



WISCONSIN CHILDHOOD COMMUNICABLE DISEASES

	Disease Name (AKA, causative agent)	Spread by	Incubation Period Time from exposure to symptoms	Signs and Symptoms	Time Period When Person is Contagious	Criteria for Exclusion from School or Group	Onsite Control and Prevention Measures
Eye, Ear, Nose, and Throat	Cold sores (Herpes simplex virus)	Direct contact with open sores or saliva	2 days to 2 weeks	Fever, irritability, blisters in mouth, on gums, lips, conjunctivitis, keratitis	2-7 weeks after symptoms appear, virus shedding possible without symptoms	Exclude until fever-free, child able to control drooling, blisters resolved	<p>For all diseases: Good handwashing and hygiene; avoid kissing, sharing drinks, or utensils, use proper disinfection of surfaces and toys</p> <p>Mumps: Provide immunization records for exposed individuals to public health officials</p> <p>Strep Throat: Avoid kissing, sharing drinks, or utensils; exclude infected food handlers; minimize contact with respiratory and oral secretions</p>
	Mononucleosis (Mono, Epstein-Barr virus)	Person to person contact with saliva	30-50 days	Fever, sore throat, swollen lymph nodes, fatigue	Many months after infection; excretion of virus can occur intermittently for life	None, unless illness prevents participation; no contact sports until spleen no longer enlarged	
	Mumps II/V (Mumps virus)	Inhalation of respiratory droplets, direct contact with saliva of infected person	12-25 days; usually 16-18 days	Fever, swelling and tenderness of parotid glands, headache, earache, painful swollen testicles, abdominal pain with swollen ovaries	From 2 days before to 5 days after swelling	Exclude for 5 days after swelling onset (day of swelling onset is day zero); exclude susceptible* contacts from day 12 through day 25 after exposure	
	Pink Eye (Bacterial or viral conjunctivitis)	Direct or indirect contact with eye discharge	Variable depending on causative organism	Bacterial: red/pink itchy eye(s), green/yellow eye discharge Viral: pink-swollen eye(s), light sensitivity	While signs and symptoms are present	None, unless fever, behavior change or unable to avoid touching eyes; antibiotics not required for return	
	Strep Throat and Scarlet Fever (Streptococcal pharyngitis, Group A Streptococcus)	Contact with infectious respiratory droplets and saliva, direct contact with mouth or nose secretions	2-5 days	Sore throat, fever, headache, tender swollen lymph nodes, decreased appetite, chills and sweats	Until 24 hours after initiation of appropriate antibiotic treatment	Exclude for 24 hours after initiation of appropriate antibiotic and fever resolved	
Respiratory	Influenza V (Flu, influenza virus)	Inhalation of respiratory droplets	1-4 days	Fever, cough, nasal congestion, headache, body aches, fatigue	1 day prior to and up to 5-7 days after symptoms begin	Exclude until fever resolved for 24 hours	<p>For all diseases: Handwashing and good personal hygiene including covering coughs and sneezes</p> <p>Pertussis: Refer symptomatic individuals to health care provider for evaluation</p> <p>Respiratory Syncytial Virus: Avoid sharing linens, toys</p>
	Pertussis II/V (Whooping cough, <i>Bordetella pertussis</i>)	Inhalation or direct contact of respiratory secretions	5-21 days; usually 7-10 days	Early cold-like signs or symptoms, coughing progressing to severe, often with "whoop," vomiting possible, absent or minimal fever, most severe first 6 months after birth	7 days prior to and until 21 days after onset of cough; or 5 days after start of treatment	Exclude until after 5 days of appropriate antibiotic treatment; if no antibiotic treatment, exclude 21 days after cough onset	
	Respiratory Syncytial virus (RSV)	Direct or close contact with respiratory droplets or direct contact of eye, nose, or mouth discharges, or contaminated surfaces	2-8 days; usually 4-6 days	Runny nose, cough, sneezing, wheezing, fever	Duration of illness; usually 3-8 days	Exclude until fever resolved for 24 hours	
