

Joffrey Ballet School

Health and Safety Handbook

° JOFFREY BALLETT SCHOOL

FOUNDED BY ROBERT JOFFREY IN 1953

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Introduction

It is the policy of Joffrey Ballet School to provide a safe and healthy environment for all students, staff, faculty, and visitors. This Health and Safety Handbook documents the various health and safety procedures and protocols in place at Joffrey Ballet School for staff, faculty, and students. The manual's purpose is to aid in the identification of various hazardous situations that could be encountered. It is also intended to help promote a safe and healthy environment for all who visit, attend, and are employed by Joffrey Ballet School. We all share in the responsibility for maintaining a safe and healthy workplace, and this manual provides a guide to help you understand your role.

The information in this manual represents only general standards. This information does not substitute for all specific situations. Instructions from law enforcement or emergency responders should always be followed for your protection.

Injuries

Injuries are an unfortunate part of some dancer's experience during rigorous training. Injuries can range greatly in appearance and severity. JBS is dedicated to minimizing injuries through proper instruction. However, sometimes injuries are an unavoidable part of training.

Staff/Faculty Policies:

- We encourage all students to seek medical attention for injuries, but it is ultimately the student's decision (or parent if student is a minor).
- Injured students are to follow doctor's orders for recovery.
- JBS staff members are not to diagnose injuries or treatment unless licensed or certified to do so. JBS is not responsible for any injuries incurred.
- Students are requested to obtain health insurance. Students are financially responsible for all medical treatment received during training at JBS.
- Students are requested to complete a health screening for dancers or a physical examination prior to beginning training at JBS to ensure the student does not have any conditions that could interfere with training or overall health of the student.

Student Procedure:

- If a student becomes injured during JBS class, inform your instructor. Your instructor will permit you to go to the Health and Wellness Office if you are able to walk without exacerbating the injury. If not, the instructor will send a student to bring the Health and Wellness Coordinator to the injured student.
- Staff should not diagnose injuries or treatment unless licensed or certified to do so.

- The Health and Wellness Coordinator will help you with your insurance if medical assistance is needed. Students should keep their health insurance cards and treatment payment method with them at all times during training.
- The determination to seek medical advice is ultimately up to students (or parents/guardian if student is a minor), so long as the student is conscious. Students are financially responsible for all medical treatment received during training at JBS.
- In the event of a student experiencing unexplained loss of consciousness, JBS staff will call 9-1-1 for medical assistance.
- If someone stops breathing, request help from the nearest staff that is certified in CPR or the Health and Wellness Coordinator. Staff may ask you to call 9-1-1. Please follow staff instructions to assist as needed. There are also CPR instructions posted in each studio at JBS.

Blood and Body Fluid Exposure

Any exposure of blood or body fluid should be avoided whenever possible. Exposure is referring to eye, mouth, mucous membrane, or non-intact skin contact with blood or other potentially infectious materials.

The purpose of this policy is to provide guidance for actions to protect those responding to incidents involving contact with blood and other body fluids.

Staff/Faculty Procedures:

If exposed, immediately:

- Wash needle sticks and cuts with soap and water.
- Flush splashes to the nose, mouth, or skin with water.
- When contact is made with the eyes, immediately flush the eyes with clean water, saline, or sterile irrigants.
- Notify the Health and Wellness Coordinator.
- Seek medical attention, especially if there is contact with broken skin, such as a cut or any open wound.

Removal/Cleaning:

- Any items that are saturated with blood are to be double bagged with sturdy plastic bags. If possible dispose of the materials in a red bag, which should be labeled 'Bio Hazard'. A small amount of blood (such as a tampon, pad, or band-aid) can be disposed of in regular waste.
- Discard shop objects, such as glass or needles, in a puncture-resistant, leak proof, red or biohazard-labeled container.
- **DO NOT TOUCH CONTAMINATED OBJECTS OR MATERIALS.** Use disposable gloves or other types of protective barriers to protect your skin from touching the object.

- Contaminated surfaces must be decontaminated with an appropriate disinfectant immediately or as soon as possible.
- Ask the Health and Wellness Coordinator for assistance with disposal.

Student Procedures:

- Please inform the nearest staff member of the incident.
- Please ask a staff member or student to guard the hazardous material, preventing any further contact. The person protecting the hazard should not touch it or put themselves in danger.
- The staff member will send someone to notify the Health and Wellness Coordinator, who will provide assistance.

Communicable Disease

Joffrey Ballet School is dedicated to protecting and enhancing the health and safety of all in our community. This section contains information about select diseases that may have a potential threat to the public health of our community. Learning the signs and symptoms of illness will allow everyone to share joint responsibility in preventing or limiting new or increased numbers of communicable illnesses onto our campus and surrounding community.

If an outbreak of a highly communicable disease were to occur at JBS, the individual's privacy will be protected to the extent ensured by law and disclosures of personal health information will be made only to appropriate persons as mandated by New York State Public Health Law. Joffrey Ballet School does not have the tools necessary to isolate individuals suspected of having a communicable disease that requires isolation. Administration will assist in every possible way with health officials in planning alternate arrangements.

Please note that it is important to be informed of signs and symptoms of illnesses that might pose a threat to public health. The Centers for Disease Control and Prevention (www.cdc.gov) provides detailed information on many illnesses.

Student Absence Policy:

If you are ill, please stay home to avoid infecting others. We request that students provide doctor's notes for days absent due to illness whenever possible. Doctor's notes are required in instances of 3 or more consecutive days absent due to illness.

Student Absence Protocol:

If you are ill, please email your program's Artistic Director, the Health and Wellness Coordinator, and the designated administrator for your program to inform them of the reasoning for your absence, along with your expected return date. If you need help finding a

doctor or working with your health insurance, the Health and Wellness Coordinator is available to assist you.

Staff/Faculty Absence Protocol:

- Please call your supervisor (Artistic Director or the Director of Operations) to provide notice as soon as possible.
- If absence is planned, please make the request via email to your supervisor (Artistic Director or the Director of Operations) with as much advance possible, at least 2 weeks prior to the date of absence.

Information for Reporting Communicable Diseases:

New York State Department of Health Regional Epidemiology Staff

NYS Department of Health, Metropolitan Regional Area Office
145 Huguenot Street
New Rochelle, New York 10801-5228
Hours: 8:30am-5pm
Phone: 914-654-7000 #7
Fax: 914-654-7169

New York City Health Department

125 Worth Street, Room 315, CN-6
New York, New York 10013
Hours: 9am-5pm
Phone: 212-788-9830
Fax: 212-788-4268
After Hours Contact: Poison Control 212-764-7667

Resources:

New York State Department of Health
www.health.state.ny.us
Centers for Disease Control and Prevention
www.cdc.gov
New York City Department of Health and Mental Hygiene
www.nyc.gov/html/doh

Crisis Procedures:

The entire Joffrey Ballet School community shares the concern that our facilities remain safe and secure. Please be alert to suspicious situations and promptly report threatening, violent, or criminal behavior to your Artistic Director or the nearest staff member. All threats against the safety of the students and staff are to be taken seriously. Joffrey Ballet School is committed to maintaining the safety of our community. These procedures are in place to keep our students, staff, and faculty safe.

If you see a criminal act or someone acting in a suspicious manner, immediately notify the nearest Artistic Director. When reporting an incident, please include the nature and location of the incident, along with descriptions of the people and property involved.

Fire Emergencies

All fire alarms must be taken seriously. Survival should be the top priority in a fire situation. Building evacuation is mandatory until the signal that it is safe to re-enter the building has been provided by the fire department.

Student Procedure:

- Staff/Faculty will provide you with instructions for exiting the building by using the nearest safe stairwell. ELEVATORS WILL NOT BE USED.
- The stairwell will be used to exit the building for evacuation when possible. If the stairwell is not safe, the fire escape should be used. Staff will provide instruction.
- When the alarm is sounded, all occupants should use the nearest safe exit.
- The fire alarm is a loud bell or horn signal.
- Do not panic, and do not run. Exit the building quickly, but stay calm.
- Follow your JBS staff member: All JBS building occupants will meet at the stairs of the NY Public Library, directly across 6th Avenue. If the NY Public Library stairs are unsafe, please proceed to the nearest safe zone your staff member or firemen lead you to. It is important to remain with your group to allow staff members to account for your safety.
- Do NOT re-enter the building until the Fire Department has determined the building to be safe for re-entry.

If you suspect or see a fire, sound the alarm, and evacuate the building by way of the nearest safe stairwell. Close doors behind you if possible to do so safely. DO NOT USE THE ELEVATOR.

Staff Procedure: All faculty members should immediately evacuate all students from studio upon activation of the fire alarm. Stay calm. Your emotions will lead your students' responses. It is important to note how many students you have at the beginning of each class, so you can account for all throughout the procedure. Send students to the safe spot in a single-file line via the nearest safe stairwell, and close doors and windows behind if you are able to do so safely. If the main stairwell is not safe, use the fire escape. DO NOT ALLOW ANYONE TO USE THE

ELEVATOR. All employees must evacuate the building and go to the designated safe meeting area with their group. If safe, meet at the stairs of the NY Public Library directly across 6th Ave. If unsafe, continue downtown toward the Library's courtyard or to the designated spot the Firemen have declared to be the safe meeting spot. Do NOT reenter the building until declared safe.

Fire Safety Tips:

- Check doors and metal knobs for heat before opening. If the handle or door is hot, do not open the door.
- If you must move through thick smoke, stay low to the ground and crawl if possible to avoid inhaling smoke. Cover mouth & nose with a scarf or shirt if possible.
- Help prevent fires: follow all rules relating to fire safety.

Violence or Criminal Behavior on Campus

If you see a criminal act or someone acting in a suspicious manner, immediately notify the nearest Artistic Director. When reporting an incident, please include the nature and location of the incident, along with descriptions of the people and property involved.

Protection Tips within JBS and NYC:

- Stay alert for the unexpected, suspicious persons, or dangerous situations, especially when walking alone. Walk with someone or in groups whenever possible. Sometimes pick-pocketers use helpers to create a distraction.
- Use shadows and store windows or mirrors to stay aware of your surroundings.
- Keep your belongings with you. The JBS locker rooms are not supervised. Either bring a lock to use a JBS locker during the day (locks cannot be left overnight unless you are a Keystone blended model student) or bring your belongings with you to your studio. Do not display wallets, money, or jewelry.
- Do not carry more money than necessary in your belongings.
- If you feel uncomfortable while outside, go into a populated store or shop or find a police officer.
- If you feel uncomfortable while inside JBS, alert the nearest staff member.
- If you find yourself the victim of a crime when not on JBS premises, contact a police officer. In case of emergency, dial 911. Otherwise, contact 311 (free from any city payphone) and an officer will help you make a report. 311 connects with a live operator 24 hours each day.
- If you are being mugged, do not fight back. Your life is worth more than what is in your pocket!
- Do not panic. Try to stay cool and notice any details you can about your attacker.
- Look confident in where you are going, how you walk, and what you are doing.
- Only use NYC yellow or cabs (or the environmentally friendly green versions). NEVER use gypsy cabs (typically black town cars) or car services that stop and offer to pick you up.

- Do not run on subway stairs or within subway systems.
- Ride in the middle subway car, which is where the conductor is located, or the first car, which is where the motorman is located.

There are some typical warning signs of criminal or violent behavior, but none of the below signs are sufficient evidence to predict resulting behavior. An offender may only demonstrate one or none of the following signs, as each situation is unique. **Be aware of potentially violent warning signs when someone:**

- Is uncooperative or disrespectful to authority figures
- Is usually argumentative, calls others names, curses, or uses abusive language
- Has few or no close friends
- Ignores the thoughts and feelings or rights of others
- Does not cooperate with others
- Dwells on perceived rejections or mistreatments from others
- Has been a victim of intimidation from others
- Demonstrates changes in behavior, such as tardiness or absenteeism
- Has a history of violence
- Frequently appears depressed
- Has brought a weapon to school or threatened to do so

All threats of violence should be taken seriously. Most attacks are planned, and reporting the issue or worrisome behavior can be the key to an intervention preventing the violence.

