

# Childhood Infectious Illnesses (Communicable Disease Recommendations)

adapted from Childhood Infectious Illnesses poster—2005 edition  
Children's Healthcare of Atlanta

EYE, EAR, NOSE, THROAT, AND CHEST

| DISEASE, ILLNESS, OR ORGANISM   | INCUBATION PERIOD   | HOW IS IT SPREAD?  | WHEN IS CHILD MOST CONTAGIOUS?  | RETURN TO CENTER OR SCHOOL?   | REPORT TO COUNTY HEALTH DEPARTMENT | HOW TO PREVENT SPREADING INFECTION  |
|---|---|--|---|---|------------------------------------|---|
| <b>Bronchiolitis, Bronchitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats</b><br><i>(respiratory diseases caused by many different viruses and occasionally bacteria)</i> | Variable, numerous causes                                     | Contact with droplets from nose, eyes, or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs, etc.) 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                                 | <p>For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys</p> <p>Illnesses caused by influenza virus or pneumococcal bacteria can be reduced by timely immunization</p> <p><b>ADDITIONAL COMMENTS:</b><br/>                     Influenza: Annual influenza vaccine recommended for children aged 6 months to 18 years as well as caregivers of young children (especially those &lt;6 months); cover coughs and sneezes</p> <p>Respiratory Syncytial Virus:<br/>                     Avoid sharing linens</p> <p>Cold Sore: Avoid kissing, sharing drinks or utensils</p> |
| <b>Influenza*</b><br><i>(influenza virus)</i>   | 1 to 3 days   | Contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours        | Variable, from the day before until the first 7 days of illness             | After 24 hours without fever and child's symptoms are improving   | NO <sup>†</sup>                    |   |
| <b>Respiratory Syncytial Virus (RSV)</b>  | 2 to 8 days   | Contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours        | Variable, from the day before until 3 to 8 days or longer                   | After 24 hours without fever and child's symptoms are improving   | NO <sup>†</sup>                    |   |
| <b>Pinkeye</b><br><i>(Pink or red eye; eyelid swelling; tearing and/or discharge)</i>   | Variable, depending on the cause—bacterial, viral or allergic | Contact with secretions from eyes of an infected person or contaminated surfaces   | Depending on the cause, up to 2 weeks                                       | On recommendation of physician; bacterial conjunctivitis requires antibiotic treatment  | NO <sup>†</sup>                    |   |
| <b>Cold Sore</b><br><i>(Herpes simplex virus)</i>   | 2 days to 2 weeks   | Direct contact with infected oral secretions or lesions (drooling, kissing, thumb-sucking)   | While lesions are present   | After lesions are scabbed over and drooling controlled  | NO                                 |   |

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| <b>Diphtheria*</b><br><i>(Corynebacterium diphtheria bacteria)</i> | 2 to 7 days  | Contact with discharges from the nose, eyes, mouth or skin lesions of infected individual  | Onset of sore throat to 4 days after treatment has begun  | After 2 negative cultures are obtained  | YES<br>Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date | <p>For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys</p> <p>Illnesses caused by influenza virus or pneumococcal bacteria can be reduced by timely immunization</p> <p><b>ADDITIONAL COMMENTS:</b><br/>Diphtheria: Timely immunizations; Booster dose of either Td or Tdap is recommended for anyone over 11 years of age, including adults.</p> <p>Mononucleosis: Avoid kissing, sharing drinks or utensils</p> <p>Mumps: Timely immunizations</p> <p>Strep Throat: Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling</p> <p>Tuberculosis (TB): Routine TB skin testing is not recommended for children; however, healthcare evaluations should assess risk of TB exposure and skin test if TB exposure is likely</p> <p>Whooping cough: Timely immunizations; Booster dose of either Td or Tdap is recommended for anyone over 11 years of age, including adults; cover coughs and sneezes</p> |
| <b>Mononucleosis (Mono)</b><br><i>(Epstein-Barr virus)</i>         | 4 to 7 weeks   | Kissing on mouth; sharing objects contaminated with 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  |   |
| <b>Mumps*</b><br><i>(Mumps virus)</i>                              | 12 to 25 days (usually 16 to 18 days)  | Contact with droplets from nose, eyes or mouth of infected person  | Peak infectious time begins 2 days before swelling, but may range from 7 days before to 9 days after  | 9 days after parotid gland swelling begins  | YES<br>Treatment of contacts not necessary; ensure vaccination of contacts is up-to-date    |   |
| <b>Strep Throat</b><br><i>(Group A Streptococcus bacteria)</i>     | 1 to 5 days  | Contact with droplets from nose and mouth. Rarely, outbreaks can be caused by contaminated food  | From onset of symptoms until 24 hours after treatment   | After at least 24 hours of antibiotic treatment and no fever for 24 hours   | NO†   |   |
| <b>Tuberculosis (TB)</b>   | Many infected persons do not develop disease and have no symptoms. Risk of developing disease is highest during first 1 to 2 years after infection | Airborne or contact with droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult) | Children with TB may be infectious to others when they have active disease of the lungs or throat   | Only when Health Department gives permission  | YES<br>Treatment of contacts may be necessary   |   |
| <b>Whooping Cough**</b><br><i>(Bordetella pertussis bacteria)</i>  | 5 to 21 days (usually 7 to 10 days)  | Contact with droplets from nose, eyes or mouth of infected person  | Most infectious 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<br>Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date |   |

