CHILDHOOD INFECTIOUS ILLNESSES

2012 EDITION

	DISEASE, ILLNESS OR ORGANISM	INCUBATION PERIOD (How long after contact does illness develop?)	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT*	HOW TO PREVENT SPREADING INFECTION (Management of contacts)
EYE, EAR, NOSE, THROAT AND CHEST	Bronchiolitis, Bronchitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats *(Respiratory diseases caused by many different viruses and occasionally bacteria)*	Variable	Contact with droplets from nose, eyes or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, often from the day before symptoms begin up to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest)	NO	**For all diseases:** Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable **Additional Comments** **Cold Sore:** Avoid kissing, sharing drinks or utensils **Diphtheria:** Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at age 11 years; close contacts, regardless of immunization status, should be monitored for 7 days for evidence of disease and started on antimicrobial prophylaxis; immunizations should be made up-to-date, if necessary **Influenza:** Annual influenza vaccine recommended for everyone 6 months and older **Mononucleosis:** Avoid kissing, sharing drinks or utensils **Mumps:** Timely immunization beginning at age 12 months; if outbreak occurs, unimmunized people should be immunized or excluded for at least 26 days following onset of parotitis in last case **Respiratory Syncytial Virus:** Avoid sharing linens, toys **Strep Throat:** Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling; symptomatic contacts of documented cases should be tested and treated if results are positive **Tuberculosis (TB):** Routine TB skin testing is not recommended at this time for children, however, it is recommended that all adults who have contact with children in a child care setting are screened for TB; local health department personnel should be informed for contact investigation **Whooping Cough:** Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at 11 years. All adults caring for children younger than 12 months should receive a booster dose of Tdap. Close contacts that are unimmunized should have pertussis immunization initiated. Chemoprophylaxis is recommended for all close contacts regardless of age and immunization status
	Cold Sore *(Herpes simplex virus)*	2 days to 2 weeks	Direct contact with infected oral secretions or lesions (drooling, kissing, thumbsucking)	While lesions are present	When active lesions are no longer present in children who do not have control of oral secretions (drooling); no exclusions for other children	NO	
	Conjunctivitis (Pinkeye)	Variable, usually 24 to 72 hours	Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces	During course of active infection	Once treatment begins	NO	
	Diptheria *(Corynebacterium diphtheriae bacteria)*	2 to 7 days, occasionally longer	Contact with droplets and discharges from nose, eyes or mouth of infected person; contact with discharges from skin lesions of infected individual	Onset of sore throat to 4 days after treatment has begun; if untreated, 2 to 6 weeks after infection	After 2 negative cultures are obtained	YES	
	Influenza (The flu) *(Influenza virus)*	1 to 4 days	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, from 24 hours before onset of symptoms, peaks during first 3 days of illness, through 7 days; can be prolonged in young children	No fever for 24 hours	NO	
	Mononucleosis (Mono) *(Epstein-Barr virus)*	30 to 50 days	Contact with the infected person's saliva	Variable, often prolonged	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest)	NO	
	Mumps *(Mumps virus)*	12 to 25 days (usually 16 to 18 days)	Contact with droplets from eyes or mouth of infected person	Peak infectious time begins 1 to 2 days before swelling to 5 days after, but may range from 7 days before to 9 days after	5 days after onset of parotid gland (neck) swelling	YES	
	Respiratory Syncytial Virus (RSV)	2 to 8 days (4 to 6 days most common)	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, from the day before until 3 to 8 days or longer; may last up to 3 to 4 weeks	No fever for 24 hours	NO	
	Strep Throat *(Group A Streptococcus bacteria)*	2 to 5 days	Contact with droplets from nose and mouth; close crowded contact	Highest during acute infection; no longer contagious within 24 hours after antibiotics	After 24 hours of antibiotic treatment	NO	
	Tuberculosis (TB) *(Mycobacterium tuberculosis)*	2 to 10 weeks; risk of developing disease is highest 6 months to 2 years after infection	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Usually only a few days to a week after effective drug therapy. Children younger than 10 years are rarely contagious	For active disease: after determined to be non-infectious, therapy started, symptoms diminished and adherence documented; No exclusion for latent infection	YES	