Gastrointestinal	Diarrhea of unknown cause	Usually fecal-oral	Variable	3 or more loose stools in 24 hour period	Variable	Exclude until asymptomatic for 24 hours	<p>For all diseases: Good handwashing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys, and food preparation areas; avoid potentially contaminated beverages, food, and water; divide food preparation and diapering responsibilities among staff</p> <p>Diarrhea: 3 or more loose stools in a 24-hour period Outbreaks of diarrhea in group settings are reportable to local health department</p> <p>Gastroenteritis-Bacterial: Proper cooking/handling of meats and raw eggs; reptiles and live poultry should not be permitted in child care centers</p> <p>C. difficile, Cryptosporidium, and Norovirus: Alcohol-based hand hygiene products are not effective against these organisms; soap and water must be used</p> <p>Hepatitis A: Consider Hep A vaccine for staff; exposed staff should not prepare meals for others</p> <p>Pinworms: Frequent, good handwashing, particularly by infected child and staff assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected child should be handled carefully, not shaken, and laundered promptly</p>
	Gastroenteritis, Bacterial II • <i>Campylobacter</i> • <i>Salmonella</i> • <i>Shigella</i> • <i>E. coli</i> O157:H7 and other Shiga toxin-producing <i>E. coli</i> (STEC)	Fecal-oral: person-to-person, water, food For bacteria other than <i>Shigella</i> : animal-to-person, especially livestock, poultry, and pets	1-7 days; usually 2-5 days, varies by bacteria	Mild to severe diarrhea that can be bloody, abdominal cramps, may include vomiting or fever, asymptomatic infections possible Shiga toxin-producing <i>E. coli</i> can cause severe kidney complications <i>Salmonella</i> can cause bloodstream and urinary tract infections	While bacteria present in stool, weeks to months	Exclude until asymptomatic for 24 hours For high risk settings* Shiga toxin-producing <i>E. coli</i> and <i>Shigella</i> require 2 consecutive negative fecal samples collected at least 24 hours apart and obtained at least 48 hours after antimicrobial therapy completed; consult with local health department	
	Gastroenteritis, Parasitic II • <i>Cryptosporidium</i> • <i>Giardia</i>	Fecal-oral: water, person-to-person, food, animal-to-person, especially calves	<i>Cryptosporidium</i> : 3-14 days <i>Giardia</i> : 1-3 weeks	Acute non-bloody watery diarrhea, abdominal pain, fatigue, fever, anorexia and weight loss; can have recurring symptoms <i>Giardia</i> can cause foul smelling stools	<i>Cryptosporidium</i> : up to 2 weeks, months for immune-compromised; most contagious during diarrhea phase <i>Giardia</i> : weeks to months	Exclude until asymptomatic for 24 hours; no swimming for 2 weeks after diarrhea resolves	
	Gastroenteritis, Viral • Norovirus • Rotavirus V	Fecal-oral: person-to-person, water, food, environmental surfaces	12-72 hours	Acute onset vomiting and/or non-bloody diarrhea, possible nausea, abdominal cramps, low-grade fever, headache, malaise	While symptomatic up to 3 weeks after symptoms resolve; virus can be present before onset of diarrhea	Exclude until asymptomatic for 24 hours with rotavirus and 48 hours with norovirus	
	Hepatitis A II/V (Hepatitis A virus)	Fecal-oral: close personal contact, contaminated food	15-50 days; average 28-30 days	Fever, anorexia, fatigue, jaundice, abdominal pain, dark-brown urine; most children <6 years old not jaundiced or symptomatic	14 days before onset of symptoms to 7-10 days after jaundice onset; No jaundice: 10 days prior to 14 days after onset of symptoms	Exclude for 14 days after onset of symptoms or 10 days after onset of jaundice	
	Pinworm infection (<i>Enterobius vermicularis</i>)	Fecal-oral: directly or indirectly from toys, bedding, toilets	1-2 months or longer from time of ingestion of eggs to adult worm reaching anal area	Anal and possibly vaginal itching	While eggs are present, eggs can remain infective 2-3 weeks in indoor environments	None, unless has diarrhea	
	Clostridium difficile infection (CDI, <i>C. diff</i>)	Fecal-oral: person-to-person, environmental surfaces	Variable; 5 days after starting antibiotic treatment to 10 weeks following completion	Mild to moderate disease: watery diarrhea, low-grade fever, mild abdominal pain; recurrent or severe disease can occur	For the duration of the diarrheal illness	Exclude until asymptomatic for 48 hours	