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| <b>Viral Gastroenteritis</b><br><i>(vomiting and/or diarrhea)</i> <ul style="list-style-type: none"> <li>• Adenovirus</li> <li>• Rotavirus</li> <li>• Norovirus</li> </ul>  | Varies with pathogen, usually 1 to 5 days    | Contact with stool, saliva or vomit from infected individual directly or from surfaces. Norovirus highly infectious; frequent cause of outbreaks                 | From 2 days before illness until vomiting and diarrhea improve   | No fever or vomiting for 24 hours and fewer than 5 stools per day   | NO†  | <p>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</p> <p><b>ADDITIONAL COMMENTS:</b><br/>                     Bacterial Gastroenteritis:<br/>                     Proper cooking/handling of meats and raw eggs. (Reptiles should not be permitted in childcare centers. Pet reptiles should be handled safely in other settings.)</p> <p>Hepatitis A: Timely immunizations; consider Hepatitis A vaccine for caregivers</p> <p>Pinworms: Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting; trim fingernails, prevent nail-biting and fingers in mouth; proper disposal/cleaning of diapers, bedding, clothes, etc.; proper disinfection of changing tables and toileting areas</p> |
| <b>Bacterial Gastroenteritis</b> <ul style="list-style-type: none"> <li>• Pathogenic <i>E. coli</i></li> <li>• <i>Salmonella</i></li> <li>• <i>Campylobacter</i></li> <li>• <i>Shigella</i></li> <li>• <i>Yersinia</i></li> </ul> | Varies with pathogen, from 6 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 <i>E. coli</i> and <i>Shigella</i> highly infectious in small doses                 | No fever and stools are formed or fewer than 5 stools per day; pathogenic <i>E. coli</i> and <i>Shigella</i> require 2 negative stool cultures (exceptions may rarely be allowed by local health department for older children) | YES<br>Treatment of contacts <i>not</i> necessary; follow-up stool tests are necessary for <i>Shigella</i> and <i>E. coli</i> infections |  |
| <b>Giardia</b><br><i>(a parasite)</i>   | 1 to 4 weeks (usually 7 to 10 days)          | Contact with infected stool; consuming contaminated water or food  | When diarrhea is present.  | When stools are formed or fewer than 5 stools per day   | YES<br>Treatment of contacts <i>not</i> necessary; follow-up stool tests <i>not</i> necessary  |  |
| <b>Hepatitis A*</b>   | 2 to 7 weeks (usually 25 to 30 days)         | Eating contaminated food/water; close contact with infected individuals; contact with infected stool   | From 2 weeks before illness until 1 week after jaundice has begun  | After 1 week from the onset of jaundice   | YES<br>Young children often asymptomatic; one case may indicate a childcare center outbreak. Treatment of contacts may be necessary      |  |
| <b>Pinworms</b>   | 2 to 8 weeks                                 | 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 <i>after</i> appropriate therapy AND resolution of rectal itching. Re-infection is common | No restriction, but treatment should be given to reduce spread  | NO   |  |

MENINGITIS

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| <b>Haemophilus influenzae type B*</b><br><i>(Hib bacteria)</i><br>Meningitis or sepsis as determined by spinal tap/blood tests      | Variable, probably 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<br>Treatment of contacts <i>may</i> be necessary; ensure vaccination of contacts is up-to-date | For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils<br><br>ADDITIONAL COMMENTS:<br>Haemophilus influenzae type B (Hib bacteria):<br>Timely immunizations<br><br>Streptococcus pneumoniae:<br>Timely immunizations<br><br>Viral Meningitis: Proper disinfection of changing tables<br><br>Neisseria Meningitidis: (meningococcal bacteria):<br>Timely immunizations |
| <b>Neisseria meningitidis</b><br><i>(Meningococcal bacteria)</i><br>Meningitis or sepsis as determined by spinal tap/ blood tests   | 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, 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<br>Treatment of contacts <i>may</i> be necessary   |   |
| <b>Streptococcus pneumoniae*</b><br><i>(Pneumococcal bacteria)</i><br>Meningitis or sepsis as determined by spinal tap/ blood tests | 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<br>Treatment of contacts <i>not</i> necessary and <i>not</i> beneficial                        |   |
| <b>Viral Meningitis</b><br><i>(Usually enterovirus)</i>   | Variable, usually 3 to 6 days      | Contact with droplets from nose, eyes or mouth, or fecal material, often from healthy people | From the day before the illness until a week after onset  | After 24 hours without fever, and child well enough to participate  | YES<br>Treatment of contacts <i>not</i> necessary; no specific treatment available                 |   |

