



**WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT**  
**Communicable Disease Office (734) 544-6770**  
**Website: [publichealth.ewashtenaw.org](http://publichealth.ewashtenaw.org)**  
**COMMON COMMUNICABLE DISEASES**  
**Reference for Childcare and School Personnel**



**INDIVIDUALS WITH IMMUNE DEFICIENCIES DUE TO CERTAIN DISEASES, CHEMOTHERAPY, RADIATION, STEROID DRUG THERAPY, OR HEMOLYTIC PROBLEMS MAY HAVE ADDED RISK WITH ANY DISEASE AND NEED ADDITIONAL PREVENTION AND PROTECTION**

Communicable Disease Fact Sheets may be downloaded at: [publichealth.ewashtenaw.org](http://publichealth.ewashtenaw.org)

DISEASE	SYMPTOMS	INCUBATION PERIOD	HOW SPREAD	CONTAGIOUS	PREVENTION	READMISSION
<b>Athlete's Foot</b>	Scaling or cracking and itching of the skin especially between toes; blisters containing thin watery fluid.	Unknown	Contaminated floors and clothing (socks and shoes)	Communicable for as long as lesions or viable spores are present.	Educate Regarding: 1. Good personal hygiene 2. Dry well between toes 3. Use dusting powder, cream, or ointment with fungicide 4. Wear cotton socks that breathe 5. Regular use of disinfectant on high risk surfaces.	Not usually excluded from school. Severe cases should be excluded from swimming and showers
<b>Chickenpox (Varicella)</b>	Sudden onset of low grade fever, general discomfort, headache, loss of appetite, lesions appear in crops with most on the torso, have fluid filled blisters (vesicles) for 3 to 4 days then become scabbed. There are usually successive crops of vesicles. Later, reactivation of the herpes virus that causes chickenpox leads to shingles.	10- 21 days Average:14-16 days	Direct Contact, droplets, or airborne spread of respiratory tract secretions; indirectly through articles soiled by discharge from lesions or mucus membranes	Communicable as long as 5 days before eruption and until all of the lesions are dried or scabbed.	Two doses of vaccine. Vaccine given within 72 hours of exposure may prevent or lessen the symptoms. Teach that people that have not had chickenpox can develop them after exposure to shingles.	Not less than 6 days after the appearance of the first crop of lesions. All lesions must be crusted over.
<b>Common Cold</b>	Nasal Stuffiness, runny nose, sneezing, irritated throat. Usually lasts 2-7 days.	Extremely variable depending on the organism, usually less than 72 hours	Aerosol- breathing in virus particles. Touching surfaces and objects contaminated with droplets containing the virus.	Communicable for up to 5 days after onset, but variable.	Educate regarding:1. Covering sneezes and coughs with a tissue 2. Dispose of tissues in waste receptacles or toilets 3. Thorough hand washing (suds and water) 4. Turn off faucets and open door with paper towel and then dispose.	No exclusion necessary

