



Communicable Disease Summary

A Guide for School and Child Care Settings



State of Maryland

Department of Health and Mental Hygiene

Community Health Administration

Office of Epidemiology and Disease Control Programs

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Governor



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State of Maryland

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OR

Please check the DHMH website at www.dhmh.state.md.us for additional information.

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Communicable Diseases Summary: Guide for Schools and Child Care Settings

Disease	Incubation Period	Symptoms	Mode of Transmission	Period of Communicability	Control Measures and Period of Exclusion *	Other Information
ANIMAL BITES (Pasteurellosis, Capnocytophagia, Rat-Bite Fever and others)	Varies depending on type of bite.	Redness, swelling, drainage around site of bite, may develop fever, lymph node swelling.	Animal bite; Person-to-person transmission does not occur.	Usually 1 to 2 days before onset of rash to 5 days after the first crop of blisters.	Person-to-person transmission does not occur. To try to prevent infection after a bite occurs; wash wound thoroughly and immediately with soap and water for several minutes, seek emergency medical attention immediately. Contact LHD to assess need for prophylaxis. Confine domestic animal if it is safe to do so or as advised by veterinarian or health department. Test wild animal for rabies if caught (see Rabies section).	Report all animal bites to the local health department immediately by telephone.
CHICKENPOX (Varicella), SHINGLES (Zoster)	Usually 14-16 days; range 10-21 days.	Slight fever and skin rash. Rash consists of fluid-filled bumps (called vesicles) for 3-4 days, which turn into crusts or scabs which last about 14 days. Rash comes out in itchy, overlapping crops of vesicles.	Spread from person-to-person, by respiratory droplets or by direct contact with fresh nose and throat secretions or fluid from vesicles.	Usually from 1-2 days before onset of rash until all lesions are crusted (usually 5 days).	Uncomplicated cases should be excluded until rash has crusted. Same is true for zoster except may return sooner if rash is confined to small area and can be covered. Disinfect articles handled or contaminated by infected persons.	An outbreak must be reported to the local health department. Vaccine-preventable. Consult physician if pregnant woman, newborn or person with weakened immune system is exposed. Persons with no history of chickenpox or vaccination may need to be vaccinated.

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CHLAMYDIA (Chlamydia trachomatis)	Usually 7-14 days; up to 30 days.	Genital infection: pus-like discharge from the genitals, painful urination, lower abdominal pain. Conjunctivitis: pus-like discharge from the eyes (see Conjunctivitis section).	Genital: Sexual contact. Conjunctivitis: from infected mother to infant.	Not generally communicable from child-to-child except through sexual activity; for chlamydial conjunctivitis, see Conjunctivitis section.	No exclusion necessary.	A case or outbreak must be reported to the local health department. Chlamydial infections can occur in conjunction with other sexually transmitted diseases. All cases should be seen by a health care provider. This infection in a young child may possibly be an indicator of sexual abuse.
COMMON COLD	12 to 72 hours; usually 2 days.	Runny nose, watery eyes, sneezing, chills, sore throat, cough, and general body discomfort lasting 2 to 7 days. May also have a low-grade fever.	Spread from person-to-person through direct contact or respiratory droplets; indirect contact with nose and throat secretions from a case.	Variable, depending on cause; average 24 hrs before to 5 days after symptoms have started.	Exclusion is not routinely recommended. If fever is present, exclude until resolution of fever. Emphasize personal hygiene, that is, covering nose and mouth when coughing/sneezing; using facial tissue to dispose of nose or throat secretions; encouraging frequent hand-washing.	In children, certain viruses usually cause colds, including: RSV, adenoviruses, rhinoviruses and parainfluenza.
CONJUNCTIVITIS (Pink Eye)	Varies depending on agent.	Pink or red conjunctivae, white or yellow discharge, with redness and swelling of the lids, and matted, sticky lids.	Direct contact with respiratory secretions of a case or with contaminated materials; rarely through contaminated pools.	Variable, depending on cause, from several days to weeks.	Exclude case until cleared by a physician, until on antibiotics for 24 hours, or until symptoms have resolved.	Emphasize hand hygiene. Any newborn with conjunctivitis should be referred to a physician. Commonly caused by both viral and bacterial agents.

