

Communicable Disease Chart for Schools and Child Care Centers

CONDITION	INCUBATION PERIOD	SIGNS AND SYMPTOMS	EXCLUSION FROM ATTENDANCE ¹	READMISSION CRITERIA	REPORTABLE DISEASE	NOTES FOR PREVENTION AND/OR TREATMENT
AIDS/HIV infection	Variable	Weight loss, generalized swelling of the lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver. Individuals with HIV infection may be asymptomatic.	No, unless a health care provider determines that a severe or chronic skin eruption or lesion, which cannot be covered, poses a threat to others. The child's parents/health care providers should be advised of measles, rubella or chickenpox outbreaks in the school. These may pose a health threat to the immunosuppressed child.		YES	Teach importance of handwashing. When cleaning up spills of blood or body fluids, wear gloves and use a suitable disinfectant. Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection.
Amebiasis	Variable, days to months; commonly 2-4 weeks	Intestinal disease may vary from asymptomatic to acute dysentery with bloody diarrhea, fever and chills.	YES	After treatment has begun and when free of diarrhea and fever for 24 hours.	YES	Adequate treatment is necessary to prevent/eliminate extraintestinal disease. Teach importance of handwashing. Relatively uncommon in the U.S., but can be acquired in developing countries. Spread by person-to-person contact or through contaminated food and/or drink.
Campylobacteriosis	1-10 days; usually 2-5 days	Sudden onset of diarrhea, abdominal pain, fever, malaise, nausea and vomiting.	YES	When free of diarrhea and fever for 24 hours.	YES	Teach importance of handwashing. Frequently a foodborne infection.
Chickenpox (Varicella)	2-3 weeks; commonly 14-16 days	Fever and vesicular rash that may appear first on head, then spreads to body. Usually two or three crops of new blisters that heal, leaving scars.	YES	When blisters have all crusted over.	Only when an outbreak is suspected in a school or classroom.	Vaccine available. Teach importance of handwashing. Discourage scratching and use of aspirin products.
Common Cold	1-3 days	Runny nose, watery eyes, fatigue, coughing, and sneezing. May include sore throat.	NO, unless fever is present (see "Fever")	When free of fever for 24 hours.	NO	Teach importance of handwashing and covering mouth when coughing or sneezing.
Conjunctivitis (Pink-eye), bacterial or viral	Bacterial: 1-3 days; viral: 12 hours-12 days	Red eyes, usually with some discharge or crusting around eyes.	YES	When child is asymptomatic or has note from health care provider that condition is non-infectious.	NO	Teach importance of handwashing. Allergic conjunctivitis is not contagious and does not require exclusion.
Cryptosporidiosis	1-12 days; with an average of 7 days	Diarrhea, which may be profuse and watery, preceded by anorexia and vomiting in children. The diarrhea is associated with abdominal pain. Malaise, fever, nausea, and vomiting occur less often. Infection may be asymptomatic.	YES	When free of diarrhea for 24 hours.	YES	Teach importance of handwashing.
Cytomegalovirus (CMV) infection	Unknown under normal circumstances	Usually asymptomatic. Congenital CMV infections may result in hearing loss, pneumonia, eye inflammation, and growth and/or mental retardation.	NO		NO	Teach importance of handwashing. Avoid direct contact with urine, saliva or other infectious secretions.
Diarrhea		Twice the child's usual frequency with change to looser consistency within 24 hours.	YES	When bowel movement has returned to normal consistency and frequency.	NO	Teach importance of handwashing.
Fever		Oral or axillary temperature of 100°F	YES	When free of fever for 24 hours.	NO	
Fifth disease (Erythema infectiosum)	Variable; 4-20 days to development of rash	Redness of the cheeks and body. Fever does not always occur.	YES, if fever is present (see "Fever")	When free of fever for 24 hours. No longer contagious once rash appears.	NO	In outbreak situations, health care provider diagnosis is not required for exclusion or readmission once the initial case has been identified. Teach importance of handwashing. Individual should be seen by a health care provider to confirm diagnosis.
Gastroenteritis, viral	Variable; usually 1-3 days	Stomach ache, nausea, vomiting and diarrhea. Fever does not usually occur.	YES	When free of diarrhea for 24 hours.	NO	Teach importance of handwashing.
Giardiasis	3-25 days or longer; usually 7-10 days	Gradual onset of nausea, bloating, and diarrhea. May recur several times over a period of weeks.	YES	After treatment has begun and when free of diarrhea for 24 hours.	YES	Teach importance of handwashing. Can spread quickly in child care environment.
Hand, Foot and Mouth Disease	4-6 days	Mouth ulcers located on the buccal mucosa (inside of cheeks), tongue or gums. In 2 days, may be followed by development of vesicles on hands and/or feet.	No. Excretion of virus is prolonged and most infections are asymptomatic, therefore removal is not warranted.		NO	Teach importance of handwashing.
