Ohio Department of Health

COMMUNICABLE DISEASE CHART – 2022

Ohio Department of Job and Family Services

DISEASE	INCUBATION AND SYMPTOMS	METHOD OF TRANSMISSION	REQUIRED ACTIONS AND ADDITIONAL INFORMATION
Chickenpox (Varicella)	**INCUBATION:** 10 to 21 days; usually 14 to 16 days. **SYMPTOMS:** Skin rash that progresses to blisters, then scabs. Eruptions usually appear first on the head, chest, and back, and then spread to other parts of the body. Because eruptions occur in clusters, all three stages may be present at the same time. Covered body areas are often most affected. Slight fever is are also typical. Reactivation of the virus results in shingles.	Direct contact with blisters or uncovered lesions (sores) of persons with chickenpox or shingles. Airborne – transmission occurs when the disease-causing germ exits the infected person through coughing or sneezing, or when fluid from the blister becomes aerosolized. The germ can stay suspended in the air for a long time and can be spread over great distances. Scabs are not infective.	**COMMUNICABLE PERIOD:** 1–2 days before the rash appears, until the lesions have crusted, usually 6 days after the appearance of fluid-filled sores. **EXCLUSION:** A person with chickenpox shall be isolated, including exclusion from school, child care program, and public places, until the sixth day after onset of rash, or until all lesions are dry. Contagiousness may be prolonged in patients with altered immunity. Persons with chickenpox shall avoid contact with susceptible persons. **CONTROL:** Emphasize handwashing before and after touching lesions (sores or blisters). Encourage vaccination of all persons 12 months of age and older, unless contraindicated. Keep sores of persons with shingles (herpes zoster) covered by clothing or a bandage until sores have crusted. Highly contagious. Children with weakened immune systems or some chronic diseases are at the highest risk for complications if they get chickenpox. Do not give a child aspirin products because aspirin has been strongly linked with Reye's syndrome. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: http://ohsaa.org/medicine/sportssafety.htm. **REPORTING:** Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. **Vaccine available.**
Common Cold	**INCUBATION:** 2 to 14 days. **SYMPTOMS:** Sore throat, watery eyes, runny or stuffy nose, sneezing, fever, chills, cough, generalized discomfort.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces.	**COMMUNICABLE PERIOD:** 24 hours before symptoms develop through 5 days after the first symptom (may vary). **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, or the child meets other exclusion criteria. **CONTROL:** Avoid touching or rubbing eyes. Increase ventilation. Colds are caused by viruses – antibiotics are NOT appropriate and are not effective against viruses. **REPORTING:** None.
COVID-19 (SARS-CoV-2)	**INCUBATION:** 2 to 14 days; usually 4-5 days. **SYMPTOMS:** Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. This list does not include all possible symptoms. A small percentage of children may develop multi-system inflammatory syndrome (MIS-C), a serious condition associated with COVID-19, in which different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs.	Person to person through close contact (within 6 feet for more than 15 minutes); direct contact with droplets from an infected person that are spread by sneezing, coughing, talking, singing, or breathing; contact by touching items contaminated with respiratory secretions. In limited situations with poor ventilation, airborne transmission is possible.	**COMMUNICABLE PERIOD:** Begins two days prior to symptom onset (or, for persons who tested positive for COVID-19 but have not had any symptoms, the two days before the date the first positive viral test was collected). Persons with mild to moderate COVID-19 remain infectious for no longer than 10 days after symptom onset. Persons with more severe to critical illness or severe immunocompromise likely remain infectious no longer than 20 days after symptom onset. **EXCLUSION:** Children and staff with a positive test or signs and symptoms consistent with COVID-19 shall be excluded until criteria to discontinue isolation has been met. For the latest criteria, please visit the Schools, Child Care, and Colleges section of the Centers for Disease Control and Prevention (CDC) website: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html. **QUARANTINE:** Quarantine at home may be recommended for close contacts of someone diagnosed with COVID-19, depending on vaccination status and previous disease history. For details on quarantine recommendations, please visit the Quarantine and Isolation section of CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html. For school specific considerations, please visit the Schools, Child