







Communicable Disease Summary Chart

Disease/ Condition	Signs/ Symptoms	Incubation Period	Mode of Transmission	Period of Communicability	Exclusion/ Attendance	Prevention
Aseptic (Viral) Meningitis Refer to page 43	Fever, severe headache and stiff neck	Varies depending on virus or cause. For enteroviral meningitis, 3-6 days	Person-to person by airborne droplets and direct contact with nose and throat discharges	Varies depending on virus or other organism	Patients generally too sick to attend school and can return when recovered	Hand washing and avoid direct contact with nasal and throat discharges
Bed Bugs Refer to page 44	Presence of bed bug nymphs or adults on student, student belongings, or in the classroom.	Approximately one month to develop from egg to adult; School environment is not an ideal environment for this development due to lack of hosts at night.	Traveling on student belongings or occasionally clothing.	May be transferred at any time if present.	Exclusion of students is not generally recommended. Non-reportable condition.	Parent education, separation of student belongings from others, visual inspection of student and belongings upon arrival to school until home situation is remedied.
Campylobacteriosis  Refer to page 33	Diarrhea (sometimes bloody), stomach cramps, fever, nausea, and vomiting	2-5 days	Fecal-oral or foodborne	While symptomatic	Exclude while symptomatic	Hand washing and food safety
CDI Refer to page 34	Watery diarrhea, fever, abdominal tenderness	Unknown	Fecal-oral	Spores survive in environment for weeks to months	Duration of <i>C. difficile</i> diarrhea	Meticulous hand hygiene and disinfection of surfaces




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Conjunctivitis Refer to page 17	Redness of eye involving tearing, irritation, swelling and discharge	Bacterial: 1 - 3 days Viral: 12 hours - 3 days	Contact with discharge from conjunctivae or upper respiratory tract of infected persons. Fingers and inanimate objects can also be sources of transmission	Possibly up to 14 days but depending on cause	Exclusion recommended until examination by physician and then approved for readmission	Use precautions in handling eye discharge and hand washing
Cryptosporidiosis  Refer to page 35	Watery diarrhea, stomach cramps, fever, nausea, slight fever, weight loss, and vomiting	7 days (range of 1-12 days)	Fecal-oral	While shedding, up to several months	Exclude until completion of effective antiparasitic therapy	Hand washing and water precautions
Diphtheria  Refer to page 52	Fever, sore throat, gray or yellow membrane on the throat	2-7 days	Contact with respiratory droplets	2 -6 months (without treatment)	Index Case: Excluded until 2 cultures 24 hrs apart are negative. Contacts: Observe, culture, and treat	Vaccinations up-to-date for DT, Td, DTaP, or Tdap.
Erythema Infectiosum (Fifth Disease) Refer to page 18	Facial "slapped-cheek" rash with "lacy" rash on trunk and limbs	Normally 4-14 days, but up to 20 days	Contact with infectious upper respiratory secretions	The week prior to appearance of rash	Not recommended unless child has fever	Hand washing and proper disposal of used tissues

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<i>E. coli</i> infection (shiga-toxin producing) and HUS  Refer to page 36	Bloody or non-bloody diarrhea, stomach cramps, low-grade fever, nausea, weight loss, and vomiting	3-4 days (range of 2-10 days)	Fecal-oral or foodborne	While shedding, up to 3 weeks	Exclude while symptomatic	Hand washing and food safety
Giardiasis  Refer to page 37	Diarrhea, gas, greasy stools that tend to float, bloating, stomach cramps, fever, nausea, and constipation	7-10 days (range of 3-25 days)	Fecal-oral	While shedding, up to several months	Exclude until completion of effective antiparasitic therapy	Hand washing and water precautions
Hand, Foot and Mouth Disease Refer to page 19	Fever, malaise, sore throat and red blister spots that turn into ulcers in the mouth	3-5 days	Fecal-oral or direct contact with infectious respiratory secretions.	During illness up to several weeks	Exclude during acute illness or while child who has blisters drools from the mouth or has weeping lesions on hands	Hand washing and avoid direct contact with nasal and throat discharges
Hepatitis A  Refer to page 38	Diarrhea, nausea, vomiting, fatigue, stomach cramps, fever, dark urine, pale, clay-colored stool, loss of appetite, and jaundice	28-30 days (range of 15-50 days)	Fecal-oral	14 days before and 7 days after the onset of jaundice, or if jaundice does not occur, 7 days before and 14 days after the onset of symptoms	Exclude until after the defined infectious period	Hepatitis A vaccine and Hand washing



