Virginia Department of Education
Guidelines for Notification and Reporting of Communicable Diseases
Authorized by *Code of Virginia* §§ 22.1-16 and 22.1-289.046

April 2026

1 Introduction and Purpose

This guidance document clarifies the notification requirements outlined in 8VAC20-780-490(C) of the *Standards for Licensed Child Day Centers* and reporting requirements referenced in requirements for daily health observation training in 8VAC20-780-245(K)(4). Specifically, it explains the requirement to notify parents when children at the center have been exposed to a communicable disease listed in the Virginia Department of Health's (VDH) communicable disease chart; to consult with the local health department if there is a question about the communicability of a disease in 8VAC20-780-490(D); and to report all outbreaks to VDH pursuant to 12VAC5-90-80 and 12VAC5-90-90(H).

2 Interpretation of the Standard and the Communicable Disease Reference Chart for School and Child Care Facility Personnel

Standard 8VAC20-780-490(C) requires that when children at the center have been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, parents must be notified within 24 hours or by the next business day after the center has been informed, unless prohibited by law. For life-threatening diseases, notification must occur immediately.

The State Board of Education interprets 8VAC20-780-490(C) with reference to the following laws, regulations, and guidance:

- The Communicable Disease Reference Chart for School and Child Care Facility Personnel;
- VDH's website Outbreak Reporting Requirements for Facilities and Programs;
- Section 32.1-37 of the *Code of Virginia*;
- Section 12VAC5-90-90 of the Virginia Administrative Code; and
- The Virginia Reportable Disease List.

The VDH Communicable Disease Reference Chart for School and Child Care Facility Personnel provides information on symptoms, exclusion, notification, and reporting requirements. This document also incorporates, by reference, the Virginia Reportable Disease List.

The Board's interpretation is that providers must notify parents of exposure to any communicable disease listed in the VDH Communicable Disease Reference Chart for School and Child Care Facility Personnel within 24 hours or the next business day of the center having been informed. In addition, persons in charge of schools or child care centers are required to immediately report any suspected or confirmed outbreak to the appropriate local health department including additional information (e.g., contact information) as necessary to facilitate public health investigation and disease control, as described in section 12VAC5-90-90(H). The VDH encourages facilities and schools to have a low threshold for when to contact their local health department for collaboration. Although child care facilities and schools are not required to report individual cases of diseases on the Virginia Reportable

Disease List, VDH encourages facilities, at a minimum, to report cases of diseases that are listed in the "Report Immediately" section of the Virginia Reportable Disease List.

> **Note:** All disease outbreaks are reportable to the local health department. The diseases that most commonly cause outbreaks in group settings are respiratory illnesses, such as influenza; gastrointestinal illnesses that cause vomiting or diarrhea; and rash illnesses, such as chickenpox or scabies. Acute environmental exposures (e.g., carbon monoxide poisoning, pesticide intoxication) can also cause illness in group settings and should be reported. For reporting a communicable disease of public health concern, this typically applies to situations where there is an emergence of a novel disease or re-emergence of a disease in an unusual setting or population.

2.1 Interpretation of 'Exposure' in Terms of the Standard

After a person is exposed to a disease-causing germ, there is a period of time between exposure and when symptoms start. This time period is called the **incubation period**. The incubation period is typically expressed as the average time it takes for symptoms to appear after exposure, whereas the range of the incubation period provides the minimum and maximum limits of when symptoms might appear. When a person is sick with a disease, they can spread the disease to others for a different period of time called the **infectious period.** The period is also sometimes called the contagious period. Depending on the disease, people can be infectious before, during, or after they have symptoms. Each disease has its own incubation period and infectious period. For some diseases, especially newly emerging diseases, the incubation period and the infectious period might not be known. A **communicable disease** is a disease that spreads from person to person either directly or indirectly through another object or agent.

To determine if an exposure to a communicable disease occurred, centers shall refer to the information in the Communicable Disease Reference Chart for School and Child Care Facility Personnel. The chart includes disease information about the infectious period and the incubation period. If a person has been diagnosed with a particular communicable disease or is strongly suspected of having a communicable disease, the center should determine if the person was at the facility during the person's infectious period. If the person or child was at the facility while infectious, minimally an exposure notification should be sent to the parents of the children who were also at the facility during this time. The Board recommends notifying affected staff as well.

> **Note:** Examples are provided in section 2.2 of this document.

2.2 Interpretation of Exposure and Notification to Parents

In the best interest of children in care, the Board reasonably applies the maximum period for which an infected person may be infectious and requires parental notification of this risk. The examples below illustrate how to apply the information shown in the Communicable Disease Reference Chart for School and Child Care Facility Personnel.

> **Example 1**: Chickenpox (varicella) is infectious from the two days before rash onset until all lesions have dried/crusted over and no new lesions appear within a 24-hour period. If a facility was notified that a child at the center was diagnosed with or has shown symptoms of chickenpox (varicella), then the child will be excluded until no

longer infectious (for their infectious period). If the child was at the facility at any point during the two days before rash onset until all lesions have dried and crusted over, then parents of all children that may have been exposed must receive notification as required in 8VAC20-780-490(C). Children who were potentially exposed would be monitored for symptoms for the 21 days (the maximum incubation period) after the exposure.