Care, and Colleges section of CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html. **CONTROL:** Encourage vaccination of eligible persons, unless contraindicated. Isolate children who begin to show symptoms while in the building away from others when possible, in an isolation room if available. Recommended prevention measures include adequate ventilation, modifying spaces to allow better distancing, handwashing, covering coughs and sneezes, and cleaning and disinfection (EPA List N). Additional measures (e.g., masking, physical distancing, cohorting, etc.) may be recommended under certain situations. Your child care program or school might need to implement additional procedures if an outbreak occurs. If an outbreak is suspected, work with your local health department to determine next steps. Further guidance can be found at the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html. **REPORTING:** Report to the local health department as described in the Ohio Department of Health's Infectious Disease Control Manual: https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section3/section-3-coronavirus-disease-2019. **Vaccine available. Please check with local health department regarding eligibility guidelines.**
Croup	**INCUBATION:** 2 to 7 days, depending on the causative agent. **SYMPTOMS:** Acute respiratory infection involving the epiglottis, larynx, trachea, and bronchi. May cause respiratory distress ranging from mild to severe. Cough has a harsh "barking" or "brassy" quality. May notice a high-pitched sound on inhalation.	Airborne-transmission occurs when the disease-causing germ exits the infected person through coughing or sneezing. The germ can stay suspended in the air for a long time and can be spread over great distances.	**COMMUNICABLE PERIOD:** For the duration of the cough (disease). **EXCLUSION:** Exclude until severe symptoms are gone. **CONTROL:** Avoid touching the eyes, nose, and mouth. Medical attention may be necessary. Major complications can occur. Upper respiratory infection often is seen before croup. Croup may be caused by a virus or bacteria. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Diarrheal Diseases	**INCUBATION:** Variable, depending on the causative agent. **SYMPTOMS:** Diarrhea defined as three or more loose stools (stools with increased water content and/or decreased form) in a 24-hour period. Persons with diarrhea may have additional symptoms, including nausea, vomiting, stomachache, headache and/or fever.	Fecal-oral transmission – the virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with invisible amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with invisible amounts of infected stool. Contact with raw or undercooked poultry. Contact with animals at home (e.g., puppies, reptiles, poultry) or when visiting places where there are animals (e.g., farms, pet stores, petting zoos, fairs).	**COMMUNICABLE PERIOD:** Varies with causative agent. **EXCLUSION:** A person with diarrhea, of infectious or unknown cause, who attends a child care program or works in a sensitive occupation, shall be excluded from the child care program or work in the sensitive occupation and may return only after diarrhea has ceased. A person with infectious diarrhea of known cause shall be isolated in accordance with the provisions of the rule set forth for the specified disease. "Sensitive occupation' means direct food handling, direct patient care, the handling of food or provision of direct care to children in a child care program, or any other occupation that provides significant opportunity for an infected individual to transmit infectious disease agents." A person with any of the following diseases who attends a child care program or works in a sensitive occupation shall be **excluded** from the child care program or work in the sensitive occupation and may return when the following conditions are met: **Campylobacteriosis:** (1) A child may return to a child care program after his or her diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided the person's duties do not include food handling. (3) A food handler may return to work only after diarrhea has ceased and one of the following conditions are met: (a) 48 hours of effective antimicrobial therapy; or (b)two consecutive follow-up stool specimens are negative for Campylobacter. **Cryptosporidiosis:** (1) The child may return to the child care program after diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided that his or her duties do not include food handling. (3) A food handler may return to work after diarrhea has ceased and after three consecutive follow-up stool specimens are negative for Cryptosporidium. **E. coli 0157, or other Shiga Toxin-Producing E. coli (STEC):** His or her diarrhea has ceased and after two consecutive follow-up stool specimens are negative for *E. coli* 0157:H7 or STEC. **Giardiasis:** His or her diarrhea has ceased and one of the following conditions have been met: (1) 72 hours of effective antimicrobial therapy; or (2) three consecutive follow-up stool specimens are negative for Giardia. **Salmonellosis:** (1) The child may return to the child care program after diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided that his or her duties do not include food handling. (3) A person who is a food handler may return to work after diarrhea has ceased and after two consecutive follow-up stool specimens are negative for Salmonella. **Shigellosis:** Diarrhea has ceased and after two consecutive follow-up stool specimens are negative for Shigella. **Yersiniosis:** (1) A child may return to the child care program after diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided that his or her duties do not include food handling. (3) A food handler may return to work after diarrhea has ceased and two consecutive follow-up stool specimens are negative for Yersinia. **CONTROL:** Wash hands using soap and water instead of hand sanitizer, and dry with disposable towels. Emphasize handwashing after toileting and before meals. Monitor food handlers' hygiene and health. Avoid swimming in public pools or lakes and preparing food for others if diarrhea is present. Refer to the ODH website for additional disease-specific infection control guidelines (http://www.odh.ohio.gov/pdf/IDCM/sect3TOC.pdf). If two or more children or staff members in one classroom of a child care program experience diarrhea within a 48-hour period, an infectious agent should be suspected. Because disease spreads more easily among children in diapers and staff caring for them, stool testing may be necessary. Breastfed infants often have loose frequent stools; this normal condition should not be confused with diarrhea. Determine if there has been a change in frequency for the breastfed infant whose stools may normally be watery and frequent. **REPORTING:** Campylobacteriosis, cryptosporidiosis, *E. coli* O157:H7, other Shiga toxin-producing *E. coli*, HUS, giardiasis, salmonellosis, shigellosis, and yersiniosis. Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Fifth Disease (Erythema Infectiosum)	**INCUBATION:** 4 to 14 days, but as long as 20 days. **SYMPTOMS**: Bright red rash, usually beginning on the face, with a "slapped cheek" appearance. May spread to the trunk and extremities. As the rash clears (usually in 7-10 days), it may look lacy. Recurs for up to several weeks if a person gets warm, upset, etc.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces. Can also spread through blood or blood products (very rare). A pregnant woman who is infected can pass the virus to her baby (rare).	**COMMUNICABLE PERIOD:** Up to 5 days before the appearance of the rash; no longer contagious once the rash appears. **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, or the child meets other exclusion criteria. **CONTROL:** Avoid touching the eyes, nose, and mouth. Pregnant women should notify their healthcare provider if exposed; most women will be immune, but those who are not have a very small chance of the disease affecting the fetus, particularly if exposure occurs in the first half of pregnancy. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Flu (Influenza)	**INCUBATION:** 1 to 4 days. **SYMPTOMS:** Abrupt onset of fever, chills, headache, sore muscles. Runny nose, sore throat and cough are also common.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces.	**COMMUNICABLE PERIOD:** 1 day before symptoms develop and up to 7 days after the first symptom; children and people with compromised immune systems may be contagious for longer than 7 days. **EXCLUSION:** Exclude until fever-free for 24 hours without fever-reducing medication. Otherwise, exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, or the child meets other exclusion criteria. **CONTROL:** Encourage yearly vaccination of all persons 6 months of age and older, unless contraindicated. Reduce crowding. Do not give a child aspirin products because aspirin has been strongly linked with Reye's syndrome. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day. **Vaccine available.**
