

Communicable Disease Chart for Schools and Child-Care Centers



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

| Condition | Incubation Period | Signs and Symptoms | Exclusion * | Readmission Criteria | Reportable Disease | Prevention, Treatment and Comments |
|--|---|---|--------------------------|---|--|--|
| AIDS/HIV Infection | Variable | Weight loss, generalized swelling of the lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver. Individuals may be asymptomatic. | See AIDS/HIV note below. | | Yes, but schools are not required to report. | 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 | Commonly 2-4 weeks | Intestinal disease may vary from asymptomatic to acute dysentery with bloody diarrhea, fever, and chills. Parasite may disseminate to other internal organs. | Yes | After treatment is initiated. | Yes, call (800) 705-8868. | Adequate treatment is necessary to prevent or eliminate extraintestinal disease. Teach importance of handwashing. Relatively uncommon in the United States, but can be acquired in developing countries. Spread by personal contact or through food and/or drink. |
| Campylobacteriosis | Range 1-10 days Commonly 2-5 days | Sudden onset of diarrhea, abdominal pain, fever, malaise, nausea, and vomiting. | Yes | After diarrhea and fever subside. | Yes, call (800) 705-8868. | Teach importance of handwashing. Frequently a foodborne infection. |
| Chickenpox (varicella) | Range 2-3 weeks Commonly 13-17 days | Fever and rash that may appear first on head, then spread to body. Usually two or three crops of new blisters that heal, sometimes leaving scabs. | Yes | Seven days after onset of rash. Immunocompromised individuals should not return until all blisters have crusted over. | Yes, call (800) 705-8868. | Shingles is a reactivation of the varicella virus. Since contact with the virus may cause chickenpox in a susceptible child, it is recommended that a case of shingles be treated similar to a case of chickenpox. Vaccine available. |
| Common cold | Range 1-5 days Commonly 2 days | Runny nose, watery eyes, fatigue, coughing, and sneezing. | No, unless fever. | After fever subsides. | No | Teach importance of washing hands and covering mouth when coughing or sneezing. Colds are caused by viruses; antibiotics are not indicated. |
| Conjunctivitis, bacterial or viral (Pink Eye) | Bacterial: 1-3 days Viral: 12 hours to 12 days | Red eyes, usually with some discharge or crusting around eyes. | Yes | Until effective treatment and approval by HCW. | No | Teach importance of handwashing. Allergic conjunctivitis is not contagious and maybe confused with bacterial and viral conjunctivitis. |
| Coxsackie virus diseases (Hand, Foot & Mouth disease) | Commonly 3-5 days | Rash in mouth, hands (palms and fingers), and feet (soles). | No, unless fever. | | No | Promote hand washing and universal precautions. |
| Cryptosporidiosis | Range 1-12 days Commonly 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 | After diarrhea subsides. | Yes, call (800) 705-8868. | 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 good handwashing. Avoid direct contact with urine, saliva, or other infectious secretions. |
| Escherichia coli (E. coli) infection | 10 hours to 8 days in most cases; for <i>E. coli</i> O157:H7, commonly 3-4 days | Profuse, watery diarrhea, sometimes with blood and/or mucus, and abdominal pain. Fever and vomiting may occur. Some strains (such as <i>E. coli</i> O157:H7) may cause hemolytic uremic syndrome, resulting in kidney damage. | Yes | After diarrhea and fever subside. | Yes, if <i>E. coli</i> O157:H7 strain. Call (800) 705-8868 | Teach importance of handwashing. Usually a foodborne infection. Also spread by hand to mouth contact. |
| Fever | | Oral temperature of 38°C (100.4°F) or greater. Measure when no antipyretics are given. | Yes | After fever subsides. | No | Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician. |
| Fifth Disease Human Parvovirus | Variable: 4-20 days | Redness of the cheeks and body. Rash may reappear. Fever does not usually occur. | No, unless fever. | After fever subsides. | No | Individual should be seen by a physician to rule out a diagnosis of measles or rubella. Pregnant women who have been exposed should consult their physician. |
| Gastroenteritis, viral | Variable, usually 1-3 days | Nausea and diarrhea. Fever does not usually occur. | Yes | After diarrhea subsides. | No | Teach importance of good handwashing. |
