

## Communicable Diseases in Early Childhood Education Centers

Illness	When can they return?
Fever at or above 100.4°F	Child is fever free WITHOUT any fever reducing medication in their system for 24 hrs. and they are able to be cared for in a 1:4 ratio (under 3) or 1:10 ratio (over 3) room.
Vomiting	When 24 hours has lapsed without vomiting and they are able to be cared for in a 1:4 ratio (under 3) or 1:10 ratio (over 3) room.
Loose Bowel Movements/ Diarrhea (3 times)	When bowel movements return to normal for 24 hours and they are able to be cared for in a 1:4 ratio (under 3) or 1:10 ratio (over 3) room.

### Viruses

Disease & Incubation Period	Symptoms	Mode of Transmission	Duration & Period of Communicability	Exclude from group setting?	Remarks
<b>Measles</b> 10-14 days	Fever, cough, runny nose, red watery eyes. Small red spots in the mouth. May have diarrhea or ear infection.	Direct contact w/respiratory secretions or inhalation of airborne respiratory droplets	Incubation:8-12 days Contagious: 1-2 days before symptoms, 3-5 days before rash to 4 days after appearance of rash	Exclude any non-vaccinated children until health dept. says it is safe.	Report to local health.
<b>Rubella</b> 14-23 days	Mild illness characterized by low fever, swollen glands and a rash that usually lasts 3 days. Rash tends to remain as small, fine, pink spots.	Direct contact with infected persons nose or throat secretions	Illness: 3-5 days Communicability: 7 days before to 14 days after onset of rash.	Same as above	Same as above

<b>Disease &amp; Incubation Period</b>	<b>Symptoms</b>	<b>Mode of Transmission</b>	<b>Duration &amp; Period of Communicability</b>	<b>Exclude from group setting?</b>	<b>Remarks</b>
<b>Fifth Disease</b> 4-14 Days, but as long as 21 days	Rash begins on face & produces a bright red "slapped cheek" appearance. Rash frequently disappears within a few hours.	Person to Person	Rash generally fades completely within one week.  Communicability: Contagious until rash appears	No unless child meets other exclusionary criteria	Notify any pregnant who are exposed as they need to contact their doctor.
<b>Chicken Pox</b> 2-3 Weeks Usually 14-16 days	Sudden onset of fever and generalized rash. Lesions appear in crops with greatest concentration on trunk. Lesions are tear-shaped surrounded by a reddened area.	Direct or Indirect contact with infected persons or articles	Lesions typically cured within 5-10 days. Patients are contagious 1-2 days and 5-6 days after rash	Yes, strict isolation for 7 days after onset of rash	No Aspirin  Vaccine
<b>Scarlett Fever</b> 2-5 Days	Illness begins with fine rash that makes the skin feel like sandpaper. The rash is usually more prominent in the armpits and groin areas. Fever, sore throat, and sometimes vomiting may also be present.	Direct Contact		Yes, 24 hours	See Strep infections

## Respiratory Illness

<b>Disease &amp; Incubation Period</b>	<b>Symptoms</b>	<b>Mode of Transmission</b>	<b>Duration &amp; Period of Communicability</b>	<b>Exclude from group setting?</b>	<b>Remarks</b>
<b>Covid</b>	Loss of taste/smell, fatigue, headache, fever	Close person to person contact. Direct hand to hand contact.		No, unless child meets other exclusionary criteria	
<b>Respiratory Syncytial Virus (RSV)</b>	Cold like symptoms with a cough, pneumonia, wheezing, difficulty breathing	Close person to person contact. Direct hand to hand contact.	Virus can be shed for 3-8 Days	No, unless child exhibits labored breathing and/or needs one-on-one care or child meets other exclusionary criteria	
<b>Allergies</b>	An inflammatory response in various parts of the body to a substance in the environment that most people tolerate without a problem	Dust, trees & weeds, mold from plants, dead grass & leaves, animal fur & feathers, insect venom, foods such as eggs, nuts, chocolate, shellfish, cow's milk & wheat	Sneezing, runny nose, itchy eyes, dark circles under eyes, coughing, swollen mouth, itchy throat, nausea, vomiting, diarrhea, hives, rash or very severe anaphylaxis reaction	No, determine trigger causing allergic response	
<b>Bronchitis/ Croup</b>	Cold like symptoms with a cough. No sputum. May or may not have fever.	Close person to person contact. Direct hand to hand contact.	2-3 Weeks Communicability: Prior to and 2-3 days after onset of symptoms	No, unless child meets other exclusionary criteria	Usually very young children