Hand, Foot and Mouth Disease (Coxsackie Virus)	**INCUBATION:** 3 to 6 days. **SYMPTOMS:** Raised rash, particularly on the palms of the hands, soles of the feet, and on the area around the mouth. Progresses to blisters, then scabs. Also causes sores inside the mouth, making swallowing painful.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces. Fecal-oral transmission – the virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with invisible amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with invisible amounts of infected stool. Contact with objects or surfaces contaminated by an infected person.	**COMMUNICABLE PERIOD:** Most contagious during the first week of illness; some people may be contagious for days or weeks after symptoms go away. **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, the child meets other exclusion criteria, or the child has an underlying blood disorder or a weakened immune system. **CONTROL:** Wash hands often. Avoid touching eyes, nose, and mouth. Clean and disinfect frequently touched surfaces and shared items, including toys and doorknobs. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Hepatitis A	**INCUBATION:** 2 to 7 weeks; usually 28 to 30 days. **SYMPTOMS:** Abrupt onset. Loss of appetite, fever, abdominal pain, nausea, fatigue, vomiting, dark urine, clay-colored stools. Jaundice (yellowish discoloration of skin and whites of eyes) may follow in a few days. Young children usually have no symptoms.	Fecal-oral transmission – the virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with invisible amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with invisible amounts of infected stool.	**COMMUNICABLE PERIOD:** 2 weeks before symptoms develop through 10 days after the first symptom. **EXCLUSION:** A person with hepatitis A who attends a child care program or works in a sensitive occupation shall be excluded from the child care program or work in the sensitive occupation until 10 days after initial onset of symptoms. **CONTROL:** Wash hands using soap and water instead of hand sanitizer, and dry with disposable towels. Emphasize handwashing after toileting and before meals. Monitor food handlers' hygiene and health. Contact the local health department to help with outbreaks and for guidance/recommendations for the use of immune globulin (IG) or vaccine. Encourage vaccination in all persons 12 months of age and older, unless contraindicated. Outbreaks occasionally occur, usually related to an ill food handler. Children play an important role in hepatitis A transmission because they often do not have symptoms when infected. **REPORTING:** Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. **Vaccine available.**
Herpes Simplex Virus (HSV)	**INCUBATION:** 2 to 12 days; neonatal HSV infection may be present at birth or as late as 4 to 6 weeks of age. **SYMPTOMS:** Blister-like sores on the mucous membranes, fever, irritability. HSV can persist without symptoms after the primary infection and can recur.	Direct contact with the sores or saliva of an infected person. Contact with items soiled with the saliva of an infected person (e.g., mouthed toys).	**COMMUNICABLE PERIOD:** Not well defined. First infection – at least 1 week and occasionally for several weeks after symptoms develop. Reactivation – most contagious for the first 3-4 days after symptoms develop. During periods where there are no signs or symptoms, the virus may be shed intermittently. **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, the child meets other exclusion criteria, or the child has blisters in the mouth and drools. **CONTROL:** Emphasize handwashing before and after contact with lesions (sores). Wear gloves when applying ointment to sores; avoid touching sores. Avoid contact with mouthed toys or objects. Avoid shared eating utensils, water, or drinks. Do not nuzzle or kiss children. Cover any lesions (sores) if practical. HSV can be transmitted when sores are or are not present. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: http://ohsaa.org/medicine/sportssafety.htm. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Impetigo	**INCUBATION:** Variable; skin colonization is common, and infection may result after minor trauma to the skin. **SYMPTOMS:** Blister-like, pus-filled bumps that progress to yellowish, crusted, painless sores with irregular outlines. Itching is common. Usually found on exposed skin areas and around the nose/mouth.	Direct contact with the draining sores of an infected person. Contact with objects or surfaces contaminated by an infected person.	**COMMUNICABLE PERIOD:** Until 24-48 hours after starting an effective antibiotic or until the crusting lesions are no longer present. **EXCLUSION:** Exclude until 24 hours after starting an effective antibiotic and all lesions (sores) are dry, or can be covered by clean, dry bandages at all times. **CONTROL:** Avoid contact with newborns if lesions (sores) are present. Wear gloves when applying ointment to sores. Cover draining sores with a clean, dry bandage. Keep fingernails short. Impetigo is usually caused by one of two types of bacteria, group A. *Streptococcus* or *Staphylococcus aureus* (staph). Methicillin-resistant *Staphylococcus aureus* (MRSA) is a potentially dangerous type of staph bacteria resistant to treatment with certain antibiotics. A healthcare provider should be consulted if MRSA is suspected. