecondary educational institution
- C) Directory information: Information relating to a student including the student's: name; date of birth; school; grade in which the student is enrolled; time period(s) during which he/she is/was in attendance at a school; village of residence; participation in officially recognized activities and sports; weights and heights of members of athletic teams; degrees and awards granted
- D) Legitimate educational interest: the need of a school official to know the contents of a student's educational records in order to perform a function required by his/her duties and responsibilities as a school official
- E) Parent: A biological parent of a student (except if his/her rights under the Family Educational Privacy Rights Act have been terminated by a court order); a guardian; or a person acting as a parent in the absence of a parent or guardian
- F) Student: Any person who attends or has attended a program of instruction of the Department of Education
- G) School Officials:
  - 1) persons employed by/under contract with the Department
  - 2) persons duly elected to the Territorial Board of Education
  - 3) persons appointed by the Department to an administrative or supervisory position

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II. ACCESS TO EDUCATIONAL RECORDS

A. When Permission From A Parent Or Eligible Student Is Not Required

The following may have access to—or, as circumstances dictate, be provided with either a copy of or the original set of—a student's educational records without having obtained permission from the student's parent or an eligible student;

- 1) The student him/herself
- 2) The student's parents, except for parents: 1) who are prohibited by court order from having access to the records, or 2) whose child is an eligible student, unless the child is being claimed by the parent as a tax deduction
- 3) School officials who have a legitimate educational interest in the records, providing that such access shall be limited to only those records to which the legitimate educational interest applies
- 4) Schools in which the student has enrolled
- 5) Certain federal and state authorities if the records are needed to audit or evaluate a federally funded program, provided that any data collected by such officials shall be protected in a manner which will not permit the personal identification of students and their parents by other than those officials, and personally identifiable data shall be destroyed when no longer needed for such an audit or evaluation
- 6) Persons who are involved with an application for financial aid
- 7) Organizations which are conducting studies for or on behalf of the Department for the purpose of developing, validating, or administering predictive tests, administering financial aid programs, and improving instruction, providing that the studies are conducted in a manner which will not permit the personal identification of students and the parents by individuals other than representatives of the organizations and the information will be destroyed when no longer needed for the purposes for which the study was conducted
- 8) Accrediting organizations in order to carry out their accrediting functions
- 9) Parties identified by a court order which requires the release of information contained in a student's educational records, provided the Department makes a reasonable effort to notify the parent of the student (or the student if

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he/she has reached eighteen years of age or is attending a postsecondary educational institution) of the order in advance of compliance

- 10) Appropriate parties in connection with an emergency, providing that all four of the following criteria exist and providing that the information which is released is limited to only that which is needed to address the emergency:
  - a) there is a serious threat to the health or safety of the student or other persons
  - b) the information which is requested is necessary to deal with the emergency
  - c) the party to whom the information would be disclosed is in a position to deal with the emergency
  - d) time is of the essence in dealing with the emergency
- 11) Persons/organizations which request directory information, providing that they can show reasonable cause for wanting the directory information, and providing that only directory information is released to such persons or organizations

B. When Permission From A Parent Or Eligible Student Is Required

A parent, or the student if he/she is an eligible student, must consent in writing to providing access to or releasing educational records to any persons or parties not covered by the conditions or criteria listed in section (A) above. The written consent must include at least:

- 1) the signature of the parent or eligible student
- 2) the date on which the consent was signed
- 3) a specification of the records to be disclosed
- 4) the purpose(s) of the disclosure
- 5) the parties or class of parties to whom the disclosure may be made
- 6) if applicable, the date on which the consent is to terminate

III. RIGHTS OF PARENTS AND ELIGIBLE STUDENTS

Parents and eligible students have the following rights. The rights accorded to and the consent required of parents are accorded only to students who reach the age of eighteen or who are attending postsecondary educational institutions. The status of eligible students who are claimed by their parents for tax deduction purposes does not otherwise affect the rights accorded to and the consent required of eligible students.

