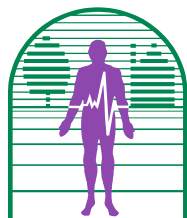




Communicable Disease Summary

— a Guide for Schools and Daycares —



Cerro Gordo County
Department of Public Health

Communicable Diseases Summary: A Guide for Schools

Disease	Incubation Period	Symptoms	Mode of Transmission	Period of Communicability	Control Measures and Period of Exclusion†	Other Information
CAMPYLOBACTER*	2 to 5 days with a range of 1-10 days.	Diarrhea, cramps, fever, and vomiting; diarrhea may be bloody.	Ingestion of undercooked chicken and pork, contaminated food and water or raw milk.	Through the course of infection (usually several days to several weeks).	Emphasis on good hand washing. Exclude symptomatic persons from school until diarrhea/vomiting has ceased.	Notify PH if outbreak is suspected.
CHICKENPOX (Varicella)	10 to 21 days, usually 13 to 17 days.	Sudden onset of slight fever and skin rash consisting of small blisters lasting 3 to 4 days that develop into crusts which last about 14 days. The eruptions come out in crops, so there may be pimples, blisters, and scabs present at the same time.	Person-to-person by direct contact, airborne spread of respiratory secretions; indirectly through contact with articles freshly soiled with secretions from nose, throat, and skin lesions. The fluid from the blisters is infective; scabs are not.	Usually 1 to 2 days before onset of rash to 5 days after the first crop of blisters.	Exclude case until all blisters are dry and crusted. Pregnant women exposed to chickenpox or shingles should consult with their doctor. No exclusion for shingles if lesions can be covered until crusted. "High risk" persons exposed to chickenpox may need VZIG.	Babies exposed when less than 2 days old to mothers with varicella and persons with immunodeficiency may suffer severe or fatal chickenpox. Shingles (herpes zoster) is a reactivation of the same virus. Varicella vaccine is required for new child care enrollees born on or after 9/15/97 and will be required for school entry children without a history of natural disease beginning with Pre-K in September 2003.
COMMON COLD	12 to 72 hours, usually 2 days.	Runny nose, watery eyes, sneezing, chills, sore throat, cough, and general body discomfort lasting 2 to 7 days. Fever is uncommon in children >3 & rare in adults.	Person-to-person by direct contact or airborne droplets; indirect contact with articles freshly soiled with secretions from nose and throat of an infected person.	Variable, depending on cause; average is 7 to 10 days.	Routine exclusion is not recommended. Stress personal hygiene, e.g., cover mouth and nose when coughing/sneezing; practice sanitary disposal of discharges from mouth and nose; encourage frequent hand washing; etc.	Rhinoviruses and corona viruses are the major known viral cause of colds in adults. Cold-like illnesses in infants and children are caused by viruses such as Para influenza, RSV, influenza, and adenoviruses.