Head lice (Pediculosis)	Eggs hatch in 7-10 days	Itching and scratching of scalp. Pinpoint-sized white eggs (nits) that will not flick off the hair shaft.	YES	1st occurrence: after treatment with 1 pediculicidal shampoo or creme rinse (proof of treatment required). 2nd occurrence: when free of lice and nits.	NO	Use medicated shampoo or lotion treatment. Second shampoo is recommended in 7-10 days. Teach importance of not sharing combs, brushes, hats and coats. Discuss environmental cleaning and treatment of household contacts.
Hepatitis A	15-50 days; with an average of 30 days	Abrupt onset of fever, malaise, anorexia, nausea and vomiting, and abdominal pain; jaundice, dark urine or light colored stools. Young children may have a mild case or no symptoms.	YES	1 week after onset of jaundice.	YES, IMMEDIATELY	Vaccine available to persons 1 years of age or older. Immediately report suspect cases to SNHD by calling 759-1300. Teach importance of handwashing. Current recommendations suggest that unimmunized household contacts receive vaccine and/or immune globulin (IG) depending on age and health status. If more than 1 case occurs in a child care facility, vaccine and/or IG should be considered for all unimmunized contacts at the facility.
Hepatitis B	45-180 days; with an average of 60-90 days	Gradual onset of fever, fatigue, nausea, or vomiting, followed by jaundice. Frequently asymptomatic.	NO		YES	Vaccine available. Teach importance of handwashing. When cleaning up spills of blood or body fluids, wear gloves and use a suitable disinfectant. Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection.
Herpes simplex (Cold sores)	First infection, 2-12 days	Blisters on or near lips that open and become covered with a dark crust. Recurrences are common.	YES-Childcare/Preschool; NO-Schools	When cutaneous lesions are scabbed.	NO	Teach importance of good hygiene. Avoid direct contact with sores.
Impetigo	Usually 1-3 days; occasionally 4-10 days	Blisters on skin that open and become covered with yellowish crust. Fever does not usually occur.	YES	48 hours after treatment has begun and lesions are no longer oozing.	NO	Keep lesions covered. Teach importance of handwashing and keeping area under the fingernails clean.
Influenza	1-3 days	Rapid onset of fever, headache, sore throat, cough, chills, lack of energy, and muscle aches.	YES	When free of fever for 24 hours.	YES	Vaccine available and recommended for children. Discourage aspirin products.
Measles (Rubeola)	7-18 days; usually 10 days	Runny nose, watery eyes, fever, and cough. Blotchy red rash, which usually begins on the face, appears between the 4th and 7th day.	YES	4 days after onset of rash. In an outbreak, unimmunized children should be excluded for at least 2 weeks after last rash onset.	YES, IMMEDIATELY	Immediately report suspect cases to SNHD by calling 759-1300. Vaccine available.
Meningitis, bacterial	Varies	Sudden onset of high fever and headache, usually with vomiting.	YES	7 days after onset of symptoms.	YES	Prophylactic antibiotics may occasionally be recommended for family members and other close contacts. Teach importance of handwashing.
Meningitis, viral	Varies	Sudden onset of fever and headache, usually with vomiting.	NO, unless fever is present (see "Fever")	When free of fever for 24 hours.	YES	Teach importance of handwashing.
Meningococcal infections (Meningitis, Meningococemia)	Varies from 2-10 days; commonly 3-4 days	Sudden onset of fever; intense headache; nausea and often vomiting; stiff neck; and frequently a reddish or purplish rash on the skin or mucous membranes.	YES	7 days after onset of symptoms.	YES, IMMEDIATELY	Immediately report suspect cases to SNHD by calling 759-1300. Prophylactic antibiotics may be recommended for family members and close contacts at a childcare facility. Teach importance of handwashing.
Mononucleosis, infectious	4-6 weeks	Variable. Infants and young children generally are asymptomatic. Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat.	YES	When health care provider decides or free of fever for 24 hours. Some children with fatigue may not be physically able to return to school until symptoms subside.	NO	Minimize contact with saliva and nasal discharges. Teach importance of handwashing.
Mumps	14-25 days; usually 15-18 days	Swelling over jaw in front of one or both ears. Pain in cheeks made worse by chewing.	YES	5 days after onset of swelling.	YES, immediately	Immediately report suspect cases to SNHD by calling 759-1300. Teach importance of handwashing. Vaccine available.
Pertussis (Whooping cough)	7-20 days	Low-grade fever, runny nose, and cough lasting about 2 weeks, followed by paroxysmal, coughing spells and "whoop" on inspiration.	YES	After completion of 5 days of antibiotic therapy.	YES, immediately	Immediately report suspect cases to SNHD by calling 759-1300. Unimmunized contacts should be immunized and receive antibiotic prophylaxis. Vaccine available.