If an emergency occurs on campus, please alert the nearest Artistic Director or staff member as soon as possible. Staff will immediately notify an Artistic Director, who will follow-up with staff and police as necessary.

Act of Terrorism

- Remain calm and be patient. Follow the advice of local emergency officials.
- Listen to your radio or television for news and instructions.
- If the event occurs near you, check for injuries. Give first aid and get help for seriously injured people. Each JBS studio and office has medical supplies available.
- Do not light matches or candles or turn on electrical switches. Check for fires, fire hazards and other household hazards and immediately alert of any concerns. Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly. Shut off any other damaged utilities. Call your family contact—do not use the telephone again unless it is a life-threatening emergency.

Evacuation

If local authorities ask you to leave your location, they have a good reason to make this request, and you should heed the advice immediately. Listen to your radio or television and follow the instructions of local emergency officials and JBS staff. Most likely there will be no phone, Internet, or public transportation. If possible, wear long-sleeved shirts, long pants and sturdy shoes, so you can be protected as much as possible.

Transporting Students to Dormitory

- Staff bring a basic first-aid kit: Band-Aids, alcohol swabs, gauze, and medical tape.
- Students and staff leave big bags at school to travel faster. Remember to bring your keys, ID/wallet, and have all phones on silent.
- Use travel routes specified by local authorities—don't use shortcuts because certain areas may be impassable or dangerous.
- Staff move students through neighborhoods up 11th Ave to West End Ave. Stay away from downed power lines. If necessary, safe places for staff to direct the group to stop for cover are: libraries, churches, post office etc.

Sheltering in Place at JBS

Close the school. Follow reverse evacuation procedures to bring students, faculty, and staff indoors. If there are visitors in the building, provide for their safety by asking them to stay – not leave. When authorities provide directions to shelter-in-place, they want everyone to take those steps now, where they are, and not drive or walk outdoors.

Lockdown Locations at JBS:

3rd Floor: Costume closet, staff lounge, 3rd floor offices

4th Floor: Health office, studio 3

5th Floor: 5th floor offices, Keystone room, & storage closet

- Provide for answering telephone inquiries from concerned parents by having the 3rd floor office telephone available. This room should also be sealed. Staff phones should be closely monitored for updates. If students have cell phones, allow them to use them to call a parent or guardian to let them know that they have been asked to remain in school until further notice and that they are safe.
- Staff should gather essential disaster supplies, such as nonperishable food, bottled water, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- Bring everyone into the nearest lockdown room. Shut and lock the door.
- Write down the names of everyone in the room, and call Director of Operations to report who is in the room with you.

- Listen for an official announcement from school officials, and stay where you are until you are told all is safe or to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

Chemical Threat

Staff use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door(s) and any vents into the room.

Have employees familiar with building's mechanical systems turn off all fans, heating and air conditioning systems. Some systems automatically provide for exchange of inside air with outside air – these systems, in particular, need to be turned off, sealed, or disabled.

Gunman

All threats against the safety of the students and staff are to be taken seriously. Joffrey Ballet School is committed to maintaining the safety of our community. These procedures are in place to keep our students, staff, and faculty safe.

Responsibilities: The Director of Operations will act as the active shooter coordinator and will be responsible for making the decision to evacuate a building.

Staff Procedure:

- Immediately inform the nearest Artistic Director of a threat or, if a student, inform the nearest staff member. Artistic Director or staff will immediately inform Director of Operations.
- If the Director of Operations makes a decision to evacuate, the staff will lead the evacuation following the evacuation procedures once the police or DOO have declared the building safe to evacuate.
- Do not use elevator, use stairs if possible to lead students to safety.
- If unable to safely evacuate, prepare to lockdown. Immediately lock elevator if possible.
- If elevator is off: close and lock hallway doors on each floor, preventing entry.
- If unable to lock elevator: staff should lead students to **lockdown locations** in following areas:

3rd Floor: Costume closet, staff lounge, 3rd floor offices

4th Floor: Health office, Studio 3

5th Floor: 5th floor offices, Keystone room, & storage closet

Student Procedure:

- Students should remain quiet during lockdown and should not open doors.
- Students should always be with a staff member, and all phones/electronics should be silenced.

Bomb Threats

Responsibilities: The Director of Operations will act as the bomb search coordinator and will be responsible for making the decision to evacuate a building.

Staff/Faculty and Student Procedure:

If received by phone call:

- Try to keep the caller on the phone (most calls will be brief).
- Fill out Bomb Threat Checklist and follow protocol (following page)
- Upon hanging up, immediately inform the nearest Artistic Director or, if a student, inform the nearest staff member. Artistic Director or staff will immediately inform Director of Operations.
- Anyone in the search area should not touch unusual or suspicious objects, use elevators, or create radio or cell phone transmissions.
- If the Director of Operations makes a decision to evacuate, the staff will lead the evacuation following the fire procedures once the police have declared the building safe to evacuate. Doors and windows should NOT be shut. They are to remain open to help reduce shock waves in the case of an explosion.

Bomb threat by note or letter:

- Do not handle the letter, envelope, or anything in the package or envelope. The items may contain important fingerprints that could lead to the identification of the responsible party. Try not to fingerprint any items.
- Immediately notify the nearest Artistic Director or nearest staff member.

BOMB THREAT CALL PROCEDURES

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist (reverse side) immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of the call, do not hang up, but from a different phone, contact FPS immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call _____
- Handle note as minimally as possible.

If a bomb threat is received by email:

- Call _____
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

DO NOT:

- Use two-way radios or cellular phone; radio signals have the potential to detonate a bomb.
- Evacuate the building until police arrive and evaluate the threat.
- Activate the fire alarm.
- Touch or move a suspicious package.

WHO TO CONTACT (select one)

- Follow your local guidelines
- Federal Protective Service (FPS) Police
1-877-4-FPS-411 (1-877-437-7411)
- 911

BOMB THREAT CHECKLIST

Date: Time:

Time Caller Hung Up: Phone Number Where Call Received:

Ask Caller:

- Where is the bomb located?
(Building, Floor, Room, etc.) _____
- When will it go off? _____
- What does it look like? _____
- What kind of bomb is it? _____
- What will make it explode? _____
- Did you place the bomb? Yes No _____
- Why? _____
- What is your name? _____

Exact Words of Threat:

Information About Caller:

- Where is the caller located? (Background and level of noise) _____
- Estimated age: _____
- Is voice familiar? If so, who does it sound like? _____
- Other points: _____

Caller's Voice	Background Sounds:	Threat Language:
<input type="checkbox"/> Accent	<input type="checkbox"/> Animal Noises	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Angry	<input type="checkbox"/> House Noises	<input type="checkbox"/> Message read
<input type="checkbox"/> Calm	<input type="checkbox"/> Kitchen Noises	<input type="checkbox"/> Taped
<input type="checkbox"/> Clearing throat	<input type="checkbox"/> Street Noises	<input type="checkbox"/> Irrational
<input type="checkbox"/> Coughing	<input type="checkbox"/> Booth	<input type="checkbox"/> Profane
<input type="checkbox"/> Cracking voice	<input type="checkbox"/> PA system	<input type="checkbox"/> Well-spoken
<input type="checkbox"/> Crying	<input type="checkbox"/> Conversation	
<input type="checkbox"/> Deep	<input type="checkbox"/> Music	
<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Motor	
<input type="checkbox"/> Disguised	<input type="checkbox"/> Clear	
<input type="checkbox"/> Distinct	<input type="checkbox"/> Static	
<input type="checkbox"/> Excited	<input type="checkbox"/> Office machinery	_____
<input type="checkbox"/> Female	<input type="checkbox"/> Factory machinery	_____
<input type="checkbox"/> Laughter	<input type="checkbox"/> Local	_____
<input type="checkbox"/> Lisp	<input type="checkbox"/> Long distance	
<input type="checkbox"/> Loud		
<input type="checkbox"/> Male	Other information:	
<input type="checkbox"/> Nasal	_____	
<input type="checkbox"/> Normal	_____	
<input type="checkbox"/> Ragged		
<input type="checkbox"/> Rapid		
<input type="checkbox"/> Raspy		
<input type="checkbox"/> Slow		
<input type="checkbox"/> Sturred		
<input type="checkbox"/> Soft		
<input type="checkbox"/> Stutter		



Homeland Security

Source: FEMA http://emilms.fema.gov/is906/assets/ocso-bomb_threat_samepage-brochure.pdf

Catastrophic Emergency

Designated staff, once informed, will begin the notification process in the event of an accident, illness, or act of violence resulting in the unexpected death of a Joffrey Ballet School community member. The Director of Operations, Artistic Director, and Health and Wellness coordinator will work together to activate the protocol.

Acts of Violence include but are not limited to: homicide, suicide, accident leading to death, sexual assault, assault leading to physical injury, act of terrorism, fire, and natural disaster.

Immediate Staff/Faculty Procedures:

- Scene management: Director of Operations will coordinate response.
- Director of Operations will arrange informing family of the deceased or injured.
- Director of Operations, Artistic Director, and Health and Wellness Coordinator will plan support services when deemed appropriate.

Staff/Faculty Procedures:

- Director of Operations will plan and instruct Artistic Directors on appropriate methods of information release to media and within the JBS community.
- Health and Wellness Coordinator will arrange a symbolic act within one month of the incident.
- Director of Operations will arrange a liaison with external police.
- The Director of Operations, Artistic Directors, and Health and Wellness Coordinator will hold a crisis event evaluation session.

Resources:

Ready New York: Preparing for Emergencies in New York City

http://www.nyc.gov/html/oem/downloads/pdf/household_guide.pdf

New York City Office of Emergency Management

<http://www.nyc.gov/html/oem/html/businesses/businesses.shtml>

Emotional Distress

The Health and Wellness Coordinator is available to students experiencing emotional distress. Emotional distress can include, but is not limited to, the following: loss, depression, eating disordered behavior, and body image issues.

General Procedures:

Signs suggesting that a student should be referred to the Health and Wellness Coordinator:

- Frequent tardiness or absenteeism
- Consistent discrepancy between potential and actual achievement
- Uncharacteristic work
- Student shifts discussion from advisement on training to personal issues
- Marked change in personal hygiene
- High levels of irritability and/or unruly, aggressive behavior
- Dramatic Weight gain or loss
- Drug and/or alcohol abuse
- Behavior that regularly interferes with the class
- Dependency on staff member
- Traumatic experiences, such as loss or death
- Sudden distancing from faculty or other students

EMERGENCY SITUATIONS: REQUEST HELP IMMEDIATELY!

- Expression of homicidal or suicidal thoughts
- Severe loss of emotional control
- Gross impairment of thinking ability

How to Make a Referral as a Staff/Faculty Member:

If you become aware that a student is demonstrating worrisome behavior (detailed above) or is having a problem, it is helpful to ask the student, “Are you talking with anyone about this?” If the student has not yet arranged counseling, it is best to encourage the student to seek help. You may express your concern and remind the student that the Health and Wellness Coordinator is available to him or her. However, if a student is in need of immediate help, offer to call the Health and Wellness Coordinator with the student present.

If you call the Health and Wellness Coordinator on a student’s behalf, identify yourself and explain the situation. Provide a brief description of the behavior that concerns you and the level of urgency, and then allow the student to speak directly to the Health and Wellness Coordinator to arrange an appointment.

If you are not comfortable suggesting a referral, or if the student is reluctant to accept one, feel free to call the Health and Wellness Coordinator to share your concerns. Your insight can be

helpful in creating a plan to reach the student to determine how serious things might be for him/her.

You may follow up with the student to determine whether he or she has followed up on your recommendation, but the Health and Wellness Coordinator must value student confidentiality by keeping meeting information private. Checking up on the student can help show your continued concern and support.

How to Make a Referral as a Student:

If you are comfortable, suggest to the student that they talk to someone, such as the Health and Wellness Coordinator. If you are still concerned and/or you worry that the student will not seek help, schedule a meeting with the Health and Wellness Coordinator, at which time you will be able to discuss your concerns confidentially. The most caring thing you can do for a friend in need is to help them to find help.