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CONJUNCTIVITIS (Pink eye)	Usually 24-72 hours.	Pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep; eye pain; swelling or redness of the eyelids or skin around the eye.	Respiratory or conjunctival secretions via person-to-person contact; direct contact through contamination of the hands; contact with articles soiled with secretions from the nose and throat of an infected person, e.g., shared towels; rarely via contaminated swimming pools.	During the course of active infection.	If cause of conjunctivitis is infectious, persons should not attend school during the acute stage. Practice frequent hand washing and hygiene.	Educate family and classmates on prevention of spread by practicing good handwashing and not sharing towels.
COXSACKIE VIRUS (Hand, foot, & mouth disease)	Usually 3-5 days	Fever, sore throat, small lesions or sores in mouth, hands, & feet.	Direct contact with nose and throat discharges and feces of an infected person.	During acute stage of illness.	Give careful attention to prompt handwashing when handling discharges, feces, and soiled articles.	Educate families, teachers, and children about handwashing.
DIARRHEAL DISEASES/ GASTRO-ENTERITIS (see specific diseases listed)	Varies depending on causative agent.	Loose stools (diarrhea) which may be accompanied by vomiting, nausea, abdominal cramps, or fever. May have blood in stools.	Person-to-person contact, often by fecal contamination; by ingestion of food or water contaminated with bacteria, viruses, or parasites, e.g., food poisoning.	Varies depending on causative agent.	Emphasize thorough handwashing by children and staff after using the toilet, before eating, and preparing food. Anyone ill with diarrhea, fever, or vomiting should not attend school.	When 2 or more children in the same classroom have diarrhea, either known or presumed to be of the same etiology, notify the local health department. Single cases of Salmonella, Shigella, <i>E. Coli</i> O157:H7 infections, and all outbreaks are reportable.*
DIPHThERIA‡	2 to 5 days, occasionally longer.	Patches of grayish membrane with surrounding redness of throat, tonsils, larynx, nose, other mucous membranes, or skin. Mild cases are often confused with simple tonsillitis.	Person-to-person contact with respiratory secretions or skin lesions of cases or carriers.	Up to 2 weeks if untreated.	Exclude until case has 2 negative cultures for <i>Corynebacterium diphtheriae</i> 24 hours apart. Culture close contacts; give antibiotics and vaccine. Exclude culture positive contacts from food handling or child care/school until cultures are negative.	Prevent with immunization. Immunize with DTaP or DTP: 4 doses (primary series) by 16 months of age with a booster at 4 to 6 years; Td vaccine for children age 7 years and above, and every 10 years for adults. Diphtheria vaccine is required for child care and school attendance.

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E. COLI 0157:H7*	2 to 8 days with a median of 3-4 days.	Severe diarrhea that is often bloody, abdominal pain, and vomiting.	Ingestion of contaminated foods, directly person to person by the fecal-oral route, or contact with infected animals.	Duration of excretion of the pathogen in the stool, usually one to three weeks after symptoms begin.	Emphasis on good hand washing. Symptomatic persons should be excluded from school while having diarrhea or vomiting.	Usually little or no fever is present. More common in children >4 years.
FIFTH DISEASE (Erythema Infectiosum)	4 to 20 days.	Red, patchy facial rash (giving a "slapped cheek" appearance) that may spread to the rest of the body in a lace-like pattern. Rash may be preceded by cold-like symptoms. In adults, joint pains or arthritis are likely. About 25% of cases are asymptomatic.	Contact with respiratory secretions of an infected person; by contaminated blood or blood products; from an infected mother to fetus.	Before onset of rash in most cases; probably not communicable after onset of rash.	Exclusion of case is not recommended. Those likely to develop complications (persons with chronic hemolytic anemia or immunodeficiency, and non-immune pregnant women) should be informed but not routinely excluded from settings where fifth disease is occurring. Persons with aplastic crises should be excluded until cleared by a physician.	Approximately half of adults in the U.S. have had fifth disease and are immune for life. Pregnant women and persons likely to develop complications should consult with a physician if exposed. Handwashing is important.
GIARDIA*	3-25 days or longer; median 7-10 days.	Acute or chronic diarrhea, flatulence, bloating.	Person to person transmission, especially in daycare centers. Also through contaminated water.	The entire period of infection, often months.	Emphasis on good hand washing. Antiparasitic drugs are available for treatment. Treatment of asymptomatic carriers is not necessary.	Contact public health if an outbreak is suspected.
Haemophilus Influenzae type b (Hib) DISEASE‡	Unknown; may be 2 to 4 days.	This bacteria can cause a variety of symptoms depending on the site of infection such as ear, eye, skin, joint, and blood infections, pneumonia, and meningitis.	Contact with discharges or droplets from the nose or throat of an infected person; by direct person to person contact.	Until 24 hours after effective antibiotic treatment. If untreated, during the course of active infection.	Exclude case until 24 hours after start of antibiotic treatment. Household and child care contacts may need an antibiotic to prevent Hib disease, but do not need to be excluded. Contact local health department regarding need for prophylaxis.	Hib vaccine series is recommended for children from 2 months of age until 5. Hib vaccine is required for child care and pre-school; not required for school (grades K-12).