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<b>Cold Sores (Herpes Simplex I)</b>	Fluid filled blisters commonly found on the lips, gums, cheeks, and eye lids. Appear in repeated episodes	7-14 days	Direct Contact with the lesions or fluid from the blisters	Up to 7 weeks after the first infection and whenever blisters are present	Avoid contact with the lesions	No exclusion necessary
<b>Croup</b>	Barking cough, difficulty breathing	Depends on causative organism	Depends on the causative agent- airborne or respiratory droplet	Depends on causative organism - usually viral	Educate regarding: 1. Covering sneezes and coughs with a tissue 2. Dispose of tissues in waste receptacles or toilets 3. Thorough hand washing (suds and water) 4. Turn off faucets and open door with paper towel and then dispose	After free of viral infection symptoms and /or child is no longer experiencing difficulty breathing
<b>Diarrhea (Giardia, Salmonella, Shigella, Viral, and other enteric diseases)</b>	Loose or watery stools (with or without blood), cramping, and occasionally nausea, vomiting and fever	Several hours to 10 days depending on the causative organism	Fecal-oral spread. Eating or drinking the organisms from contaminated foodstuffs, water or milk, petting or touching animals who are ill. Drinking unpasteurized apple cider	Several hours to 10 days depending on the causative organism	<b>Report cases to the Health Department's Communicable Disease Office Immediately.</b> Educate regarding 1. Good personal hygiene to prevent oral-fecal spread. 2. Thorough hand washing after toileting and before preparing food- Turn off water and open doors with paper towel and dispose of towel in the waste basket. 3. Careful cleaning of contaminated surfaces with disinfectant. 4. Careful refrigeration of food. 5. Thorough cooking of all foodstuffs derived from animal products. 6. Use of pasteurized milk and chlorinated water. 7. Recognition that domestic pets, including puppies or kittens with diarrhea, are possible sources of infection. Stress hand washing after handling pets.	When stools are formed and other symptoms have subsided
<b>Fifth Disease (Hungarian measles)</b>	Rash begins as solid red area on the cheeks ("slapped" cheeks appearance), spreading to the upper arms, legs trunk, hands and feet	6-14 days	Probably 2 days before rash and 4-5 days later	Unknown suspected to be viral	Pregnant teachers in particular should be advised to wash their hands frequently and avoid sharing eating utensils	Exclusion not necessary because of mild nature of the disease

DISEASE	SYMPTOMS	INCUBATION PERIOD	HOW SPREAD	CONTAGIOUS	PREVENTION	READMISSION
<b>Flu (Influenza A&amp;B)</b>	Sudden onset of high fever(101- 103), chills, headache, muscle pains, runny nose, mild sore throat, severe cough that may last after other symptoms subside	24-72 hours	Direct contact with droplets. Airborne under crowded conditions in closed spaces. Virus may persist for hours in dried mucous and be transmitted by direct contact.	Contagious 2 days before to 3-5 days after onset of symptoms.	Educate regarding: 1. Vaccine may prevent disease or reduce the severity of symptoms 2. Medication per health care provider may be effective for influenza A 3. Covering coughs and sneezes with a tissue 4. Disposal of all tissue in waste receptacle or toilet 5. Thorough hand washing- turn off faucets and open door with paper towel then dispose of towel 6.Do not use Aspirin containing products due to increased risk of Reye's syndrome 7. Complications may be severe. Relapse may occur if activities are resumed too soon.	Must be free of fever at least 24 hours. School/daycare closure has not proven effective in controlling the illness, but may be indicated due to high absenteeism of staff and students
<b>Hand, Foot and mouth disease (Coxsackievirus, Herpangina)</b>	Sudden onset of fever and development of tiny blisters inside mouth, throat and on the extremities.	2 days to 2 weeks, average 3-5 days	Direct contact or aerosol droplet from nose and throat discharge and by feces	Probably from 2-3 days before onset to several days after onset. Very contagious during acute illness; may persist for weeks in feces.	Educate regarding: 1. Avoid contact with infected persons 2. Don't share eating utensils 3. Cover sneezes and coughs with a tissue 4. Disposal of tissue in the proper receptacle 5. Good personal hygiene including thorough hand washing- Turn of water and open doors with paper towel and dispose of towel in the waste basket. 6. Disinfect diaper changing areas after each diaper change. 7. Disinfect toys frequently	When recovered from acute illness
<b>Hepatitis A (Infectious Hepatitis)</b>	Usually abrupt onset of flu-like symptoms; abdominal pain, fever, fatigue, lack of appetite, nausea, followed in a few days with dark urine, yellowing of the skin and eyes (jaundice) , and light colored stools. Symptoms are generally absent or much milder in children than in adults	15-50 days, average 28-30 days	Fecal-Oral contact. Outbreaks are related to contaminated food and water. Rarely spread by school age children. Spreads rapidly in daycare settings especially if non toilet trained children attend.	10-15 days before symptoms appear. Communicability lasts weeks after jaundice appears	<b>Report all cases to the Health Department's Communicable Disease Office Immediately.</b> Educate regarding: 1. Good personal hygiene 2. Thorough handwashing after toileting and before handling food. Turn off water and open doors with a paper towel, dispose of the towel in the trash container 3. Avoid eating raw or undercooked clams, oysters, and beef 4. Wash all vegetables and fruit before eating and cooking 5. Safe disposal of feces 6. Two dose vaccine is recommended for children 1-2 yrs of age as well as other high risk groups.	When approved by a health care professional