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DIARRHEAL ILLNESS: CAUSE UNKNOWN	Variable, from 1 day to 1 week.	Diarrhea, with or without other symptoms.	Usually spread from person-to-person by fecal contact.	Variable depending on cause, from several days to weeks.	For all diarrheal illness, unless otherwise specified, children should be excluded until 24 hours after resolution of symptoms.	See specific causes of diarrheal illness listed below.
DIARRHEAL ILLNESS: CAMPYLOBACTERIOSIS	Usually 2-5 days; range 1-10 days.	Diarrhea, abdominal pain, fever, cramps, malaise, vomiting, diarrhea may be bloody.	Spread from person-to-person by fecal contact or from ingesting contaminated foods such as unpasteurized milk, raw or undercooked meats.	Usually 2-3 weeks in untreated cases, up to 7 weeks.	Contact LHD for further management. Exclude a case until 2 consecutive stool cultures submitted not less than 24 hours apart and not sooner than 48 hours after completion of treatment, are negative, or if greater than 24hrs after resolution of diarrhea and approved by Health Officer.	A case or outbreak must be reported to the local health department.
DIARRHEAL ILLNESS: E. COLI O157:H7	Usually 2-4 days; range 1-8 days.	Severe abdominal pain, bloody diarrhea, vomiting.	Spread from person-to-person by fecal contact or from ingesting uncooked or unpasteurized foods, including beef, milk, raw fruits and vegetables.	Usually 1-3 weeks.	Contact LHD for further management. Exclude a case until 2 consecutive stool cultures submitted not less than 24 hours apart and not sooner than 48 hours after completion of treatment, are negative, or if approved by Health Officer.	A case or outbreak must be reported to the local health department.
DIARRHEAL ILLNESS: GIARDIASIS	Usually 7-10 days; range 3-28 days.	Watery diarrhea, bloating and gas, decreased appetite, and stomach cramps.	Spread from person-to-person by fecal contact or from ingesting contaminated water.	Variable, can be months if untreated.	For all diarrheal illness, unless otherwise specified, children should be excluded until 24 hours after resolution of symptoms. Not recommended to exclude carriers.	A case or outbreak must be reported to the local health department.

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DIARRHEAL ILLNESS: NORWALK AGENT, NOROVIRUS	Usually 24-48 hours; range 12-72 hours.	Nausea, vomiting, abdominal cramps, diarrhea, fever, headache.	Spread from person-to-person by fecal contact or from ingesting contaminated foods.	Usually 2-7 days, up to 14 days.	For all diarrheal illness, unless otherwise specified, children should be excluded until 24 hours after resolution of symptoms. Use special care when caring for recently infected children.	A case or outbreak must be reported to the local health department.
DIARRHEAL ILLNESS: ROTAVIRUS	Range 1-4 days.	Vomiting, watery diarrhea.	Spread from person-to-person by fecal contact or from ingesting contaminated foods.	Shortly before onset to 8 days, sometimes longer in persons with weakened immune systems.	For all diarrheal illness, unless otherwise specified, children should be excluded until 24 hours after resolution of symptoms.	
DIARRHEAL ILLNESS: SALMONELLOSIS	Usually 12-36 hours; range 6-72 hours.	Diarrhea, fever abdominal cramps.	Spread from person-to-person by fecal contact or from ingesting contaminated poultry, meats, eggs and dairy products.	Variable, usually several days to several weeks.	Contact LHD for further management. Exclude children in daycare if not toilet trained. Negative stool tests are required before re-entry. School-age children do not need to be excluded.	A case or outbreak must be reported to the local health department.
DIARRHEAL ILLNESS: SHIGELLOSIS	Usually 1-3 days; range 1-7 days.	Abdominal cramps, fever, diarrhea with blood and /or mucous.	Spread from person-to-person by fecal contact or from ingesting contaminated food or water.	During acute infection up to 4 weeks.	Exclude until 2 stool cultures collected not less than 24 hours apart and not sooner than 48 hrs after completion of therapy are negative.	A case or outbreak must be reported to the local health department.
DIPHTHERIA	2 to 7 days, sometimes longer.	Patches of grayish membrane with surrounding redness of throat, tonsils, nose and mucous membranes. Less common sites are skin, eyes, ears, and vagina.	Spread from person-to-person by contact with respiratory secretions or skin lesions.	Up to several weeks after infection if not treated. If treated, within 5 days.	Contact LHD for further management. Exclude for at least 5 days after the initiation of therapy.	A case or outbreak must be reported to the local health department immediately by telephone. Vaccine preventable.