Skin and Rash	Fifth Disease (Human parvovirus B19, erythema infectiosum)	Contact with respiratory secretions	Usually 4-14 days; can be up to 21 days	Brief mild illness includes fever, fatigue, muscle aches, headache, followed by red "slapped-cheek" rash 1-3 weeks later	Onset of symptoms until rash appears	None	<p>For all diseases: Good handwashing and hygiene; proper disinfection of changing tables, surfaces, and toys</p> <p>Measles, Rubella, Shingles and Varicella: Assess exposure risk to susceptible* and high risk* persons; provide immunization records of exposed individuals to public health officials; consultation with public health official recommended</p> <p>Measles and Varicella: contacts without documented immunity (2 doses of vaccine or laboratory proof of immunity) should be vaccinated</p> <p>Rubella: Exposed pregnant women should immediately contact their physician</p> <p>Impetigo: Keep fingernails clean and short</p> <p>Lice and Scabies:</p> <ul style="list-style-type: none"> Avoid sharing and storing together personal items such as headgear, combs, clothing, and bedding Machine wash clothing, bedding, or cloth toys in water over 129°F and dry on hot setting; dry cleaning or storing clothing in plastic bags for 10 days is also effective in killing mites, lice, and nymphs <p>MRSA: Cover skin lesions, avoid contact with wound drainage, proper disposal of dressings, no sharing of personal items, clean and disinfect athletic equipment between uses, wash and dry laundry on "hot" setting</p> <p>Ringworm: Avoid direct contact, avoid sharing combs, brushes, hats, clothing, towels; proper disinfection of surfaces and toys with a fungicidal agent</p> <p>Scabies: Itching may continue for several weeks following treatment, and is not indicator of treatment failure</p>
	Hand-foot-and-mouth disease (Coxsackie virus)	Contact with fecal, oral, or respiratory secretions	3-6 days	Fever, rash on hands, feet, or mouth, conjunctivitis, sore throat, vomiting, diarrhea	1-2 weeks for respiratory secretions; sore throat, vomiting, diarrhea	None, unless fever present or child cannot maintain hygiene or avoid close contact with others	
	Impetigo (<i>Staphylococcus aureus</i> , Group A Streptococcus)	Direct contact with lesions or contaminated objects	4-10 days	Small red pimples or fluid-filled blisters, crusted yellow scabs on face or body	Until lesions are treated with antibiotics for at least 24 hours or crusting lesions resolved	Exclude until after initiation of appropriate antibiotic treatment and lesions are covered or crusted	
	Lice (Pediculosis)	Direct contact or contaminated objects	4-6 weeks after first infestation; 1-6 weeks after subsequent infestations	Itching scalp, especially behind ears and back of neck; many children are asymptomatic	While live lice present	Exclude at end of program or school day until after treatment or removal of live lice; "no-nit" policies are discouraged	
	Measles II/V (Rubeola, measles virus)	Inhalation or direct contact of respiratory secretions	7-21 days; usually 10 days from exposure to fever, 14 days to rash	Blotchy red rash at hairline or on face that extends over body, watery eyes, runny nose, high fever, dry cough, diarrhea or ear infections	4 days prior to 4 days after rash appears	Exclude for 4 days after rash onset; exposed susceptible* individual from day 7 through day 21 following their earliest exposure	
	MRSA (Methicillin-resistant <i>Staphylococcus aureus</i>)	Person-to-person, contaminated objects	Variable; usually 4-10 days, can be up to several months	Red, swollen, pus-filled lesions	Duration of acute illness; if wound drainage present	Exclude if drainage from lesions cannot be contained, until lesions resolve	
	Ringworm (fungal infection, dermatophytosis, tinea)	Direct or indirect contact with lesions or contaminated personal objects/surfaces	Body/perianal/groin: 4-10 days Scalp: 10-14 days	Skin: red, circular patches with raised edges, center clearing, cracking/peeling of skin between toes Scalp: dandruff-like scaling patchy areas with or without hair loss, redness	As long as lesions are present or until treatment begins	Exclude until treatment is initiated or lesions are covered	
	Roseola (Human herpesvirus 6, exanthem subitum)	Inhalation or direct contact of respiratory droplets; most children infected by age 4; 75% of healthy adults shed virus in saliva	9-10 days	3-7 days high fever followed by red, raised rash for hours to several days, febrile seizures possible in children < 4 years old	Unknown	Exclude until fever resolved	
	Rubella II/V (Rubella virus)	Inhalation of droplets, or direct contact of nose or throat secretions; transmission from mother to fetus across placenta	14-21 days; usually 16-18 days	Low-grade fever, pinkish rash appearing first on face then spreading over body, enlarged lymph glands behind ears, transient joint aches/pain in older children and adults Many children have minimal symptoms	7 days before until 7 days after rash onset	Exclude until 7 days after rash onset; exposed susceptible* individual from day 7 through day 21 following earliest exposure	