| Giardiasis | Range 3-25 days or longer Commonly 7-10 days | Gradual onset of nausea, bloating, pain, and foul-smelling diarrhea. May recur several times over a period of weeks. | Yes | After diarrhea subsides. | No | Treatment is recommended. Teach importance of good handwashing. Can spread quickly in child-care facilities. Check household contacts for evidence of infection. |
| Head lice (Pediculosis) | Eggs hatch in 7-10 days | Itching and scratching of scalp. Presence of pinpoint-sized white eggs (nits) that will not flick off the hair shaft and live lice. | Yes, with live lice. | After one medicated shampoo or lotion treatment has been given. | No | Second shampoo or lotion treatment is recommended in 7 – 10 days. Teach importance of not sharing combs, brushes, hats, and coats. Check household contacts for evidence of infestation. |
| Hepatitis A | Range 15-50 days Commonly 25-30 days | Most children have no symptoms; some have flu-like symptoms or diarrhea. Adults may have fatigue, nausea and vomiting, anorexia, and abdominal pain. Jaundice, dark urine, or diarrhea may or may not be present. | Yes | One week after onset of illness. | Yes, call (800) 705-8868. | Vaccine available. Teach importance of handwashing. Immune globulin should be given to household contacts. If more than one case occurs in a child-care facility, immune globulin should be considered for all contacts at the facility. |
| Hepatitis B | Range 1½-6 months Commonly 2-3 months | Gradual onset of fever, fatigue, nausea, or vomiting, followed by jaundice. Frequently asymptomatic in children. | No | | Yes, call (800) 705-8868. | Vaccine available. Teach importance of handwashing and not sharing razors or toothbrushes. Wear gloves and use a suitable disinfectant when cleaning up spills of blood or body fluids. Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection. |
| Herpes Simplex (cold sores) | First infection, 2-17 days | Blisters on or near lips that open and become covered with a dark crust. Recurrences are common. | No | | No | Teach importance of good hygiene. Avoid direct contact with sores. Antivirals are sometimes used. |
| Impetigo | Variable, usually 4-10 days | Blisters on skin, commonly hands and face, that open and become covered with yellowish crust. Fever does not usually occur. | Yes | After treatment has begun. | No | Keep lesions covered. Teach importance of handwashing and keeping fingernails clean. |
| Influenza (flu) | Commonly 1-3 days | Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy, and muscle aches. | Yes | After fever subsides. | No | Vaccine available and recommended for children age 6-24 months and those with certain chronic diseases. Anti-viral therapy available for patients with influenza types A and B. |
| Measles (rubeola) | Range 7-18 days Commonly 8-12 days | Runny nose, watery eyes, fever, and dry cough. A blotchy red rash, which usually begins on the face, appears between the third and seventh day. | Yes | Four days after onset of rash. | Yes, immediately call (800) 705-8868. | Vaccine available. In an outbreak, unimmunized children should be excluded for at least two weeks after last rash onset. |
| Meningitis, bacterial | Commonly 2-10 days | Sudden onset of high fever and headache, usually with vomiting. | Yes | Until effective treatment and approval by HCW. | Yes, call (800) 705-8868. | Prophylactic antibiotics may be recommended for family members and close contacts at a child-care facility. Vaccine available for <i>Haemophilus influenzae</i> type B and pneumococcal disease. |
| Meningitis, viral | Commonly 2-10 days | Sudden onset of fever and headache, usually with vomiting. | No, unless fever. | When fever subsides. | Yes, call (800) 705-8868. | Teach importance of handwashing. |
| Meningococcal infections (meningitis, meningococemia) | Range 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 | Until effective treatment and approval by HCW. | Yes, immediately call (800) 705-8868. | Prophylactic antibiotics may be recommended for family members and close contacts at a child-care facility. In an outbreak, vaccine may be recommended for persons likely to have been exposed. |
| Mononucleosis, infectious (Epstein Barr virus) | Commonly 30-50 days | Variable. Infants and young children are generally asymptomatic. Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat. | Yes | When a physician decides or after fever subsides. Some children with fatigue may not be physically able to return to school until symptoms subside. | No | Minimize contact with saliva or nasal discharges. Teach importance of handwashing. Sanitize surfaces and shared items. |
| Mumps | Range 12-25 days Commonly 16-18 days | Swelling over jaw in front of one or both ears. Pain in cheeks made worse by chewing. | Yes | After nine days from the onset of swelling. | Yes, call (800) 705-8868. | Vaccine available. |
