American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

California Chapter 4

Children & Families
Commission of Orange County

COMMUNICABLE DISEASE CHART

**** "REPORTABLE DISEASE" refers to individual cases; ALL OUTBREAKS should be reported to Orange County Public Health, phone 714-834-8180, fax 714-834-8196.**

DISEASE	INCUBATION PERIOD	SIGNS OF ILLNESS	EXCLUDE FROM ATTENDANCE	REPORTABLE DISEASE**	NOTES
Athlete's Foot (Tinea pedis)	Unknown	Blisters & cracking of skin on feet, usually between toes. Nails may be affected (tinea unguium).	No	No	Teach importance of hygienic care of feet. Rare before puberty; aggravated by heat and sweating. Should not be allowed to go barefoot or go in swimming or wading pools with active lesions.
Boils/skin abscesses (likely Staph, in particular MRSA)	Variable	Tender, red, warm nodule/pustule in skin +/- purulent drainage; often mistaken for spider bite.	Until active drainage stops and lesions can be covered.	No	Hand washing and proper disposal of infected bandages and dressing. Avoid touching of lesions. Sanitize toilet seat after use if buttocks abscess.
Chickenpox (Varicella)	10-21 Days, usually 14-16 days	Slight fever, rash consisting of blisters that appear first on head, then spread to body. Usually 2 or 3 crops of new blisters in different stages; eventually crusts over; itchy.	Until all lesions completely crusted over, usually by ~ 6 days after onset of rash. Immunocompromised children should be excluded for the duration of the vesicular eruption.	No, unless hospitalized or death.	Vaccine required for school entry. Vaccine-modified varicella may have many fewer lesions and atypical looking rash. Do not use aspirin products in children, especially with chickenpox. Watch for signs of superinfection of lesions (high fever, redness or tenderness around lesions).
CMV (Cytomegalovirus)	Unknown	Generally not apparent in young children, or mononucleosis-like illness in adolescents and adults. Congenital defects if infected *in utero* during pregnancy, especially first trimester.	No	No	Standard precautions should be used with all children as many young children excrete the virus while having no symptoms. Hand washing and avoiding contact with urine, saliva and nasal secretions should be emphasized. Female employees of childbearing age should be referred to their health care providers for counseling and/or testing.
Common Cold (various viruses)	2-7 Days	Runny nose (can be purulent), watery eyes, general tired feeling, slight cough. Fever usually absent or low-grade.	No, unless febrile then exclude until afebrile.	No	Teach importance of washing hands and covering mouth when coughing or sneezing.

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Conjunctivitis (pink eye), purulent	1-3 Days	Pink or red eyes with purulent white or yellow discharge and crust, or matted eyelids on awakening.	If purulent, until treatment started or cleared by physician.	No	Children with nonpurulent conjunctivitis (clear, watery eye discharge) need not be excluded.
Fifth Disease (Parvovirus B19, Erythema infectiosum)	4-21 Days	Mild fever, malaise, muscle aches initially, followed by redness of cheeks (slapped cheek) appearance and lacy-like rash on trunk and extremities 7-10 days later. Rash fades but may recur on exposure to sunlight or heat for several weeks. Adolescents and adults can get joint pain and arthritis.	No	No	Contagious period is greatest before onset of rash and probably not communicable after onset of rash. More serious infections in people with HIB, hemolytic anemias, or immunosuppression, with prolonged infectious period. Refer exposed pregnant women to physician.
Hand, foot & mouth disease (Coxsackievirus)	3-6 Days	Fever, malaise, sore mouth or throat, or not eating well. Papulovesicular lesions in mouth, on palms, fingers and soles of feet.	Until afebrile.	No	Virus may be shed in the stool for several weeks. Emphasize hand washing after changing diapers and using toilet.
Head Lice (Pediculosis)	Eggs hatch in 6-10 days; mature adults in 2-3 weeks.	Itching and scratching of scalp. Pinpoint white eggs (nits) on base of hair shaft that will not flick off easily.	At end of day until after first treatment.	No	Second treatment of appropriate shampoo recommended in 7-10 days. Teach importance of NOT sharing combs, hats and coats. No nit policy NOT recommended by AAP (2003 Red Book).
Hepatitis A	15-50 days, usually ~28 days.	Gradual onset slight fever, tired feeling, appetite loss, stomachache, nausea and/or vomiting followed by jaundice. Young children may have mild case of diarrhea without jaundice or be asymptomatic.	For one week after onset of jaundice or until released by health department.	Yes	All children aged 1 year and older in California should receive hepatitis A vaccine (2 doses, given 6 months apart). Teach importance of hand washing, especially after changing diapers and using toilet. Symptomatic contacts should be excluded from school and reported to the health department. Immune globulin should be given to family contacts, classroom contacts for child care/preschool, and staff. Additional immune globulin may be recommended depending on number of cases and toilet-training status of cases.
Hepatitis B	45-160 days, usually ~90 days	Acute: nonspecific symptoms of hepatitis (appetite loss, nausea, malaise) and/or jaundice. Chronic: usually asymptomatic in children.	No, but exclusion may be considered in children with aggressive behavior (biting), generalized dermatitis, or a bleeding problem.	Yes	All children should be vaccinated against HBV. Staff with potential for exposure to blood should be vaccinated pre-exposure. Standard precautions should reduce risk of infection. Prompt evaluation and treatment after any percutaneous or mucosal exposure to blood or bloody body fluids is recommended
Hepatitis C	2 weeks – 6 months; average 6-7 weeks	Acute: Most asymptomatic, but can get mild symptoms of hepatitis and jaundice. Chronic: Usually asymptomatic.	No	Yes	No vaccine available. Standard precautions should reduce risk of infection. Prompt evaluation after any percutaneous or mucosal exposure to blood or bloody body fluids is recommended.

