Communicable diseases are infections that spread from one person to another. They may occur when a healthy person comes into direct contact with someone who is sick or when a healthy person touches something that a sick person has touched. Not all infections are communicable (for example, an ear infection). Examples of communicable diseases include the flu, colds, strep throat, impetigo (infected sores on the skin), and some gastrointestinal illnesses. Both viruses (including those that cause the flu) and bacteria (including those that cause strep) can cause infections. You can catch these infections in several different ways, but all involve contact with the germ on mucous membranes (like the eyes, nose, or mouth) or where there are breaks in the skin (like a cut or a hangnail).

The following are incidents that have occurred in Scouting, from which we can learn.

Incident Review #1—Strep Throat

A 17-year-old staff member comes to the health lodge with a sore throat. He works in the dining hall. He says that his throat has been hurting for about a day but is much worse this morning. He is sent to urgent care where he tests positive for strep and receives a prescription for penicillin. The Scout returns to camp and, at the recommendation of urgent care, he remains in isolation for 24 hours after starting penicillin. The Scout is told that he may return to work if there are no other symptoms after 24 hours.

Key Points

- Any person with a sore throat, especially if there is fever, should be evaluated by a licensed healthcare professional.
- Strep throat commonly spreads by person-to-person transmission. Although possible, strep throat rarely spreads via food.
- During the first 24 hours after treatment starts, the person should be isolated.
- After 24 hours of antibiotic treatment, strep throat is generally not communicable (i.e., cannot be spread), and Scouts can return to their regular activities. Anyone who is still symptomatic after 24 hours of treatment may have another type of infection in addition to strep and should be re-evaluated.
- The main symptoms of strep can include fever, upset stomach, nausea, and sore throat. Strep usually occurs within 2-5 days after exposure. Others who may have been exposed should be watched for symptoms.
- The spread of strep can be prevented by good handwashing; by not sharing cups, water bottles, or utensils; and by proper cough and sneeze etiquette (coughing and sneezing into the crease of your elbow).

Incident Review #2—Nausea/Vomiting and Norovirus

On the 8-hour bus ride to summer camp, a Scout becomes ill with nausea and diarrhea. On arrival at camp, he is taken to a nearby urgent care facility where he is diagnosed with probable norovirus. The Scout stays overnight in a local hospital for IV fluids and isolation. By the time the Scoutmaster returns to camp, five other Scouts have diarrhea and are vomiting. The council physician and the local health department are notified. After consulting with the camp physician, the Scoutmaster decides to take the troop home to prevent spread of the infection to others in the camp. Following the departure of the troop, the campsite is cleaned and disinfected and not used for the remainder of the week. The camp physician tells the Scoutmasters and camp leaders to report any other cases of vomiting and diarrhea promptly.

Key Points

- Prior to coming to camp, all Scouting units should use the Pre-Event Medical Screening Checklist, No. 680-102, to screen for communicable infections.
- Good handwashing is essential. Alcohol-based hand sanitizers are not adequate when someone has diarrhea.
Incident Review #3—Pertussis (Whooping Cough)

A 12-year-old Scout who has not been immunized attends camp. Several days after coming home, he develops a cough. He is seen by his physician and diagnosed with whooping cough (pertussis). The mother reports the infection to both the Scoutmaster and the camp. The camp physician then sends a letter to all leaders of the other troops who attended camp at the same time as the infected Scout. The public health department is notified, and an incident report is filed.

Key Points

- The BSA requires that all Scouts have a tetanus immunization. Other immunizations (including pertussis) are strongly recommended but not required.
- A registered unit leader should be aware of the immunization history of all youth and adults registered with the unit.
- Pertussis is a serious lung infection that is highly contagious. It may cause pneumonia and even death.
- It may take 5-10 days for symptoms to develop. Common symptoms include coughing, sneezing, runny nose, and mild fever.
- If whooping cough is suspected, the parents and/or Scoutmaster should notify the council and council physician so that other potentially exposed Scouts can be notified. An incident report should be filed.

Incident Review #4—Infected Sore

An 11-year-old Scout has a number of bug bites on his leg following a patrol hike. Two days later, one of the bug bites has an area of redness about a half-inch in diameter with pus in the center. He notices that he has two other similar sores with redness that are higher up on his leg where there were no bug bites. The Scout washes the sores with soap and water and is taken to a pediatrician. Impetigo is diagnosed, and antibiotics are started. The Scout calls his Scoutmaster to notify others in the troop to look for similar sores.

Key Points

- Impetigo is the medical name for infected sores on the skin. Sores can have a yellow-red crust or there can be multiple small blisters.
- Impetigo is very contagious and can easily spread from one person to another. Antibiotics are always needed to treat it.
• The germs may be on clothes, bedding, towels, and sports equipment that the sores may have touched. Be sure that clothing, bedding, and towels are washed in hot water and dried in high heat. Soap and warm water should be used for washing equipment.

• The sores frequently occur where there has been other skin irritation, such as from a bug bite, a cut, or exposure to poison ivy.

• If impetigo is diagnosed at camp, the person should be isolated until he or she can be removed from camp.

• Good handwashing can help prevent the infection.

Discussion Questions

• When are disease symptoms likely to have serious consequences?

• What immunizations are required by the BSA?

• How many of your units/camps use the Pre-Event Medical Screening Checklist?

• What are the differences between food poisoning and norovirus?

• What is your camp’s isolation procedure?

Resources

• KidsHealth—Impetigo: https://kidshealth.org/en/parents/impetigo.html

• Mayo Clinic—Strep Throat: www.mayoclinic.org/diseases-conditions/strep-throat/symptoms-causes/syc-20350338

• Centers for Disease Control and Prevention—Norovirus: www.cdc.gov/norovirus/index.html

• Centers for Disease Control and Prevention—Pertussis Frequently Asked Questions: www.cdc.gov/pertussis/about/faqs.html