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Lice (Head Lice, Pediculosis)	**INCUBATION:** 4 to 6 weeks the first time a person is infested; 7 to 12 days for subsequent infestations. **SYMPTOMS:** Itching and irritation of the scalp. Can feel something moving in the hair. Sores on the head caused by scratching. White to yellow-brown nits (eggs) attached very firmly to the hair, most commonly at the nape of the neck, crown of the head, and above the ears.	Direct, head-to-head contact with an infested person. Indirect contact with combs, brushes, hats, other headgear, clothing, or bedding of an infested person.	**COMMUNICABLE PERIOD:** As long as live lice are present. **EXCLUSION:** A person with head lice shall be excluded from school or child care program until after the first treatment with an effective pediculicide. **CONTROL:** Treat the infested person with a medication (pediculicide) that kills lice and nits; for children under 2 years of age, contact a physician for directions before treatment. Check the entire household and all close contacts for lice; treat all contacts to whom lice have spread. Machine wash in the hot water cycle all washable clothing, towels, bed linens, and other items that the infested person touched during the two days before treatment, and dry on the hot cycle for at least 20 minutes. Dry clean clothing that is not washable OR store items that cannot be washed in a closed container/bag for 14 days. Soak combs and brushes for one hour in rubbing alcohol or wash with soap and soak in hot (130°Fahrenheit) water for one hour. Small items can also be placed in a freezer overnight. Vacuum the floor and furniture. Do not use fumigant sprays. Encourage parents to inspect children's heads regularly. The life cycle of lice is composed of three stages: eggs, nymphs, and adults. Under ideal conditions, the eggs hatch in seven to10 days. The nymph stage lasts about seven to 13 days. The egg-to-egg cycle averages about three weeks. The hands of those who examine people for head lice have never been found to transmit them between people. Lice do not jump, fly, or swim; they cannot survive off a person for longer than 24–48 hours. Eggs can survive seven to10 days off a person but will not hatch below 72° Fahrenheit. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: http://ohsaa.org/medicine/sportssafety.htm. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Measles (Rubeola)	**INCUBATION:** Averages 11 to 12 days for symptom onset. The time from exposure to rash onset averages 14 days, with a range of 7 to 21 days. **SYMPTOMS:** Fever of 103–105° Fahrenheit, runny nose, reddened eyes, cough and severe intolerance to light for 2 to 4 days. A red-brown blotchy (maculopapular) rash appears on the face, spreads to the trunk and finally to the extremities. The rash and other symptoms usually subside in 7 to 9 days.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; airborne transmission via aerosolized droplet nuclei has been documented in closed areas for up to two hours after a person with measles occupied the area. Indirect contact by touching items contaminated with respiratory secretions.	**COMMUNICABLE PERIOD:** 4 days before symptoms develop through 4 days after the appearance of the rash. **EXCLUSION:** A person with measles shall be isolated, including exclusion from school or child care, for four days following the onset of rash. Contagiousness may be prolonged in patients with altered immunity. **CONTROL:** Encourage vaccination of all persons 12 months of age and older, unless contraindicated. Contact parents of children who have not been immunized; exposed children who have not been immunized, or who are not fully immunized, should be excluded until they become immunized (if it is within 72 hours of exposure), or until the health department says they may return to school or child care. Exclusion may be more than two weeks. Highly contagious. **REPORTING:** Report to the local health department **immediately** via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists. **Vaccine available.**
Meningitis, Bacterial	**INCUBATION:** 1 to 10 days; usually less than 4 days. **SYMPTOMS:** Sudden onset. Fever, intense headache, nausea, vomiting, stiff neck, photophobia (painful, oversensitivity to light), behavioral changes, irritability, sluggishness. A rash appears with the meningococcal form of meningitis.	Direct contact with respiratory and throat secretions (e.g., saliva or mucus) of an infected person through kissing or when there is close or prolonged contact with a sick person in the same household or child care program.	