SKUPIE RESEARCH · WHITE PAPER No. 3
Selection standard

How Skupie Chooses Which Illnesses to Cover

Why these illnesses, why the list is shaped the way it is, what we left out on purpose, and what we brought back.

Eric Klasson, Founder, Skupie Inc. · Scope reviews July and October 2026 · Published November 2026 · Reading time 6 min

A judgement, not a database query

A parent does not need an encyclopedia of infectious disease. They need the illnesses that actually reach their child, the ones that come home from school, and the ones named on the school's vaccine form. Deciding which those are is a judgement, not a database query, and this is how we made it.

Two axes, not one

We rank by consequence: what happens to a child if a parent looks this up and Skupie is wrong, absent, or unhelpful. That puts meningococcal disease and measles at the top, and it is the right first question.

But how often a parent actually encounters an illness is a completely separate question, and it matters just as much. An illness can be medically trivial and still be a real problem for a family.

	Rare	Common
Serious	Meningococcal disease, measles, whooping cough. Rare in most school years; the cost of bad information is measured in outcomes.	Influenza, RSV, strep throat. Real medical consequence and real frequency.
Minor	Thin middle. Nothing is included for being medically interesting.	Head lice, pinworm, pink eye. Nothing here will harm a child; all of it generates school decisions and family anxiety.

The list is deliberately barbell-shaped

Head lice cannot hurt anyone. It also drives enormous anxiety and constant school-exclusion confusion. Pink eye is medically minor, and "can my child go to school tomorrow?" is a question asked at seven in the morning and answered wrong all the time.

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> The most dangerous illnesses are not the ones parents look up most. So the list is weighted at both ends, the rare but serious and the constant but minor, with a thinner middle. An illness earns its place from either end. Nothing is included for being medically interesting.

What is in

The July 2026 scope review grouped the illnesses this way:

Tier	July 2026	What belongs here
Tier 1	14	Most serious. Rare in most school years, but the cost of a parent getting bad information is measured in outcomes rather than inconvenience. Meningococcal disease, measles, whooping cough.
Tier 2	14	Serious or very common. Influenza, RSV, strep throat: the illnesses that combine real medical consequence with genuine frequency.
Tier 3	6	Low medical severity, high parental consequence. Head lice, pinworm, ringworm. Nothing here will harm a child. All of it generates school decisions and family anxiety.
Additions	2	Scabies (Tier 3) and cold sores from herpes simplex (Tier 2), added in the July revision. See below.

a list of 36, with 35 Fact Sheets at the July review, because viral and bacterial pink eye are one merged sheet. The list was revised again in October; see "What we brought back" and "Where we stand" below.

What we left out in July, and why

Each of these was a rule we applied, not a gap we overlooked. Four of them were later reversed, for a reason explained in the next section.

Excluded in July	Reason given
Sexually transmitted infections	Out of scope by design. Skupie is directed to parents of K–12 children about illnesses encountered at school and in childcare. (Still excluded.)
Tetanus	Not contagious. It is a wound and soil infection, not person-to-person, so it falls outside the app's scope. (Reversed in October.)
Hepatitis B	Does not spread in classroom settings under universal infant vaccination. Hepatitis A, which is outbreak-prone in schools and childcare, stayed on the list. (Reversed in October.)
Rubella, rotavirus	Set aside as out of scope for US school-age children in ordinary circumstances. (Both reversed in October.)

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Excluded in July	Reason given
Lyme disease, tuberculosis	Set aside as out of scope for US school-age children in ordinary circumstances. If a school nurse deals with either routinely, that is exactly the correction we want. (Still excluded.)

What we brought back, and why

Building the vaccine cards changed the question. A parent who opens a card for the Tdap shot on the school form needs the illness it prevents on the next screen, or the card is a dead end. In October 2026 the list was reopened under one principle, recorded in the selection standard:

> **A vaccine card without its disease card is a gap: a parent reading about a shot needs the illness it prevents.**

Six illnesses were added under that principle, each with its reason on record:

Added October 2026	Tier	Reason on record
Tetanus	1	Not person-to-person, but fatal without care. Backs the DTaP/Tdap vaccine card on every school schedule.
Rotavirus	2	Dehydration in infants and toddlers; on the routine infant schedule; spreads in childcare.
Rubella	2	Mild in the child, dangerous to a pregnant parent or teacher (congenital rubella), the same reasoning as fifth disease. MMR is on every school list.
Hepatitis B	2	Serious liver disease, with little classroom spread under universal infant vaccination. Backs a required school vaccine.
HPV	3	No illness course in childhood; the vaccine a parent of a middle-schooler deliberates about.
Shingles	3	Low severity in children; contagious as chickenpox to the unvaccinated.

The list stands at 42 entries and 41 Fact Sheets: Tier 1, 15; Tier 2, 17; Tier 3, 9. Two of the July exclusions were reversed outright, which we would rather record than hide. The rule that excluded tetanus ("not contagious") was correct on its own terms and wrong for the parent holding a Tdap form. The two-axis test did not change; what changed was recognizing that a vaccine on a school form is itself a moment a parent faces.

The list changes when the reasoning says it should

Two examples, both from the July 2026 revision.

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Herpes simplex was cut, then added back. It was originally excluded to keep clean distance from the sexually transmitted infection line, even though oral HSV-1 in children is common and unrelated to STIs. That was a caution about perception, not medicine. It was added back when the medical case won: dehydration risk during a young child's first episode, herpes keratitis if the virus reaches the eye, and real school questions in between.

Pink eye stopped being two entries. Bacterial and viral conjunctivitis were listed separately, which is correct clinically and wrong for a parent. The two cannot be reliably distinguished by looking, so two cards forced a parent to self-classify before they could read anything. They are now one card. Both clinical names remain listed and searchable.

Who shaped the list

The starting point was research into infectious disease that affects US schools, everything from nuisance to life-threatening. We curated from there toward what actually reaches a child in a classroom.

Then we put the list in front of public health experts and clinical advisors, framed as something to correct rather than something to approve. The revisions above came from that input. School nurses and pediatricians know which illnesses cross their desk; we would rather be corrected on scope early than build content for the wrong set.

The review is two steps by design. Step one is the scope: which illnesses belong. Step two is the content: whether each Fact Sheet is faithful to its sources. They are different questions and they need different attention.

Where we stand, honestly

STEP ONE: SCOPE

Complete and revised twice. The scope was reviewed with clinical input in July 2026 (a list of 36) and reopened in October 2026 to add the six illnesses behind required or routinely scheduled vaccines (a list of 42, with 41 Fact Sheets). Each addition carries its one-line reason in the selection record.

STEP TWO: CONTENT

Every Fact Sheet is a summary of named public sources, built in English and Spanish and packaged with a source sheet. Skupie does not write or alter health guidance and does not seek clinical sign-off on it: the review checks that each statement is faithful to its cited source, is written for a parent, and does not drift into diagnosis or dosing. We do not describe the content as clinician-approved, because that is not what it is; it is sourced, dated, and checked against the source.

THE LIST IS REVISABLE, AND WE INTEND TO REVISE IT

Every question a parent asks that falls outside these illnesses is recorded: the illness and the kind of question, never the words a parent wrote about their own child. That record, what families actually ask about and cannot find, is how we decide what to add next, rather than guessing.

If you are evaluating Skupie as a clinical or institutional partner and think we have the scope wrong, tell us. That is a conversation we want to have.

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