Resources:

Suicidal Crisis Hotline
212-673-3000
Rape Crisis Help Hotline

Psychological Emergency

The entire JBS community shares a responsibility to respond to a person in a psychological emergency and protect that individual and/or the community.

Please note the following:

A student is considered to be responsible for his or her actions and behavior at all times and is subject to JBS consequences or legal action. If there is significant doubt about whether a student is capable of assuming responsibility for his or her behavior or not, it is an emergency situation. Staff should take immediate action to insure the safety of both the individual student and the campus community.

If you encounter someone showing any of the following signs, it is an emergency situation.

Get help immediately if someone:

- Expresses homicidal or suicidal thoughts
- Demonstrates severe loss of emotional control
- Demonstrates gross impairment of thinking ability

Staff Protocol: During an emergency psychological situation, staff Members should never transport a student in a personal vehicle, nor accompany the student in a cab. The student should be transported by ambulance, a family member, or police.

Staff must NEVER sign the student into the hospital.

The student is responsible for any and all costs incurred for medical visit, treatment, or transportation. **JBS staff must not sign the student into the hospital.**

If the student is a resident in a JBS facility and is not admitted to the hospital, the student will not be allowed to return to JBS residence until he or she has completed an evaluation with an outside psychologist. The Director of Operations, Director of Residence, and Health and Wellness Coordinator will review the evaluation results before determining the safety of his or her return to JBS housing. JBS reserves the right to require him or her to complete a second evaluation by a licensed mental health professional before the decision regarding the students return to housing may be made.

Suicide Crisis Hotline:
212-673-3000

Sexual Assault, Stalking, and Domestic Violence

It is JBS policy to provide an environment that is safe and free from violence. JBS prohibits and does not tolerate acts of violence that occur on our owned or controlled premises or at school events or programs. The violent acts referred to in this section include sexual assault, domestic and intimate partner violence, and stalking against any member of the JBS community.

This policy is applicable to all students, staff, faculty, visitors, vendors, contractors, guests, and all third parties. Those in violation are subject to criminal prosecution as well as JBS disciplinary action including but not limited to expulsion, termination of employment, and other appropriate sanctions.

Rape Crisis Help Hotline
212-577-7777
914-345-9111

The Emotional Distress section is helpful here.

Sexual Assault

Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, acts to traffic, or other activities directed against a person using coercion by any person, regardless of their relationship to the victim, in any setting, including but not limited to home and work. The ability to give consent is an important consideration in any sexual act. A person who is unable to understand the nature or condition of the act in order to decline participation, or to communicate unwillingness to engage in the sexual act, e.g., because of illness, disability, age or the influence of alcohol or other drugs, or due to intimidation or pressure, is unable to give consent.

Source: New York State Department of Health

https://www.health.ny.gov/prevention/sexual_violence/what_to_do.htm#safe_program

Stalking

In simplest terms, stalking is the unwanted pursuit of another person. By its nature, stalking is not a one-time event. The individual's actions must be considered in connection with other actions to determine if someone is being stalked. It includes repeated harassing or threatening behavior toward another person, whether that person is a total stranger, slight acquaintance, current or former intimate partner, or anyone else.

Stalking is also:

- A terrorizing crime with no real identified beginning and seemingly no end;
- A crime that can cause tremendous fear without the slightest physical injury;
- A behavior with a high correlation to physical and sexual violence¹;
- A crime that can be lethal; and
- A very effective tactic of control for domestic violence abusers.

Domestic and Intimate Partner Violence

Domestic violence is when one person does a variety of things to control another person in an intimate relationship. The shift in power can happen very slowly, over a period of time, so that the other person cannot even remember when it happened. Or it can happen very quickly after there is some sort of commitment or some change in the level of intimacy.

Prevention of Sexual Assault and Violent Assaults:

Crime may not always be prevented, but actions that can reduce the risk of becoming a victim are important and include, but are not limited to, the following:

- Avoid walking alone, especially after dark.
- Always keep your apartment/room locked when sleeping.
- Follow all residence hall rules. Never allow anyone in the building unless they are your permitted guest.
- Never prop open exterior doors.
- Call for help if you see anyone in a residence hall who appears suspicious or does not belong there.
- Never hide your keys outside your apartment.
- Clearly communicate your sexual intentions and limits.
- Trust yourself. If you are uncomfortable or feel that something is wrong, immediately remove yourself from the situation.

Policy:

If a JBS student or staff member commits sexual assault on a JBS student or staff member, the assaulter will face immediate termination or expulsion. JBS will report the incident to law enforcement.

Resource:

New York State Domestic Violence Hotline
1-800-942-6906
1800-621-HOPE (4673)
311
TTY: 1-866-604-5350

New York State Resources

- [Alphabetical Listing of New York State Agencies with web sites](#)
- [Empire Justice Center](#)
- [New York Asian Women's Center](#)
- [New York City Gay and Lesbian Anti-Violence Project](#)
- [New York City Mayor's Office to Combat Domestic Violence](#)
- [New York State Coalition Against Domestic Violence](#)
- [Pace Women's Justice Center](#)

National Organizations and Resources

- [American Bar Association Commission on Domestic Violence](#)
- [Bureau of Justice Statistics About Crime and Victims](#)
- [Futures Without Violence \(Formerly The Family Violence Prevention Fund\)](#)
- [Feminist Majority Foundation Domestic Violence Information Center](#)
- [Institute on Domestic Violence in the African American Community](#)
- [National Center for Victims of Crime](#)
- [National Coalition Against Domestic Violence](#)
- [National Council of Juvenile and Family Court Judges](#)
- [The National Domestic Violence Pro Bono Directory](#)
- [National Latino Alliance for the Elimination of Domestic Violence](#)
- [U.S. Department of Justice Violence Against Women Office](#)
- [Violence Against Women Online Resources](#)
- [Women of Color Network](#)

General Information on Domestic Violence

- [Feminist.com Anti-Violence Resources](#)
- [MINCAVA \(Minnesota Center Against Violence and Abuse\): Domestic Violence and Violence Against Women](#)
- National Center for Victims of Crime:
 - [Stalking Resource Center](#)

- [Get Help Series - Domestic Violence](#)

Domestic Violence and Specific Populations

- [MINCAA Resources](#)
 - [Disabilities and Violence](#)
 - [Elder Abuse](#)
 - [Same-sex domestic violence references](#)
- [The Rural Womyn Zone: Violence Against Rural Women](#)
- [Survivor Project: Transsexual, Transgender, and Intersex Victims](#)

New York State Domestic Violence Resources

- [New York State Domestic Violence Programs](#)
A county by county listing of residential and non-residential domestic violence programs in New York State.
- [New York State Organizations and Hotlines](#)
A list of domestic violence-related statewide hotlines and resources.

Source for Sexual Assault section of handbook: Office for the Prevention of Domestic Violence
http://opdv.ny.gov/whatisdv/about_dv/index.html

Appendix 1: Medical Resources

Emergency: DIAL 9-1-1

Hospital:

Beth Israel Medical Center

1st Avenue and 16th St.
New York, NY 10003-380
Phone: 212-420-2840

Mt. Sinai Hospital

100 5th Ave
New York, NY 10011
212-241-0043

Urgent Care:

New York Doctors Walk-In Urgent Care

65 West 13th St.
New York, NY 10011
Phone: 212-414-2800
Fax: 212-414-2822
Located in Greenwich Village on 13th St. between 5th and 6th Ave near Union Square.
<http://www.nydoctorsurgentcare.com/ContactUs/tabid/19427/Default.aspx>

CityMD Urgent Care

14 W. 14th St.
New York, NY 10011
Phone: 212-390-0558
Citymd.com

Urgent Medical Care Union Square

110 W. 14th St.
New York, NY 10011
Phone: 212-242-4333
<http://www.urgentmedicalcareunionsquare.com/urgent-care/>

Dance Injuries:

Harkness Center for Dance Injuries at NYU Hospital for Joint Diseases

614 2nd Ave
Suite G Floor 2
New York, NY 10016
Phone: (212) 598-6022
harkness@nyumc.org

Sports Medicine Physician:

Dr. Donald Rose, M.D. – specialty in dancers; Director of Harkness Center
Harkness Medical Center: Dance Clinic
240 East 18th St. (at 2nd ave)
New York, NY 10003
Phone: (212) 598-6022
<http://www.donaldrosemd.com/Meet/>

Sports Medicine Physician, Internal Medicine, & Acupuncturist:

Dr. Jeffrey Delson, M.D.
Washington Square Sports Medicine
7 Gay St.
New York, NY 10014
Phone: (212) 206-0629
Email Dr.Delson@yahoo.com

Psychology:

Dr. Linda Hamilton
Email: talk2me@wellness4performers.com
Phone: [\(917\) 841-2169](tel:(917)841-2169)

Appendix 2 Communicable Diseases of concern

The following is not a complete list of all communicable diseases of concern, but instead information on the more prevalent or likely diseases of concern at JBS.

Chickenpox (varicella zoster infection)

What is chickenpox?

Chickenpox is a highly contagious illness caused by the varicella-zoster virus (VZV), a type of herpes virus. It is often a mild illness, characterized by an itchy rash on the face, scalp and trunk with pink spots and tiny fluid-filled blisters that dry and become scabs four to five days later. Serious complications, although rare, can occur mainly in infants, adolescents, adults and persons with a weakened immune system. These complications include bacterial infections of skin blisters, pneumonia, and encephalitis (inflammation of the brain). In temperate climates, such as the Northeast, chickenpox occurs most frequently in the late winter and early spring.

Who gets chickenpox?

Chickenpox is a common childhood illness with 90 percent of the cases occurring in children younger than ten years of age. Before the availability of the varicella vaccine in the U.S., almost everyone developed chickenpox. Most people who are vaccinated will not get chickenpox. Those who are vaccinated and develop chickenpox usually have a mild form of the illness. They have fewer spots and recover faster.

How is chickenpox spread?

Chickenpox is transmitted from person to person by directly touching the blisters, saliva or mucus of an infected person. The virus can also be transmitted through the air by coughing and sneezing. Chickenpox can be spread indirectly by touching contaminated items freshly soiled, such as clothing, from an infected person. Direct contact with the blisters of a person with shingles can cause chickenpox in a person who has never had chickenpox and has not been vaccinated. Blisters that are dry and crusted are no longer able to spread chickenpox.

What are the symptoms of chickenpox?

Initial symptoms include sudden onset of slight fever and feeling tired and weak. These are soon followed by an itchy blister-like rash. The blisters eventually dry, crust over and form scabs. The blisters tend to be more common on covered than on exposed parts of the body. They may appear on the scalp, armpits, trunk and even on the eyelids and in the mouth. Mild or

asymptomatic infections occasionally occur in children. The disease is usually more serious in young infants and adults than in children.

How soon do symptoms appear?

Symptoms commonly appear 14 to 16 days (range of ten to 21 days) after exposure to someone with chickenpox or herpes zoster (shingles).

What are the complications associated with chickenpox?

Newborn children (less than one month old) whose mothers are not immune may suffer severe, prolonged or fatal chickenpox. Any person with a weakened immune system, including those with cancer, human immunodeficiency virus (HIV) or taking drugs that suppress the immune system, may have an increased risk of developing a severe form of chickenpox or shingles.

Reye Syndrome is an unusual complication of chickenpox that is linked to children who take aspirin or aspirin-containing products during the illness. Reye Syndrome is a severe disease affecting all organ systems, but, most seriously the brain and liver and may be fatal. The exact cause of Reye Syndrome is unknown. Aspirin or aspirin-containing products should never be given to children under 18 years of age with chickenpox.

When and for how long is a person able to spread chickenpox?

A person is most able to transmit chickenpox from one to two days before the rash appears until all the blisters are dry and crusted. People with a weakened immune system may be contagious for a longer period of time.

Is there a treatment for chickenpox?

Acyclovir is approved for treatment of chickenpox. However, because chickenpox tends to be mild in healthy children, most physicians do not feel that it is necessary to prescribe acyclovir. Acyclovir can be considered for otherwise healthy people who are at risk of moderate to severe varicella. It is important to consult with your physician for recommendations on the use of acyclovir.