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HEPATITIS A*	15 to 50 days, usually 28 to 30 days.	Jaundice, dark urine, loss of appetite, nausea, fatigue, abdominal discomfort, and fever. No symptoms or mild symptoms without jaundice may occur in most children less than 2 years old and some adult cases.	Person-to-person by fecal-oral spread; by ingestion of contaminated food or water.	2 weeks before to 1 week after onset of jaundice.	Enteric precautions during first 2 weeks of illness. Immune globulin (IG) given to close contacts within 2 weeks of exposure may protect for 5 to 8 months. Hand washing after using the toilet, and before eating and preparing food is necessary to prevent and control outbreaks.	The infection may be spread asymptomatically among children and only become evident when parents and teachers become cases. Hepatitis A vaccine will protect against getting disease.
HEPATITIS B*	Usually 45-180 days, average 60-90 days.	Insidious onset with dark urine, fatigue, loss of appetite, nausea, vomiting, sometimes joint pain, and often followed by jaundice. Some cases are mild. The infection may be asymptomatic, especially in children.	Person-to-person through sexual contact; exposure to infected blood or bodily fluids; from the mother to infant during pregnancy or birth.	Communicability: majority of infected persons will be non-infectious within 46 months after acute infection. 10% of adults and 90% of infants will become chronic carriers and will be infectious the rest of their lives.	Routine exclusion is not recommended. Practice standard infection control precautions. Non-immune persons exposed to HBsAg positive blood should be given hepatitis B immune globulin (HBIG) and vaccine.	Hepatitis B vaccine (3 doses) is indicated for all babies and for anyone who may have blood exposure or who had routine contact with a case or carrier, including household and sexual contacts of carrier. Hepatitis B vaccine is required for children born after July 1, 1994 and prior to enrollment in school.
HERPES SIMPLEX VIRUS (Cold Sores, Fever Blisters)	2 to 12 days.	Oral herpes: sores or blisters on the lips or mouth. Genital herpes: sores or blisters in the genital area.	Direct contact with saliva, sores, or blisters such as through touching, kissing, or having sex; from mother to infant during delivery, less common during pregnancy and postpartum.	As long as the sores or blisters are present, about 1 to 2 weeks. Viral shedding may occur in the absence of symptoms.	Routine exclusion is not recommended. Exclude from child care only those children with first time herpes of the mouth, i.e., primary gingivostomatitis, who do not have control of their secretions (drooling). Avoid kissing, contact with saliva, or other direct contact with sores or blisters. Use gloves if touching lesions. Wash hands well. If possible, cover active lesions with clothing, bandage, or appropriate dressing.	Pregnant women with herpes should consult with their doctor.