<b>Asthma</b>	A respiratory problem in which breathing is difficult and often accompanied by wheezing or whistling. Causes constriction of smaller bronchioles. Triggers vary.	Allergic and non-allergic triggers. Allergic allergies probably due to inherited, non-allergic asthma, unclear how it develops.	Pale skin, dark circles under eyes, cough with exertion, lying flat or upon exposure to the cold.	Keep child calm and relaxed. Administer meds if applicable.	**Needs to have a plan**
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<b>Common Cold</b> 1-7 days	May include sore throat, runny nose, cough, sneezing, body aches, stuffy nose and ears. Low grade fever, mucus can be thick and green	Close person to person contact.	2-14 days Most contagious just prior to and first few days of illness	No, unless child meets other exclusionary criteria	
<b>Pertussis (Whooping Cough)</b> 6-21 days Typically 7-10 days	Begins with irritation cough & progresses to a violent cough followed by characteristic whoop.	Direct or close contact with mouth and nose secretions of infected person.	From 7 days after exposure to 3 weeks after onset.	Yes, isolate susceptible child from first symptom until 21 days after onset of whoop, until 1 week after whoop ends or 7 days treatment with erythromycin.	Vaccine recommended by CDC for adults caring for infants less than 12 months.

<b>Strep</b> 2-5 days	Can produce infections from strep throat or scarlet fever. Often fever with no other symptoms.	Direct contact with patient or carrier. Rarely through transfer by objects of hands.	During incubation & illness until 24 hours after antibiotics start.	Yes until 24 hours after antibiotic starts.	
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## Gastrointestinal Illnesses

Disease & Incubation Period	Symptoms	Mode of Transmission	Duration & Period of Communicability	Exclude from group setting?	Remarks
<b>Shingella</b> 1-7 days Usually 2-4 days	Sudden onset of diarrhea, cramps and fever. Diarrhea may be bloody. Young children may be very ill with dehydration and shock.	Direct or indirect oral-fecal transmission. Only humans can harbor or transmit.	During acute infection and until the infectious agent is no longer in stool, usually 4 weeks.	Yes, until treatment is complete and test results from 2 stool cultures at least 1 day apart are negative.	Very easily transmitted in childcare. Personal hygiene and hand washing are critical to prevent spread.
<b>Salmonella</b> 6-48 hours	Sudden onset of abdominal pain, diarrhea and fever. Occasionally headache, vomiting, and nausea.	Eating of contaminated food. Fecal-oral route from infected people and animals. Direct contact with infected objects/surfaces.	During acute infections and until the infectious agent is no longer in stool. 3 days -3 weeks.	Yes, until health professional clears child. Children under 5- 3 negative tests from stool cultures.	
<b>Campylobacter</b> 1-7+ days	Sudden onset of abdominal cramps, diarrhea. May have fever, nausea and vomiting	Ingestion of contaminated food or water. Direct contact with stool from infected animals. Person to person via fecal-oral route	Shortened by treatment, 2-3 days. Without treatment 2-3 weeks.	Yes, until clinical symptoms abate and stool frequency has reduced to fewer than 2 stools above normal for that child.	

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<b>Giardiasis</b> 1-4 wks	Diarrhea, cramps, bloating, loose greasy stool. Infection may be asymptomatic or follow long intermittent course.	Ingestion of contaminated water or food. Fecal-oral route	Highly variable, but can be months. Most contagious during diarrhea phase.	Yes, same as above.	Water tables and other water play could spread.
<b>Rotavirus</b> 2-4 days	Vomiting and fever at or below 102 followed by watery diarrhea	Fecal-oral route with infected people. Often spread within families.	Virus is present before diarrhea begins and can persist for up to 3 wks after illness.	Yes, same as above.	