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EHRlichiosis	Usually 5-10 days; range 7 to 21 days after tick bite.	Fever, headache, lack of appetite, nausea, vomiting, and muscle aches.	Tick bite and attachment for at least 4-6 hours.	No documented person-to-person transmission.	No exclusion necessary. To prevent Ehrlichiosis; avoid exposure to ticks, wear protective light-colored, long sleeve shirts and pants, use insect repellants, do tick checks every 3-4 hours. If you see an embedded tick remove promptly with tweezers. Consult a physician if symptoms occur.	Tick-borne diseases carry the risk of more severe and/or chronic illness for persons with weakened immune systems. Pregnant women exposed to a tick should consult with their physician.
FIFTH DISEASE (Erythema infectiosum, Parvovirus B19)	Usually 4-14 days; up to 21 days.	Red, patchy facial rash ("slapped cheek" rash) that may spread to rest of body in a lace-like pattern. Rash may be preceded by cold-like symptoms. Many cases are asymptomatic.	Spread from person-to-person by respiratory secretions of a case; by contaminated blood or blood products; from mother to fetus.	Most infectious before the onset of rash in most cases.	If known case, then exclude until resolution of fever. Encourage hand hygiene.	Pregnant women, persons with blood disorders (e.g. sickle cell disease) or weakened immune systems should check with a physician if exposed.
GONORRHEA (Neisseria gonorrhoeae, Gonococcus)	Usually 2 to 7 days, sometimes longer.	Males: cloudy or creamy discharge from penis, pain with urination. Females: usually no symptoms, but may have vaginal discharge, urinary frequency, abdominal pain.	Spread from person-to-person by sexual contact. Newborns may get eye infection during birth process.	Not communicable from child-to-child except through sexual activity.	Exclusion is not routinely recommended. Cases should be treated with antibiotics. Sexual contacts should be tested and given preventive antibiotic treatment and referred to the LHD for follow-up.	A case or outbreak must be reported to the local health department. Pelvic inflammatory disease, a serious complication of gonorrhea, can lead to sterility or chronic pain. Gonorrhea can also lead to arthritis and/or pharyngitis, and this infection in a young child may possibly be an indicator of sexual abuse.
Haemophilus influenzae disease (Hib)	Unknown; may be 2 to 4 days.	Various symptoms, depending on where this bacteria causes infection: ear, eye, skin, lungs, joints, or spinal fluid spaces.	Spread by contact with discharges or droplets from the nose or throat of an infected person; or by direct person-to-person contact.	Non-communicable 24-48 hours after start of antibiotic treatment.	Contact LHD for recommendations about need to exclude or give prophylaxis to contacts. Exclude case until 24 hours after start of antibiotic therapy.	A case or outbreak must be reported to the local health department immediately by telephone. Vaccine-preventable.

