

H-11 COMMON COMMUNICABLE DISEASES

This table outlines many common communicable diseases and suggests appropriate minimum actions to be taken by school personnel when a student has been diagnosed to have one of them. For additional information about these and other communicable diseases, contact your local county health department. Frequently, a student will present with sign or symptoms of illness and need to be excluded from school until diagnosed and treated by a licensed health care provider or until recovered.

Conditions, other than emergencies, that may require exclusion until either diagnosed or recovered include:

- Fever greater than 100.5 F
- Vomiting
- Stiff neck or headache with fever
- New onset of rash
- Jaundice (yellow color to skin or eyes)
- Skin lesions that are weeping or pus filled
- Diarrhea -- 3 watery (loose) stools/day with fever or condition persists longer than 3 days.

DISEASE SYMPTOMS	INCUBATION PERIOD	MODE OF TRANSMISSION	PERIOD OF COMMUNICABILITY	MINIMUM EXCLUSION**	PREVENTIVE MEASURES
ABSCESSSES-- See BOILS					
ATHLETE'S FOOT Dry scaling and/or cracking blisters and itching, especially between toes and bottom of feet.	Unknown	Direct or indirect contact with skin lesions of infected person, or, contaminated floors, shower stalls and other articles used by infected persons.	As long as symptoms are present.	Exclusion not required. Prohibit barefoot walking.	Clean dry feet and socks, use own towel/ socks. Routine disinfection of school showers. Recommend use of thongs in showers.
AIDS* (Acquired Immune Deficiency Syndrome)	For additional information, see "AIDS" section of this document or contact your county health department.				
BOILS A large pimple-like sore, swollen, red, tender, may be crusted or draining.	Variable, common 4-10 days.	Mainly direct contact.	While draining.	<u>Exclude</u> , return with physicians permit or 24 hours after antibiotic treatment has begun.	Good hygiene, must not handle food while lesions present.

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CHICKENPOX (Herpes Zoster, Varicella) Rash is thin-walled easily ruptured blisters, heaviest on trunk.	14-21 days, usually 13-17.	Person to person by direct contact, droplets of air-borne spread of secretions; indirectly through articles contaminated by secretions.	From 5 days before to 6 days after rash appears.	Exclude, return with physician's, health nurse or school nurse permit or 6 days after onset of initial rash.	Cover mouth when coughing. Good hand washing.
COMMON COLD (Upper Respiratory Infection) Runny nose and eyes, cough, sneezing, possible sore throat, fever uncommon.	12-72 hours	Direct oral contact, droplets spread. Indirectly by hands and articles contaminated by secretions.	24 hours before onset until 5 days after onset.	Exclude only if illness interferes with child's school activities. Readmit when acute symptoms are gone.	Thorough handwashing. Cover mouth when coughing. Good nutrition and rest.
DIARRHEAL DISEASES Loose, frequent stools; may contain blood or mucus; may be accompanied by vomiting, headache, abdominal cramping or fever.	Varies from hours to days, depending on causative agent.	Person to person contact, presumably by fecal contamination. May be spread by ingestion of fecally contaminated water or food.	Varies, depending on causative agent, from hours to days.	Exclusion not required unless 3 watery stools/day accompanied by fever or persisting for more than 3 days. Diagnosis and treatment encouraged.	Through handwashing (especially after using bathroom facilities). No food handling. No food sharing.
FIFTH DISEASE (Erythema Infectiosum) Bright red cheeks, blotchy-like rash on extremities which fades and recurs, runny nose, loss of appetite, sore throat, gastrointestinal complaints, low grade temperature, headache.	4-14 days	Presumed airborne droplet	Unknown	Exclusion not required. Encourage diagnosis.	Thorough handwashing. Cover mouth when coughing. Contact local health department for latest recommendations for pregnant females exposed in school outbreak situations.

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HEAD LICE (Pediculosis) Itching of the scalp. Lice and/or nits (small white eggs) in the hair.	7 days for eggs to hatch.	Direct contact with infested person or indirectly by contact with contaminated personal articles.	As long as lice and nits are alive (until treated).	<u>Exclude:</u> live lice readmit with statement from parent/guardian that recognized initial treatment has been completed.	Family members/friends should be checked and considered for treatment. Avoid sharing hats/combs. Household cleaning.
HEPATITIS A* (INFECTIOUS) Usually abrupt onset with loss of appetite, fever, nausea, fatigue, right upper abdominal discomfort, Jaundice (yellow color to the skin and eyes), dark urine, or clay colored stools. May have mild or no symptoms.	15-50 days, average 28-30 days.	Person-to-person by fecaloral route; contaminated water or food.	Approximately 2 weeks before and 1 week after onset of symptoms.	Follow county health department recommendations on a case by case basis when diagnosis is made.	Household contacts receive Immune Globulin(IG) within 14 days of exposure. No food handling or sharing. Handwashing after using bathroom.
HEPATITIS B* (Serum) Onset usually not apparent. Loss of appetite. Vague abdominal discomfort, nausea, vomiting. Often progresses to jaundice. May or may not have fever. Illness varies from mild to severe.	45-180 days, average 60-90 days.	Direct contact with blood, saliva, vaginal secretions and semen from an infected person.	Variable, as long as infectious agent is present in blood.	Exclusion not required. Encourage diagnosis and follow county health department recommendations on a case by case basis.	Do not share personal items(toothbrush, razors)or needles. Wear gloves and use caution if blood contact is necessary. Use of condoms.
HERPES I (Fever blisters, cold sores) Sores (blister-like) erupting around the mouth. Usually recurrent in the same location.	2-12 days	Usually direct contact with the saliva of infected persons (as in kissing) or to abraded skin (contact sports, notably wrestling).	Variable, most infectious 1 to 5 days after vesicle appears. Virus can be shed for weeks/months.	Exclusion not required. Avoid direct PE contact while blisters present. If sores appear infected, see "Impetigo."	Thorough handwashing.