SKIN OR RASH

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|--|--|--|---|--|---|--|
| <b>Chickenpox**</b><br><i>(Varicella zoster virus)</i>               | 10 to 21 days<br>(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  | NO†   | For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues<br><br>ADDITIONAL COMMENTS:<br>Chickenpox: Timely immunizations; cover coughs and sneezes  |
| <b>Fifth Disease#</b><br><i>(Human parvovirus B19)</i>               | 4 to 21 days<br>(usually 4 to 14 days)   | Contact with droplets from nose, eyes or mouth of infected person  | Only during the week BEFORE rash develops                             | No need to restrict once rash has appeared   | NO†   | German Measles: Timely immunizations; (Child care providers who may become pregnant should be rubella-immune)  |
| <b>German Measles**</b><br><i>(Rubella virus)</i>                    | 14 to 23 days<br>(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<br>Treatment of contacts usually <i>not</i> necessary; (exception: non-immune pregnant women) | Hand, Foot and Mouth Disease: Proper disinfection of changing tables, surfaces and toys  |
| <b>Hand, Foot and Mouth Disease</b><br><i>(Coxsackievirus)</i>       | 3 to 6 days                              | Contact with fecal, oral or respiratory secretions   | May be contagious for several weeks after infection                   | After 24 hours without fever and child is behaving normally  | NO†   | 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, 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 |
| <b>Head Lice</b><br><i>(parasites)</i>                               | Eggs (nits) hatch in 6 to 10 days        | Close contact with infested individuals and sharing combs, brushes, hats, or bedding   | When there are live insects on the head                               | After treatment, if crawling lice are gone. Remove nits; however nits alone should not be a reason for exclusion. Please read the product information carefully; some may not be appropriate for infants | NO  | Impetigo: Trim fingernails   |
| <b>Impetigo</b><br><i>(Staphylococcus or Streptococcus bacteria)</i> | 1 to 10 days                             | Person-to-person 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: Timely immunizations; cover coughs and sneezes  |

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| <b>Measles*</b><br><i>(Rubeola virus)</i>  | 7 to 18 days<br>(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<br>Contacts <i>may</i> require treatment; program of vaccination <i>may</i> be recommended during outbreaks in childcare centers or schools | <p>For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues</p> <p><b>ADDITIONAL COMMENTS:</b><br/> <b>MRSA:</b> 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.</p> <p><b>Molluscum:</b> Avoid contact sports. During outbreaks, further restrict person-to-person contact</p> <p><b>Ringworm:</b> Avoid direct contact with infected individuals; proper disinfection of surfaces and toys; avoid sharing combs, brushes, hats, etc.</p> <p><b>Roseola:</b> Proper disinfection of surfaces and toys</p> <p><b>Scabies:</b> All household members should be treated simultaneously to prevent re-infestation; 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 weeks</p> |
| <b>MRSA (Methicillin-resistant Staph aureus)</b><br><i>(a bacterial cause of skin boils and abscesses)</i> | Variable, occasionally initially mistaken as spider bite | Direct skin contact with infected person, wound drainage, or contaminated surfaces. Increased risk in crowded conditions | 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 close contact team sports until completely healed | NO†   |  |
| <b>Molluscum</b><br><i>(Molluscum contagiosum virus)</i>   | Usually 2 to 7 weeks, sometimes longer                   | Direct skin contact with wound or contaminated surfaces  | Not very contagious  | No restriction  | NO  |  |
| <b>Ringworm on body and Ringworm on scalp</b><br><i>(caused by fungus)</i>                                 | Unknown  | 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  |  |
| <b>Roseola</b><br><i>(virus)</i>   | About 10 days  | Respiratory droplets, often from healthy people  | During fever   | No restriction unless child has fever or is too ill to participate  | NO  |  |
| <b>Scabies</b><br><i>(parasites)</i>   | Usually 4 to 6 weeks, 1 to 4 days after re-exposure      | Skin contact with infested individual; contact with bedding or clothes of infected person                                | From up to 8 weeks before skin rash appears until it has been treated with a scabicial cream | The day after adequate treatment begins   | NO†<br>If two or more documented cases in one center, treatment of center contacts <i>may</i> be necessary                                      |  |

\* These diseases should have been vaccinated against, if immunizations are up to date. Chicken pox may still occur, but usually in a milder form.

# These diseases may be of concern to staff members who are pregnant or trying to become pregnant. Follow-up with obstetric health care provider is recommended after known or suspected contact.

† To reduce the spread of diseases in the classroom or child care center, it is recommended that similar illnesses (greater than three in the child care center or classroom) be reported to your county health department.

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 an individual case-by-case basis.

Adequate handwashing facilities, policies, and procedures are the keys to excellent hygiene that will eliminate or minimize transmission of these diseases and keep students in school.