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HIV (Human Immunodeficiency Virus) Infection* (includes AIDS*)	Variable. The commonly used HIV antibody tests will detect infection in most people within 6 to 12 weeks after infection.	HIV infection may be asymptomatic for many years. Symptoms in later stages are variable, depending on opportunistic infections.	Person-to-person through sexual contact; exposure to HIV-infected blood, e.g., dirty needles; from mother to infant during pregnancy or birth.	Throughout the life of an infected individual.	Routine exclusion is not recommended. Educate on how to prevent HIV transmission; use standard infection control precautions to avoid exposure to blood or any body fluid except sweat.	Supplies needed to implement standard infection control precautions, including gloves and appropriate disinfectant cleaners, must be available.
IMPETIGO	4 to 10 days.	Blister-like lesions which later develop into crusted sores which are irregular in outline. Usually caused by <i>Staphylococcus aureus</i> and <i>Streptococcus pyogenes</i> .	Direct contact with draining sores. Less commonly by touching articles contaminated with the blister fluid.	From onset of symptoms until sores are healed.	Exclude until 24 hours after start of antibiotic treatment. Topical treatment and/or antibiotics needed; cover lesions. Hand washing by caretakers reduces transmission. Infected individuals should use separate towels and washcloths.	All persons with lesions should avoid contact with newborn babies.
INFLUENZA	Usually 1-3 days.	Fever, cough, headache, muscle aches & fatigue.	Airborne; spread from an infected person usually through coughing and sneezing.	3-5 days from clinical onset in adult, up to 7 days in young children.	Persons who are ill with fever & cough should stay home. Cover mouth and nose when coughing or sneezing. Use good handwashing practices.	Vaccine is available for 6 months through adulthood. Vaccine needs to be repeated each year to cover the appropriate strains for that flu season.
LYME DISEASE*	3 to 32 days. (Typically 7-14 days)	A distinctive skin lesion appears as a red spot or bump which expands to greater than 2 inches, with malaise, fatigue, fever, headache, stiff neck, joint pain for several weeks. Neurologic, cardiac, or arthritic complications may follow.	By bite of an infected deer tick that has been left attached for 24 hours or more.	(No documented person-to-person or vertebrate animal-to-person spread.)	Routine exclusion is not recommended. Avoid exposure to deer ticks; when outdoors, wear protective clothing, use repellants, inspect entire body every 3-4 hours, and promptly remove attached ticks. If tick bite occurs, record date and body site and save tick. Consult physician if skin rash or early symptoms occur.	Treatment with antibiotics to prevent complications should start upon suspected diagnosis (based on history of tick exposure and clinical signs and symptoms). Prophylactic administration of antibiotic is not usually recommended.

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MEASLES‡ (Rubeola)	7 to 18 days, usually 10 days from exposure to onset of fever, and usually 14 days from exposure to onset of rash.	Sudden onset of chills, followed by sneezing, running nose, conjunctivitis, photophobia, fever, and cough. The rash, seen about 2 to 7 days later, usually appears first behind the ears or on the forehead and face; it is blotchy and usually dusky red and spreads rapidly over the face, trunk, and limbs. Small white spots (Koplik spots) may appear inside the mouth.	Droplet spread or direct contact with throat of nasal secretions of an infected person.	4 days before to 4 days after the rash appears.	Exclude case for at least 4 days after onset of rash. Susceptible contacts may be protected if vaccine is given within 72 hours of exposure, or immune globulin within 6 days of exposure. After exposure, exclude susceptibles from school or child care until approved to return by health department. Pregnant women should check with their doctor if exposed.	Very communicable. Immunize all children routinely at 12 months of age with MMR (measles-mumps-rubella) vaccine. Measles vaccine is required for child care and preschool; second dose of measles vaccine is required for all children in grades K-12 and for pre-schoolers exposed to measles cases.
MENINGOCOCCAL DISEASE‡	2 to 10 days, usually 3 to 4 days.	Sudden onset with fever, vomiting, intense headache, and stiffness of the neck. Small bright red spots may appear on the body.	Close contact with droplets and discharge from nose or throat of an infected person.	Asymptomatic carriers are common until meningococci are no longer present in discharges from nose and mouth, usually within 24 hours after start of chemotherapy.	Case needs antibiotics. Exclude case for 24 hours after start of antibiotic treatment. A prophylactic antibiotic is recommended for household, child care contacts, and others with saliva contact, e.g., kissing, CPR. Contacts should watch for symptoms for 2 weeks and should seek immediate medical attention if ill.	Vaccine is now available for certain types of meningococcal disease and can be used in outbreaks. Invasive meningococcal disease‡ is an emergency reportable disease to local and state public health departments.
MONONUCLEOSIS	4 to 6 weeks.	Fever, swollen glands, fatigue that lasts several weeks.	Person-to-person contact of saliva of an infected person, occasionally by a blood transfusion.	Prolonged; the virus that is carried in the throat during the illness can be present for as long as a year.	Avoid drinking or eating after an infected person.	Patients with a recent diagnosis of mono infection should not donate blood.