Pinworms	Variable; may be as long as 2-6 weeks	Perianal itching.	YES	After treatment has begun.		Household contacts need to be treated. Teach importance of handwashing, cleaning under the fingernails, cleaning of bed clothing and toys are of special concern.
Ringworm of the body (Tinea corporis)	4-10 days	Slowly spreading, flat, scaly, ring-shaped lesions on skin. The margins may be reddish and slightly raised.	YES	After treatment has begun. Treatment may need to continue for 1 month.	NO	Keep lesions covered if possible. Teach importance of handwashing and not sharing personal items or napping surfaces. Although Tinea pedis (athlete's foot) is rare before puberty, follow the same guidelines as Tinea corporis.
Ringworm of the scalp (Tinea capitis)	10-14 days	Slowly spreading, balding patches on scalp, with broken off hairs.	YES	After treatment has begun. Usually requires a prescription.	NO	Teach importance of not sharing combs, brushes, hats, and coats or napping surfaces. Teach importance of handwashing.
Roseola	9-10 days	High fever for 3-5 days accompanied by irritability, malaise and runny nose, red throat and swollen glands. Some children may have swollen eyelids with droopy appearance. Rash occurs when fever disappears and typically lasts 24-48 hours.	YES	When free of fever and rash.	NO	
Rubella (German measles)	14-21 days; usually 14-17 days	Cold like symptoms. Swollen, tender glands at the back of the ears. Changeable pink rash on face and chest.	YES	7 days after onset of rash. In an outbreak, unimmunized children and pregnant women should be excluded for at least 3 weeks after last rash onset.	YES, IMMEDIATELY	Immediately report suspected cases to SNHD by calling 759-1300. Vaccine available.
Salmonellosis	6-72 hours; usually 12-36 hours	Sudden onset of fever, abdominal pain, diarrhea and sometimes vomiting.	YES	When free of diarrhea and fever for 24 hours.	YES	Teach importance of handwashing. Frequently a food borne infection.
Scabies	1st infection: 2-6 weeks; repeat infection: 1-4 days	Small, raised bumps or blisters on skin with severe itching.	YES	24 hours after treatment has begun.	NO	Teach importance of not sharing personal articles. All close contacts should be treated.
Shiga-toxin producing Escherichia coli (E. coli) infection (STEC)	2-8 days in most cases of Shiga-toxin E. coli, which includes O157:H7 and other STEC strains	Profuse, watery diarrhea, sometimes with blood and/or mucous, and abdominal pain. Fever and vomiting may occur. Some strains may cause hemolytic uremic syndrome (HUS), resulting in kidney damage.	YES	When free of diarrhea and fever for 24 hours.	YES	Teach importance of handwashing. Usually a foodborne infection.
Shigellosis	12-96 hours; usually 1-3 days	Sudden onset of fever, vomiting and diarrhea, which may be bloody.	YES	When free of diarrhea and fever for 24 hours.	YES	Teach importance of handwashing. Can spread quickly in childcare facilities.
Streptococcal sore throat and scarlet fever		Fever, sore throat, often with large, tender lymph nodes in neck. Scarlet fever producing strains of bacteria cause a fine, red rash that appears 1-3 days after onset of sore throat.	YES	24 hours after antibiotic treatment has begun and fever subsides.	NO	Teach importance of covering mouth when coughing or sneezing. Teach importance of handwashing.
Tuberculosis, active or suspect infection	2-12 weeks	Gradual onset of fatigue, anorexia, fever, cough and failure to gain weight.	YES	When a note from the pediatric TB physician at SNHD has been obtained.	YES, IMMEDIATELY	All classroom contacts should have TB skin tests. Antibiotic prophylaxis recommended for positive skin test. Report suspect cases to SNHD by calling 759-1369.
Tuberculosis, latent infection	Not applicable	Asymptomatic. Tuberculin skin test positive: must have a normal chest X-ray report taken within the previous 2 months.	Exclude only if no chest X-ray taken, results not available or X-ray is abnormal.	Normal chest X-ray report taken in the previous 2 months.	YES	Refer to SNHD's TB clinic for consultation and treatment of latent TB infection. Call 759-1369.
Vomiting		Two or more episodes in a 24-hour period.	YES	When free of vomiting for 24 hours.	NO	Teach the importance of handwashing.
Wounds or lesions (infected)	Varies	An infected wound or lesion (including cuts, abrasions or sores) from which fluid and/or pus is oozing.	YES	Once treated and released by a licensed health care provider.	NO	Open wounds should be covered until completely healed to prevent infection and spread of infection to others.

¹The major criteria for exclusion from attendance is the probability of spread from person to person. A child may have a nonexcludable illness yet require care at home or in a hospital.