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Hepatitis B  Refer to page 11	Malaise, fever anorexia, nausea, jaundice	60-90 days	Direct contact with infected persons blood or body fluids	1 – 2 months before and after the onset of symptoms	None	Hepatitis B vaccination and Universal Precautions used when there is contact with blood and other body fluids containing blood, semen, or vaginal secretions
Hepatitis C  Refer to page 13	Nausea, vomiting, weight loss, fatigue, dark urine, pale stool, jaundice	2 weeks - 6 months	Direct contact with infected persons blood or bodily fluids	At least one week before onset of symptoms and for the rest of their lifetime	None	Universal Precautions used when there is contact with blood and other body fluids containing blood, semen, or vaginal secretions
HIV/AIDS  Refer to page 14	Initially viral flu- like symptoms. Many years later (up to 10 years) swollen lymph nodes, fatigue, fever, night sweats, unexplained weight loss, other co- infections, chronic diarrhea	Variable, 1 week - 10 years or longer	Transmission of HIV infected blood, semen, vaginal secretions or breast milk to an uninfected person's broken skin or mucous membranes in enough quantity to allow for the replication of the virus	Shortly after acquisition of the virus and for the rest of their life.	School children with HIV must be allowed to attend school and may only be excluded if the provision is found in IC16-41-9-3 (i.e. a disease that is transmissible through normal school contacts or poses a substantial threat to health and safety of school community).	Education beginning in elementary school Supportive faculty Universal Precautions used when there is contact with blood and other body fluids containing blood, semen, or vaginal secretions


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Human Papillomavirus (HPV) Refer to page 53	Most infections are asymptomatic. May develop warts (genital and/or non-genital). Cancer may develop decades later	Unknown, but estimated to be 3 months to several years.	Direct contact, usually sexual, with infected person	Unknown, but thought to be communicable during acute and persistent infection.	None	Vaccination (2 vaccines are licensed. Gardasil is licensed for boys and girls 9-26 years. Cervarix is licensed only for girls 9-26 years.) Safe sex practices.
Impetigo Refer to page 21	Skin lesions (red bumps) usually around the nose, mouth or extremities. Bumps break open and form a honey-colored crust	1-3 days for streptococcal infection and 4-10 days for staphylococcal infection	Direct contact with secretions from lesions	In untreated cases as long as drainage from lesions occurs.	Recommended to keep child home until 24 hours after antibiotic therapy begun.	Cover draining lesions and wear disposable gloves when applying treatment to infected skin
Influenza Refer to page 54	Fever greater than 100 degrees F, headache, tiredness, cough, sore throat, runny or stuffy nose, and muscle aches. Nausea, vomiting, and diarrhea also can occur in children	1-3 days	Person to person by direct contact with infected secretions or via large or small droplet aerosols	1 day prior to symptoms through 7 days from clinical onset	Exclusion of the student should be based on the condition of the child and if there is a school policy that warrants exclusion for symptoms of influenza.	Immunizations are available for most students and adults unless contraindicated Cover the mouth and nose in the nook of your elbow and discard tissues immediately


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Measles  Refer to page 55	Fever, runny nose, cough, rash by 3 rd day	10-14 days (range of 7-18 days)	Contact with respiratory droplets	4 days before rash onset to 4 days after rash onset	<i>Index Case:</i> Excluded until 4 days after rash onset <i>Contacts:</i> Contacts who are not immunized excluded until 14 days after last case.	Vaccine Available 2 doses of measles containing vaccine (MMR)
Meningococcal Disease  Refer to page 56	Fever, severe headache and stiff neck	2-10 days: commonly 3-4 days	Direct contact with saliva or respiratory droplets	Until meningococcus is no longer present in nasal/mouth discharge	None	Vaccine Available ACIP recommends routine vaccination of persons with quadrivalent meningococcal conjugate vaccine at age 11 or 12 years, with a booster dose at age 16 years.
Mononucleosis Refer to page 46	Fever, exudative pharyngitis, swollen glands	4-6 weeks	Direct contact with saliva of infected person	Indeterminate, could be many months after infection	None	Good personal hygiene and avoiding saliva sharing activities
MRSA Refer to page 22	Abscesses, boils	Variable	Direct contact with infected person or inanimate object	Wound drainage very infectious	Yes, if recommended by HCP or if drainage cannot be covered or contained with a dry covering	Hand washing, open areas covered, avoid contact with others' drainage covering