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METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)	Extremely variable.	Person-to-person by direct contact.	Skin or respiratory secretions.	As long as infection or colonization lasts. Persons that have draining infections are shedding more bacteria than someone that is only colonized.	Proper handwashing and basic infection control measures are the most important measure to prevent the spread of MRSA.	Students colonized with MRSA should not be excluded from school. If infection is present and child needs to attend daycare/school, following standard precautions and use of barrier methods to prevent exposure to secretions will assist in preventing transmission.
MUMPS* (Infectious Parotitis)	14 to 25 days, usually 18 days.	Fever, swelling, and tenderness of the salivary gland; may be asymptomatic. The parotid glands in front of and below the ears are most frequently affected. Meningitis may occur. In post pubertal males, involvement of the testes may occur.	Airborne transmission of droplets from an infected person's nose or throat.	From 6 days before salivary gland enlargement to 9 days after.	Exclude case for 9 days after onset of swelling. A live attenuated virus vaccine is available alone or combined with measles and rubella vaccines (MMR). Pregnant women should check with their doctor if exposed. Follow health department recommendations for exclusion of susceptible contacts.	Very communicable. Immunize all children routinely at 12 months with MMR vaccine. Mumps vaccine is required for child care and school attendance.
NORWALK VIRUS/ NOROVIRUS ("Stomach flu", viral gastroenteritis)	Usually 24-48 hours.	Nausea with vomiting, diarrhea and cramps. May also experience headache, fever, chills, and muscle aches.	Contaminated food and water. Also spread from person to person fecal-oral.	During acute stage or disease up to 48 hours after diarrhea stops.	Proper handwashing is very important. Anyone having diarrhea, fever, or vomiting should not attend school.	Illness usually lasts 24-48 hours without any long term effects. Contact PH if an outbreak suspected.
PEDICULOSIS (Head Lice)	Eggs (nits) of lice hatch into nymphs in a week; nymphs become sexually mature, mate, and lay eggs in 8 to 10 days after hatching.	Asymptomatic, or itching of the scalp. Nits are tightly attached to the shaft of the hair close to the scalp; crawling lice can be seen most commonly at the nape of the neck and behind the ears.	Direct contact with infested persons, or contact with their clothing, combs, brushes, carpets, or linens. Lice generally die when away from a host for more than 48 hours.	Communicable while lice remain alive on infested person or on clothing, and until eggs (nits) have been destroyed.	Treat case with medicated shampoo or medicated crème rinse (pediculicide). Launder (using hot cycles of washer and dryer) or dry clean clothes and bedding. Case may return to child care or school the morning after treatment. Retreatment in 7 days may be needed. Contacts should be examined and treated also.	Common in school-age children. The head louse does not transmit any communicable disease. It is important that the manufacturer's recommendations regarding treatment be followed, and that nits be removed.

