Communicable disease guideline chart for child care providers 2017

Disease & Incubation	Signs/ Symptoms	How Transmitted	When Communicable	Restrictions	Control Measures
Cytomegalovirus	Fever, sore throat	Fecal-oral, contact with urine, oral and nasal secretions. Up to 70% of children are infected between ages 1-3.	3 to 8 weeks after exposure	None	Strict hand washing procedures after diapering and toileting. Female employees of child bearing age should be referred to their primary care provider or health department for counseling about their risk of CMV infection.
Chicken Pox (Varicella)	Fever, skin eruption with blister like lesions	Airborne or direct contact w/vesicle fluid. Contact with shingles lesion (direct or indirect)	1-2 days before outbreak, till blisters dry	Until all the blisters have dried.	Vaccination and isolation of sick individuals. Shingles vaccine for staff as recommended by their health care provider.
Diarrheal Diseases: (Varies) Salmellosis Shigellosis Giardiasis Rotaviral Enteritis E Coli 0157:H7 Cryptosporidiosis Campylobacteriosis Varies from 6-14 hrs	Abnormally loose or frequent stools, vomiting and sometimes fever. A physician should diagnose specific cause.	Fecal-oral route, through contaminated articles, food/beverages and hands.	Throughout acute infection and as long as organisms are in stool.	Exclude until diarrhea is gone for 24 hours and 2 negative stool cultures or as advised by local health department and physicians.	Proper handwashing, sanitize all contaminated articles and equipment. Keep diapering and food service tasks and items separate. Notify parents. Check with health consultant for specifics. Notify local health department when clusters of cases occur.
Head Lice (Pediculosis) Eggs hatch in 7 days/1 week (can multiply in 8-10 days, lives 20-30 days).	Severe itching; small lice eggs closer than ¼" to nits on hair. Bumpy rash on nape of neck, behind ears and/or crown of head may appear after persistent infestation.	Direct contact with live lice infested individual or their clothing, article to article contact, i.e. coats, blankets and hats.	As long as live lice remain on an infested person, or until eggs are ¼" away from scalp.	Until after child is treated and others in the household evaluated. Do not exclude for the presence of nits only.	Vacuum to get rid of lice in environment. Wash all clothing and bedding in hot soapy water for 20 minutes. Notify parents. Keep all children's personal items and clothing separate.
Scabies 2-6 weeks-initial exposure 1-4 days-Re-exposure	Mite burrows under skin. Red, itchy rash tends to be in lines or burrows usually on wrists, elbow creases or between fingers.	Skin to skin contact. Shared clothing.	Until mites are destroyed	Exclude for 24 hours after initial treatment completed.	Notify parents. Wash all clothing and bedding in hot soapy water for 20 minutes. Keep all children's personal items and clothing separate.
Impetigo 4-10 days Staphylococcus Streptococcus 1-3 days	Blisters, crusts, scabs on skin which are flat and yellow may be weeping.	Direct contact with infected area or with nasal discharges from infected child.	When weeping, crusted lesions are present.	Exclude until on antibiotic Rx for 24 hrs. and lesion can be covered.	Child and staff wash hands frequently throughout day. Notify parent. Wear disposable gloves when treating. Cover draining lesions with dressing.
Measles (Rubeola)	Fever, cough, red eyes, photosensitivity, spots on tongue and mouth, blotchy rash 3rd and 7th day, lasting 4 to 7 days	Droplet and direct contact with nasal or throat secretions.	7-18 days from exposure	From time of initial fever till 4 days after rash appears.	Hand washing after contact with secretions and vaccination Exclude exposed, unvaccinated children until local health depart. approves return.
Pertussis	Irritating cough can last 1-2 months-Often has a typical "whoop"	Direct contact with oral or nasal secretions	6-20 days	5 Full days after antibiotics	Hand washing after handling secretions. Covering mouth during coughing; then hand washing. Staff vaccination.
Pinkeye (Conjunctivitis) *Bacterial:* 24-72 hrs. *Viral:* Usually 12-72 hrs. (3 days) *Irritant:* immediate watering	Tearing, swollen eyelids, redness of eyes, purulent discharge from eyes.	Contact with discharges from eye, nose or mouth. Contaminated fingers and shared articles.	During active symptoms and while drainage persists. Dependent upon cause of the infection.	No need to exclude unless condition interferes with participation or care of others. Most cases viral, no medication.	Notify parents. Diligent handwashing by staff and children. Contact health consultant/health department if more than two cases at once. Children with prolonged symptoms should be evaluated by their medical provider.
Rubella (3 day measles or German measles)	Low grade fever, headache, mild redness of eyes, fine rash	Contact with nasal and throat secretions.	14-23 days	7 days from onset.	Vaccination and strict hand washing procedures. Exclude exposed, unvaccinated children until local health department approves return.
Strep Throat/Scarlet Fever 1-3 days (rarely longer)	Red, painful throat, fever. May develop rash (Scarlet Fever).	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles.	2 days before symptoms until on antibiotic Rx for 24-48 hrs. Untreated cases 10-21 days.	Exclude until on antibiotic Rx for 24 hr. (Must be treated for 10 days).	Notify parents. Sanitize all articles use by child. Proper handwashing. Notify local health department when cluster of cases of the symptoms, sore throat and fever occur.
Ringworm (Varies by site) **Mainly: 4-10 days**	Red Scaling, itchy, circular lesions and broken hairs from skin/head	Direct contact with infected humans or animals, skin to skin contact or with contaminated articles	As long as lesions/infection is active. Some lesions may not be seen with the human eye.	If on Rx, may return; otherwise exclude unless lesions can be covered, clothing is acceptable.	Wash all items used by infected child, cover lesions, proper handwashing; notify parents
Fifth Disease 4-20 days **4-14 days; up to 21 days**	Mild or no fever, "slapped cheek" rash spreading throughout body, lacy rash on arms on legs; rash may recur with sunlight, warm bath or exercise.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles	Prior to onset of rash; Not communicable after onset of rash. During the week prior to the rash appearance	No need to exclude unless condition interferes with participation or care of others	Wash hands frequently; sanitize all articles used by children. Pregnant women should tell health care provider if they have been in contact with an infected person.
Meningitis Bacterial: 1-10 days (usually less then 4 days) **Viral: Varies**	Fever, headache, vomiting, chills, neck pain or stiffness, muscle spasm, irritability.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles, or fecal-oral route-depending upon organism involved	. Bacterial-Non-communicable 24 hrs. after starting antibiotic Rx. Viral-Prolonged period	Exclude, return with Dr.'s permission and condition does not interfere with participation or care of others.	Notify parents and local health department. Clean and sanitize all articles; proper handwashing