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Mumps  Refer to page 58	Swelling and pain of the parotid gland, fever, mild URI symptoms	18 days (range of 12-25 days)	Direct contact with saliva or respiratory droplets	2 days before through 9 days after the onset of parotitis	<i>Index case:</i> Exclude for 9 days following the onset of symptoms <i>Contacts:</i> Susceptible contacts shall be excluded from the 12 th – the 25 th day from exposure.	Vaccine Available 2 doses of mumps containing vaccine, (MMR)
Norovirus infection Refer to page 39	Watery diarrhea, stomach cramps, nausea, vomiting, headache, muscle aches, and fatigue	24-48 hours (range of 12-72 hours)	Fecal-oral	While shedding, up to 72 hours after symptoms cease	Exclude while symptomatic.	Hand washing
Pediculosis (Lice) Refer to page 24	Main symptom is itching of scalp. Lice (or eggs) can be identified by close examination of scalp.	Eggs hatch in a week with resultant lice able to multiply within 8-10 days	Direct contact with person who has live infestation or sharing personal belongings that are harboring lice (i.e. hats, scarves)	As long as live lice are present or eggs in hair are within ¼ inch of scalp	No applicable state laws for exclusion. Follow school policy.	Inform parents of infestations and proper control measures for home elimination.



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<p>Pertussis</p>  <p>Refer to page 59</p>	<p>Initial cough, coryza, eye irritation, leading to a progressive cough that comes in bursts, may be followed by a 'whoop'</p>	<p>10 days (range of 4-21 days)</p>	<p>Direct contact with infectious respiratory secretions.</p>	<p>From onset of cough and cold-like illness through 5 days of appropriate antibiotic therapy. If not on antibiotics, 21 days from the onset of the cough.</p>	<p>Symptomatic Index case: Exclude for 5 days while receiving appropriate antibiotic therapy. Symptomatic Contacts of a Confirmed Case: Exclude for 5 days while receiving antibiotic therapy. Asymptomatic Direct Contacts: Do not exclude asymptomatic contacts. They should receive prophylaxis.</p>	<p>Vaccine Available Age appropriate vaccination: DTaP, Tdap</p> <p>Antibiotic prophylaxis for direct contacts</p>
<p>Pinworms</p> <p>Refer to page 47</p>	<p>Perianal itching and disturbed sleep</p>	<p>1 - 2 months or longer</p>	<p>Fecal-oral route and indirectly through clothing, bedding, food, or other articles (including toilet seats) contaminated with parasite eggs.</p>	<p>As long as gravid females discharge eggs on perianal skin. Eggs remain infective in an indoor environment for about 2 weeks.</p>	<p>None applicable</p>	<p>Hand washing</p>



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Pneumococcal Disease  Refer to page 61	Fever, chills, cough, pain in the chest, disorientation	Normally 1-3 days	Direct contact with the nose and throat secretions of an infected person	Until after 24 hours of antibiotic therapy	None Applicable	Vaccine Available Age appropriate Vaccination Proper hand washing and tissue disposal
Ringworm Refer to page 26	Small red bump or papule that spreads outward, taking on the appearance of a red scaly outer ring with a clear center	Depends on type: <i>Tinea capitis</i> -10 - 14 days <i>Tinea corporis</i> and <i>cruris</i> - 4-10 days <i>Tinea pedis</i> - unknown	Direct contact with human or animal source; also less commonly by inanimate objects	As long as lesions are present or viable fungus is present on contaminated objects and surfaces	Generally students can attend school with ringworm infections.	Varies depending on type; certain activities should be restricted. Clean and drain shower areas frequently.
Rubella (German Measles)  Refer to page 55	Mild rash illness, significant risk to the fetus	16-18 days (range of 12-23 days)	Direct or droplet contact with nose and throat secretions of an infected person	7 days from the appearance of the rash through 7 days afterward	Index Case: Excluded for 7 days after the onset of the rash Susceptible Contacts: Students without proof of immunity shall be excluded until 23 days after last reported case	Vaccine Available 2 doses of a rubella containing vaccine (MMR)