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Herpes simplex (cold sores)	2 days – 2 weeks	First infection usually asymptomatic but may have fever, ulcers on the gums and oral mucosa, vesicles around the mouth, and swollen lymph nodes under the jaw line. Recurrent infections usually have just single or group of vesicles around the mouth, occasionally on fingers.	No, unless first infection (with multiple oral lesions +/- fever) and drooling.	No	Cover any skin lesions. Children or staff with lesions should not kiss or nuzzle others and should not share food or drinks.
Impetigo	7-10 days for Strep, variable for Staph	Small blisters on skin that open and become honey-crusted; no fever or surrounding redness.	Until 24 h after antibiotics started.	No	Keep lesions covered. Emphasize hand washing and not touching lesions.
Influenza	1-3 days	Fever, cough, muscle aches, myalgia; can have runny nose, sore throat, and abdominal symptoms too (especially in young children).	Until afebrile	No	Teach importance of washing hands and covering mouth when coughing or sneezing. Children, especially with influenza, should NOT be given aspirin because of the risk of Reyes syndrome. As of the 2004-2005 influenza season, vaccination is recommended for ALL children aged 6-23 months.
Measles (Rubeola)	8-12 days.	Fever, cough, runny nose, conjunctivitis; red rash a few days later.	Until 4 days after onset of rash.	Yes	Exposed people may need immune globulin and/or vaccine. Vaccine (MMR) part of routine childhood vaccinations (@ 12-15 months and 4-6 years).
Meningitis, bacterial	Depends on bacteria; meningococcus 1-10 days, usually < 4 days.	Fever, headache, stiff neck, vomiting, sleepiness, irritability, sensitivity to light.	Until 24 hours after antibiotics started.	Yes	Close contacts may need prophylaxis depending on bacteria and situation. Hib (H. flu) and pneumococcal vaccines part of routine childhood immunizations (2, 4, 6, 12-15 months, 4-6 years).
Meningitis, viral (usually enterovirus)	3-6 days	Fever, headache, stiff neck, vomiting, sleepiness, irritability, sensitivity to light; may have rash.	Until afebrile and cleared by MD.	Yes	
Meningococcal infections (*Neisseria meningitides*; meningitis, sepsis/blood-stream infections)	1-10 days, usually < 4 days	Fever, rash, chills +/- symptoms of meningitis as described above.	Until 24 hours after antibiotics started.	Yes	Close contacts will need prophylaxis.
Mononucleosis (usually EBV)	30-50 days	Fever, sore throat, swollen lymph nodes; symptoms usually not prominent infants and young children.	Until afebrile.	No	Avoid contact sports and rough play if spleen enlarged.
Mumps	12-25 days, usually 16-18 days	Swelling of salivary glands, usually the parotid glands.	Until 9 days after onset of parotid gland swelling.	Yes	Vaccine (MMR) part of routine childhood vaccinations (@ 12-15 months & 4-6 years).