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HAND, FOOT AND MOUTH DISEASE (Coxsackievirus)	Usually 3-6 days	Fever, cold symptoms, rash on palms, fingers and soles, sores in mouth.	Spread from person-to-person by fecal contact or from contact with respiratory secretions.	Highly contagious during the acute illness and perhaps longer through shedding in stool.	Encourage hand hygiene, particularly after diapering.	
HEPATITIS A	Usually 25-30 days; range 14-50 days.	Jaundice, dark urine, fatigue, loss of appetite, nausea, vomiting, fever. Some cases are mild. Children may be asymptomatic.	Spread from person-to-person by fecal contact; or from ingesting food or water containing the virus.	Usually 1 week before illness starts to 2 weeks after illness.	Contact LHD for further management. May need to exclude for 1 week after the onset of illness. Encourage hand hygiene. Contacts of cases may require immune globulin.	A case or outbreak must be reported to the local health department. Vaccine preventable.
HEPATITIS B	Usually 45-180 days; average 60-90 days.	Dark urine, fatigue, loss of appetite, nausea, vomiting, often followed by jaundice. Joint pain may be present. Some cases are mild. Children may be asymptomatic.	Spread by sexual contact; exposure to infected blood; injection drug use; from mother to infant during pregnancy or birth; through saliva and body fluids.	Several weeks before and after onset of symptoms; some persons become carriers and remain infected for many years.	Contact LHD for further management. Routine exclusion not recommended. Children who are HBs-Ag positive should not be excluded unless severe medical or behavioral conditions exist. Practice standard infection control precautions.	A case or outbreak must be reported to the local health department. Vaccine preventable.
HEPATITIS C	Usually 6-9 weeks; range 2-6 months.	Dark urine, jaundice, fatigue, weight loss.	Exposure to infected blood, sexual contact, or from an infected mother to child.	Several weeks before and after onset of symptoms; some persons become carriers and remain infected for many years.	Contact LHD for further management. Exclusion is not routinely recommended. Children who are Hepatitis C positive should not be excluded unless severe medical or behavioral conditions exist. Practice standard infection control precautions.	A case or outbreak must be reported to the local health department.

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HERPES SIMPLEX VIRUS (Cold Sores, Fever Blisters)	Usually 2-12 days.	Oral herpes: sores or blisters on the lips or mouth. Genital herpes: painful sores or blisters in the genital area.	Spread from person-to-person by direct contact with saliva, sores, or blisters, such as touching, kissing, or having sex; from mother to infant during delivery.	Virus is recovered from lesions 2-7 weeks after primary infections and up to 5 days in reactivation lesions.	Exclusion is not routinely recommended.	Pregnant women with herpes should consult a physician. Cover lesions if possible.
HIV (HUMAN IMMUNODEFICIENCY VIRUS) INFECTION (Includes AIDS)	Variable; 1-3 months from infection to detection of antibodies.	May be asymptomatic for many years. Symptoms in later stages of HIV infection are variable.	Spread from person-to-person through sexual contact; exposure to HIV-infected blood or body fluids (for example, dirty needles); from mother to infant during pregnancy or birth, also through breastfeeding.	Presumed to begin early after onset of infection and persist throughout life. Treatment may reduce communicability.	Routine exclusion is not recommended. Contact LHD if exposure to blood or body fluids is likely or occurs.	A case or outbreak must be reported to the local health department.
IMPETIGO (Staphylococcus aureus or Streptococcal skin infection)	Variable, usually 4-10 days.	Blister-like skin lesions, which later develop into crusted sores that are irregular in outline.	Direct contact with draining sores, or by touching articles contaminated with blister fluid.	Usually not contagious after 24 hours of treatment.	Exclude until 24 hours of antibiotic therapy has been completed. Cover lesions; topical treatment or antibiotics may be indicated.	Cases with lesions should avoid contact with newborns.
INFLUENZA	Usually 1-3 days.	Sudden onset of fever, headache, fatigue, muscle aches, followed by congestion, and cough, runny nose.	Person to person by droplets or direct contact with infected articles.	24 hours before the onset of symptoms and up to 7 days in young children.	Exclusion is not routinely recommended unless fever is present.	