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IMPETIGO Blister-like sores (often around the mouth and nose), crusted, draining, irregular in outline and itching.	Varies with causative organism. 1-3 days (strep), 4-10 days (staph).	Direct contact with a person who has a draining purulent lesion.	Usually until all lesions have healed or person has been treated with antibiotics for 24 hours.	Exclude, return with physician's health nurse or school nurse permit or after treatment or clearing of lesion.	No food handling. Clean, short fingernails. Good hygiene, Avoid scratching. No sharing towels.
INFLUENZA ("Flu") Abrupt onset, fever, chills, headache, muscle aches, upper respiratory symptoms.	1-3 days	Direct contact through droplet spread, probably airborne.	For 3 days after symptoms began.	Exclude only if illness interferes with child's school activities. Readmit only when acute illness is over.	Cover mouth when coughing. Thorough handwashing. Avoid crowds. Immunization for high-risk persons.
MEASLES* (Rubeola, "10-day measles") Fever, conjunctivitis, runny nose, a very harsh cough; 3-7 days later dusky red rash (starts at hairline and spreads down); white spots in mouth.	8-13 days (14 days to rash)	Droplet spread or direct contact with nasal or throat secretions of infected persons.	<u>Very Contagious</u> , 4-5 days before to 5 days after onset of rash.	<u>Exclude</u> , return with physician's health nurse or school nurse permit.	IMMUNIZATION (vaccinate susceptible within 48 hours of exposure or IG within 6 days). In outbreak, non-immunized children may be excluded. Cover mouth when coughing.
MENINGITIS, ASEPTIC* (Including Viral) Usually abrupt onset, fever, chills, muscle aches, prostration and a rash. Varies with causative agent.	2-21 days, depends on causative agent.	Person to person through infected droplets of respiratory secretions.	Greatest for 7-10 days before and after onset of symptoms. Virus may persist in stools for 1-2 months.	<u>Exclude</u> , return with a physician's health nurse or school nurse permit.	Isolate during febrile period. Careful personal hygiene with emphasis on handwashing is essential.
MENINGITIS, MENINGOCOCCAL* Abrupt onset, fever, intense headache, nausea and often vomiting, stiff neck and usually a rash.	2-10 days, usually 3-4.	Direct contact with droplets and discharge from nose and throat of infected persons.	Variable; until meningococci are no longer present in nose and throat.	<u>Exclude</u> , return with a physician's, health nurse or school nurse permit.	Cover mouth when coughing. thorough handwashing. Antibiotic prophylaxis for close contacts. Hib vaccine, through age 5.
MONONUCLEOSIS	4-6 weeks	Direct contact with saliva of infected person.	Prolonged. 15-20% of healthy adults are carriers. Not highly contagious.	Exclusion not required.	Avoid kissing. Avoid shared eating utensils and food. Careful dish washing.