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<b>Hepatitis B</b>	Disease is usually mild to asymptomatic in children. Onset is usually slow with vague abdominal discomfort with lack of appetite, nausea, vomiting, joint pain, and rash. Fevers usually absent or mild. Yellowing of the skin and eyes (jaundice) may appear late in the illness with urine becoming dark and light colored feces . Severity ranges from very mild to the very rare case that it is fatal.	60-90 days average	Direct contact with blood and body fluids by: 1. Contaminated needles 2. Contamination of open wounds with blood and bodily fluids (cuts, bites, especially on hands) 3. During close personal/sexual contact 4. Perinatal transmission from an infected mother. It is <b>not</b> spread by feces, urine or vomitus.	infective many weeks before the onset of first symptoms, through the acute clinical course. Persistently contagious if the chronic carrier state develops	<b>Report all cases to the Health Department's Communicable Disease Office.</b> Educate regarding: Universal precautions 1. Using gloves when handling any blood or body fluids i.e. cleaning wounds; cleaning vomitus, blood, stool, and other body fluids. Follow up spills with thorough cleaning with a disinfectant 2. Safe disposal of all needles and sharps in sharps containers 3. Washing hands thoroughly with soap and water after contact with blood or body fluids 4. Age appropriate vaccination 5. Use of latex condoms during sexual contacts	No exclusion necessary
<b>Hepatitis C</b>	Onset is usually asymptomatic but may include anorexia, vague abdominal discomfort, nausea, and vomiting. Progression to jaundice is less common than with Hepatitis B.	2 weeks - 6 months	Direct contact with blood and body fluids by: 1. Contaminated needles 2. Contamination of open wounds with blood and body fluids 3. During close personal/sexual contact 4. Perinatal transmission from infected mothers. (Sexual and perinatal transmission are infrequent	1 or more weeks before symptom onset. Chronic carriers are contagious persistently	<b>Report all cases to the Health Department's Communicable Disease Office.</b> Educate regarding: Universal precautions 1. Using gloves when handling blood or body fluids, i.e. cleaning wounds, cleaning vomitus, blood, stool and other body fluids. Follow up cleaning of spills with a disinfectant.	No exclusion necessary