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LICE (Body Lice, Pediculosis Corporis)	The average life cycle extends over a period of 18 days.	Intense itching, worse at night.	Direct contact with an infested person or object.	10 days - 1 month, including up to 24 hours after treatment.	Exclude until 24 hours after appropriate insecticide. Check contacts of infested case, and treat if needed. Vacuum furniture and other objects that cannot be washed.	An outbreak must be reported to the local health department. Lice do not transmit any communicable diseases but secondary infections may occur as a result of the infestation. Follow manufacturer's recommendation for use of treatment and remove all nits.
LICE (Pediculosis Capitis, Head Lice)	Usually 2-6 weeks for first infection, 1-4 days for recurrent infections.	Asymptomatic, or itching of the scalp. Nits (eggs) are tightly attached to the shaft of the hair close to the scalp. Crawling lice seen on nape of neck, behind the ears, in the eyebrows and eyelashes.	Direct contact with infested person's hair or occasionally their clothing, combs, brushes, carpets, or linens.	Remains communicable while lice are alive or until 24 hours after treatment.	Exclude until at least 24 hours after treatment. Check contacts of infested case, and treat if needed. Vacuum furniture and other objects that cannot be washed.	An outbreak must be reported to the local health department. Lice do not transmit any communicable diseases but secondary infections may occur as a result of the infestation. Follow manufacturer's recommendation for use of treatment and remove all nits.
LYME DISEASE (Borrelia burgdorferi)	Usually 7-14 days ; range 3 - 32 days.	A red rash ("bull's eye target") called erythema migrans (EM), expands to 2 inches or more, fever, headache, stiff neck, or joint pain for several weeks. Neurologic, cardiac, or arthritic complications may follow.	Tick bite and attachment to the skin. A bacteria, <i>Borrelia burgdorferi</i> , is spread by the deer tick that has been attached for 24 hours or more.	No documented person-to-person or animal-to-person transmission.	No exclusion necessary. To prevent Lyme disease; avoid exposure to deer ticks, wear protective, light-colored long sleeves and pants. Use insect repellants, check skin for ticks every 3-4 hours, promptly remove any ticks found with tweezers, and consult a physician if symptoms occur.	A case must be reported to the local health department. Tick-borne diseases are preventable. Risk of more severe illness in first and second days of life, and for immunocompromised persons. Exposed pregnant women should see a health care provider.

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MEASLES (Rubeola)	Usually 10 days from exposure to onset of fever, and usually 14 days from exposure to onset of rash (range 7-18 days).	Sudden onset of chills, followed by sneezing, runny nose, conjunctivitis, photophobia, fever and cough. The rash, seen 2 to 7 days later, usually appears first behind the ears or on the forehead and face; blotchy and usually dusky red rash spreads over face, trunk, and limbs. Small white spots (Koplik spots) appear inside the mouth.	Droplet spread or direct contact with throat or nasal secretions of an infected person.	1-2 days before fever onset until 4 days after rash.	Contact LHD for further management of contacts. Exclude case for at least 4 days after onset of rash. Pregnant women should be seen by a health care provider if exposed.	A case or outbreak must be reported to the local health department. Vaccine preventable. Highly contagious among unvaccinated children in school or childcare.
MENINGITIS, VIRAL or ASEPTIC (Enterovirus, Measles, Herpes, Adenovirus)	Varies according to the specific viral agent.	Fever, stiff neck, headache, vomiting, and rash may occur.	Varies according to the specific viral agent.	Depends on the viral agent causing illness.	Contact LHD for further management. Most viruses do not require treatment, however some may require specific anti-viral therapy. Contacts of cases do not need preventive antibiotics. Cases should be seen by a health care provider.	A case or outbreak must be reported to the local health department.
MENINGITIS, BACTERIAL (Hemophilus influenza, Neisseria meningitidis, Streptococcus pneumoniae, Listeria)	Varies according to the specific bacterial agent.	Fever, stiff neck, headache, vomiting, and rash may occur.	Varies according to the specific bacterial agent.	Depends on the bacterial agent causing illness.	Contact LHD for further management. Some agents may require antimicrobial therapy. Some contacts of cases may need preventive antibiotics.	A case or outbreak must be reported to the local health department.