Does past infection with chickenpox make a person immune?

Most people do not get chickenpox more than once. However, since varicella-zoster virus remains in the body after an initial infection, infection can return years later in the form of shingles in some older adults and sometimes in children.

Is there a vaccine for chickenpox?

A vaccine to protect children against chickenpox was first licensed in 1995. Children who have never had chickenpox should routinely be administered two doses of varicella vaccine with the first dose at 12 to 15 months and the second dose at four to six years of age. Persons 13 years of age and older who have never had chickenpox or have not received the varicella vaccine should get two doses of the varicella vaccine at least 28 days apart.

The varicella vaccine may be given along with the measles-mumps-rubella (MMR) vaccine in a combination called measles-mumps-rubella-varicella (MMRV) that is approved for use in children 12 months through 12 years of age.

In New York State, varicella vaccine is required for children enrolled in pre-kindergarten programs and schools. Vaccination is recommended for healthcare personnel and college students who have never had chickenpox.

What can be done to prevent the spread of chickenpox?

Maintaining high levels of varicella immunization in the community is critical to controlling the spread of chickenpox. To prevent further spread of chickenpox, people infected with the disease should remain home and avoid exposing others who are susceptible. Infected persons should remain home until the blisters become dry and crusted. It is very important to avoid exposing non-immune newborns and persons with a weakened immune system to chickenpox.

Varicella vaccination is recommended for outbreak control. During an outbreak, persons who do not have adequate evidence of immunity should receive their first or second dose as appropriate.

In 2006, a new product called VariZIG™ became available to protect patients without evidence of immunity to varicella who are at high risk for severe disease and complications and have been exposed to chickenpox. The patient groups recommended to receive VariZIG include those with a weakened immune system, pregnant women, newborns whose mothers have symptoms of varicella around the time of delivery (five days before to two days after delivery) and certain premature infants exposed to chickenpox as newborns.

Diphtheria

What is diphtheria?

Diphtheria is a highly contagious and potentially life-threatening bacterial disease caused by *Corynebacterium diphtheriae*. There are two types of diphtheria: respiratory and cutaneous. Respiratory diphtheria involves the nose, throat and tonsils, and cutaneous diphtheria involves the skin. Cutaneous diphtheria is discussed below.

What is respiratory diphtheria?

Respiratory diphtheria presents as a sore throat with low-grade fever and a membrane attached to the tonsils, pharynx, or nose. Neck swelling is usually present in severe disease. Respiratory diphtheria can lead to severe breathing problems, heart failure, blood disorders, paralysis, coma and even death.

Who gets respiratory diphtheria?

Respiratory diphtheria is extremely rare in the United States because of widespread immunization. Most of the infrequent cases of diphtheria in the U.S. are among unvaccinated or inadequately vaccinated persons, particularly those who travel to areas where diphtheria is common and those who come into close contact with travelers from such areas.

How is diphtheria spread?

Diphtheria is transmitted from person to person through close contact with the discharge from an infected person's eyes, nose, throat or skin.

What are the symptoms of respiratory diphtheria?

Symptoms include sore throat, low-grade fever, muscle weakness, loss of appetite and enlarged lymph nodes located in the neck. A grayish colored membrane may form over the nose, throat and tonsils blocking the airway and making it difficult to swallow. Persons may develop a barking cough and hoarseness with extensive involvement of the throat.

How soon do symptoms appear?

Symptoms usually appear two to five days after infection, with a range of one to ten days.

What are the complications of untreated respiratory diphtheria?

Death occurs in approximately five to ten percent of all respiratory cases with higher death rates (of up to 20 percent) among persons younger than five and older than 40 years of age.

What is the treatment for respiratory diphtheria?

Diphtheria demands immediate medical attention; any delay in treatment can result in death. A person with diphtheria should be hospitalized, isolated and treated with diphtheria antitoxin and antibiotics, such as penicillin and erythromycin.

When and for how long is a person able to spread respiratory diphtheria?

Untreated patients who are infected with the diphtheria germ may be contagious for up to four weeks. If the patient is treated appropriately, the contagious period can be limited to less than four days.

Does past infection with diphtheria make a person immune?

Recovery from diphtheria is not always followed by lasting immunity.

Is there a vaccine for diphtheria?

Diphtheria vaccine for children is combined with tetanus and acellular pertussis to form a triple vaccine known as DTaP (diphtheria, tetanus, acellular pertussis). In 2005, a new vaccine was approved as a single booster vaccination for adolescents and adults called Tdap (tetanus, diphtheria and acellular pertussis). Td (tetanus and diphtheria) is also a vaccine used as a booster vaccination in adolescents and adults, however, it does not contain the pertussis vaccine.

DTaP should be given at two, four, six, 15 to 18 months of age, and between four and six years of age.

The preferred age for Tdap vaccination is 11 to 12 years. However, all adolescents aged 11 to 18 years should receive a single dose of Tdap instead of the Td for booster immunization if they have completed the recommended childhood DTaP vaccination series and have not received Td or Tdap. An interval of five years between Td and Tdap is encouraged; however an interval of less than five years between Td and Tdap administration can be used. Thereafter, Td should be given every ten years to maintain immunity.

Adults aged 19 to 64 years should receive a single dose of Tdap to replace a single dose of Td for active booster vaccination if they received their last dose of Td greater than ten years earlier. Thereafter, Td should be given every ten years to maintain immunity.

In New York State, diphtheria vaccine is required for all children in pre-kindergarten programs and schools.

What can be done to prevent diphtheria?

The single most effective control measure is maintaining the highest possible level of immunization in the community. Other methods of control include prompt treatment of cases and a community surveillance program.

What is cutaneous (skin) diphtheria?

In the United States, cutaneous diphtheria, although rare, is most often seen among persons with poor hygiene who live in crowded conditions. Skin infections with diphtheria are still common in tropical countries and are even more contagious than respiratory diphtheria. Skin wounds are characterized by a scaling rash, sores or by blisters which can occur anywhere on the body. Skin wounds may be painful, swollen and reddened. The skin infection is treated by thorough cleansing with soap and water and appropriate antibiotics.

Impetigo

What is impetigo?

Impetigo is a common bacterial skin infection caused by Group A *Streptococcus* (GAS) or "strep."

What is Group A Streptococcus (GAS)?

Group A Streptococcus (GAS) or "strep" is a common bacterium (bacterium is the singular form of the plural, bacteria) that is found on the skin or in the throat ("strep throat"). People can carry GAS and have no symptoms of illness or they may develop relatively mild skin infections, including impetigo.

How does impetigo spread?

Group A Streptococcus (GAS) or "strep" can be transmitted through direct person-to-person contact with someone who has the infection. GAS can also be picked up indirectly through contact with an item (such as a wrestling mat, gear, towel, razor, or cell phone) that is contaminated with the bacterium.

What are the symptoms of impetigo?

- Symptoms usually began 1-3 days after infection.
- Sores (lesions) begin as small red spots, usually on the face (especially around the nose and mouth), but can appear anywhere on the body.
- The sores are often itchy, but usually not painful.
- The sores develop into blisters that break open and ooze fluid -- this fluid contains infectious bacteria that can infect others if they have contact with it.
- After a few days, the ruptured blisters form a flat, thick, honey-colored (yellowish-brown) crust that eventually disappears, leaving red marks that heal without scarring.
- There may be swollen glands (enlarged lymph nodes), but usually no fever.

[Click here to view a photograph of impetigo on the face from DermAtlas.](#)

What should athletes do if they think they have impetigo?

While mild cases of impetigo may be treated without seeing a health care provider, athletes are recommended to have a medical professional determine what type of infection they have, how to treat it, and if it is contagious. If the infection is contagious, athletes should not practice or compete until their medical provider clears them to return.

Influenza (Flu)

What is the flu?

The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.

Every year in the United States:

- On average more than 200,000 people are hospitalized from flu complications, and;
- More than 23,600 people die from flu (with a range of 3,349-48,614 people); about 90% of such deaths occur in persons aged 65 years and older.

The best way to prevent this illness is by getting a flu vaccination.

What are the symptoms of the flu?

The flu usually starts suddenly and may include these symptoms:

- Fever* or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)
- Some people may have vomiting and diarrhea, though this is more common in children than adults

* It's important to note that not everyone with flu will have a fever.

What are the complications associated with the flu?

Some of the complications caused by flu include pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as heart or lung disease, asthma or diabetes.

How is the flu spread?

The flu is spread in droplets released by coughing and sneezing. It usually spreads from person to person, though occasionally people may be infected by touching something with virus on it and then touching their eyes, nose, or mouth.

When and for how long is a person able to spread the flu?

You may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Most adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time.

Cold Versus Flu

What is the difference between a cold and the flu?

The flu and the common cold are both respiratory illnesses but they are caused by different viruses. Because colds and flu share many symptoms, it can be difficult (or even impossible) to tell the difference between them based on symptoms alone. Most people who have flu symptoms will not be tested, and do not need to be tested, because test results usually do not change how a patient is treated. Treatment, if decided upon by the health care provider, will usually be based on severity of symptoms and how likely a person is to have complications of flu – not on the basis of a test result.

What are the symptoms of the flu versus the symptoms of a cold?

- The flu tends to start very suddenly, while colds tend to develop gradually.
- The flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness and dry cough are more common and intense.
- People with colds are more likely to have a runny or stuffy nose.
- Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

Preventing the Flu

What is the best way to protect myself against the flu?

The single best way to prevent the flu is to get a flu vaccination each fall. There are two types of vaccines:

- The "flu shot" is an inactivated vaccine (containing killed virus) that is given with a needle. It can be given in the muscle or just under the skin. The flu shot that is given in the muscle is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions. The flu shot that is given below the skin is for those 18-64 years of age.

- The nasal-spray flu vaccine is a vaccine (sometimes called LAIV for "Live Attenuated Influenza Vaccine") made with live, weakened flu viruses that do not cause the flu. LAIV is approved for use in healthy people 2 years to 49 years of age who are not pregnant.

Talk to your provider to find out which vaccine is right for you and your family.

About two weeks after vaccination, antibodies develop that protect against flu virus infection for the entire season. Flu vaccines will not protect against illnesses caused by other viruses, such as the common cold.

Who should get the flu vaccine?

Everyone 6 months of age and older should get vaccinated against the flu. Vaccination should begin as soon as the vaccine is available.

Vaccination to prevent flu is particularly important for persons who are at increased risk for severe complications from flu or at higher risk for flu-related outpatient, emergency department, or hospital visits. The list below includes the groups of people more likely to get flu-related complications if they get sick from influenza:

- Children younger than 5, but especially children younger than 2 years of age
- Adults 50 years of age and older, but especially those 65 years of age and older
- Women who are or will be pregnant during flu season
- American Indians and Alaskan Natives
- Residents of nursing homes and other chronic care facilities
- People who have the following medical conditions:
 - Neurological and neurodevelopmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].
 - Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis) and Asthma
 - Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
 - Blood disorders (such as sickle cell disease)
 - Endocrine disorders (such as diabetes mellitus)
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
 - Weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids)
 - People younger than 19 years of age who are receiving long-term aspirin therapy
 - People who are morbidly obese (Body Mass Index, or BMI, of 40 or greater)

Vaccination efforts should also focus on delivering vaccine to the following persons:

- Health care personnel;

- Household contacts and caregivers of children younger than 5 years and adults aged 50 years or older, with particular emphasis on vaccinating contacts of children younger than 6 months

Does my child need to receive more than one dose of flu vaccine this season?

Some children aged 6 months through 8 years require two doses of flu vaccine (given a minimum of four weeks apart). Children in this age group who are getting vaccinated for the first time will need two doses. If this is not the first season that your child is receiving flu vaccine, talk with your child's provider to determine how many doses your child needs to protect them from the flu this year.

Who should NOT be vaccinated?

There are some people who should not be vaccinated. They include:

- People who have had a severe reaction to a flu vaccination;
- Children less than 6 months of age.