Example 2: Conjunctivitis (pink eye) is infectious upon contact with eye discharge or contaminated articles. However, since the transmission column doesn't include an infectious period, the incubation period of 1-3 days should be used. If a facility was notified that a child or staff person at the center was diagnosed with, exposed to, or has shown symptoms of conjunctivitis (pink eye), within the incubation period, parent notification is required. Therefore, parents of all children that may have been exposed within the last three days must receive notification as required in 8VAC20-780-490(C).

VDH VIRGINIA DEPARTMENT OF HEALTH

Communicable Disease Reference Chart for School and Childcare Facility Personnel*

Disease	Incubation period	Transmission	Common symptoms	Recommendations
Chickenpox† (Varicella)	14–16 days (Range 10–21 days) Incubation period may be longer (28 days or more) in persons who receive immune globulin for postexposure prophylaxis (VariZIG or IVIG). Incubation period may be shorter in persons with weakened immune systems.	Direct contact with vesicular fluid or by airborne spread from respiratory tract secretions. Infectious from 2 days before rash onset until all lesions have dried/crusted over and no new lesions appear within a 24-hour period (average is 4–7 days). Communicability may be prolonged in people with weakened immune systems.	Sudden onset with slight fever, other systemic symptoms and itchy eruptions which become vesicular (small blisters) within a few hours. The rash first appears on the chest, back, and face, and then spreads over the entire body. Lesions commonly occur in successive crops, with several stages of maturity present at the same time. Typically, vesicular rash consisting of 250–500 lesions in varying stages of development (papules, vesicles) and resolution (crusting).	PATIENT: Exclude from school or childcare setting until: • Uncomplicated varicella regardless of vaccine status: the rash has crusted • Immunized patients without crust: no new lesions appear within a 24-hour period • Patients with weakened immune systems: at least 5 days after eruptions first appear or until vesicles become dry Avoid exposure to women in early pregnancy who have not had chickenpox and/or varicella vaccine. CONTACTS: Check vaccination status of contacts in school and childcare setting and recommend vaccination if needed within 3 days and up to 5 days after exposure. For exposed contacts without immunity: • School setting: exclusion not recommended unless an outbreak (three or more epi-linked cases within 21 days in group or facility) is reported; monitor for varicella symptoms for 8–21 days from exposure and until 28 days after for those who received VariZIG or IVIG. • Childcare setting: exclusion recommended for 8–21 days from exposure (28 days if VariZIG or IVIG given.) • If symptoms occur, exclude from school and childcare setting.
Conjunctivitis (Pink Eye)	1–3 days Variable depending on the cause. Causes include bacteria, viruses, allergies, and chemicals/irritants.	Contact with eye discharge or contaminated articles, if the cause is infectious (e.g., bacteria or virus.) Allergic and chemical causes are not contagious.	Pink or red eye with swelling of the eyelids, increased tears, and eye discharge. Eyelids may be matted shut after sleep. May involve one or both eyes.	PATIENT: For viral or bacterial conjunctivitis, exclude from school or childcare setting while symptomatic or until cleared to return by a healthcare provider. It is important to wash hands thoroughly after contact with eye drainage. Do not share any articles that have come into contact with the eyes. CONTACTS: Exclusion not indicated.

While licensing standards and the diligence of providers keep children's exposure to childhood illnesses and infectious disease to a minimum, children in child care environments remain vulnerable to communicable diseases. Therefore, the Board recommends that all enrolled families be made aware of potential exposure to a communicable disease within the program, with more specific information and guidance provided by the local health departments to those immediately impacted by exposure within a particular room or area.

When notifying parents about an exposure to a communicable disease, the Board recommends that the facility provide basic information about the disease. For example, the facility should provide the name of the disease, what symptoms to watch for, how long after exposure to watch for symptoms, and how the disease spreads. Disease fact sheets are available on the VDH website. If symptoms develop, parents should be instructed to contact their healthcare provider and mention the exposure. Licensed child day centers should make notifications so as not to reveal the identity of individuals with a communicable disease.

2.3 Interpretation of the Virginia Department of Health's Disease Reporting Requirements

Licensed child day centers must ensure that at least one staff member on duty has received daily health observation training within the last three years, which includes information concerning the Virginia Department of Health Notification of Reportable Diseases pursuant to 12VAC5-90-80 and 12VAC5-90-90 (H).

As stated in section 2, centers must immediately report any suspected or confirmed outbreak to the appropriate local health department according to the Virginia Administrative Code, 12VAC5-90-90(H). Every effort must be made to notify the local health department immediately of suspected or confirmed diagnosis by the most rapid means available, preferably by telephone. An outbreak means the occurrence of more cases of a disease than expected, 12VAC5-90-10. Centers may voluntarily report additional information, including individual cases of communicable diseases, if VDH requests this information for special surveillance or epidemiologic studies. If the facility opts to also report diseases identified in the Communicable Disease Reference Chart for School and Child Care Facility Personnel that are marked as "rapidly reportable," it is best to also report those by telephone.

The Board recommends that facilities document all communication and reports made to the local health department in order to document compliance with licensing standards.

3 Updates

The VDH may update the title or contents of the Communicable Disease Reference Chart for School and Child Care Facility Personnel or the Virginia Reportable Disease List as needed. Current resources can be found on the Outbreak Reporting Requirements for Facilities and Programs webpage, but facilities may also contact VDH for the most up-to-date versions. Questions regarding the communicability of a disease should be directed to the local health department.

Regulatory revision will result in the need for the Board to amend this document to reflect technical changes related to standard numbers, topics, or references. Updates are subject to Board and agency guidance document administrative procedures.