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MENINGO-COCCAL DISEASE (Neisseria meningitidis)	Usually 3-4 days; range 1-10 days.	Sudden onset with fever, vomiting, intense headache, and stiffness of the neck. A rash consisting of small bright red spots may appear on the body.	Spread by close contact with droplets and discharge from nose, throat or saliva of an infected person.	Usually 24 hours after the initiation of appropriate therapy.	Contact LHD for further management. Start antibiotics for case, and exclude case until 24 hours after start of antibiotic treatment. Follow local health department recommendations for preventive measures for close contacts, including household, childcare contacts, others with saliva contact with case.	A case or outbreak must be reported to the local health department immediately by telephone. Vaccine, available for certain types of meningococcal disease, now required by Maryland law for certain risk groups. Illness is highly contagious in childcare settings.
MUMPS (Infectious parotitis)	Usually 15-18 days; range 12- 25 days.	Fever, swelling, tenderness of the salivary gland in the mouth; but may be asymptomatic. The parotid glands (in front of and below the ears) most frequently affected. Meningitis may occur. In males after puberty, testicular involvement may occur.	Spread by droplet contact and direct contact from nose and throat discharge of an infected person.	From 7 days before salivary gland enlargement to 9 days after.	Contact LHD for further management of cases and contacts of cases. Exclude case for 9 days after onset of swelling.	A case or outbreak must be reported to the local health department. Vaccine preventable. Highly communicable disease in school or childcare setting.
PERTUSSIS (Whooping Cough)	Usually 7-10 days; range 6-21 days.	Acute onset of cough, which becomes repeated and violent within 1-2 weeks, and can persist for several months. Thick mucus and vomiting after coughing is characteristic. Young infants and adults may not have the typical inspiratory "whoop". Fever may be absent or low-grade.	Spread from person-to-person by direct contact with respiratory discharges of an infected person by airborne droplets.	From just before onset of symptoms to up until 3 weeks after symptoms start.	Treat case with antibiotics for 14 days. Exclude for first 5 days of antibiotic treatment. Contacts should be evaluated for receiving antibiotics and vaccine, and for exclusion recommendations.	A case or outbreak must be reported to the local health department immediately by telephone. Vaccine preventable. Highly communicable disease in school or childcare setting.
PNEUMO-COCCUS (Streptococcus pneumoniae)	Varies depending on type of infection. Maybe as short as 1-3 days.	Various symptoms, depending on where this bacteria causes infection: ear, eye, sinus, lungs, blood, joints, or spinal fluid spaces.	Person-to-person transmission through contact with respiratory droplets.	No longer communicable 24-48 hours after initiation of appropriate antibiotics.	No exclusion necessary.	