| Otitis media (earache) | Variable | Fever, ear pain. May follow respiratory illness. | No, unless fever. | After fever subsides. | No | Antibiotics are only indicated for acute otitis media. |
| Pertussis (whooping cough) | Range 6-21 days Commonly 7-10 days | Low-grade fever, runny nose, and cough lasting about two weeks, followed by paroxysmal coughing spells and “whoop” on inspiration. | Yes | After completion of five days of antibiotic therapy. | Yes, immediately call (800) 705-8868. | Vaccine available. Unimmunized contacts should be immunized and receive antibiotic prophylaxis. Adults with persistent cough greater than 2 weeks should be evaluated. |
| Pharyngitis, nonstreptococcal (sore throat) | Variable | Fever, sore throat, often with large, tender lymph nodes in neck. | No, unless fever. | After fever subsides. | No | Nonstreptococcal pharyngitis is caused by a virus; antibiotics are not indicated. |
| Pinworms | Variable, 2 weeks-2 months or longer | Perianal itching. | No | | No | Treatment recommended. Teach importance of handwashing. Check household contact for infestations. |
| Ringworm of the body | Commonly 4-10 days | Slowly spreading, flat, scaly, ring-shaped lesions on skin. Margins may be reddish & slightly raised. | No | | No | Treatment is recommended. Keep lesions covered. A fungal infection. |
| Ringworm of the scalp | Commonly 10-21 days | Slowly spreading, round, scaly balding patches on scalp with broken-off hairs. | Yes | After treatment has begun. | No | Teach importance of not sharing combs, brushes, hats, and coats. A fungal infection. |
| Rubella (German measles) | Range 14-23 days Commonly 16-18 days | Cold-like symptoms. Swollen, tender glands at the back of the neck. Fever. Changeable pink rash on face and chest. | Yes | Seven days after onset of rash. | Yes, call (800) 705-8868 within one working day. | Vaccine available. In an outbreak, unimmunized children and pregnant women should be excluded for at least three weeks after last rash onset. |
| Salmonellosis | Range 6-72 hours Commonly 12-36 hours | Sudden onset of fever, abdominal pain, diarrhea, and sometimes vomiting. | Yes | After diarrhea and fever subside. | Yes, call (800) 705-8868. | Teach importance of handwashing. Frequently a foodborne infection. |
| Scabies | First infection: 2-6 weeks Repeat infection: 1-4 days | Small, raised and red bumps or blisters on skin with severe itching. Often the thighs, arms, and webs of fingers. | Yes | After treatment has begun. | No | Teach importance of not sharing clothing. May have rash and itching after treatment, but will subside. |
| Sinus infection | Variable | Fever, headache, greenish to yellowish mucus for more than one week. | No | | No | Antibiotics are only indicated for long-lasting or severe sinus infections. |
| Shigellosis | Range 1-7 days Commonly 2-3 days | Sudden onset of fever, vomiting, and diarrhea, which may be bloody. | Yes | After diarrhea and fever subside. | Yes, call (800) 705-8868. | Teach importance of handwashing. Can spread quickly in child-care facilities. |
| Streptococcal sore throat and scarlet fever | Commonly 1-3 days | 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 | Twenty-four hours after effective antibiotic treatment has begun and fever subsides. | No | Teach importance of covering mouth when coughing or sneezing. Streptococcal sore throat can only be diagnosed with a laboratory test. |
| Tuberculosis, pulmonary | Commonly 2-12 weeks | Gradual onset, fatigue, anorexia, fever, failure to gain weight, and cough. | Yes | After antibiotic treatment has begun AND a physician's certificate or health permit obtained. | Yes, call (800) 705-8868 within one working day. | All classroom contacts should have TB skin tests. Antibiotic prophylaxis recommended for newly positive reactors. Call the TB control program at your local health department for contact testing. |

*For conditions specified in the Texas Administrative Code. ■ Infectious Disease Information — (512-458-7676) – www.tdhideas.org ■ Immunization Information — (800-252-9152) – www.ImmunizeTexas.com ■ HCW — health care worker (physician, local health authority, advance practice nurse, physician's assistant) Stock No. 6-30 (8/2004)
AIDS/HIV: Not excluded unless child's physician determines that a severe or chronic skin eruption or lesion that cannot be covered poses a threat to others. The child's parents and physician should be advised in the case of measles, rubella, or chickenpox outbreaks in school. These may pose a health threat to the immunosuppressed child.