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<b>Herpes Simplex II (Genital)</b>	Painful water filled blisters which become sores when they break open, painful urination, itching. Most commonly found on external genitalia although may also be present on the cervix, legs and buttocks.	2-12days	Direct contact with the sores. Also contagious during periods of viral shedding which may occur without the presence of sores.	2 - 7 weeks after primary lesions, may also be spread without symptoms	Educate regarding: 1 Use of latex condoms to decrease risk of spread of disease 2. Avoid contact with sores 3. Use gloves when in contact with lesions or contaminated surfaces 4. Thorough hand washing- turn off faucets and open door with paper towel and then dispose of towel properly.	No exclusion necessary.
<b>Impetigo</b>	A skin disease marked by isolated pus filled spots (lesions) which break releasing a straw colored fluid. Occurs primarily around the mouth, nostrils and eyes	Depends on the infectious agent. Staphylococcal: 4-10 days Streptococcal: 1-3 days	Direct contact with drainage from the lesions. People can have the disease without any symptoms and infect others	Easily communicable as long as lesions continue to drain or a carrier state exists	Educate regarding: Thorough hand washing- turn off faucets and open door with paper towel and the dispose. 2 Avoidance of contact with the lesions.	Excluded until medically treated for 24 hours. Cover infected parts as indicated.
<b>Lice (Pediculosis)</b>	Appearance of lice or eggs (nits) in the hair near the scalp. Scalp becomes pink and dry with patches that tend to spread, become rough and flake off. Hair may become matted, as nits stick to hair shafts	Approximately 2 weeks	Direct contact with infested person or indirectly through contact with infested articles of clothing or personal articles (linen, combs, earphones).	Spread of the infestation can occur as long as viable (alive/able to mature) nits are present. Nits remain viable on clothing for one month. Head lice can survive for one week off the host.	Educate regarding: 1. <b>Treat with pediculocide- follow directions exactly</b> 2. Importance of re-treatment if necessary 3. Avoidance of sharing hats, scarves, brushes, combs or other personal effects. 4 Evaluate the need for support services (Mass shampooing, housekeeping, monetary assistance).5.Call the HD for more detailed guidelines and recommendations from the MDCH Headlice Manual.	When free of infestation as demonstrated by no lice and no viable nits are present. Nits found greater than 1/4 inch from the scalp are not viable.
<b>German Measles (Rubella)</b>	Mild illness with a rash that begins on the face and spreads to the rest of the body with in 24 hours. The rash disappears in order of first appearance and is usually gone by the end of the third day. A distinctive feature of this mild disease is the presence of pronounced swelling of the lymph nodes behind the ear and at the base of the skull.	14-21 days Average is 16 - 18 days	Droplet spread; contact with secretions from nose/throat; airborne via sneeze and cough.	Communicable 1 week prior to rash and at least 4 days after onset of rash.	<b>Report all cases to the Health Department's Communicable Disease Office Immediately.</b> Educate regarding: 1. Age appropriate immunization and immunization of susceptible contacts 2. Risk of congenital Rubella syndrome to fetus of pregnant woman 3. Recommend preventative measures for any susceptible pregnant woman exposed to rubella.	Upon recovery but not earlier than 4 days after the appearance of the rash.

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<b>Red or Hard Measles (Rubeola)</b>	Illness begins with 3 to 4 days of gradually increasing fever equal to or greater than 102 degrees, runny nose, red eyes, and cough. Rash usually begins around the ears and hairline 3 to 4 days after onset of illness, spreading down to cover the face, trunk and arms by the second day. The rash is initially bright pink with distinct raised spots. Tiny blue-white pin point swellings inside the cheeks may be present a day before the rash first appears. The rash becomes generalized and lasts 4-7 days. Complications include ear infections, pneumonia, and encephalitis.	7-18 days Average 10 days	Droplet spread or direct contact with nasal or throat secretion; airborne via sneeze and cough.	Highly communicable usually 4 days before to 4 days after the rash appears	<b>Report all cases to the Health Department's Communicable Disease Office Immediately.</b> Exclude all un-immunized students from school if case occurs in the building. Educate regarding: 1 age appropriate immunization 2. Immunization of susceptible contacts 3. Keeping ill child separated from others 4. Need for medical diagnosis and follow up.	Upon recovery, but not earlier than 4 days after the appearance of the rash.
<b>Meningitis (Bacterial, Hib, Meningococcal, Streptococcal)</b>	Severe headache, stiff neck and back, nausea/vomiting, fever, chills, mental confusion. If untreated, progresses to unresponsiveness, coma and death. Hospitalization is usually necessary as well as treatment with IV antibiotics.	Varies with the specific bacteria causing the meningitis	Direct contact with the nasal discharge or saliva of an infected person through kissing, drinking from a common container, or sharing eating utensils. Also through droplets when the infected person coughs or sneezes	Usually within 24-48 hours on antibiotics, the person is no longer contagious	<b>Report all cases to the Health Department's Communicable Disease Office Immediately.</b> Educate regarding: 1. Covering coughs and sneezes with a tissue 2. Disposing of tissues in a waste receptacle 3. Thorough washing of hands with soap and water 4. Turn off faucets with paper towel and dispose in of paper towel in waste receptacle. 5. Antibiotics recommended for close contacts depending on the type of bacteria causing illness. 6. Vaccines for young children 2-59 months against Hib meningitis and pneumococcal infections are recommended 7. A vaccine for meningococcal meningitis is available and recommended for 11-12 year olds, students entering high school, and freshmen in college living in a dorm. 8. Pneumonia vaccine for persons 65 years and older and in certain high risk groups	Upon recommendation of health care provider with permitted activity level indicated.