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POLIOMYELITIS	3 to 6 days for mild cases; 7 to 14 days for paralytic cases; range 3-35 days.	Infection may be asymptomatic, cause mild illness (fever, malaise, headache, vomiting), or severe (meningitis, muscle paralysis, death).	Spread by contact with nose or throat discharge, or by fecal-oral contamination.	Virus is detectable 36-72 hours after exposure and persists for 1 week in the throat and 6 weeks in the feces.	Contact LHD for further management of cases and contacts. Exclude case until health department approves readmission.	A case or outbreak must be reported to the local health department immediately by telephone. Vaccine preventable.
RABIES	Variable, weeks to years.	Human: Apprehension, headache, fever, muscle weakness, sensory changes (e.g. tingling) or paralysis, delirium, convulsions, death due to respiratory paralysis. Animal: Unusual behavior changes (stupor or aggression), increased salivation, paralysis. Death in 2 to 7 days from onset of illness.	Spread by an animal bite or by getting infected animal saliva into an open cut, wound, abrasion, eye, nose or mouth. Rare airborne transmission in a bat cave or in a laboratory setting.	Person-to-person transmission by bite has not been documented.	Do not let children play with strange, unknown animals or have contact with wild animals. However, if a person is exposed to a possibly rabid animal, wash wound thoroughly and immediately with soap and water for several minutes. Seek emergency medical attention immediately. Contact health department to assess need for prophylaxis. Confine domestic animal if it is safe to do so or as advised by veterinarian or health department. If a bat is involved, do not let it escape or throw it away. If it can be safely done, capture and hold the bat for further instruction from the health department. Test wild animal for rabies if caught.	A case must be reported to the local health department immediately. Report possible exposures immediately to local health department by telephone. Rabies infection is fatal if untreated; however, treatment is highly effective if administered before symptoms present.
RINGWORM OF SCALP (Tinea capitis)	Usually 10-14 days.	Patchy areas of dandruff-like scaling and hair loss; many separate blisters, with pus in them with little hair loss; or a soft, red, swollen area of scalp.	Direct person-to-person contact, or indirect contact with contaminated surfaces or objects such as combs, brushes, furniture, fabric, clothing, and hats from contaminated persons or animals.	May persist on contaminated materials for a long time if untreated.	Child receiving treatment may return to school or childcare once treatment has been initiated. Examine household, childcare, school, and animal contacts; treat if infected.	Infected children should not share combs, brushes, or hair ornaments while being treated. Haircuts or shaving the head is not needed. Selenium shampoo twice a week limits shedding of fungus.

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RINGWORM OF SKIN OR BODY (Tinea corporis)	Usually 4-10 days.	Infection involves the face, trunk, or extremities. Rash is usually circular, slightly red with a scaly border and may be itchy.	Direct person-to-person contact with lesions, or indirect contact with contaminated surfaces or objects such as floors, showers, or benches.	May persist on contaminated materials for a long time if untreated.	Routine exclusion is not recommended, however, limit cases from activities that may lead to exposure of others to lesions. Examine household, childcare, school, and animal contacts; treat if infected. Launder towels and clothes in hot water.	During treatment, exclude cases from gymnasiums, swimming pools, and activities likely to expose others. Avoid direct contact with infected person's lesions.
ROCKY MOUNTAIN SPOTTED FEVER (RMSF)	Usually 1 week; range 2-14 days.	Sudden onset of moderate to high fever, malaise, deep muscle pain, severe headache, chills, and conjunctivitis (very red, gunky eyes). Several days after the high fever, a red rash appears on hands and feet.	Tick bite and attachment for at least 4-6 hours.	No documented person-to-person transmission.	No exclusion necessary. To prevent RMSF; avoid exposure to ticks, wear protective light-colored, long sleeve shirts and pants, use insect repellants, do tick checks every 3–4 hours. If you see an embedded tick remove promptly with tweezers. Consult a physician if symptoms occur.	A case must be reported to the local health department. Tick-borne diseases carry the risk of more severe and/or chronic illness for immunocompromised persons. Pregnant women exposed to a tick should consult with their physician.
RUBELLA (German measles)	Usually 14 to 18 days; range 14 to 23 days.	Mild illness with low fever, mild rash, usually associated with enlargement of nodes on the back of the neck. Rash, usually follows 5-10 days later; may resemble measles, scarlet fever, or fifth disease. Fetal infection may have serious consequences.	Contact with droplets or direct contact with nose or throat discharges or an infected person, and possibly from blood and urine; from mother to infant during pregnancy.	For about 7 days before and 4 days after start of rash. Infants with congenital rubella may shed virus for months after birth.	Contact LHD for further management. Exclude for 7 days after onset of rash. Children known to have been infected before birth may need additional restrictions.	A case or outbreak must be reported to the local health department immediately by telephone. Vaccine preventable. Highly communicable. Infection during pregnancy results in congenital syndrome in about one-quarter of newborns.