Disease & incubation	Signs/symptoms	How transmitted	When communicable	Restrictions	Control measures
Hepatitis A 15-50 days. Average 25-30 days	Upset stomach, tired, dark colored urine, light colored stool, yellowish skin & eyes, fever, jaundice (often jaundice not present in children under 5 years), abdominal pain and diarrhea.	Fecal-oral route, through contaminated articles, food/beverages & hands.	Two weeks prior to jaundice until 1 week after jaundice (yellow) appears. If no jaundice one week prior until 2 weeks after symptoms	Exclusion until 1 week after diagnosis as long as stool is contained in diaper, or child has no accidents or no more than 2 stools over normal, and all contacts have received vaccine or immune globulin	Proper handwashing; sanitize all contaminated articles & equipment. Notify parents and local health department. (Immune Globulin or vaccination for all contacts should be considered)
Hand, Foot & Mouth (Coxsackie Virus) Up to 6 days, usually 3-6 days.	Small blisters with reddened base primarily on hands, feet, mouth, tongue, buttocks or throat	Direct contact with nose or oral secretions and with feces	During acute stage of illness (virus may stay in stools for several weeks)	Exclude if the child does not have control of oral secretions (saliva) or condition interferes with participation or care of others.	Proper handwashing, don't share cups, glasses, etc., sanitize all contaminated articles.
Roseola 9-10 days	Fever, runny nose, irritability, followed by rash on trunk. Child often feels fine once rash appears.	Via saliva from a healthy adult (children under 4 may be susceptible, usually only children under 2)	Uncertain	Exclude only if condition interferes with participation or care of others.	Notify parents, proper handwashing
RSV (Respiratory Syncytial Virus) 1-10 days	Fever, runny nose, cough, and sometimes wheezing. May exhibit rapid or labored breathing with cyanotic (blue) episodes.	Virus spread from resp. secretion (sneezing, coughing) through close contact with infected persons or contaminated surfaces or objects.	Just prior to symptoms and when febrile	Exclude only if condition interferes with participation (rapid or labored breathing, or cyanotic episodes) or care of others.	Frequent and proper handwashing, sanitize all contaminated articles. Do not share items such as cups, glasses and utensils. Proper disposal of tissue when used for nasal and respiratory secretions.

See www.cfoc.nrckids.org section 3.6.1.1: Inclusion/Exclusion/Dismissal of Children for information on when to exclude children for illness and section 3.6.1.2: for Staff Exclusion for Illness.

See www.cfoc.nrckids.org section 7.6.3.1: Attendance of Children with HIV (same information applies to children with Hepatitis B or C).

References:

Red Book®, 2015 Report of the Committee on Infectious Diseases 30th ed. American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL 60007-1098

Caring for Our Children 3rd ed. www.cfoc.nrckids.org

Indiana State Department of Health Communicable Disease Reference Guide for Schools http://www.in.gov/isdh/files/Communicable_Disease_Reference_Guide_for_Schools_2015_Edition_Final_July28_2015docx--ppedits.pdf