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<b>Meningitis (Viral, Aseptic)</b>	Severe headache, stiff neck and back, vomiting, sudden fever, irritability, intolerance of light, and sometimes a rash.	Varies with the specific causative agent.	Vary with specific germ but include: 1. Inhaling droplets from infected person, coughing or sneezing 2. Fecal-oral route, not washing hands after using the bathroom 3. Infected mosquitoes which carry West Nile Virus 4. Complication of viral illnesses i.e. chicken pox or some diarrhea illnesses	Varies with the specific causative agent. May be 2-14 days.	<b>Report all cases to the Health Department's Communicable Disease Office Immediately.</b> Educate regarding: 1. Covering sneezes and coughs with a tissue or toilets 2. Disposing of tissues in waste receptacles and water 3. Thorough handwashing with soap and water 4. Turn off faucets and open door with paper towel and dispose in waste receptacle 5. Avoid sharing eating and drinking utensils 6. Immunization against measles, mumps, rubella, varicella, and polio.	Upon recommendation of health care provider with permitted activity level indicated.
<b>Infectious Mononucleosis (Mono)</b>	Fever, sore throat, enlarged lymph nodes, enlarged spleen, and fatigue	From 4 -6 weeks	Person to person through contact with saliva.	Prolonged up to a year or more after infection.	Educate regarding: 1. thorough hand washing using water and soap- use paper towel to turn off faucet and to open doors then dispose of towel. 2. Do not share drinking cups or eating utensils 3. Sterilize all eating utensils. 4. Disinfect all toys and eating surfaces to decrease exposure to saliva.	Upon recommendation of health care provider with permitted activity level indicated.

DISEASE	SYMPTOMS	INCUBATION PERIOD	HOW SPREAD	CONTAGIOUS	PREVENTION	READMISSION
<b>Methicillin Resistant Staphylococcus Aureus (MRSA)</b>	May appear as a pimple, boil, or abscess. The area may also be red, swollen, and painful as well as having pus or other drainage present. A fever may be present.	Variable	Person to person through hands or skin-to-skin contact. Wound drainage can spread to other parts of the body or to others. MRSA can survive on some surfaces for prolonged periods of time.	As long as pus or other drainage is present. In some people a carrier state exists with no signs of infection.	<ol style="list-style-type: none"> <li>1. Good hand washing.</li> <li>2. No sharing of personal items; razors, towels, washcloths, bar soap, or clothing.</li> <li>3. Send student for medical assessment when signs of infection appear.</li> <li>4. Washcloths, towels, and linens in washer with water set at hottest temperature and dry on higher dryer setting. Not line dry.</li> <li>5. Clean and disinfect high touch or soiled areas frequently.</li> <li>6. Clean shared sports equipment between uses and use a barrier between skin and equipment as feasible.</li> <li>7. Cleaning solutions; soap and water, bleach 1:100 (1/4c-1gal bleach) Lysol, and original Pine-Sol.</li> </ol>	<ol style="list-style-type: none"> <li>1. Students with open draining wounds should not participate in contact sports or swimming until the medical provider clears for participation.</li> <li>2. Students may attend school if the wound can be covered with a dry dressing and any drainage contained within the dressing.</li> </ol>
<b>Mumps (Infectious Parotitis)</b>	Onset is gradual. There may be chills, discomfort, headache, pain below the ears accompanied by a moderate fever of 100-102 degrees or higher followed by swelling of one or both salivary glands. Swelling appears in front of and below the ear and follows the jaw line. Usually swelling in one gland subsides as the other begins to swell. Swelling usually lasts 5-7 days.	16-18 days.	Direct contact with saliva, airborne, and droplet spread.	Communicable 7 days prior to salivary gland involvement to 9 days after.	<b>Report all cases to the Health Department's Communicable Disease Office Immediately.</b> Educate regarding 1. Age appropriate immunization 2. Immunization of all susceptible contacts. 3. Need for medical diagnosis and follow up. 4. Disinfection of surfaces or materials that may have germs such as desks and toys.	Exclusion until 5 days after onset of salivary gland swelling.