Parasites:

<b>Pinworm</b> 1-2+ months	Itching, especially at night. Usually benign intestinal infection with mild or nonspecific symptoms. Babies: May see worms around anus or in stool.	Catch by touching anything infected person has touched. Fecal-oral route. From clothing, bedding or other articles contaminated with eggs.	As long as female worms are discharging eggs to skin around anus.	No	Often whole family is treated.
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<b>Coxsackie</b> (Hand, Foot, Mouth) 3-6 days	Wide range of symptoms, diarrhea, tiny blisters in mouth and on fingers, palms, butt and feet. Common cold.	Fecal-oral as well as respiratory route by direct contact with secretions	Virus may be shed several weeks after infection starts. Respiratory shedding of virus usually limited to a week or less.	Yes, if any blisters are open or located in mouth, has any exclusionary criteria or is unable to be cared for in their classroom.	

<b>Hepatitis A</b> 15-50 days	Fatigue, nausea, cramps, later jaundice, dark urine, clay stools.	Fecal-Oral route.	About 2 weeks before and one week after onset of jaundice.	Yes, one week after onset.	
<b>Pediculosis Lice</b> 10-14 days from laying to hatching	Infestation causes intense itching of the scalp.	Direct contact with infested hair, contact with clothing, bedding etc.	Until lice and eggs have been destroyed with a chemical treatment.	Yes, until no nits or bugs are present. Child will be checked upon arrival.	
<b>Scabies</b> 4-6 wks.	Intense itching at night. Linear red bumps and short wavy dirty looking lines. Burrowing around fingers, wrists, belt line & thighs.	Person to person contact. Sharing of bedding, towels and clothing.	Until insect infection is treated	Yes, until after treatment is completed.	



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<b>Meningitis</b> 3-6 days	Sudden onset of fever, may have blood red rash, headache, nausea, vomiting & stiff neck.	Direct contact with respiratory secretions Fecal-oral route.	Until treated for HIB, meningococcus & pneumococcus until after 24 hours of antibiotics	Yes, as soon as it is suspected until cleared to return	
<b>Conjunctivitis</b>	Tearing, redness, swelling of eyes. Green or yellow discharge	Direct contact with discharge	2-14 Days	Yes, for 24 hours after starting antibiotic.	Pink eye and common cold are similar. Good hygiene is the best prevention.
<b>Mumps</b> 12-26 days	Fever, swelling and tenderness of salivary glands	Direct contact with infected person	Illness: 7-10 days Contagious: 7 days before and 9 days after glandular swelling	Yes for 5 days from onset of swelling	Vaccine
<b>Ear Infections</b>	Infection of part of ear behind ear drum.	Bacterial	Not contagious	No, unless child is unable to participate in appropriate ratio or other exclusionary symptoms are present	

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<b>Ringworm</b>	Red rings that are slightly raised, itchy and scaly	Direct person to person by sharing items or contact with infected person or contaminated surfaces	Spreads quickly	Yes. Anti-fungal ointment applied for several weeks, may return 24 hours after treatment has started.	Keep environment clean and dry
<b>Impetigo</b>	Small, red pimples or fluid filled blisters with crusted yellow scabs found most often on face, but may be anywhere on body	Direct contact with infected person or contaminated surfaces	Spreads quickly	Yes, until sores are treated with antibiotics for 24 hours and sores can be covered and kept dry	Keep rash clean and dry.
<b>MRSA</b>	A wound, pimple, boil, spider bites or diaper rash that does not heal. Most infections are mild, but MRSA bacteria can get into the bloodstream or lungs and cause severe illness	Close skin-to-skin contact. Crowded conditions. Poor hygiene. Direct contact with open sores or boils		No, treated with antibiotics Good handwashing Sanitize surfaces Keep cuts and scrapes clean and covered until healed.	Exclude if wound is draining and seeping through dressing