Some people should wait to get vaccinated until they talk with their provider. They include:

- People who have a severe allergy to chicken eggs;
- People who are sick with a fever. (These people can get vaccinated once their symptoms lessen. People with a mild illness can usually get the vaccine.)
- People who developed Guillain-Barre syndrome (GBS) within six weeks of getting flu vaccine.

What other methods can help prevent the flu?

Although the single best way to prevent seasonal flu is to get vaccinated each year, good health habits often can help stop the spread of germs and prevent respiratory illnesses like the flu.

- Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- Stay home when you are sick. If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
- Cover your mouth and nose. Cover your mouth and nose with a tissue when coughing or sneezing. If no tissue is available, cough or sneeze into the bend of your arm. It may prevent those around you from getting sick.
- Clean your hands. Washing your hands often will help protect you from germs. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean your hands.
- Avoid touching your eyes, nose, or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
- Practice other good health habits. Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

Can the flu be treated?

In certain circumstances, your doctor or health care provider might prescribe antiviral drugs to help reduce the severity and duration of your illness. Antiviral drugs are not sold over-the-counter and are different from antibiotics. You can get them only if you have a prescription from your doctor or health care provider. Your health care provider can help decide whether you should take an antiviral drug, and, if so, which one you should take.

Antiviral drugs are a second line of defense to treat the flu if you get sick. NYSDOH recommends flu vaccination as the first and best way to prevent influenza.

Measles (Rubeola, hard measles, red measles)

What is measles?

Measles is a highly contagious viral disease that can be very serious or even fatal. It begins with a fever that lasts for a couple of days, followed by a cough, runny nose, and conjunctivitis (pink eye). A rash starts on the face and upper neck, spreads down the back and trunk, then extends to the arms and hands, as well as the legs and feet. After about five days, the rash fades in the same order it appeared. Serious complications of measles include pneumonia and encephalitis (inflammation of the brain).

Who gets measles?

As a result of widespread immunization, the measles virus does not circulate in the United States. All reported cases of measles in the United States have been brought in from other countries, usually Europe and Asia. Travelers leaving the United States should be immune to measles. Although measles is usually considered a childhood disease, it can be contracted at any age by a person who never had the disease or been vaccinated. Unvaccinated individuals are 22 times more likely to get measles than are those who have two measles vaccines, usually given as measles, mumps and rubella vaccine (MMR).

How is measles spread?

Measles is highly contagious. The measles virus lives in the mucus in the nose and throat of infected people. When they sneeze, cough or talk, droplets spray into the air and the droplets remain active and contagious on infected surfaces for up to two hours.

What are the symptoms of measles?

Measles symptoms generally appear in two stages. In the first stage, which last two to four days, the individual may have a runny nose, cough and a slight fever. The eyes may become

reddened and sensitive to light while the fever gradually rises each day, often peaking as high as 103° to 105°F. Koplik spots (small bluish white spots surrounded by a reddish area) may also appear on the gums and inside of the cheeks. The second stage begins on the third to seventh day and consists of a red blotchy rash lasting five to six days. The rash usually begins on the face and then spreads downward and outward, reaching the hands and feet. The rash fades in the same order that it appeared, from head to extremities. Other symptoms include weight loss, diarrhea and enlarged lymph glands throughout the body.

How soon do symptoms appear?

Symptoms usually appear in ten to 12 days, although they may occur as early as seven or as late as 18 days after exposure.

When and for how long is a person able to spread measles?

An individual is able to transmit measles from four days prior to and four days after rash onset.

What are the complications associated with measles?

Complications occur in up to 30 percent of all cases and are more common in those younger than five and older than 20 years of age. Pneumonia occurs in up to six percent of reported cases. Encephalitis (inflammation of the brain) may also occur. Other complications include middle ear infection, diarrhea and seizures. Infection of the mother during pregnancy has been associated with an increase in low-birth weight infants, premature labor, miscarriage and birth defects.

What is the treatment for measles?

There is no specific treatment for measles.

Does past infection make a person immune?

Yes. Immunity acquired after contracting the disease is usually permanent.

Is there a vaccine for measles?

Measles-containing vaccine is recommended for anyone born on or after January 1, 1957, who does not have a history of physician-diagnosed measles or a blood test confirming measles immunity. Individuals should receive 2 doses of MMR (measles, mumps, rubella) vaccine for maximum protection. The first dose should be given at 12 to 15 months of age. The second dose should be given at four to six years of age (age of school entry) at the same time as the DTaP and polio booster doses. MMR vaccine is recommended for all measles vaccine doses to

provide increased protection against all three vaccine-preventable diseases: measles, mumps and rubella. Unprotected persons can get the vaccine at any age.

In New York State, measles immunizations are required of all children enrolled in pre-kindergarten programs and schools. Healthcare personnel and college students are also required to demonstrate immunity against measles.

Does the MMR vaccine cause autism?

There is no evidence to support that measles-mumps-rubella vaccine (MMR) cause autism.

What can be done to prevent the spread of measles?

Maintaining high levels of measles immunization in the community is critical to controlling the spread of measles. Infected individuals should be excluded from work or school during their infectious period. Measles-containing vaccine should be provided to susceptible contacts within 72 hours of exposure. Immune Globulin (IG) can be given to susceptible persons within six days of exposure.

Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first-year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear two to 10 days after exposure, but usually within five days. Among people who develop meningococcal disease, 10 to 15 percent die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, daycare center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

Is there a vaccine to prevent meningococcal meningitis?

There are three vaccines available for the prevention of meningitis. The preferred vaccine for people ages 2-55 years is Meningococcal conjugate vaccine (MCV4). This vaccine is licensed as Menactra (sanofi pasteur) and Menveo (Novartis). Meningococcal polysaccharide vaccine (MPSV4; Menomune [sanofi pasteur]), should be used for adults ages 56 and older. The vaccines are 85 to 100 percent effective in preventing the four kinds of meningococcus germ (types A, C, Y, W-135). These four types cause about 70 percent of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

Is the vaccine safe? Are there adverse side effects to the vaccine?

The three vaccines available to prevent meningococcal meningitis are safe and effective. However, the vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine?

The vaccine is routinely recommended for all adolescents ages 11-12 years, all unvaccinated adolescents 13-18 years, and persons 19-21 years who are enrolling in college. The vaccine is also recommended for people ages 2 years and older who have had their spleen removed or have other chronic illnesses, as well as some laboratory workers and travelers to endemic areas of the world.

Who needs a booster dose of meningococcal vaccine?

CDC recommends that children age 11 or 12 years be routinely vaccinated with Menactra or Menveo and receive a booster dose at age 16 years. Adolescents who receive the first dose at age 13-15 years should receive a one-time booster dose, preferably at ages 16-18 years. Teens who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose, as long as they have no risk factors.

All people who remain at highest risk for meningococcal infection should receive additional booster doses. If the person is age 56 years or older, they should receive Menomune.

How do I get more information about meningococcal disease and vaccination?

Contact your physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, <http://www.health.state.ny.us/>; the Centers for Disease Control and Prevention, <http://www.cdc.gov/DiseasesConditions/>; and the American College Health Association, <http://www.acha.org.au/info/general/Home/get/0/0/>.

Methicillin-Resistant Staphylococcus Aureus (MRSA)

What is Staphylococcus aureus?

Staphylococcus aureus ("staph") is a bacterium that is carried on the skin or in the nose of approximately 25% to 30% of healthy people without causing infection -- this is called colonization. Staph bacteria are one of the most common causes of skin infections in the U.S. Most of these skin infections are minor (such as pimples and boils), are not spread to others (not infectious), and usually can be treated without antibiotics. However, some staph bacteria are resistant to certain antibiotics -- one type is called MRSA.

What is MRSA?

MRSA stands for methicillin-resistant Staphylococcus aureus. MRSA is a staph bacterium that certain antibiotics in the penicillin family should be able to treat, but cannot. When the infection is resistant to the medication, it is called *resistance*. However, other non-penicillin antibiotics can effectively treat most MRSA infections.

What causes antibiotic resistance?

Most resistance to antibiotics develops from taking them improperly. Examples are:

- Incomplete use: Not finishing the entire antibiotic prescription (often because people start to feel better and stop taking the medication).
- Inappropriate use: Taking antibiotics for a viral infection (antibiotics do NOT treat viral infections such as colds or the flu).
- Unnecessary use: Taking antibiotics "just in case" (for example, taking them prior to a vacation or special event to try to prevent illness).

It is important to take prescription medication only when prescribed for you by a health professional and to take all the medicine even if you feel better before you have completed the prescription.

How serious is MRSA?

Although health care providers can treat most MRSA skin infections in their offices, MRSA can be very serious and even cause death. MRSA can cause pneumonia or severe infections of the blood, bones, surgical wounds, heart valves, and lungs. MRSA can be fatal if not identified and treated with effective antibiotics.

How does someone get MRSA infection?

Most often, MRSA is transmitted by direct skin-to-skin contact with someone who has the infection.

MRSA can be spread by indirect contact too (for example contact with a mat that has infected drainage on it or by sharing a towel or cell phone with someone who has MRSA). Because of this, *never* share personal hygiene and health items.

Where on the skin does MRSA appear and what are the symptoms?

MRSA infections commonly occur where there is a break in the skin (for example, a cut or wound), especially in areas covered by hair (for example, the beard area, back of the neck, armpit, groin, legs, or buttocks)

MRSA may look like a bump on the skin that may be red, swollen, warm to the touch, painful, filled with pus, or draining. The pus or drainage contains the infectious bacteria that can be spread to others. People with MRSA may have a fever.

How is MRSA diagnosed and treated?

Depending on your symptoms, your health care provider may send a nasal swab or skin tissue specimen to a laboratory to identify the infection or confirm that you have MRSA.

Your health care provider may drain the pus from the lesion -- do *not* do this yourself.

If you are prescribed an antibiotic, take it exactly as directed and take all of the medicine even if the infection improves or goes away before you have finished the entire prescription. If the infection does not begin to improve within a few days, contact your health care provider.

Mumps (Infectious Parotitis)

What is mumps?

Mumps is a viral disease characterized by fever, headache, muscle weakness, stiff neck, loss of appetite, swelling and tenderness of one or more of the salivary glands situated along the angle of the jaw and inside the mouth, including the parotid gland located within the cheeks just below the front of the ear.

Who gets mumps?

The number of cases of mumps decreased dramatically in the United States following the introduction of the mumps vaccine in 1967, from an estimated 100,000 -200,000 to fewer than 300 cases annually. In the United States, since 2001, an average of 265 mumps cases has been reported each year.

Recently, there has been an increase in the number of mumps cases reported. In 2006, over 6,000 cases of mumps were reported across the nation.

How is mumps spread?

Mumps is transmitted by direct contact with saliva produced in the mouth and discharges from the nose and throat of infected individuals.

What are the symptoms of mumps?

Symptoms of mumps include a low-grade fever, headache, muscle aches, stiff neck, tiredness and loss of appetite followed by swelling and tenderness of one or more of the salivary glands, including the parotid gland. Approximately one-third of infected people do not have noticeable salivary gland swelling. Up to 50% of mumps infections are not specific to any symptoms and 15-20% of all cases present without any symptoms.

How soon after infection do symptoms occur?

The incubation period is usually 16 to 18 days, although it may vary from 12 to 25 days.

What complications have been associated with mumps?

Severe complications are rare. However, mumps can cause inflammation of the brain and /or tissue covering the brain and spinal cord (encephalitis/meningitis), inflammation of the testicles (orchitis), inflammation of the ovaries (oophoritis) and/or breasts (mastitis), inflammation of the pancreas (pancreatitis), spontaneous abortion and deafness, which is usually permanent.

What is the treatment for mumps?

There is no specific treatment for mumps.

When and for how long is a person able to spread mumps?

Mumps is contagious three days before until 5 days after the onset of parotitis (inflammation of the parotid gland).

Does past infection with mumps make a person immune?

Immunity acquired after contracting the disease is usually long term.

Is there a vaccine for mumps?