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MUMPS Painful swelling of neck and facial glands, fever, possible abdominal pain.	2-3 weeks, usually 18 days.	Droplet spread and by direct contact with saliva of an infected person.	From 6 days before to 9 days after symptoms or swelling appear.	<u>Exclude</u> , return with a physician's, health nurse or school nurse permit.	IMMUNIZATION. Cover mouth when coughing. Avoid sharing eating utensils.
PINK EYE (Conjunctivitis) Eyes tearing, irritated and red, eye lids puffy, may have purulent discharge and be sensitive to light.	1-3 days	Direct contact with the discharge of infected persons through contaminated fingers, clothing, shared makeup applicators.	As long as symptoms are present.	<u>Exclude</u> , return with a physician's, health nurse or school nurse permit or with clearing of discharge from the eye.	Avoid sharing personal articles. Thorough handwashing. Avoid serving food. Good hygiene. Avoid rubbing eyes.
PINWORMS (Enterobiasis) Nervousness, hyperactive behavior, itching of anus (especially at night), worms in stool, abdominal pain.	4-6 weeks, may be longer before symptoms occur.	Direct through transfer of eggs by hand from anus to mouth or indirect through clothing, bedding, food, or other articles contaminated with eggs.	Until medically treated	Exclusion not required	Daily bathing (shower best). Clean underclothing and bed linens. Wash hands and under fingernails. Clean short nails.
RINGWORM - SCALP Gray, scaly patch of temporary baldness.	10-14 days.	Direct skin to skin or indirect from infected articles, clothing, furniture.	As long as sores are present.	Exclusion not required. Diagnosis and treatment are encouraged.	Avoid sharing combs, towels, hats. Check pets for loss of hair. Good hygiene.
RINGWORM - SKIN Spreading, ring shaped, flat, red sores that itch/burn.	4-10 days	Direct contact with sores (on people or pets), indirect with contaminated surfaces.	As long as sores are present.	Exclusion not required. Diagnosis and treatment are encouraged.	Do not share clothing. General cleaning of showers, changing areas.
RUBELLA* (German Measles) Mild fever, swollen glands at back of head, along neck, behind ears, may have mild upper respiratory infection, conjunctivitis, headache malaise and a pinkish rash that starts at face and spreads rapidly to trunk and limbs and fades in 3 days.	14-23 days, usually 16-18.	Droplet spread of nasopharyngeal or direct contact with cases.	<u>Highly communicable</u> for 1 week before and at least 4 days after onset of rash.	<u>Exclude</u> , return with a physician's, health nurse or school nurse permit.	IMMUNIZATION. Cover mouth when coughing.

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SCABIES Caused by small mite that burrows under the skin, leaving small dark or red lines/lesions. Common between fingers, behind knees, around waist, inside of wrists, on arms; itching <u>severe</u> .	2-6 weeks for first exposure. 1-4 days after re-exposure.	Direct contact with and infested person; indirectly by contact with contaminated personal articles.	Until mites and eggs have been destroyed (until treated).	<u>Exclude</u> , return with physician's, health nurse or school nurse permit.	Avoid sharing clothes and personal effects. Observe close contacts for scratching.
SEXUALLY TRANSMITTED DISEASES (STD's, Venereal Disease or VD)					
A. CHLAMYDIA* Frequently without symptoms. With symptoms, men may have urethral itching, discharge with pus in it, and burning with urination. Women may have vaginal discharge, burning with urination, chronic abdominal pain, low grade fever, irregular periods.	Usually 5-10 days, can be longer.	Sexual contact	Unknown, relapses probably occur.	Exclusion not required. Encourage diagnosis/treatment .	Refrain from sexual intercourse. Use condoms. Avoid multiple partners. Encourage examination of sexual contacts.
B. GONORRHEA* Can be without symptoms. With symptoms, men usually have painful, frequent urination, and a discharge with pus (yellowish green) in it. Women may have abnormal periods and/or pain with urination.	2-7 days	Direct contact with discharges of infected person, usually as a result of sexual activity.	Prolonged if untreated, hours if adequately treated.	Exclusion not required. Encourage diagnosis/treatment .	Refrain from sexual intercourse. Use condoms. Encourage examination of sexual contacts.

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C. HERPES II - GENITALIS Very painful sores or blisters on or around the sex organs.	2-12 days	Direct contact with the active herpes virus.	Varies (4-12 days). Reactivation is common.	Exclusion not required. Encourage diagnosis.	Refrain from sexual intercourse. Use condoms.
D. SYPHILIS* May include a sore which develops at the site the organism enters the body, a rash unexplained and prolonged sore throat, fever and headache.	10 days to 10 weeks, usually 3 weeks.	Direct contact with infectious lesions, and body fluids of infected persons usually during sexual contact.	Variable and indefinite, may be intermittently communicable for 2-4 years.	Exclusion not required. Encourage diagnosis.	Refrain from sexual intercourse. Use condoms. Encourage examination of sexual contacts.
STREP THROAT - SCARLET FEVER (Streptococcal infections) <u>Strep throat:</u> Sore throat, fever, exudative tonsillitis, tender throat glands. <u>Scarlet Fever:</u> Same as strep throat and a red blotchy, sandpapery rash (not on the face) and a "strawberry" tongue.	1-3 days	Direct or intimate contact with patient or carrier, rarely by indirect contact through objects or hands.	24-48 hours if treated, variable if untreated.	<u>Exclude</u> , return with physician's permit or 48 hours after initiation of antibiotic therapy.	Cover mouth when coughing.
TUBERCULOSIS* Fatigue, weight loss, fever, cough.	4-12 weeks	Airborne spread through exposure of droplets from sputum of infected persons.	Variable.	<u>Exclude</u> , return with Health Department permit.	Cover mouth when coughing.
WHOOPING COUGH* (Pertussis) Irritating cough which progresses to violent, prolonged coughing spells that end in a whooping sound.	5-21 days, usually 7 days.	Direct contact with discharges from respiratory mucous membranes of infected persons by the airborne route, probably by droplets.	From onset of catarrhal stage to 3 weeks after typical paroxysmal cough begins. Antibiotics may shorten infectious period.	<u>Exclude</u> , return with physician's, health nurse or school nurse permit.	IMMUNIZATION. Cover mouth when coughing.

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