	Whooping Cough# (Pertussis) *(Bordetella pertussis bacteria)*	5 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Before cough onset (with onset of runny nose), continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins	After appropriate antibiotic treatment for 5 days	YES	
GASTROINTESTINAL	Gastroenteritis-Bacterial *(Vomiting and/or diarrhea)* • Campylobacter • C. diff (clostridium difficile) • E. coli (Escheichia coli) • Salmonella • Shigella	Varies with pathogen (from 10 hours to 7 days)	Contact with stool from infected individual (or occasionally pets); from contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present; pathogenic *E. coli* and *Shigella* highly infectious in small doses	No fever for 24 hours; no diarrhea present; pathogenic E. coli and Shigella require 2 negative stool cultures; Salmonella serotype Typhi requires 3 negative stool cultures	YES for E. coli, Salmonella and Shigella; NO for others	**For all diseases:** Good handwashing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys and food preparation areas. Avoid potentially contaminated beverages, food and water; divide food preparation and diapering responsibilities among staff **Additional Comments** **Gastroenteritis-Bacterial:** Proper cooking/handling of meats and raw eggs. Reptiles should not be permitted in child care centers **C. diff:** Alcohol-based hand hygiene products do not inactivate C. difficile spores; soap and water must be used **Hepatitis A:** Timely immunization at 12 months of age; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. If at least one case is confirmed, hepatitis A vaccine or Immune Globulin should be administered within 14 days of exposure to unimmunized contacts **Pinworms:** Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly
	Gastroenteritis-Viral *(Vomiting and/or diarrhea)* • Adenovirus • Norovirus • Rotavirus	Varies with pathogen (from 12 hours to 10 days)	Contact with stool, saliva or vomit from infected individual directly or from infected surfaces, especially toys; contaminated food or water, norovirus is highly infectious and is frequent cause of outbreaks	Variable, most contagious from 2 days before illness until vomiting and diarrhea improve; can be contagious for up to 21 days after symptoms	No fever or vomiting for 24 hours; no diarrhea present	NO	
	Giardia *(A parasite)*	1 to 4 weeks (usually 7 to 10 days)	Contact with infected stool; consuming contaminated water or food	When diarrhea is present	No diarrhea present	YES	
	Hepatitis A *(virus)*	15 to 50 days (average 28 days)	Eating contaminated food/water; close contact with infected individuals; contact with infected stool	From 1 to 2 weeks before illness to 1 week after jaundice has begun	After 1 week from the onset of jaundice	YES	
	Pinworms *(Enterobius vermicularis)*	1 to 2 months or longer	Pinworms lay microscopic eggs near rectum, causing itching; infection spreads through ingestion of pinworm eggs, after contamination of hands by scratching	Eggs may survive up to 2 weeks **after** appropriate therapy **and** resolution of rectal itching; re-infection is common	No restriction, but treatment should be given to reduce spread	NO	
MENINGITIS	*Haemophilus influenzae* type B *(Hib bacteria)*	Unknown (usually 1 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate	YES	**For all diseases:** Good handwashing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils **Additional Comments** **Hib bacteria:** Timely immunizations beginning at age 2 months; ensure vaccination of contacts after exposure is up-to-date **Meningococcal meningitis:** Close contacts should receive timely antibiotic treatment **Streptococcus pneumoniae:** Timely immunizations beginning at age 2 months; treatment of contacts not necessary and not beneficial **Viral meningitis:** Proper disinfection of surfaces such as changing tables with soap, water and bleach containing solution; treatment of contacts not necessary, no specific treatment
	Neisseria meningitidis *(Meningococcal bacteria)*	1 to 10 days (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate	YES	
	Streptococcus pneumoniae *(Pneumococcal bacteria)*	Variable (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment, and child well enough to participate	YES	
	Viral Meningitis *(Usually enterovirus)*	3 to 6 days	Contact with droplets from nose, eyes or mouth, or fecal material, often from healthy people	From the day before illness until up to 2 weeks after onset	After 24 hours without fever, and child well enough to participate	YES	