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<b>Norovirus</b>	Sudden onset of: nausea/vomiting, diarrhea, stomach cramps, low grade fever, chills, headache, muscle aches, and fatigue	Usually 24-48 hours but may be as soon as 12 hours after exposure	In the stool or vomit of the infected person. Touching surfaces contaminated with norovirus and touching your mouth. Contaminated food.	During the acute phase and up to 48 hours after symptoms have stopped	Educate regarding: 1. Good personal hygiene 2. Thorough handwashing after toileting and before food handling or eating.3. Use a paper towel to turn off the faucet and open the door, dispose of towel in waste container 4. Use a solution made with 1:10 bleach and water to clean and disinfect contaminated surfaces and toys 5. Flush any vomit or stool in the toilet and clean the surrounding area with a 1:10 bleach solution.	48 hours after symptoms have stopped
<b>Pertussis (Whooping Cough)</b>	The initial signs are coughing and sneezing followed 1 to 2 weeks later by a convulsive short coughing that is followed by a high pitched gasp of air called a whoop because of the sound. Cough may last as long as 3 months.	9-10 days average with a range of 6-20 days	Primarily through direct contact with discharges from the respiratory tract (mucus from coughing and sneezing)	Highly communicable in the early stages when the person has cold-like symptoms. The person becomes less infectious as the convulsive-like coughs begin. Infectious stage ends in about 3 weeks after initial onset of symptoms.	<b>Report all cases to the Health Department's Communicable Disease Office Immediately.</b> Educate regarding: 1. Age appropriate immunization 2. Vaccination of close contacts less than 7 years of age that have not been appropriately vaccinated. Recommendation of Tdap vaccine for children and adults 10-64 years old. 3. A five day course of azithromycin for household and other close contacts, regardless of immunization status is recommended 4. Thorough hand washing- turn off faucets and open door with paper towel and then dispose of paper towel in waste container 5. Disinfect soiled surfaces and articles.	At least 5 days after start of antibiotic therapy or 3 weeks after onset if left untreated

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<b>Pinkeye (Bacterial, Viral, Allergic Conjunctivitis)</b>	<p><b>Viral:</b> More common in adults and older children. Often only one eye is affected, the discharge is watery or clear mucus and there is significant redness.</p> <p><b>Bacterial:</b> More common in children under 6 years of age. Usually involves both eyes and produces a thick yellow or green discharge and maybe some redness.</p> <p><b>Allergic:</b> Usually seasonal and involves intense itching, watery discharge and minimal redness</p>	24-72 hours depending on the cause	Direct contact with discharge from the eyes or coughs or sneezes. From contaminated fingers, clothing and other articles, including shared eye make-up applicators, and multiple dose eye medications.	During the period of active infection. Some children recover in only a few days but many cases take 2-3 weeks.	Educate: 1. Good personal hygiene 2. Thorough hand washing- turn off faucets and open doors with a paper towel and then dispose of paper towel in waste container 3 Avoid handling clothing and personal items of infected persons. 4. Disinfect surfaces and articles	Readmit after treatment for 24 hours if bacterial. No exclusion necessary if viral or allergic conjunctivitis
<b>Pinworm</b>	A mild itching in the anal area, disturbed sleep, irritability and local irritation due to scratching	3 weeks - 3 months	Larvae being swallowed or inhaled through direct contact with contaminated clothing or bedding from an infected individual	As long as pinworms are present in the intestine and laying eggs. The eggs can survive up to 2 weeks on clothing, bedding, or other objects	Educate regarding: 1. Good personal hygiene. 2.Thorough hand washing after toileting and before eating or preparing food- turn off faucets and open door with paper towel and then dispose towel in waste container 3. Keep nails short; discourage scratching bare anal area and nail biting 4. Disinfect all bathrooms and bedding.	After treatment with prescribed medication
<b>Poison Ivy, Oak, Sumac (Allergic Dermatitis)</b>	Moist fluid filled blisters that often drain. Blister pattern varies. Itching may be severe	1-2 days	Direct contact with toxic oil from leaves, pets, clothing; can be airborne in moisture or smoke from burning leaves. Secretions from blisters will not spread poison to others.	Not contagious	Avoid contact with poisonous trees and plants. Wash all clothing after exposure. Bathe animals.	No exclusion necessary. Cover infected part as indicated.