Yes. The mumps vaccine, which is contained in the MMR (measles, mumps, and rubella) vaccine, can prevent this disease. Mumps-containing vaccine is recommended for anyone born on or after January 1, 1957, who does not have a history of physician-diagnosed mumps or a blood test confirming mumps immunity. Evidence of immunity through documentation of adequate vaccination is now defined as 1 dose of a live mumps virus vaccine for preschool-aged children and adults not at high risk and 2 doses for school-aged children (i.e., grades K—12,) and for adults at high risk (i.e., healthcare personnel, international travelers, and students at post-high-school educational institutions). The first dose of MMR is given at 12 to 15 months of age and the second dose is given between 4 to 6 years of age. If you do not know if you have been vaccinated or had mumps disease diagnosed by a physician, vaccination is recommended.

In New York State, mumps immunization is required of all children enrolled in pre-kindergarten programs and school. College students are also required to demonstrate immunity against mumps. It is recommended that healthcare personnel demonstrate immunity against mumps.

What can be done to prevent the spread of mumps?

The single most effective control measure is to be vaccinated with two MMR vaccines unless there is evidence of prior immunity to mumps. Persons diagnosed with mumps should remain at home during their infectious period (until after 5 days of symptom onset).

Ringworm (Tinea)

What is ringworm?

Ringworm is a common, contagious skin infection. Ringworm is NOT caused by a worm. A type of fungus called a dermatophyte causes it. Dermatophytes also cause other common skin, hair, and nail infections, including athlete's foot and jock itch.

How does ringworm spread?

The dermatophyte that causes ringworm can be passed from person to person by direct skin-to-skin contact or by contact with contaminated items such as combs, unwashed clothing, and shower surfaces. Some pets (including cats and dogs) and livestock (such as cows, goats, horses, and pigs) can carry the fungus and transmit it to people. Because dermatophytes thrive in warm, moist areas, athletes are at risk for ringworm because they are likely to sweat and be around others who are sweating. [This is why prevention is so important.](#)

What are the symptoms of ringworm?

- Itchy, red, raised, scaly patches that may blister and ooze.
- Sharply-defined edges in the shape of a circle or a ring.
- Often redder around the outside with normal skin tone in the center.
- Skin may appear unusually dark or light.
- Bald patches on scalp.
- Finger and toenails that are discolored, thick, or crumble.

How is ringworm diagnosed?

Medical professionals have several ways to determine if you have ringworm. They can:

- Diagnose it based on how the rash or affected area looks.
- Examine your skin in a dark room with a special blue light (called a Wood's lamp) that uses ultraviolet light to look for changes in your skin color.
- Scrape some of the affected area from your skin and examine the cells under a microscope.

How is ringworm treated?

Athletes with rashes should contact their doctor. If a doctor diagnoses the rash as ringworm, they may prescribe a fungicidal material to swallow as tablets or powders that can be applied directly to the affected areas.

Rubella (German Measles or Three-Day Measles)

What is rubella?

Rubella is a highly contagious viral disease characterized by slight fever, mild rash and swollen glands. Although most cases are mild, if rubella is contracted early in pregnancy, it can spread from the mother to her developing baby through the bloodstream and result in birth defects and/or fetal death. As a result of widespread immunization, rubella does not circulate in the United States, but can be contracted through foreign travel.

Who gets rubella?

The number of cases of rubella decreased dramatically in the United States following the introduction of the rubella vaccine in 1969. The decrease was greatest among children. Adults account for an increasing proportion of the few cases that still occur in United States. These are often individuals who remain unvaccinated for religious reasons or are foreign-born immigrants who come from areas where rubella vaccine is not routinely used. Rubella still remains a common disease in many parts of the world and the risk of exposure to rubella outside of the United States is high. Travelers to countries where rubella cases still occur should be immune to rubella.

How is rubella spread?

Rubella is spread by direct contact with nasal or throat secretions of infected individuals. Rubella can also be transmitted by breathing in droplets that are sprayed into the air when an infected person sneezes, coughs or talks.

What are the symptoms of rubella?

Rubella is a mild illness which may present few or no symptoms. Symptoms may include a rash, slight fever, joint aches, headache, discomfort, runny nose, sore throat and reddened eyes. The lymph nodes just behind the ears and at the back of the neck may swell, causing some soreness and/or pain. The rash, which may be itchy, first appears on the face and progresses from head to foot, lasting about three days. As many as half of all rubella cases occur without a rash.

How soon do symptoms appear?

The usual incubation period for rubella is 14 days; with a range of 12 to 23 days.

What are the complications associated with rubella?

Complications occur more frequently in adult women, who may experience arthritis or arthralgia, often affecting the fingers, wrists and knees. These joint symptoms rarely last for more than a month after appearance of the rash.

Up to 85 percent of infants infected with rubella in the first trimester of pregnancy will suffer birth defects and/or neurologic abnormalities (Congenital Rubella Syndrome, CRS).

What is the treatment for rubella?

There is no specific treatment for rubella.

When and for how long is a person able to spread rubella?

Rubella may be transmitted from seven days before to seven days after the rash appears.

Does past infection with rubella make a person immune?

Yes. Immunity acquired after contracting the disease is usually permanent.

What is the vaccine for rubella?

Rubella vaccine is given in combination measles, mumps, rubella (MMR) vaccine and is recommended for anyone born on or after January 1, 1957 who does not have laboratory evidence of rubella immunity. Birth before 1957 is not acceptable evidence of rubella immunity for women who could become pregnant; women of childbearing age should have their immunity checked and receive rubella vaccine if needed.

Although only one dose of rubella-containing vaccine is required as acceptable evidence of immunity to rubella, children should receive two doses of MMR vaccine. Rubella vaccine is first given on or after a child's first birthday as MMR vaccine. Children usually receive the first dose between 12 and 15 months of age and the second dose prior to school entry at four to six years of age.

In New York State, rubella vaccine is required of all children enrolled in all pre-kindergarten programs and schools. Healthcare personnel and college students are also required to demonstrate immunity against rubella.

What is the danger of not being immunized against rubella?

Rubella infection is dangerous because of its ability to damage an unborn baby. If rubella immunization was discontinued, immunity to rubella would decline and rubella disease would return. The danger would be to pregnant women who, if infected, could pass the disease to their infants (fetuses) causing CRS.

What can be done to prevent the spread of rubella?

Maintaining high levels of rubella immunization in the community is critical to controlling the spread. Control of the spread of rubella is needed primarily to prevent the birth defects caused by CRS. Therefore, women of childbearing age should have their immunity checked and receive rubella vaccine if needed. Infected individuals should be excluded from work or school during their infectious period.

What is congenital rubella syndrome (CRS)?

Congenital rubella syndrome occurs among at least 25 percent of infants born to women who had rubella during the first three months of pregnancy. Infection of a pregnant woman can result in a miscarriage, stillbirth or the birth of an infant with abnormalities which may include deafness, blindness, cataracts, heart defects, mental retardation, liver and spleen damage.

Mononucleosis, Infectious (Mono, EBV mononucleosis)

What is infectious mononucleosis?

Infectious mononucleosis is a viral disease that affects certain blood cells. It is caused by the Epstein-Barr virus (EBV), which is a member of the herpesvirus family. Most cases occur sporadically. Outbreaks are rare.

Who gets infectious mononucleosis?

While most people are exposed to the Epstein-Barr virus sometime in their lives, very few go on to develop the symptoms of infectious mononucleosis. In underdeveloped countries, people are exposed in early childhood where they are unlikely to develop noticeable symptoms. In developed countries such as the United States, the age of first exposure may be delayed to older childhood and young adult age when symptoms are more likely to result. For this reason, it is recognized more often in high school and college students.

How is infectious mononucleosis spread?

The virus is spread by person-to-person contact, via saliva (on hands or toys, or by kissing). In rare instances, the virus has been transmitted by blood transfusion.

What are the symptoms of infectious mononucleosis?

Symptoms include fever, sore throat, swollen glands and feeling tired. Sometimes, the liver and spleen are affected. Duration is from one to several weeks. The disease is very rarely fatal.

How soon do symptoms appear?

Symptoms appear from four to six weeks after exposure.

When and for how long is a person able to spread infectious mononucleosis?

The virus is shed in the throat during the illness and for up to a year after infection. After the initial infection, the virus tends to become dormant for a prolonged period and can later reactivate and be shed from the throat again.

What is the treatment for infectious mononucleosis?

No treatment other than rest is needed in the vast majority of cases.

What can a person do to minimize the spread of infectious mononucleosis?

Avoid activities involving the transfer of body fluids (commonly saliva) with someone who is currently or recently infected with the disease. At present, there is no vaccine available to prevent infectious mononucleosis.

Pertussis (Whooping Cough)

What is pertussis?

Pertussis, or whooping cough, is a highly contagious bacterial infection that causes an uncontrollable, violent cough lasting several weeks or even months. It is caused by a bacterium that is found in the mouth, nose and throat of an infected person. Pertussis may begin with cold-like symptoms or a dry cough that progress to episodes of severe coughing.

Who gets pertussis?

Pertussis can occur at any age. Children who are too young to be fully vaccinated and those who have not yet completed the primary vaccination series are at highest risk for severe illness. Since the 1980s, the number of reported pertussis cases has gradually increased in the United States. In 2005, over 25,000 cases of pertussis cases were reported in the United States, the highest number of reported cases since 1959. Approximately 60 percent of the cases were in adolescents and adults and may be a result of decreasing immunity in this population.

How is pertussis spread?

Pertussis is primarily spread from person to person by direct contact with mucus or droplets from the nose and throat of infected individuals. Frequently, older siblings who may be harboring the bacteria in their nose and throat can bring the disease home and infect an infant in the household.

What are the symptoms of pertussis?

Pertussis begins as a mild upper respiratory infection. Initially, symptoms resemble those of a common cold, including sneezing, runny nose, low-grade fever and a mild cough. Within two weeks, the cough becomes more severe and is characterized by episodes of numerous rapid coughs followed by a crowing or high pitched whoop. A thick, clear mucous may be discharged from the nose. These episodes may recur for one to two months, and are more frequent at night. Older people or partially immunized children generally have milder symptoms.

How soon after infection do symptoms appear?

The incubation period is usually seven to ten days with a range of four to 21 days and rarely may be as long as 42 days.

When and for how long is a person able to spread pertussis?

If untreated, a person can transmit pertussis from onset of symptoms to three weeks after the onset of coughing episodes. The period of communicability is reduced to five days after treatment with antibiotics.

What are the complications associated with pertussis?

Major complications of pertussis are more common among infants and young children and may include pneumonia, middle ear infection, loss of appetite, sleep disturbance, syncope (temporary loss of consciousness), dehydration, seizures, encephalopathy (a disorder of the brain), apneic episodes (brief delay in breathing) and death.

What is the treatment for pertussis?

The recommended antibiotics for the treatment and postexposure prevention of pertussis include azithromycin (Zithromax), erythromycin and clarithromycin (Biaxin). Alternately, trimethoprim-sulfamethoxazole (Bactrim) can be used.

Does past infection with pertussis make a person immune?

Neither vaccination nor natural infection with pertussis guarantees lifelong protective immunity against pertussis. Since immunity decreases after five to ten years from the last pertussis vaccine dose, older children, adolescents and adults are at risk of becoming infected with pertussis and need vaccination.

What is the vaccine for pertussis?

Infants and Children

The childhood vaccine for pertussis is usually given in combination with diphtheria and tetanus. Immunization authorities recommend that DTaP (diphtheria, tetanus, acellular pertussis) vaccine be given at two, four, and six and 15 to 18 months of age and between four and six years of age.

Pre-teens and Adolescents

In 2005, a new vaccine was approved as a single booster vaccination for adolescents and adults called Tdap (tetanus, diphtheria, and acellular pertussis).

The preferred age for routine vaccination with Tdap is 11 or 12 years old. Adolescents, aged 11 through 18 should receive a single dose of Tdap instead of Td (tetanus, diphtheria) for booster immunization against tetanus, diphtheria, and pertussis if they have completed the recommended childhood DTP/DTaP vaccination series.

A single dose of Tdap vaccine is also recommended for children aged 7 through 10 years who are not fully vaccinated against pertussis.