SKIN OR RASH	Chickenpox# *(Varicella zoster virus)*	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth or skin lesions of infected individuals or freshly contaminated objects	From 2 days before skin lesions develop until all lesions are crusted	When all lesions have crusted	YES	**For all diseases:** Good handwashing and hygiene; proper disposal of soiled tissues **Additional Comments** **Chickenpox:** Timely immunizations beginning at age 12 months; contacts who are ages 12 months and older without documentation of immunity should be vaccinated **German measles:** Timely immunizations beginning at age 12 months; nonimmune pregnant contacts should receive treatment **Hand, Foot and Mouth Disease:** Proper disinfection of changing tables, surfaces and toys **Head lice:** Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: wash bedding and clothes in hot water **or** dry-clean **or** seal in plastic bag for 10 days. Avoid sharing beds, combs and brushes. At school: avoid sharing headgear; hang coats separately; use individual pillow/sleep mat. **Impetigo:** Keep fingernails clean and short **Measles:** Timely immunizations beginning at age 12 months; contacts without documented immunity (2 doses of measles-containing vaccine) should be vaccinated **MRSA:** Cover skin lesions; avoid contact with wound drainage; proper disposal of dressings; do not share personal items (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on "hot" setting **Molluscum:** Avoid contact sports; during outbreaks, further restrict person-to-person contact **Ringworm:** Avoid direct contact with infected individuals; avoid sharing of combs, brushes, hats; proper disinfection of surfaces and toys **Roseola:** Proper disinfection of surfaces and toys **Scabies:** All household members and caregivers with prolonged direct contact should be treated simultaneously to prevent reinfestation; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for several days to a week
	Fifth Disease# *(Human parvovirus B19)*	4 to 21 days (usually 4 to 14 days)	Contact with droplets from nose, eyes or mouth of infected person; percutaneous exposure to blood	Only during the week **before** rash develops	No need to restrict once rash has appeared	NO	
	German Measles# *(Rubella virus)*	14 to 23 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta	From 5 days before until 7 days after the rash appears	7 days after the rash appears	YES	
	Hand, Foot and Mouth Disease *(Coxsackievirus)*	3 to 6 days	Contact with fecal, oral or respiratory secretions	Usually 1 to 2 weeks after onset of infection	After 24 hours without fever, and child well enough to participate	NO	
	Head Lice *(Parasite)*	Eggs (nits) hatch in 7 to 12 days	Direct contact with infested individuals' hair and sharing combs, brushes, hats or bedding	When there are live insects on the head	No restriction necessary	NO	
	Impetigo *(Staphylococcus or Streptococcus bacteria)*	7 to 10 days	Direct skin contact (especially through contaminated hands) or nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	
	Measles *(Rubeola virus)*	7 to 18 days (usually 8 to 12 days)	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash begins until 4 days after the start of the rash	At least 5 days after start of rash	YES	
	MRSA (Methicillin-resistant Staph aureus) *(A bacterial cause of skin boils and abscesses)*	Variable, at times initially mistaken as spider bite	Direct skin contact with infected person, wound drainage or contaminated surfaces; increase risk in crowded conditions; occasional transmission by droplet over short distances	Draining wounds are very contagious and should be covered at all times	If wound drainage can be well contained under a dressing; exclude from high-risk activities such as contact team sports until completely healed	NO	
	Molluscum *(Molluscum contagiosum virus)*	2 to 7 weeks, as long as 6 months	Direct skin contact with wound or contaminated surfaces	When lesions are present	No restriction, keep lesions covered with clothing or bandages	NO	
	Ringworm on body and Ringworm on scalp *(Fungus)*	Typically 4 to 14 days after exposure	Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus	From onset of lesions until treatment begins	Once treatment begins; ringworm on scalp requires oral medication	NO	
	Roseola *(Virus)*	9 to 10 days	Secretions, often from healthy people	During fever	No restriction unless child has fever or is too ill to participate	NO	
	Scabies *(Parasites)*	4 to 6 weeks, 1 to 4 days after re-exposure	Skin contact with infested individual; contact with bedding or clothes of infested person	From up to 8 weeks before skin rash appears until it has been treated with a scabicidal cream	After treatment has been completed	NO If two or more documented cases in one center, treatment of center contacts **may** be necessary	

Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on a case-by-case basis.
*To reduce the spread of diseases in the classroom or childcare center, it is recommended that similar illnesses (greater than three in the childcare center or classroom) be reported to your county health department.
#These diseases may be of concern to staff members who are pregnant or who are trying to become pregnant. Follow-up with obstetric healthcare provider is recommended after known or suspected contact.
References: American Academy of Pediatrics. Red Book: 2009. Report of the Committee on Infections Diseases. 28th ed.

Centers for Disease Control and Prevention.

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