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<b>Ringworm of the Body (Tinea Corporis)</b>	Lesions on the skin characterized as flat and ring shaped. The inside of the ring may either be moist with pus and crusty or dry and flaky. The center tends to heal as the circle widens.	4-14 days	Direct or indirect contact with skin lesions of infected persons or animals. Contaminated floors, shower stalls, benches etc.	Communicable as long as lesions are present and fungus is on contaminated material.	Educate regarding; 1. Good personal hygiene 2. Early detection and treatment of condition. May need to inspect siblings and contacts if outbreak is present 3. Appropriate cleansing of shower rooms and gym. 4. Good Hand washing with soap and water, turn off faucets, and open door with paper towel then dispose of towel. 5 Exclusive personal use of towels and clothing	After treatment is started
<b>Ringworm of the Scalp (Tinea Capitis)</b>	Infection begins as small circular lesions which may be associated with an area of baldness. Infected hairs become brittle, occasionally boggy, raised and pus filled lesions develop	10-14 days	Direct or indirect contact with cushions, hair clippers, clothing, and toiletry articles contaminated with infected human or animal hair. Animals, especially cats may be carriers without having any symptoms	Communicable as long as lesions are present and fungus is on contaminated material.	Educate regarding 1. Early detection of cases in schools. 2. Prompt treatment. 3. Thorough hand washing with soap and water, use paper towel to dry hands and turn off faucets. 4. Awareness that pets may have spread the disease and the need to treat. 5. prevent the further spread of disease by frequent and thorough hand washing 6. Daily hair washing during treatment	When under medical treatment
<b>Roseola</b>	Sudden high fever (104-105 degrees) which falls with the appearance of a rash on about the third or fourth day of the illness. Most cases are in children between 6 months and 3 years. The rash consists of small rose-pink spots which first appear on the chest and abdomen but may spread to the face, legs and arms. The rash is usually limited to only one or two days	10 days	Disease germs are spread by airborne and direct contact with droplets from the nose, throat, and mouth by sneezing, coughing and speaking.	Unknown. The disease does not appear to be very contagious. Generally occurs in the spring	Educate regarding: 1. Thorough hand washing using water and soap- use paper towel to turn off faucet and to open doors then dispose of towel. 2. Disinfecting surfaces and objects such as toys that may be placed in a child's mouth. 3. Covering nose and mouth with tissue when sneezing and coughing. 4. Disposal of tissue in the waste basket.	After rash clears