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Pneumococcal infections (*Streptococcus pneumoniae*; meningitis, sepsis/bloodstream infections, pneumonia)	Variable	Fever, cough, ear pain; symptoms of meningitis as described above.	Until 24 hours after start of antibiotics.	Yes	Vaccine (pneumococcal conjugate/Prevnar) part of routine childhood immunizations (@2, 4, 6, 12-15 months).
Ringworm (tinea corporis—body; tinea capitis—scalp)	Unknown	Body—slightly red, well-demarcated itchy lesions, often circular with scaly or pustular border. Scalp—patchy areas of scaling of pustules +/- hair loss.	Until treatment has begun.	No	Body—keep lesions covered. Scalp—ribbons, combs, hairbrushes should not be shared. Caps, hats, and hair cuts or shaving of head are not necessary.
Rubella (German measles)	14-23 days, usually 16-18 days	Generalized rash with swollen lymph nodes and slight fever; adolescents and adults can have joint pain.	Until 6 days after onset of the rash.	Yes	Can cause congenital infection—pregnant caregivers should be referred for counseling +/- testing. Congenitally infected infants should be considered infectious for at least 1 year unless serial cultures of nasopharynx and urine are negative. Vaccine (MMR) part of routine childhood vaccinations (@ 12-15 months & 4-6 years).
Salmonellosis (non-typhoid)	1-2 days	Sudden onset of diarrhea, often with fever, abdominal pain, sometimes vomiting.	Until diarrhea resolves. (If *Salmonella typhi* (typhoid fever) needs to be released by health department).	Yes	Teach importance of hand washing, especially after changing diapers and using toilet. Frequently a foodborne infection. Symptomatic contacts should be excluded from school and reported to the health department.
Scabies	First infection 4-6 weeks; repeat infection 1-4 days.	Small raised red bumps or blisters on skin with severe itching.	Until treatment has been completed.	No	Teach about transmission. Caregivers and household contacts with prolonged close personal contact may benefit from prophylactic treatment. Clothing worn next to skin and bedding should be washed or removed and stored for >4 days.
Shigellosis	1-7 days; usually 2-4 days	Sudden onset of diarrhea, often with fever, vomiting and bloody stools.	Until asymptomatic.	Yes	Teach importance of hand washing especially after changing diapers and using toilet. Exclude from shared water-play areas. Symptomatic contacts should be excluded from school and reported to the health department.
Shingles (chickenpox virus)	Not applicable	Grouped vesicles localized in area of skin, occasionally with pain, no fever.	Only if unable to be covered completely.	No	Very uncommon in children.

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Strep throat and scarlet fever	2-5 days	Fever, sore throat often with enlarged, tender lymph nodes in neck. Scarlet fever-producing strains of bacteria cause a diffuse fine red rash that appears 1-3 days after onset of sore throat.	Until at least 24 hours after antibiotics are started and afebrile.	No	Consult physician regarding family contacts who are symptomatic.
Tuberculosis	2-12 weeks	Gradual onset of tiredness, cough, loss of appetite, fever, night sweats, and failure to gain weight.	Until under treatment and released by health department.	Yes	All close contacts should have TB skin tests (PPD). Young children usually not contagiousness but infection signifies likely contagious adult contact. Antibiotic prophylaxis indicated for newly positive reactions.
Whooping cough (Pertussis)	6-21 days, usually 7-10 days	Low-grade fever, runny nose & cough lasting about 2 weeks, followed by onset of paroxysmal coughing spells and "whoop" on inspiration; may present just as prolonged cough, especially in older children and adults.	Until 5 days after appropriate therapy started or 21 days after cough onset if not treated.	Yes	Vaccine (DTaP) part of routine childhood immunizations (2, 4, 6, 15 months, 4-6 years). Tdap now recommended for adolescents (starting at age 11 years) and adults. Antibiotic prophylaxis of family contacts of cases usually recommended. Observation of exposed children and staff for 21 days; if symptomatic, contacts should be referred for evaluation and excluded.

No set of recommendations can cover all situations. Consult with a pediatrician, the health department, or individual school district policies when in doubt.

The information contained within this guide is based on the latest recommendations addressing health and safety in group care settings from the following organizations (January 2006): American Academy of Pediatrics and the Orange County Public Health (Epidemiology).