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- A) to inspect and review the educational records of the student in accordance with the following:
  - 1) the inspection shall be allowed within a reasonable amount of time, not to exceed 45 days after the request has been made
  - 2) the custodian of the records may require that the inspection of the records be scheduled by appointment, providing that annual notice of such a requirement is provided to parents as required by Part IV.
  - 3) The custodian of the records provide the parent or eligible student at the time of inspection with a listing of:
    - a) the types of educational records being maintained,
    - b) the location of every part of the educational records, inclusive of multiple locations of educational records if applicable
    - c) the titles and addresses of the officials responsible for the records
  - 4) the custodian of the records shall have personnel who are qualified and capable of explaining the records present at the time of the inspection, and the custodian of the records shall provide a response to reasonable requests for explanations and interpretations of the records within a reasonable amount of time of the requests
  - 5) The parent or eligible student shall be provided with a copy of the records where failure to do so would effectively prevent a parent or eligible student from exercising their right to inspect and review the records
  - 6) The parent or eligible student shall be restricted to inspecting and reviewing only specific information which pertains to their child or the eligible student when educational records contain information on more than one student
  - 7) Parents and eligible students may be charged a copying fee of up to 25 cents for every page provided to them
- B) To request to amend education records in accordance with the following:
  - 1) the request may be made either verbally or in writing
  - 2) the parent or eligible student shall be informed within a reasonable amount of time of whether the request has been denied or granted

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- 3) if the request if denied, the parent or eligible student shall be informed of the reason of the denial and that they have the right to a hearing to challenge the content of the educational records
- 4) if a hearing is requested, the following shall apply:
  - a) the hearing shall be held within a reasonable period of time after the request for the hearing has been received
  - b) the parent or eligible student shall be given reasonable advance notice of the date, place, and time of the hearing
  - c) the hearing shall be conducted by an official of the Department who does not have a direct interest in its outcome
  - d) the parent or eligible student shall be afforded a full and fair opportunity to present evidence relevant to the hearing issues, and may be assisted by persons of his/her choice
  - e) the decision stemming from the hearing shall be made within a reasonable amount of time after the conclusion of the hearing
  - f) the decision shall be based solely on the evidence presented at the hearing and shall include a summary of the evidence and the reasons for the decision
- 5) If, as a result of the request as per Item (1) or the hearing as per Item (4), it is determined that it is necessary to amend the educational records, the indicated amendment shall be made as soon as possible, but prior to when the educational records are transferred to another location.
- 6) If, as a result of the hearing as per Item (4) it is determined that the educational records do not have to be amended, the parents or eligible student shall be informed that they have the right to place in the educational records of the student a statement commenting upon the information in the records and/or setting forth any reasons for disagreeing with the decision. Any statement so placed in a student's educational records shall be maintained in the records as long as the records or contested portion thereof is maintained.

C) To refuse to permit the disclosure o any or all of the information contained in a student's educational records designated as directory information to persons or parties other than those specified by Section II, Items A1-A10; and to be informed of the effect is such a refusal will or may have upon the student, providing that such refusal is provided to the custodian of the records in writing.

IV. RESPONSIBILITIES OF CUSTODIANS OF EDUCATIONAL RECORDS

- A) To ensure that the information contained in students' educational records are not disclosed to unauthorized parties through any means, written, verbal, or otherwise
- B) To provide parents and eligible students with annual notice of the following. Such notice shall be given by means, which are most likely to inform parents and eligible students, inclusive of providing for the need to effectively notify parents of students identified as having a primary or home language other than English.
  - 1) The types of educational records being maintained and their locations
  - 2) persons responsible for maintaining each type of record
  - 3) the original set of educational records will be forwarded to any school in which a child has enrolled—provided that the school in possession of the records shall not release them until it has received a request on official letterhead from the school in which the student has enrolled. Parents and eligible students cannot be given the original set of cumulative records at the time of transfer or withdrawal of the student.
  - 4) Their rights as specified by Section III of this policy
  - 5) That Board Policy 825 explains the regulations of the Department regarding students' educational records, and that they may obtain a copy of this policy from their child's school
  - 6) That parents and eligible students have the right to file a complaint with the Department regarding alleged failure of a custodian of educational records to abide by the provisions of this policy
- C) When a disclosure is made pursuant to Section II.B of this policy:
  - to maintain a record in the student's educational records of the information listed in Section II.B of this policy; and,
  - to provide a parent or eligible student with a copy of the records which are disclosed if so requested by the parent or eligible student.
- D) to comply with all other of the provisions of this policy not specified above.

ADOPTED: Board of Education 4/24/73

AMENDED: 2/1/83; 11/1/83; 12/3/85; 9/1/95; 1/17/97



## GOVERNMENT OF GUAM



### DEPARTMENT OF PUBLIC HEALTH and SOCIAL SERVICES DIPATTAMENTON SALUT PUPPLEKO YAN SETBISION SUSIAT 123 Chalan Karefa, Mangilao, Guam 96913-6304

FELIX P. CAMACHO  
Governor

J.PETER ROBERTO, ACSW  
Director

MICHAEL W. CRUZ, M.D.  
Lieutenant Governor

*Buenas yan Hafa Adai!* Please be advised that under the authority conveyed in Title 10, Guam Code Annotated, Chapter 3, Article 3, Sections 3302, 3303, 3307, and 3308, health care facilities are required to:

- 1) Report infectious disease cases (to include "suspect" cases) within 48 hours;
- 2) Allow access to and inspection of such facilities by DPHSS designated personnel, for discovering whether infectious diseases exist or not; and
- 3) Allow complete access to all records or reports deemed necessary to fully investigate potential cases of infectious diseases.