Adults

All adults over 19 years of age who have or who anticipate having close contact with an infant should receive a single dose of Tdap to protect against pertussis and reduce the likelihood of transmission. For other adults aged 65 years and older, a single dose of Tdap vaccine may be given instead of Td vaccine in persons who have not previously received Tdap. Tdap can be administered regardless of interval since the last Td vaccine.

Healthcare personnel, regardless of age, should receive a single dose of Tdap if they have not previously received Tdap and regardless of the time since their most recent Td vaccination.

In New York State, pertussis vaccine is required of all children born after 1/1/2005 who will be enrolled in pre-kindergarten programs and schools. Tdap vaccine is required for children born on or after 1/1/1994 and enrolling in the 6th through 11th grade.

What can be done to prevent the spread of pertussis?

The single most effective control measure is maintaining the highest possible level of immunization in the community. Treatment with appropriate antibiotics, such as Zithromax, will shorten the time a person can spread pertussis to five days after the beginning of treatment. People who have or may have pertussis should stay away from young children and infants until properly treated. Treatment of people who are close contacts of pertussis cases is also an important part of prevention.

What is parapertussis?

Parapertussis is a bacterial illness that is similar to pertussis (whooping cough) but is not as common and generally causes less severe symptoms. Up to 40 percent of all cases of parapertussis will present with no symptoms. Very young infants (less than six months of age) may have a more severe course of parapertussis than older persons. Parapertussis is spread through the air in droplets produced during coughing and sneezing. A person can be infected with parapertussis and pertussis at the same time. Parapertussis can be distinguished from pertussis by certain laboratory tests. Antibiotic treatment should be started as soon as parapertussis is suspected. All infants less than six months of age should receive antibiotics as a preventive measure if they have been in contact with a person who has parapertussis.

Scabies

What is scabies?

Scabies is a fairly common infectious disease of the skin caused by a mite. Scabies mites burrow into the skin producing pimple-like irritations or burrows.

Who gets scabies?

Scabies infestations can affect people from all socioeconomic levels without regard to age, sex, race or standards of personal hygiene. Clusters of cases or outbreaks are occasionally seen in nursing homes, institutions and child care centers.

How is scabies spread?

Scabies mites are transferred by direct skin-to-skin contact. Indirect transfer from undergarments or bedclothes can occur only if these have been contaminated by infested people immediately beforehand. Scabies can also be transmitted during sexual contact.

What are the symptoms of scabies?

The most prominent symptom of scabies is intense itching particularly at night. The areas of the skin most affected by scabies include the webs and sides of the fingers, around the wrists, elbows and armpits, waist, thighs, genitalia, nipples, breasts and lower buttocks.

How soon do symptoms appear?

Symptoms will appear from four to six weeks in people who have not previously been exposed to scabies infestations. People who have had a previous bout with scabies mites may show symptoms within one to four days after subsequent re-exposures.

When and for how long is a person able to spread scabies?

A person is able to spread scabies until mites and eggs are destroyed by treatment.

What is the treatment for scabies?

Skin lotions or creams containing scabicides are available through a physician's prescription for the treatment of scabies. The lotions are applied to the whole body below the head.

Sometimes, itching may persist but should not be regarded as treatment failure or reinfestation. Persons who have had skin contact with an infested person (including family members, roommates, direct care providers and sexual contacts) should also be treated.

What can be done to prevent the spread of scabies?

Avoid physical contact with infested individuals and their belongings, especially clothing and bedding. Health education on the life history of scabies, proper treatment and the need for early diagnosis and treatment of infested individuals and contacts is extremely important.

SARS (Severe Acute Respiratory Syndrome)

What is SARS?

Severe acute respiratory syndrome (SARS) is a viral respiratory illness that was first reported in Asia in February 2003. Over the next few months, the illness spread to more than two dozen countries in North America, South America, Europe and Asia. By late July 2003, no new cases were being reported and the outbreak was considered contained. During this outbreak, 8,098 people worldwide became sick with SARS, resulting in 774 deaths. The most recent cases of SARS were reported in China in April 2004 in an outbreak resulting from exposures to the virus that occurred in a laboratory.

What are the symptoms and signs of SARS?

The illness usually begins with a high fever (temperature greater than 100.4 degrees F). The fever is sometimes associated with chills or other symptoms, including a headache, a general feeling of discomfort and body aches. Some people also experience mild respiratory symptoms at the outset. Approximately 10-20 percent of patients have diarrhea. After two to seven days, SARS patients may develop a dry cough with most developing pneumonia.

What is the cause of SARS?

SARS is caused by a coronavirus called SARS-associated coronavirus. Coronaviruses are a common cause of mild to moderate upper respiratory illness in humans. There is not enough information about the virus to determine the full range of illness that it might cause.

Coronaviruses have occasionally been linked to pneumonia in humans, especially people with weakened immune systems. The viruses also can cause severe disease in animals, including cats, dogs, pigs, mice and birds.

How is SARS Spread?

SARS is mainly spread by close person-to-person contact. The virus that causes SARS is thought to be transmitted most readily by being within 3 feet of respiratory droplets produced when an infected person sneezes and/or by touching a surface or object contaminated with infectious droplets. Close contact is defined as having cared for or lived with a person known to have SARS or having direct contact with secretions and/or body fluids of a patient known to have SARS. Examples include kissing or embracing, sharing eating or drinking utensils, close conversation (within three feet) or physical contact. Close contact does not include walking near a person or sitting across a waiting room or office for a brief time.

Who is at risk for getting SARS?

Most exposures to SARS occur in healthcare facilities and households. Community transmission outside of these settings has been reported, but these occurred rarely. Persons at risk in healthcare facilities include healthcare workers, patients and visitors. In households, the greatest risk is to family members of SARS patients. Transmission could occur in a laboratory if proper safety procedures are not strictly followed.

In addition, it is possible that SARS virus might be spread more broadly through the air or by other ways that are not yet known.

If I were exposed to SARS, how long would it take for me to become sick?

The incubation period (the time between exposure to the SARS virus and onset of symptoms) is typically two to seven days, although in some cases it may be as long as 10 days.

How long is a person with SARS infectious to others?

Information suggests that people with SARS are most likely to be infectious only when they have symptoms such as fever or cough. However, as a precaution against spreading the disease, CDC recommends that people with SARS limit their interactions outside the home (stay home from work and school) until 10 days after their symptoms have gone away.

Do some people who recover from SARS become sick again or relapse?

CDC and other scientists are trying to gain a full understanding of what factors might influence illness progression and recovery. Such factors could be related to the virus itself, how the body's immune system reacts to the virus or how infection with the virus is treated.

How widespread was the SARS outbreak in the United States?

Through July 2003, a total of 192 SARS cases had been reported in the United States, including 159 suspect and 33 probable cases; of the 33 probable cases only 8 had laboratory evidence of the SARS virus. No SARS-related deaths occurred in the U.S. SARS cases reported in the U.S. occurred primarily among people who traveled to SARS-affected areas; a small number of people became ill after being in close contact with (having cared for or lived with) a SARS patient while in the U.S.

What was done to contain the SARS outbreak in the U.S.?

To minimize the risk for SARS among U.S. residents, the public health system took careful and thorough precautions to prevent the spread of SARS. People who were suspected of having SARS were isolated from others and received care. People arriving from affected parts of the world (who might have been exposed to SARS) received information about SARS and instructions on what they should do if they became ill. SARS patients and their contacts were monitored to help prevent spread of the disease.

What did CDC do to combat the SARS outbreak?

CDC worked closely with the World Health Organization (WHO) and other partners in a global effort to address the SARS outbreak. For its part, CDC took the following actions:

- Activated its Emergency Operations Center to provide round-the-clock coordination and response.
- Committed more than 900 medical experts and support staff to work on SARS response.
- Deployed medical officers, epidemiologists and other specialists to assist with on-site investigations around the world
- Provided assistance to state and local health departments to investigate possible cases of SARS in the United States.
- Conducted extensive laboratory testing of clinical specimens from SARS patients to identify the cause of the disease.
- Initiated a system for distributing health alert notices to travelers who have been exposed to cases of SARS.

In addition, CDC is continuing to work with federal, state and local health departments and other professional organizations to plan for a rapid recognition and response should SARS re-emerge.

What is New York State doing to prepare its citizens for a possible reappearance of SARS?

New York State is preparing for the possible reappearance of SARS by:

1. Educating healthcare workers about SARS diagnosis and reporting,

2. Developing SARS surveillance systems to determine if and where SARS has re-emerged,
3. Developing guidelines for preventing transmission in different settings, and
4. Improving laboratory tests for SARS.

If there is another outbreak of SARS, how can I protect myself and my family?

If SARS were to reemerge, there are some common sense precautions that you can take that apply to many infectious diseases. The most important is frequent hand washing with soap and water or use of alcohol-based hand rubs. You should avoid touching your eyes, nose and mouth with unclean hands and encourage people around you to cover their nose and mouth with a tissue when coughing or sneezing.

Is it safe to travel to other countries outside of the U.S.?

At this time, there is no evidence of ongoing transmission of SARS anywhere in the world. In the absence of SARS transmission, there is no need for concern about travel or other activities.

Skin Infections in Athletes

How can skin infections affect athletes?

Skin infections can take athletes out of the action and put them on the sidelines. Wrestlers, rugby players, and others who participate in sports where there is direct skin-to-skin contact have an increased risk of getting contagious skin infections. However, athletes, coaches, trainers, school athletic programs, and athletic clubs can take steps to prevent the spread of skin infections.

How serious are skin infections?

Most cases of skin infections in athletes are mild and treatable. But without the right treatment, certain skin infections can be very serious and even life threatening.

What should I do if I have a rash or skin condition?

- Tell your coach and your parent or guardian if you are a minor (under 18 years of age). Because it can be difficult to tell skin conditions apart, have a health care provider determine what kind of rash, condition, or infection you have and how to treat it.
- Do not practice or compete until you are told by a medical professional that your rash or skin infection cannot be transmitted to others.
- Do *not* cover contagious skin infections and continue to practice or compete -- bandages can fall off and you could unintentionally spread the infection to another athlete.

- If a health care provider determines that your rash or condition is not contagious (such as psoriasis, eczema, acne, or heat rash), you can continue to participate in your sport. However, cover the affected areas completely and securely to protect your skin before you practice, play, or compete.
- If your rash or skin condition is not contagious, but is painful during practice or competition, wait until you feel better before resuming your sport.

What is the most important way to prevent the spread of skin infections?

Hand washing (hand hygiene) is the most important way to prevent the spread of skin infections in any setting.

To wash your hands properly:

- Wet your hands with clean water and apply soap. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces.
- Continue rubbing hands for 20 seconds (the time it takes to sing "Happy Birthday" twice).
- Rinse hands well with clean water.
- Dry your hands using a paper towel or air dryer.
- If possible, use your paper towel to turn off the faucet.

If soap and water are not available and your hands are not visibly dirty, use an alcohol-based hand sanitizer (60% alcohol or greater) if permitted by your school or athletic club. If alcohol-based hand sanitizers are not allowed or are unavailable, hand sanitizers that do not contain alcohol may also be useful.

To use an alcohol-based hand sanitizer:

- Apply product to the palm of one hand.
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until hands are dry.

As an athlete, what can I do to prevent getting or spreading skin infections?

- Report any skin lesions or sores to your coaching staff immediately (and parent or guardian if you are under 18 years of age).
- Have rashes and sores evaluated by a medical provider before resuming practice or competition.