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PERTUSSIS* (Whooping Cough)	6 to 20 days, usually 7 to 10 days.	Acute onset of cough which becomes repeated and violent within 1 to 2 weeks and lasts for 1 to 2 months or more. Thick mucus and vomiting after a coughing spell is characteristic. Young infants and adults may not have the typical inspiratory "whoop."	Direct contact with respiratory discharges of an infected person by airborne droplets.	Most infectious before the typical cough begins and until approximately 3 weeks after the onset of cough in untreated cases. After 5 days of treatment with appropriate antibiotic, person is no longer infectious.	Treat case with antibiotics for at least 14 days. Exclude case for first 5 days of appropriate antibiotic treatment. Contacts should be evaluated for receiving antibiotics and vaccine, and for exclusion recommendations.	Highly communicable. Prevent through immunization with DTaP or DTP vaccine: 4 doses by 16 months of age with a booster dose at 4 to 6 years. Pertussis vaccine is required for child care and school attendance until age 7; pertussis vaccine is not indicated for children age 7 years and above.
POLIOMYELITIS‡	3 to 35 days, usually 7 to 14 days.	Symptom severity ranges from inapparent infection, to mild illness (fever, malaise, headache, vomiting), to severe illness (meningitis, muscle paralysis, death).	Primarily person to person spread principally thru fecal-oral route, also thru nasal or pharyngeal discharges.	Not accurately known. Cases are probably most infectious during the first few days before and after onset. Virus remains in throat about 1 week, and in feces for 3 to 6 weeks or longer.	Exclude case until health officer approves readmission. Susceptible contacts should receive polio vaccine.	No wild type polioviruses have been found in the U.S. since 1979. Every child should receive the primary polio vaccine series; 3 doses by 16 months of age, with a booster dose at 4 to 6 years. Polio vaccine is required for child care and school attendance.
RABIES‡ Human rabies is an Emergency Reportable Disease.	Human: Usually 3 to 8 weeks, rarely as short as 9 days or as long as 7 years. Animal: 3 to 11 weeks after exposure (can be shorter or longer depending on location of bite, type and amount of virus.)	Human: Apprehension, headache, fever, malaise, paresis or paralysis, hydrophobia (fear or water), delirium, convulsions, and death due to respiratory paralysis. Animal: Behavior change (aggression or stupor), increase in salivation due to an inability to swallow, and paralysis of limbs. Death due to respiratory paralysis usually occurs within 2 to 7 days after onset.	Contact with saliva of an infected animal (dog, raccoon, etc.) through a break in the skin (scratch, bite) or a mucous membrane. Person-to-person spread never documented except through corneal transplant. While rare, airborne spread has been demonstrated in a cave where many bats were roosting and in laboratory settings.	Domestic animals: For dogs and cats, usually 3 to 7 days before onset of clinical signs (rarely over 4 days) and throughout course of disease. Wild and exotic animals: Unknown	Human exposure: Wash hands thoroughly with soap and water. Give post exposure prophylaxis (PEP) promptly when indicated. Domestic animal: Confine cat, dog, or farm animal that has exposed a human and observe for 10 days. If signs of rabies appear, veterinary examination and laboratory testing is necessary. Wild and Exotic Animal: Test animal immediately for rabies if recommended by the local health department.	Animal bites, scratches, mucous membrane exposures, and situations where lack of exposure can not be documented, e.g., bat was in room with a sleeping child, should be immediately reported to Public Health by telephone. PEP should begin as soon as possible when exposure occurs. If not previously vaccinated, give human rabies immune globulin (HRIG) and five doses of human diploid cell rabies vaccine (HDCV). When a domestic animal is bitten by a wild animal e.g. raccoon, consult with a veterinarian.

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RINGWORM OF SCALP (Tinea Capitis)	10 to 14 days.	Patchy areas of dandruff like scaling and hair loss; many separate blisters with pus in them with little hair loss; or a soft, red swollen area of scalp.	Direct person-to-person contact or indirect contact with contaminated surfaces or objects such as combs, brushes, furniture, fabric, clothing, and hats from infected persons or animals.	Until rash/lesions heal.	Infection of the scalp requires oral antifungal therapy, generally for 4 to 6 weeks as directed by a physician. Children receiving treatment may return to child care or school. Examine household, child care, school and animal contacts; treat if infected.	Infected children should not share combs, brushes or hair ornaments while being treated. Haircuts or shaving of the head is not necessary. Selenium shampoo used twice a week decreases shedding of fungus.
RINGWORM OF SKIN/BODY (Tinea Corporis)	4 to 10 days.	Infection involves the face, trunk, or extremities. Rash is usually circular, slightly red with a scaly border and may be itchy.	Direct person-to-person or animal contact or indirect contact with contaminated articles such as floors, showers, and benches.	Until rash/lesions heal.	Routine exclusion is not recommended. Most cases are treated with topical antifungal medication for about 4 weeks. While being treated, exclude from gymnasiums, swimming pools, and activities likely to lead to exposure of others. Examine household, child care, school, and animal contacts; treat if infected.	Avoid direct contact with known infected persons and animals.
ROTA VIRUS	Approximately 1 to 3 days.	Diarrhea, usually preceded by or accompanied by vomiting and low grade fever.	Contact with infected persons stool by fecal-oral route. Also isolated in respiratory secretions and contaminated water.	During acute stage and later while viral shedding continues (around 8 days).	Frequent hand washing is very important in control and prevention of spread. Should not attend school if symptomatic with diarrhea, fever, or vomiting.	Virus survives for long periods on hard surfaces, contaminated water and on hands. It's relatively resistant to commonly used disinfectants, but is killed by chlorine. Contact PH if an outbreak is suspected.