	Scabies (<i>Sarcoptes scabiei</i> , mite infestation)	Person-to-person, contaminated bedding, towels, clothing	2-6 weeks; usually 4-6 weeks; 1-4 days if previously infected	Intense itching (especially at night), red bumps or blisters most commonly found on skin folds	Until mites and eggs are destroyed, usually after initial topical treatment	Exclude until treatment is complete	
Meningitis	Hib II/V (<i>Haemophilus influenzae</i> type b)		Usually short, 2-4 days	May include: sudden onset of fever, headache, stiff neck, nausea, vomiting	7 days prior to onset until 24 hours after treatment begins	Exclude for at least 24 hours after appropriate antibiotic treatment begins	<p>For all diseases: Good handwashing and hygiene; cover coughs and sneezes; avoid direct saliva contact and sharing drinks, utensils, and water bottles</p> <p>Hib bacteria: Ensure vaccination of contacts under age 4 are up-to-date after exposure or treated with antibiotics</p> <p>Meningococcal meningitis: Direct saliva contacts should receive antibiotic treatment immediately</p> <p>Pneumococcal meningitis: Treatment of contacts not necessary and not beneficial</p> <p>Viral meningitis: Proper disinfection of surfaces such as changing tables with soap, water, and bleach-containing solution; treatment of contacts not necessary, no specific treatment</p>
	Meningococcal disease II/V (<i>Neisseria meningitidis</i>)	Direct contact with oral and respiratory secretions	2-10 days; usually 3-4 days	Rash and photophobia also common with <i>N. meningitidis</i>	7 days prior to onset until 24 hours after treatment begins	Exclude for at least 24 hours after appropriate antibiotic treatment begins	
	Pneumococcal disease II/V (<i>Streptococcus pneumoniae</i>)		Usually short, 1-4 days				
	Viral Meningitis (Usually enterovirus)	Contact with droplets from nose, eyes, or mouth	3-6 days	May include: sudden onset of fever, headache, stiff neck, nausea, vomiting	From day before illness up to 2 weeks after onset	Exclude until fever resolved for 24 hours	
	Sexually Transmitted Diseases	Chlamydia II (<i>Chlamydia trachomatis</i>)	Sexual contact, infants at delivery, eye mucus/discharge	2-14 days or longer for chlamydia	Neonatal conjunctivitis, pneumonia, genital tract infections, purulent discharge from urethra/cervix, ectopic pregnancy, PID, may be asymptomatic	Until 2 weeks after treatment begins or months if untreated	
	Gonorrhea II (<i>Neisseria gonorrhoea</i>)	Oral and sexual contact, infants at delivery	2-12 days	Blisters on/around genitals, rectum, mouth; may recur	2-7 weeks after primary infection; intermittent shedding without sores	None	
	HPV V (Human papillomavirus)	Sexual contact or contact with cutaneous warts	3 months to several years	Flat/raised skin warts, cauliflower-like warts in anogenital area	Unknown	None	
	Syphilis II (<i>Treponema pallidum</i>)	Sexual contact, contact with lesion or secretion, syphilis can infect unborn babies	10-90 days for syphilis, 3-5 days for chancroid	Syphilis: painless genital chancres, rash on palms or soles of feet, generalized body rash, oral/genital mucus membrane lesions; Chancroid: painful genital ulcers, tender glands	1-2 weeks after treatment initiated or months to years if untreated	None	

For more information, contact your local health department.

II = Reportable to State and local health departments V = Vaccine available to prevent illness

*Susceptible/At Risk = Persons not immunized, with compromised immune systems, or pregnant

*High Risk Settings = Health care, child care, food service

Three Key Criteria for Exclusion: Most childhood illnesses do not require exclusion. Caregiver/teacher should determine if the illness 1) prevents child from participating comfortably in activities, 2) results in need for care that is greater than staff can provide without compromising health and safety of other children, or 3) poses risk of spread. If any of these criteria are met, child should be excluded regardless of the type of illness.

This chart of selected communicable diseases information is meant only as a guide to answer questions frequently asked of persons who have responsibility for groups of children in day care centers, schools, summer camps, or other similar situations. The chart is not meant to be an all-inclusive list of significant diseases, or be a comprehensive guide to all the information about each disease. More specific information about these or other diseases may be obtained from your local public health agency or at: <http://www.dhs.wisconsin.gov/communicable/index.htm>.



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