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SCABIES	Usually 2 to 6 weeks before onset of itching; 1 to 4 days for those re-exposed.	Rapid onset of red papular rash involving the fingers, wrists, elbows, knees, and other skin surfaces. Intense itching, especially at night. A classic burrow or a demonstrated mite or ovum are diagnostic.	Person-to-person through direct skin-to-skin contact such as holding hands or sexual contact, or through direct contact with contaminated clothes.	Until mites or eggs are destroyed, usually after 24 hours of effective therapy.	Treat case with scabicide. Exclude infested case until 24 hours after start of treatment. Treat household and close contacts at same time as case. Clothing, bedding and other personal articles should be laundered using hot cycles of washer and dryer, or dry-cleaned.	An outbreak must be reported to the local health department. Mites do not transmit any other communicable disease. Mites usually die if away from host for more than 48 hours. Itching may persist due to allergic reaction; bacterial infections of skin can result from scratching.
STREPTOCOCCAL SORE THROAT, SCARLET FEVER (Scarlatina)	Usually 1 –5 days, sometimes longer.	Sudden onset of headache, fever, sore throat. Neck lymph nodes enlarged, tender. In scarlet fever, red, sandpaper-like rash on neck and chest lasts for 1-10 days. When rash fades, skin peels.	Spread from person-to-person through direct contact with nose or throat discharges from case or carrier. Mild cases may spread disease. May rarely be foodborne through milk or food.	10 to 21 days in untreated cases. Until 24 hours after start of antibiotic treatment.	Exclude case until 24 hours after start of antibiotic treatment.	An outbreak must be reported to the local health department. Early recognition and treatment can prevent serious side effects on heart and kidneys.
SYPHILIS	Usually about 3 weeks; range 10 days to 3 months.	May be asymptomatic; painless ulcer on genitals, anus, or mouth. Rash on palms and soles, generalized lymph node swelling.	Spread by sexual contact with an infected person; from mother to infant during pregnancy or at delivery.	Up to one year if untreated but recurrence of lesions may persist.	Case should be treated with antibiotics, and sexual contacts examined and treated with preventive antibiotics. In general, no exclusion necessary, however, should be managed by a health care provider and reported to the LHD.	A case or outbreak must be reported to the local health department. Untreated, syphilis (even with no symptoms) can cause serious damage to heart, brain and other organs.

Disease	Incubation Period	Symptoms	Mode of Transmission	Period of Communicability	Control Measures and Period of Exclusion *	Other Information
TUBERCULOSIS (TB)	Usually 2-10 weeks after exposure to a person with TB disease.	Fever, weight loss, night sweats, cough are common, but there may be no symptoms. Weight loss and general malaise are more common in younger children.	Airborne transmission such as coughing or sneezing.	Appropriate therapy renders non-infectious after a few weeks, children less than 12 yrs old with pulmonary disease are rarely contagious. Persons with latent infection are not infectious.	Contact LHD for further management. TB is controlled by identifying, isolating and treating active cases, and by identifying and treating persons with latent infection. The LHD decides when a case may return to school or daycare.	A case or outbreak must be reported to the local health department. Directly observed therapy (DOT) must be used to administer medications to children for both TB infection and disease. BCG does not prevent future disease.
TYPHOID FEVER	Usually 7-14 days; range 3 days to 2 months.	Fever, headache, red ('rose') spots on the body; slow heart rate and constipation more often than diarrhea.	Spread from direct person-to-person contact, or by contaminated food or water.	For as long as infected person carries in feces or urine, if untreated can be months, if carriers can be years.	Contact LHD for further management. Exclude acute case until 3 negative stools, collected not less than 24 hours apart and not sooner than 48 hours after finishing antibiotic therapy. Encourage hand hygiene after toilet use, after diapering children, and before preparing or eating food.	A case or outbreak must be reported to the local health department immediately by telephone. Vaccine preventable disease for travelers to endemic areas.

* *Periods of exclusion are intended for cases in schools and child care settings. Different periods of exclusion may apply in different settings (e.g., health care, food handling). Also, periods of exclusion are minimum periods; physicians may recommend longer periods of exclusion based on severity of illness.*

Contact your local health department for recommendations on diseases or conditions not addressed above.