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RUBELLA* (German Measles)	14 to 21 days, usually 14 to 17 days.	Mild illness with low fever, mild rash, usually associated with enlargement of nodes on the back of the neck. A rash is often the first symptom and may resemble measles, scarlet fever, or erythema infectiosum (fifth disease). Fetal infection may lead to spontaneous abortion, congenital malformations, or defects of organs.	Contact with droplets or direct contact with nose and throat discharges of an infected person, and possibly blood or urine; from mother to infant during pregnancy.	For about 7 days before and at least 4 days after onset of rash. Infants with congenital rubella may shed virus for months after birth.	Exclude for 7 days after onset of rash. Pregnant women should check with their doctor if exposed. Follow health department recommendations for exclusion of contacts who have not had rubella vaccine.	Highly communicable. Immunize all children routinely at 12 months with MMR vaccine. Exposed pregnant women should be evaluated for their susceptibility to rubella. Infection during pregnancy, especially in the first trimester, results in congenital rubella syndrome in ≥ 24% of cases. Rubella vaccine is required for child care and school attendance.
SALMONELLA <i>spp.*</i>	6-72 hours, average 12-36 hours.	Diarrhea, fever, abdominal cramps, vomiting.	Ingestion of contaminated eggs, poultry, unpasteurized milk/juice, raw fruits and vegetables. Contact with reptiles.	Several days to several weeks (antibiotics may prolong excretion).	Emphasis on good hand washing. Exclusion from school only necessary if symptomatic with diarrhea, fever, or vomiting.	Notify PH if outbreak is suspected.
SALMONELLA <i>typhi*</i>	3 days to 1 month usually 8-14 days.	Fever, headache, chills, constipation, tiredness, and muscle aches.	Fecal contamination of water supplies or street-vended foods. Rare in developed countries.	As long as bacilli appear in feces, usually from the first week throughout convalescence. 2-5% become carriers.	Emphasis on good hand washing. Symptomatic individuals should be excluded if they have diarrhea, fever, or vomiting.	There is a vaccine available for <i>S. typhi</i> . Notify PH if outbreak is suspected.
SCABIES	2 to 6 weeks; 1 to 4 days in reinfestations.	Rapid onset of red papular rash involving the fingers, wrists, elbows, knees and other skin surfaces. Intense itching, especially at night. A classic burrow or a demonstrated mite or ovum are diagnostic.	Direct skin-to-skin contact, such as holding hands or sexual contact through contaminated clothes.	Until mites and eggs are destroyed, usually 1 to 2 courses of treatment.	Treat case with scabicide. Exclude infested persons from school or child care until 24 hours after start of treatment. Household and close contacts should be treated at the same time as the patient. Clothing, bedding, and other personal articles should be laundered using hot cycles of washer and dryer or dry cleaned.	Itching may persist after treatment due to allergic reaction. Secondary bacterial infections of the skin may result from scratching. Mites do not transmit any communicable disease. Mites generally die when away from a host for more than 48 hours.