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<b>Scabies</b>	A skin disease due to mites burrowing in the skin. Visible as small pimples, blisters and tiny burrows that appear as slightly off color lines. Areas most effected are skin folds, such as in between the fingers, inside elbows, inner thighs, genital area and between the buttocks. Intense itching, especially at night when mites are active (may disturb sleep). Areas may become infected due to itching	2-6 weeks for the first exposure, 1-4 days for re-infestations	Usually through direct contact with an infested person, and to a limited extent by contact with freshly contaminated linen or clothing	Until mites are destroyed by chemical treatment. A second treatment, one week after the first course, is often needed.	Educate regarding: 1. Early detection of cases. 2. Maintenance of personal and environmental hygiene through frequent hand washing. Use a paper towel to turn off the faucet and dispose of the towel in a waste container. 3. Disinfection of surfaces and objects. 4. Appropriate treatment of infestation, including going to a health care provider for a prescription and closely following the directions for the medication. 5. Evaluate the need for support services (laundering, monetary assistance).	Upon completion of health care provider prescribed treatment.
<b>Scarlet Fever (Streptococcal Infection)</b>	Fever, sore throat, tonsillitis or pharyngitis, bright red tongue; fine, rough rash that appears on the neck, chest and skin folds.	1-3 days	Direct contact with the infected person. Rarely spread through indirect contact with surfaces or objects. Can be spread through contaminated food.	Communicable from the time of infection up to 24 to 48 hours after medical treatment with an antibiotic. Remains communicable for 10-21 days if left untreated	Educate regarding: 1. Prompt and appropriate treatment of the infected persons. 2. Proper use of antibiotics- completing full course whether symptoms persist or not. 3. Continued medical follow up if symptoms persist or new ones develop. 4. Disinfection of bathroom objects such as tooth brushes, cups etc. 5. Importance not to share utensils or oral care products. 6. Relationship of strep to kidney and heart disease. Complications may be severe.	Upon approval of a health care provider, but not less than 24 hours after starting antibiotic treatment.
<b>Strep Throat (Streptococcal Infection)</b>	Fever, severe sore throat, tonsillitis, pharyngitis, tender lymph nodes behind the ears.	1-3 days	Direct contact with the infected person. Rarely spread through indirect contact with surfaces or objects. Can be spread through contaminated food.	Communicable for 10-21 days if left untreated; 24-48 hours after medical treatment with an antibiotic	Educate regarding: 1. Prompt and appropriate treatment of the infected persons. 2. Proper use of antibiotics- completing full course whether symptoms persist or not. 3. Continued medical follow up if symptoms persist or not. 4. Relationship of strep to kidney and heart disease. Complications may be severe. 5 Sanitize food service utensils and anything that can go in someone's mouth.	Upon approval of a health care provider, but not less than 24 hours after starting antibiotic treatment.
<b>Rheumatic Fever</b>	Fever, loss of appetite, failure to gain weight, joint pain and swelling.	About 3 weeks to 6 months following streptococcal infection.	Non-communicable	Non-communicable	Educate regarding: Prompt and appropriate treatment of infected persons 2. Proper use of prescribed medications including completing the full course of antibiotics. 3. Continued medical follow up if symptoms persist or new ones develop. 4. Relationship of strep infections to heart and kidney disease.	Upon recommendation of health care provider with permitted activity level indicated.



## How Diseases Are Spread:

Knowing how diseases are spread can help you prevent illness. There are five modes of transmission (ways that diseases are spread from one person to another), airborne, droplet, direct contact, fecal-oral, and blood borne. Each disease follows one of these following ways of transmission.

**Airborne:** Fine moist particles are coughed or exhaled into the air by a contagious person and inhaled into the body of a susceptible person.

**Droplet (mucus and secretion):** The droplets from nose, mouth and throat are spread by sneezing and coughing; these germ filled secretions fall on all surfaces. When someone touches these surfaces they contaminate their hand and infect themselves by touching their own eye, nose or mouth.

**Direct Contact:** Germs are spread when an infected person touches someone or something and then a susceptible person in turn touches the same area. This includes objects like hats, combs, and bedlinens.

**Fecal-Oral:** Very small particles of germs from feces contaminate hands of sick individuals after bowel movements. Items touched by these people become contaminated (toilet handles, water faucets, door knobs, food). Someone touching these same items or eating food prepared by infected people can themselves become infected and

**Blood Borne/ Body Fluids:** Germs carried in the blood and other body fluids get into the body of another person. Some methods of transmission are needle sharing, unsafe sexual contact, splashed blood or body fluids into cuts or mucous membranes (eyes, mouth)

## References

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