Specifically, Section 3302, Duty to Report mandates that "*Any person licensed or registered to practice any healing art under Chapter 12 of this Title who has knowledge of or suspects the presence of any communicable disease or any other disease dangerous to the public health, shall report the same to the Director within forty-eight (48) hours after diagnosis, unless a different time is prescribed by regulation, together with the name, age, village of residence and sex of the person afflicted, the house or other place in which such person may be found, and such other information as may be required by regulation.*"

Section 3303, Same: Dispensaries, hospitals, etc. states that "*The superintendent, chief medical officer, nurse in charge or other person in charge of any hospital, clinic, dispensary, infirmary, medical aid station or other establishment providing medical care, either to the general public or otherwise, who has knowledge of the presence of any communicable disease or any other disease dangerous to the public health shall report the same to the Director in accordance with §3302 of this article. When the patient is hospitalized, the person in charge of the hospital in which he is hospitalized shall make the report.*"

In addition, Section 3307, Investigation states "*When a complaint is made or a reasonable belief exists that a communicable disease or other disease dangerous to the public health prevails in any house or elsewhere which has not been reported, the Director shall make an inspection for the purpose of discovering whether any such disease exists.*"

Furthermore, Section 3308, Same: Access to Records, Reports, etc. provides that "*When the Director has reason to believe that a communicable disease exists but that full and complete information as required by § 3302 of this article has not been provided, the Director or his representative may examine any and all records or reports deemed necessary to fully investigate the disease.*"

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Telephone No.: 671.735.7102 \* Fax No.: 671.734.5910

Appendix G

Finally, Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule 45 CFR 164.512(a) allows covered entities to disclose protected health information to public health authorities when required by federal, tribal, state, or local laws. This includes state law (or state procedures established under such law) that mandates the reporting of disease or injury, child abuse, birth, or death, or conducting public health surveillance, investigation, or intervention.

Infectious disease epidemiology requires time-sensitive action to interrupt transmission chains. Therefore, we request your cooperation and compliance with Title 10 GCA, Chapter 3, Article 3 to prevent and reduce the spread of communicable diseases on Guam.

The following is a list of DPHSS personnel who are authorized to follow-up on patients reported to have communicable diseases at all health care facilities on Guam.

<u>NAME</u>	<u>TITLE</u>
1. Dr. Annakutty Mathew	Medical Director
2. Josephine T. O'Mallan	Administrator, Bureau of Communicable Disease Control
3. Cecilia T.T. Arciaga	CDC III, Supervisor TB/Hansen's Program
4. Estelle Alig	CDC II, TB/Hansen's Program
5. Alice Manalo	CDC I, TB/Hansen's Program
6. Lourdes A. Duguies	CDC III, Supervisor FQ & Enteric Disease Program
7. Lucy Q. Bamba	CDC I, FQ & Enteric Disease Program
9. Annette Aguon	CDC III, Supervisor Immunization Program
10. Annie Lizama	CDC II, Immunization Program
11. Rita Oliva	CDC II, Immunization Program
12. Michele S. Leon Guerrero	CDC II, Immunization Program
13. Daryl S. Diras	CDC I, Immunization Program
14. Engracia Quiambao	CDC Investigator Immunization Program
15. Bernadette P. Schumann	CDC III, Supervisor STD/HIV Program
16. Elizabeth Adriatico	CDC II, STD/HIV Program
17. Esther Mallada	CDC I, STD/HIV Program
18. Wade Roberto	CDC Investigator, STD/HIV Program
19. Ronaldo Paulino	CDC Investigator, STD/HIV Program

Please feel free to contact my office at 735-7102 if you would like to discuss this further.



J. PETER ROBERTO, ACSW

## MUMPS REPORTING FORM from SCHOOLS/DAYCARE



Date: MM / DD / YYYY

1. Name of Person Reporting: \_\_\_\_\_
2. Name of School or Daycare: \_\_\_\_\_
3. Total number of Patients from previous clinic day that had mumps or mumps-like symptoms: \_\_\_\_\_ (if 0 cases, fill in 0)

4. Please list name of patients and information requested below:

**PLEASE FAX or EMAIL THIS REPORT BACK TO GUAM DPHS IMMUNIZATION PROGRAM BY 9 a.m. EVERY DAY. FAX# 734-1475**