**COMMUNICABLE PERIOD:** Unknown; thought to be as long as the organism is present. Most, but not all, forms of bacterial meningitis are communicable until- 24 hours after starting an effective antibiotic; consult a healthcare provider. **EXCLUSION:** Exclude until 24 hours after starting an effective antibiotic. **CONTROL:** Encourage vaccination against the bacteria that can cause bacterial meningitis for which vaccines are available (*Haemophilus influenzae* type b, *Neisseria meningitidis,* and *Streptococcus pneumonia*), unless contraindicated. Follow healthcare provider instructions if antibiotics are prescribed; antibiotics to prevent meningococcal disease are usually given to child care, and household contacts of persons with meningococcal disease, but not to school contacts. Antibiotics to prevent bacterial meningitis caused by other germs are not usually indicated. Must be under the care of a healthcare provider. Bacterial meningitis is usually much more serious than viral meningitis, but initial symptoms are similar. Diagnosis by a healthcare provider is necessary to determine the cause of any meningitis, and to ensure the child receives proper care. **REPORTING:** Report meningococcal meningitis to the local health department **immediately** via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists. Report other bacterial meningitis to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. **Vaccine available.**
Meningitis, Viral/Aseptic	**INCUBATION:** 2 to 21 days, depending on the causative agent. **SYMPTOMS:** Sudden onset. Fever, intense headache, nausea, vomiting, stiff neck, behavioral changes, irritability, sluggishness.	Varies with the causative agent. Fecal-oral transmission – the virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with invisible amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with invisible amounts of infected stool. Some forms are transmitted through contact with respiratory secretions or contact with objects or surfaces contaminated by an infected person, such as sharing soft drink cans and eating utensils.	**COMMUNICABLE PERIOD:** Up to 10 days before symptoms develop through 10 days following the first symptom (may excrete virus in the stool for 1-2 months). **EXCLUSION:** A person with aseptic meningitis or viral meningoencephalitis shall be excluded from school or child care until he or she is fever free. **CONTROL:** Avoid shared eating utensils, water, or drinks. Must be under the care of a healthcare provider. Onset may be rapid or gradual. Infants less than 1 year of age are less likely to have signs of infection. Viral meningitis is usually less serious than bacterial meningitis, but initial symptoms are similar. Diagnosis by a healthcare provider is necessary to determine the cause of any meningitis and to ensure the child receives proper care. **REPORTING:** Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.
Molluscum Contagiosum	**INCUBATION:** 2 weeks to 6 months. **SYMPTOMS:** Small, smooth, dome-shaped, hard bumps on the skin, often with a tiny, indented center. The bumps may be flesh-colored, white, translucent, or yellow and often appear waxy. Bumps range from the size of a pinhead to as large as a pencil eraser. On children, bumps are most often on the face, trunk, and upper arms and legs. The bumps can be itchy.	Direct skin-to-skin contact with an infected person, including sexual contact. Contact with objects or surfaces contaminated by an infected person, including towels, clothing, toys, or swimming pool items, such as kick boards. A person with the virus can transmit it to other parts of his or her body by touching or scratching the bumps and then touching an unaffected area.	**COMMUNICABLE PERIOD:** Unknown, but probably as long as lesions (bumps) are present. **EXCLUSION:** None. **CONTROL:** If not covered by clothing, cover with a watertight bandage that is changed daily or more often, if bandage becomes dirty. Bumps in the underwear/diaper area should be covered with a bandage if assistance is needed for toileting or for diaper changes. Keep fingernails short. Discourage scratching of the bumps. (This may cause further spread to other sites of the body.) Avoid skin-to-skin contact or sharing bathtubs, bath towels, or sponges with affected people. Exclude children with visible bumps from close contact sports unless the bumps can be fully covered. Covering the bumps will protect other people from getting molluscum contagiosum and keep the infected child from touching and scratching the affected area. Touching and scratching can spread the lesions (bumps) to other parts of his/her body or cause secondary (bacterial) infections. Without treatment, molluscum contagiosum may persist for six months to four years. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Mononucleosis	**INCUBATION:** 4 to 7 weeks. **SYMPTOMS:** Fever, sore throat, swollen lymph nodes (glands) in the neck, fatigue, enlarged liver and spleen, rash.	Direct contact with the saliva of an infected person (e.g., kissing). Contact through sharing items contaminated with saliva from an infected person such as toothbrushes, cups, bottles, toys that are mouthed, etc.	**COMMUNICABLE PERIOD:** Unknown. After first being infected, many months. May shed virus intermittently throughout life without symptoms. **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for other children, or the child meets other exclusion criteria. **CONTROL:** Avoid kissing that involves contact with saliva. Avoid shared eating utensils, water, or drinks. Most people get better in two to four weeks; others may feel tired for months. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