* Diseases marked with an asterisk(*) are reportable by law in the State of Iowa. Outbreaks of any disease are also reportable.

‡ Diseases marked with a double dagger (‡) are emergency reportable diseases.

† Periods of exclusion are intended for cases in schools and child care settings. Different periods of exclusion may apply in different settings (e.g., health care, food handling).

Also, periods of exclusion are minimum periods; physicians may recommend longer periods of exclusion based on severity of illness.

Communicable Diseases Summary: A Guide for Schools

Disease	Incubation Period	Symptoms	Mode of Transmission	Period of Communicability	Control Measures and Period of Exclusion†	Other Information
SHIGELLA*	12-96 hours, average 1-3 days.	Abdominal cramps, fever and diarrhea. Stool may contain blood and mucus.	Food or water contaminated with fecal material. Usually person to person spread, fecal-oral transmission.	During acute infection and up to 4 weeks after onset of illness.	Emphasis on good hand washing. Anyone symptomatic with diarrhea, fever, or vomiting should not attend school.	Notify PH if an outbreak is suspected. Antibiotics may be used to shorten the duration and severity of the illness.
STREPTOCOCCAL SORE THROAT, SCARLET FEVER (Scarlatina)	1 to 3 days, occasionally longer.	Sudden onset of headache, fever, and sore throat. Lymph nodes of neck tender and enlarged. In scarlet fever, streptococcal sore throat is accompanied by a fine red "sand paper" rash most often on neck and chest, lasting 1 to 10 days. When it fades, the skin peels, especially on toes and fingers.	Person-to-person contact with discharge from nose and throat of a case or carrier. Mild cases and carriers are important in the spread of the disease. May be foodborne through food or milk.	Until 24 hours after appropriate antibiotic treatment is begun; 10 to 21 days in untreated cases.	Exclude case until 24 hours after start of antibiotic treatment. Exclude infected food handlers from work until 24 hours after start of treatment.	Asymptomatic carriage is common in school children. Outbreaks are uncommon. Early recognition and adequate treatment are important to prevent complications, such as rheumatic fever or kidney disease.
TUBERCULOSIS * (TB)	2 to 10 weeks from infection to positive PPD skin test; risk of active TB greatest during the first 2 years after infection, but can occur throughout life.	Feeling weak or sick; weight loss, fever, night sweats, chronic cough, bloody sputum.	Person-to-person exposure to TB bacteria in respiratory airborne droplets from a person with active TB of the lungs.	Only patients with active cases of TB are infectious.	Exclude TB case from school and work until local health officer certifies case to be non infectious. Contacts should be investigated according to local health department policy. A child with TB will lead to an investigation into the source of infection such as parents and child care contacts.	Active TB requires treatment with multiple antibiotics over 6 to 9 months. Teach children to cover mouth when coughing. Children with TB are poor transmitters of TB bacteria. If positive skin test, x-ray needed to rule out active TB and evaluation needed for TB preventive therapy. 10 to 25% of patients with pulmonary TB may have a negative PPD skin test.

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Communicable Diseases Summary: A Guide for Schools

Disease	Incubation Period	Symptoms	Mode of Transmission	Period of Communicability	Control Measures and Period of Exclusion†	Other Information
VANCOMYCIN RESISTANT ENTEROCOCCI (VRE)	Extremely variable.	Person-to-person by direct contact from an infected site.	Stool, urine, or material from an infected site.	As long as infection or colonization lasts. Persons that have diarrhea or draining infections are shedding more bacteria than someone that is only colonized.	Proper handwashing and basic infection control measures are the most important measures to prevent the spread of VRE.	Students colonized with VRE should not be excluded from school. If infection is present and child needs to attend daycare/school, following standard precautions and use of barrier methods to prevent exposure to secretions will assist in preventing transmission.

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Contact the Cerro Gordo County Department of Public Health for recommendations on dealing with diseases or conditions not addressed above.