- Wash your hands frequently or use an alcohol-based hand sanitizer (if approved by your school or club) in the absence of soap and clean water.
- Wash your hands after using shared equipment (such as barbells and free weights).
- Use a clean towel as a barrier between your bare skin and shared surfaces (for example, exercise equipment, sauna benches, or physical therapy tables and equipment).
- Avoid contact with others' lesions and possibly contaminated items (for example, bandages, towels, or gear).
- Wash your hands after contact with others' potentially infectious wounds, skin, or soiled bandages.
- Use your own container of liquid soap (do not share!) and shower before and as soon as possible after EVERY practice, game, or tournament.
- Avoid touching your eyes, nose, or mouth with your hands to help prevent the spread of infections.
- Do not pick or squeeze skin sores, which can worsen an infection and possibly spread it to others.
- Completely and securely cover skin infections that are *not* contagious (such as eczema) before practice, meets, or games.
- Do not share towels, washcloths, soap, razors, toothbrushes, or topical preparations (including deodorants, lotions, ointments, gels, or creams).
- Wash towels after each use, using hot water with detergent (and bleach if possible) and dry completely on high heat setting.
- Wash and disinfect, as indicated, personal and shared athletic gear and equipment (including wrestling mats).
- Launder uniforms and other clothing after every use.
- Shower with soap (preferably liquid, not bar, soap) before using whirlpools, cold tubs, steam rooms, or saunas.
- Do not use whirlpools, cold tubs, steam rooms, or saunas if sores, scratches, scrapes, or wounds are present anywhere on your body.
- Do not share cell phones, beverage containers (such as water bottles or sports drinks), cigarettes, or anything else that touches the lips, enters the mouth, or has contact with an affected skin area.

What should coaches, trainers, or other authorized persons do to reduce the spread of skin infections in athletes?

- Examine athletes for skin infections before each practice or competition:
 - Exclude athletes who have contagious skin infections from practice or competition until a medical provider determines that the infection is no longer infectious.
 - Comply with your district's or club's standard clearance process before allowing athletes to return to sports or physical education class.
- Know and use hand hygiene and teach athletes how to properly wash their hands with soap and clean water or use an alcohol-based hand sanitizer (if approved by the school or club administration). In addition:
 - Know the school or club policy on the use of alcohol-based hand sanitizer. If they are approved for use, provide appropriate student supervision. In situations where access to sinks is limited (e.g., in a gymnasium), provide individual containers of alcohol-based hand sanitizer to each team member.
 - Use hand hygiene after contact with players, especially after changing bandages or providing wound care. Authorized persons who assist with the application of clean dressings should wear disposable gloves and wash their hands and forearms immediately after removing gloves.
 - Remind athletes to use a clean towel as a barrier between bare skin and shared surfaces such as exercise equipment to reduce the need for frequent sanitizer application.
- For athletes with skin wounds:
 - Ensure that non-contagious skin wounds or conditions are covered completely and securely (bandaged and covered with a protective sleeve) during practices and meets.
 - Make sure all wounds (e.g., cuts, scrapes, abrasions) are covered with a bandage until healed -- especially when contact with shared items (such as physical therapy or weight equipment) may occur.
 - Exclude athletes with draining lesions or open wounds (regardless if they are covered) from swimming pools, whirlpools, ice tubs, saunas, and hot tubs.
- Provide enough clean towels to your team so that no one has to share, and remind athletes not to share towels, even in the gym during practice or competition.

What should schools and clubs do to prevent the spread of skin infections?

- Environmental surfaces in the athletic setting should be cleaned and disinfected. Establish a regular cleaning schedule for shared environmental surfaces such as wrestling mats or strength-training equipment:
 - Sanitize mats and other high-use equipment before each practice and several times a day throughout a tournament.
 - Sanitize all skin-contact points of weight equipment at least once a day.
 - Use a sanitizer or US Environmental Protection Agency (EPA) registered disinfectant for use against MRSA on surfaces or use a freshly mixed solution of one part bleach to 100 parts water (1 tablespoon bleach to 1 quart of water).
 - Follow the directions listed on the labels of all cleaning and disinfecting products. Pay particular attention to the contact times for these products.
- Repair or discard equipment with damaged surfaces that cannot be adequately cleaned (e.g., equipment with exposed foam).
- Cover treatment tables. Discard or launder coverings after each use.
- If soiled linens and clothing are washed on school premises, wash with regular laundry detergent in hot water (minimum 160°F). If the water temperature is not 160°F or higher, add one cup of bleach to the wash. Dry in a hot dryer. Consider wearing gloves when handling dirty laundry.

Sexually Transmitted Diseases (STDs)

The term sexually transmitted disease is used to cover the more than 25-30 infectious organisms that are spread through sexual activity. STDs are almost always spread from person to person by sexual activity. These infections are most easily spread by vaginal or anal intercourse, and sometimes by oral sex. Some STDs can also be spread through blood, particularly among intravenous (IV) drug users who may be sharing drug equipment (needles, syringes, or "works"). In addition, pregnant women with STDs may pass their infection to infants in the uterus (womb), during birth, or through breast-feeding.

Most people with STDs have no symptoms. Without treatment these diseases can lead to major health problems such as not being able to get pregnant (infertility), permanent brain damage, heart disease, cancer, and even death. If you think you have been exposed to a sexually transmitted disease, you and your sex partner(s) should visit a health clinic, hospital or doctor for testing and treatment.

Where to Go for STD Screening and Treatment

Many local and county health departments have clinics where you can get tested and treated for STDs. Some clinics are free, at others, you may have to pay to get STD testing and treatment. The STD Clinics in New York State page contains links to contact information for STD clinics organized by county. You also can call the National STD hotline (1-800-232-4636) to find a clinic near you. Link:

<http://www.health.ny.gov/diseases/communicable/std/clinics/>

Your doctor or health care provider may also do STD testing and treatment. See your doctor or health care provider right away if you have symptoms. If you do not have a doctor or health care provider and need to get tested right away, go to a local Urgent Care center, walk in clinic or hospital emergency room.

STD Links

Information on STDs

[More information on specific STDs and their prevention, symptoms and treatment](#)

[Information on Partner Services](#)

[Information on Expedited Partner Therapy](#)

Internet Resources

[Sexually Transmitted Diseases](#) - Centers for Disease Control and Prevention

[Division of STD Prevention, National Center for HIV, STD and TB Prevention - CDC](#)

[Iwannaknow.org](#) - Information About Teen Sexual Health and STDs

[American Social Health Association](#)

[Hepatitis Information \(NYSDOH\)](#)

[HIV/AIDS Information \(NYSDOH\)](#)

Provider Resources

Clinician Reporting Procedures

[Provider HIV Reporting and Partner Services](#)

Treatment and Laboratory Guidelines

[CDC STD Treatment Guidelines 2010](#)

[Update: Tetracycline and Doxycycline Shortage and Impacts to Recommended STD Therapy \(CDC\)](#)

[Update: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections](#)

[Morbidity and Mortality Weekly Report \(MMWR\) \(August 10, 2012\)](#)

[Health Advisory: Oral Cephalosporins no longer recommended for treatment of gonococcal infections in the United States \(September 2012\) \(PDF, 105 KB, 3pg.\)](#)

[Congenital Syphilis Surveillance in Upstate New York, 1989-1992 *The Journal of Infectious Diseases* 1995;171:732-5](#)

[2002 Laboratory Guidelines Screening Tests To Detect *Chlamydia trachomatis* and *Neisseria gonorrhoeae* Infections](#)

[Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault](#)

Expedited Partner Therapy

[Expedited Partner Therapy for *Chlamydia trachomatis*](#)

Partner Services for STD/HIV Prevention

[Information on Partner Services](#)

[Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection - November 2008 MMWR \(PDF, 698 KB, 92pg.\)](#)

Integrated STD, HIV and Viral Hepatitis Risk Assessment Questionnaire

[English \(PDF, 182KB, 1pg.\)](#)

[Español \(PDF, 788KB, 1pg.\)](#)

[Haitian Creole \(PDF, 433KB, 1pg.\)](#)

[Risk Questionnaire - Instructions for staff \(PDF, 23KB, 3pg.\)](#)

[Answer Guide for Risk Questionnaire \(PDF, 31KB, 1pg.\)](#)

Training and Reference

[National Network of STD/HIV Prevention Training Centers](#)

[STD 101 in a Box - Ready to Use Presentations - CDC](#)

[The Practitioner's Handbook for the Management of STDs - Seattle STD/HIV Prevention Training Center](#)

Statistics

[STD Data and Statistics](#)

[STD Materials Order Form](#)

STD education materials order form

Tuberculosis (TB)

What is tuberculosis?

Tuberculosis is a bacterial disease usually affecting the lungs (pulmonary TB). Other parts of the body can also be affected, for example lymph nodes, kidneys, bones, joints, etc. (extrapulmonary TB). Approximately 1,300 cases are reported each year in New York State.

Who gets tuberculosis?

Tuberculosis can affect anyone of any age. People with weakened immune systems are at increased risk.

How is tuberculosis spread?

Tuberculosis is spread through the air when a person with untreated pulmonary TB coughs or sneezes. Prolonged exposure to a person with untreated TB usually is necessary for infection to occur.

What is the difference between latent tuberculosis infection and tuberculosis disease?

Latent tuberculosis infection (LTBI) means the person has the TB germ in their body (usually lungs), but has yet to develop obvious symptoms. In latent TB, the person has a significant reaction to the Mantoux skin test with no symptoms of tuberculosis, and no TB organisms found in the sputum. Tuberculosis disease indicates the person has symptoms, a significant reaction to a Mantoux skin test and organisms found in the sputum. In order to spread the TB germs, a person must have TB disease. Having latent TB infection is not enough to spread the germ. Tuberculosis may last for a lifetime as an infection, never developing into disease.

What are the symptoms of tuberculosis?

The symptoms of TB include a low-grade fever, night sweats, fatigue, weight loss and a persistent cough. Some people may not have obvious symptoms.

How soon do symptoms appear?

Most people infected with the germ that causes TB never develop active TB. If active TB does develop, it can occur two to three months after infection or years later. The risk of active disease lessens as time passes.

When and for how long is a person able to spread tuberculosis?

A person with TB disease may remain contagious until he/she has been on appropriate treatment for several weeks. However, a person with latent TB infection, but not disease, cannot spread the infection to others, since there are no TB germs in the sputum.

What is the treatment for tuberculosis?

People with latent TB infection should be evaluated for a course of preventive therapy, which usually includes taking antituberculosis medication for several months. People with active TB disease must complete a course of treatment for six months or more. Initial treatment includes at least four anti-TB

drugs, and medications may be altered based on laboratory test results. The exact medication plan must be determined by a physician. Directly observed therapy (DOT) programs are recommended for all TB patients to help them complete their therapy.

What can be the effect of not being treated for tuberculosis?

In addition to spreading the disease to others, an untreated person may become severely ill or die.

What can be done to prevent the spread of tuberculosis?

The most important way to stop the spread of tuberculosis is for TB patients to cover the mouth and nose when coughing, and to take all the TB medicine exactly as prescribed by the physician.

What is multidrug-resistant tuberculosis (MDR-TB)?

This refers to the ability of some strains of TB to grow and multiply even in the presence of certain drugs which would normally kill them.

What is extensively drug-resistant tuberculosis (XDR-TB)?

Extensively drug-resistant TB (XDR-TB) is a subset of MDR-TB in which the strains of TB bacteria are resistant to several of the best second-line drugs for TB. These strains are very difficult to treat. XDR-TB cases make up approximately 10 percent of MDR-TB cases.

Who gets MDR-TB?

TB patients with drug sensitive disease may develop drug resistant tuberculosis if they fail to take antituberculosis medications as prescribed, as well as TB patients who have been prescribed an ineffective treatment plan. TB cases diseased with MDR-TB can transmit the drug resistant infection to other individuals.

What is the treatment for multidrug-resistant tuberculosis?

For patients with disease due to drug resistant organisms, expert consultation from a specialist in treating drug resistant TB should be obtained. Patients with drug resistant disease should be treated with drugs to which their organisms are susceptible. The effectiveness of treatment for latent infection with MDR-TB is uncertain.

What can be done to prevent the spread of MDR-TB?

Ensuring people with MDR-TB take all their medication and teaching patients to cover their mouth and nose when coughing and sneezing can reduce the risk of spread of MDR-TB. In addition, directly observed therapy should be used to ensure patients complete the recommended course of therapy.

All of the above Communicable Disease Fact Sheet information is from the New York State Department of Health. Further information can be found at their website:

<http://www.health.ny.gov/diseases/communicable/index.htm>