MRSA (Methicillin-resistant *Staphylococcus aureus)*	**INCUBATION:** Variable. **SYMPTOMS:** Most staph skin infections, including MRSA, appear as a bump or infected area on the skin (may look like a spider bite) that might be red, swollen, painful, warm to the touch, full of pus or other drainage, accompanied by a fever.	Direct contact with an infected wound or skin-to-skin contact with an infected person. Contact with objects or surfaces contaminated by an infected person, including towels or razors that have touched infected skin; a carrier who picks his or her nose can contaminate an object or surface.	**COMMUNICABLE PERIOD:** As long as lesions (sores) drain, or the person remains a carrier. **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, the child meets other exclusion criteria, or the lesions (sores) cannot be covered by clean, dry bandages at all times. **CONTROL:** Emphasize handwashing before and after changing the bandage or touching the infected wound. Keep wounds covered with clean, dry bandages until healed. Follow healthcare provider instructions about proper care of the wound. Do not share personal items such as towels, washcloths, razors, clothing, and uniforms. Wash used sheets, towels, and clothes with water and laundry detergent according to manufacturer's instructions on the label; use a dryer to dry them completely. Bandages and tape used on people with MRSA infections can be thrown away with the regular trash. Do not attempt to drain the sores – doing so could make the infection worse or spread it to others. Antibiotics should be taken if prescribed and until gone (even if the infection is getting better) unless a healthcare provider says differently. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: http://ohsaa.org/medicine/sportssafety.htm. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Mumps	**INCUBATION:** 12 to 25 days; usually 16 to 18 days. **SYMPTOMS:** Fever, painful parotid gland (salivary gland located at the base of each ear), swelling under jaw and in front of ear, headache, chills, lack of appetite, abdominal pain.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces.	**COMMUNICABLE PERIOD:** Most infectious in the several days before and after swelling under jaw (parotitis) onset. Most transmission likely occurs 2 days before to 5 days after overt parotitis. **EXCLUSION:** A person with mumps shall be isolated, including exclusion from school or child care, for five days after the onset of parotid swelling. **CONTROL:** Encourage vaccination of all persons 12 months of age and older, unless contraindicated. Contact parents of children who have not been immunized; for outbreaks, exposed children who have not been immunized, or who are not fully immunized, should be excluded until they become immunized or until the health department says they may return to school or child care (may be more than a month). Occurs most often in late fall, winter, and early spring. **REPORTING:** Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. **Vaccine available.**
Pink-eye (Conjunctivitis, Bacterial or Viral)	**INCUBATION:** Bacterial, 1 to 3 days; viral, 12 hours to 12 days. **SYMPTOMS:** Redness or swelling of the white(s) of the eye(s) or inside the eyelid(s), discharge from the eye(s), itchy or scratchy eye(s), crusting of eyelid(s) or lashes.	Direct contact with discharge from an infected eye or upper respiratory tract of an infected person. Contact with objects or surfaces contaminated by an infected person and then touching one's eye(s).	**COMMUNICABLE PERIOD:** Bacterial – until 24 hours after effective antibiotic treatment is started or symptoms no longer present. Viral – until symptoms are no longer present. **EXCLUSION:** Exclude those with purulent (pus) eye discharge until after 24 hours of treatment with an effective antibiotic. **CONTROL:** Emphasize handwashing before and after touching the eyes, nose, and mouth. Avoid touching or rubbing eyes. Conjunctivitis can also occur when a person has contact with something that causes an allergic reaction. This type of conjunctivitis is not contagious and may be confused with bacterial and viral conjunctivitis. **REPORTING:** Report an outbreak, unusual incident, or epidemic, to the local health department by the end of the next business day.