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Salmonellosis  Refer to page 40	Diarrhea, nausea, vomiting, stomach cramps, and fever	12-36 hours (range of 6-72 hours)	Fecal-oral and foodborne	While symptomatic	Exclude while symptomatic	Hand washing and food safety
Scabies Refer to page 27	Itching and blister-like sores in the burrows of the skin	2 – 6 weeks	Direct contact with an infested person’s skin, clothing or linens	From infection until eggs/mites are destroyed by treatment	Exclude until the day after treatment	Inform parents of infestations and proper control measures for home elimination. Prophylactic treatment of home contacts
Shigellosis  Refer to page 41	Diarrhea, blood, pus, or mucus in the stool, sudden stomach cramps, nausea, vomiting, and fever	24-72 hours (range of 12 hours - 5 days)	Fecal-oral	While shedding, up to several weeks	Exclude until: 1) After 48 hours of effective antimicrobial therapy 2) Or 2 negative stools, collected 24 hours apart and at least 48 hours after antimicrobial therapy	Hand washing
Shingles (Herpes Zoster) Refer to page 28	Rash that develops lesions appearing along nerve pathways	Not applicable	Transmission can occur through direct contact with the rash resulting in a case of varicella.	If lesions are not covered, transmission of varicella disease may occur from 10-21 days following contact	Index Case: Exclude only if the site of infection cannot be covered Susceptible Contacts: Do not Exclude	2 doses of age appropriate varicella vaccine One dose of the Zostavax vaccine for adults 60 and over

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Streptococcal Sore Throat and Scarlet Fever Refer to page 29	Fever, exudative tonsillitis or pharyngitis and tender cervical nodes; in addition, a fine-red rash occurs with scarlet fever	Usually 1-3 days, rarely longer	Large respiratory droplets or direct contact with patient or carrier	Appropriate antibiotic treatment eliminates organism within 24 hours; untreated cases- as long as they are ill usually 10-21 days	Exclude until 24 hours after initiation of antibiotic therapy.	Encourage good personal hygiene.
Tick Borne Infections  Refer to page 30	Varies by specific disease, but generally includes fever, rash, muscle aches, fatigue, headache	Lyme – 2-31 days, usually 7-10 days Rocky Mtn. Spotted Fever – 3-14 days Ehrlichiosis – varies but generally 7-14 days	Transmitted from ticks to humans	Not applicable	None	Appropriate removal of tick.
Tuberculosis  Refer to page 48	Cough that lasts longer than 3 weeks, hemoptysis, night sweats, fever, pain in chest, weight loss or failure to gain weight, fatigue, chills, etc.	2 – 10 weeks for positive TST or IGRA. It can take decades for active disease to develop	Airborne	3 months prior to onset of symptoms until no longer infectious	Yes until no longer infectious (usually at least 2 weeks after the initiation of antibiotic therapy that produces a significant reduction in symptoms)	Avoid close contact with an infectious person. Treatment for LTBI.

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<p>Varicella</p>  <p>Refer to page 64</p>	<p>Fever, fatigue, followed by rash illness that progresses into itchy, fluid-filled blisters. "Break-through" cases appear as macular and papular lesions (small flat or raised red bumps)</p>	<p>10-21 days</p>	<p>Contact with infectious respiratory secretions, airborne droplets or fluid from vesicles</p>	<p>1-2 days prior to the onset of the rash through the stage when the lesions have crusted over or have faded in mild, "break-through" disease, usually 7 days</p>	<p>Index Case: Exclude until the vesicles become dry or lesions have faded. Susceptible Contacts: May consider exclusion during outbreak situations</p>	<p>Vaccine Available 2 doses of age appropriate varicella vaccine The vaccine is effective in preventing disease within 5 days of exposure; a varicella-zoster immunoglobulin may be given within 3 days of exposure to lessen the severity of disease in those who cannot safely receive the vaccine</p>
<p>West Nile virus</p>  <p>Refer to page 50</p>	<p>Abrupt onset of fever, headache, myalgia, weakness, and often abdominal pain, nausea or vomiting. Most cases are asymptomatic.</p>	<p>Usually 3-15 days.</p>	<p>Primarily through the bite of infected mosquitoes. West Nile virus may be transmitted person to person through blood transfusion or organ transplant.</p>	<p>Humans are not infectious to other humans except through blood/organ donation.</p>	<p>None applicable.</p>	<p>Avoid exposure to mosquitoes during hours of biting (from dusk to dawn), or use repellants.</p> <p>Destroy larvae, kill mosquitoes, and eliminate areas of standing water available for mosquito breeding.</p>