Communicable Disease Notes

Exclusion and Readmission

Children excluded from a school or child-care facility for a communicable disease may be readmitted by a written note from a HCW. A school or child-care facility administrator may require a note from a parent or HCW for readmission regardless of the reason for the absence.

When to Keep Your Child Home from School

The American Academy of Pediatrics recommends that your child be kept home from a child-care facility or school if any of the following conditions exist:

- Signs of severe illness, including fever, irritability, difficulty breathing, crying that doesn't stop with the usual comforting, or extreme sleepiness.
- Diarrhea or stools that contain blood or mucus.
- Vomiting two or more times in 24 hours, unless a physician feels the cause of vomiting is not an infectious disease and the child is in no danger of becoming dehydrated.
- Mouth sores and drooling until a physician or the health authority does not feel the condition is infectious.
- Fever or rash or a change in behavior until a physician has determined that the problem is not caused by an infectious disease.

How Some Infectious Diseases Are Spread

Method of Transmission			
Contact (touching infected person's skin, body fluid or a contaminated surface)	**Respiratory Transmission** (passing from the lungs, throat, or nose of one person to another through the air)	**Fecal-Oral Transmission** (touching feces or objects contaminated with feces then touching your mouth)	**Blood Transmission** (direct contact with blood)
Chickenpox * Cold sores Conjunctivitis Head Lice Impetigo Ringworm Scabies Influenza * Hepatitis B * Pertussis * Pneumonia	Chickenpox * Common Cold Diphtheria Fifth Disease Bacterial Meningitis * Hand-Foot-Mouth Disease Impetigo Measles * Mumps * Rubella * Influenza*	*Campylobacter* * * *E. coli* 0157:H7 * * Enterovirus *Giardia* Hand-Foot-Mouth Disease Hepatitis A * Infectious Diarrhea Pinworms Polio * *Salmonella* * * *Shigella* Cryptosporidiosis	Cytomegalovirus Hepatitis B * Hepatitis C HIV infection

* Vaccines are available for preventing these diseases
* * Often transmitted from infected animals through foods or direct contact

Nuisance Diseases

So-called "nuisance" diseases, such as scabies, head lice (pediculosis), ringworm of the body or scalp, and pinworms are highly contagious and can cause problems in a group-care setting. Children and adults with these conditions (except ringworm of the body and pinworms) should be excluded until treated. Family members, as well as adult caregivers and their families, should be aware of symptoms and treated if they become infected.

Vaccine Preventable Diseases

Many diseases are preventable by vaccination. Child-care facilities and schools are required to have an immunization record on file for each child enrolled to ensure that each child has received age-appropriate immunizations. Required vaccines include: DTaP (diphtheria, tetanus and pertussis); Hib (*Haemophilus influenzae* type b); polio; MMR (measles, mumps, and rubella); hepatitis B; chickenpox (varicella) and hepatitis A in some areas. Vaccines are also available for flu (influenza) and pneumococcal disease. For immunization information, contact your local health department or call (800) 252-9152.

Diarrheal Disease

Many different viral and bacterial agents may cause diarrhea. Exclude until diarrhea has resolved or until cleared by child's physician or health department. Antibiotic treatment may be recommended in some cases when outbreaks occur.

To Minimize the Spread of Communicable Disease

- Encourage children and adults to wash their hands frequently, especially before handling or preparing foods and after wiping noses, diapering, or using toilets. Sinks, soap, and disposable towels should be easy for children to use. The diapering area should be close to a handwashing area.
- Provide facial tissue throughout the facility and encourage both children and adults to cough or sneeze into the tissue.
- Regularly clean and sanitize all food service utensils, toys, and other items used by children. Discourage the use of stuffed toys or other toys that cannot be sanitized.
- Diapering and food preparation areas should be physically separate from one another and their surfaces should be kept clean, uncluttered, and dry.
- Discourage children and adults from sharing items such as combs, brushes, jackets, hats, and bedding. Maintain a separate container to store clothing and other personal items and, if possible, provide a separate sleeping area for each child.
- Wash bedding frequently. Keep changes of clothing on hand and store soiled items in a non-absorbent container that can be sanitized or discarded after use.
- Keep in mind that having staff members diaper children and prepare food contributes to the spread of illness, especially diarrheal illnesses. Therefore, whenever possible, the same staff member should not perform both tasks.

When a Communicable Disease is Diagnosed or Suspected

- Segregate the ill child from well children at the facility until he/she can be taken home.
- Adhere to the exclusion and readmission recommendations provided on the chart.
  - Children or adults with fever should not be readmitted until fever subsides.
  - Children or adults with diarrhea should not be readmitted until diarrhea subsides.
  - Children or adults with conjunctivitis, bacterial meningitis, or tuberculosis should not be readmitted without a note from their HCW.
- Inform all parents of exposed children about the illness. Ask parents to watch their children for signs and symptoms of the disease.
- Observe the appearance and behavior of exposed children and be alert to the onset of disease. Let parents know immediately so that medical advice and treatment can be sought.
- Utilize a sanitizing procedure (see below) and encourage staff and children to take extra precautions with handwashing, foodhandling, dishwashing, and general cleanliness. Immediately wash, rinse, and sanitize any object or surface that has been soiled with discharge (such as nasal discharge or feces). Sanitize diaper-changing tables, toilets, and potty chairs after each use.

Sanitizing Procedure

Each day, sanitize all toys and play equipment that are handled or mouthed by children, as follows:

- Wash the surface with soap and water.
- Submerge in a fresh solution of 1/4 cup of household bleach per gallon of water or an approved product (spray or wipe those items which cannot be submerged).
- Rinse in clean water and air dry.

Diapering

- The diapering surface should have a plastic-covered pad with no cracks or tears. If the diapering surface cannot be easily cleaned after each use, then use a disposable material such as a paper sheet, shelf paper, wax paper, scrap computer paper, or paper base on the changing table; discard after each diapering.
- Sanitize the diapering surface after each use and at the end of each day.
- Wash hands with soap and warm water immediately after diapering each child. Be careful to clean under the fingernails.

Antibiotic Use

Antibiotics are used to treat bacterial infections. Since most common colds, coughs, runny noses, and sore throats are caused by viruses, not bacteria, treatment with antibiotics is not indicated. Unnecessary antibiotic use can lead to the development of drug-resistant strains of bacteria. Diseases caused by resistant bacteria are often difficult to treat and can be especially severe and prolonged.

Wound Care

Manage any draining wound as a potential antibiotic-resistant infection. Do not allow staff and children with a draining wound (infection) to have physical contact with others until the wound has stopped draining and has healed. Separate other children from the infected child's wound or a contaminated physical environment. Keep the wound covered. Do not share soap, towels, lotions, and other personal care items. Disinfect reusable items such as desks, chairs, pencils, and scissors. Use proper procedures for disposal of contaminated items. Encourage parents to take the child to a physician for a culture and susceptibility test of the drainage. Contact the Infectious Disease Control Unit for *Staphylococcus aureus* Guidelines in Child Care Setting: School or Day Care.

HCW — health care worker (physician, local health authority, advance practice nurse, physician's assistant)

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.

TEXAS Department of State Health Services

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 *E. coli* 0157: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 *E. coli* 0157:H7) may cause hemolytic uremic syndrome, resulting in kidney damage.	**Yes**	After diarrhea and fever subside.	Yes, if *E. coli* 0157: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 38ºC (100.4ºF) 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 *Haemophilus influenzae* 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, meningococcemia)	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)

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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.