Pinworms	**INCUBATION:** 1 to 2 months or longer; from ingestion of the pinworm egg until an adult pinworm migrates to around the rectum (perianal area). **SYMPTOMS:** Anal itching with disturbed sleep, irritability, anal irritation due to scratching.	Direct transfer of eggs from the anus to the mouth by contaminated fingers. Indirect transmission occurs from articles freshly, contaminated with pinworm eggs, such as toys, clothing or bedding, toilet seats, other bathroom fixtures, and sandboxes. Pinworm eggs sometimes become airborne (for example, when shaking bedsheets) and can be ingested while breathing. Fecal-oral transmission – contact with stool of an infected person. This can occur when objects such as toys or fingers become soiled with invisible amounts of stool and are placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with invisible amounts of infected stool.	**COMMUNICABLE PERIOD:** As long as there is a female pinworm depositing eggs on the perianal skin. **EXCLUSION:** Exclude until adequately treated. **CONTROL:** Wash hands using soap and water instead of hand sanitizer; give special attention to fingernails. Emphasize handwashing after each toilet use and before meals. Keep fingernails short. Avoid biting nails and scratching around the anus. Wash hands after using a sand table or playing in the sand. Refer the child for medical attention. Ensure the child is treated with an effective medication; treatment must be repeated after two weeks. Consult the local health department for help in controlling outbreaks. Do not allow sharing of bed clothing. Pinworm eggs remain infective for two to three weeks in indoor environments. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
RSV (Respiratory Syncytial Virus)	**INCUBATION:** 2 to 8 days; usually 4 to 6 days. **SYMPTOMS:** Runny nose, congestion, cough, bronchiolitis (inflammation of the small airways of the lungs), pneumonia, wheezing. Very young infants may have irritability, lethargy, poor feeding, cyanosis (blueness of skin) with cough or brief episodes of apnea (temporary suspension of breathing) instead of the typical respiratory signs.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces.	**COMMUNICABLE PERIOD:** 3-8 days. Some infants and people with weakened immune systems can be contagious for weeks. **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for other children, or the child meets other exclusion criteria. Almost 100% of children in child care get RSV in the first year of life. In most children, symptoms are mild, but they can be serious in those with risk factors; children with heart and lung conditions or weakened immune systems are at increased risk of developing severe infection and complications. RSV is the most common cause of bronchiolitis (inflammation of the small airways of the lungs) and pneumonia in children under 1 year of age. **CONTROL:** Avoid shared eating utensils, water, or drinks. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Ringworm (Tinea)	**INCUBATION:** 4 to 14 days. **SYMPTOMS:** Scalp – scaly, itchy, red, circular bald spot. Skin – red, itchy, ring-like rash. Feet (athlete's foot) – red, swollen, peeling, itchy skin between the toes; sole and heel may also be affected. Blisters may be present, filled with watery fluid.	Direct contact with lesions of an infected person or animal. Contact with objects or surfaces contaminated by an infected person, such as clothing, towels, bedding, combs or other personal items.	**COMMUNICABLE PERIOD:** As long as lesions are present and live fungus persists on contaminated materials. **EXCLUSION:** Exclude at the end of the day and until 24 hours after effective antibiotic. **CONTROL:** Wash hands using soap and water instead of hand sanitizer; give special attention to fingernails. Keep fingernails short. Keep skin clean and dry. Avoid swimming and contact sports until lesions are gone. Do not share personal items such as brushes, combs, ribbon, hats, clothing, towels, or bedding. Examine, and treat if infected, all household contacts, pets, and farm animals. Adults rarely have ringworm of