










Disease-Specific Information and Exclusion Guidelines

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (subject to LHD approval)
Campylobacteriosis [†]	Ingestion of under-cooked meat, contaminated food or water, or raw milk	Diarrhea (may be bloody), abdominal pain, malaise, fever	Average 2-5 days (range 1-10 days)	Throughout illness (usually 1-2 weeks, but up to 7 weeks without treatment)	Exclude with first signs of illness; encourage good hand hygiene	Exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply
Chickenpox** † (Varicella) 	Person-to-person by direct contact, droplet or airborne spread of vesicle fluid, or respiratory tract secretions	Fever, mild respiratory symptoms, body rash of itchy, blister-like lesions, usually concentrated on the face, scalp, trunk	Average 14-16 days (range 10-21 days)	As long as 5 days, but usually 1-2 days before onset of rash and until all lesions have crusted	Exclude contacts lacking documentation of immunity until 21 days after last case onset; consult LHD	Cases: Until lesions have crusted and no new lesions for 24hr (for non-crusting lesions: until lesions are fading and no new lesions appear)
CMV (Cytomegalovirus)	Exposure to infectious tissues, secretions, or excretions	None or “mono-like”	1 month	Virus may be shed for 6 months to 2 years	If pregnant, consult OB; contacts should not be excluded	No exclusion necessary
Common Cold	Airborne or contact with respiratory secretions; person-to-person or by touching contaminated surfaces	Runny or stuffy nose, slight fever, watery eyes	Variable, usually 1-3 days	24hrs before onset to up to 5 days after onset	Encourage cough etiquette and good hand hygiene	No exclusion necessary
Croup	Airborne or contact with respiratory secretions	Barking cough, difficulty breathing	Variable based on causative organism	Variable based on causative organism	Encourage cough etiquette and good hand hygiene	No exclusion necessary
Diarrheal Illness (Unspecified)	Fecal-oral: person-to-person, ingesting contaminated food or liquid, contact with infected animals	Loose stools; potential for fever, gas, abdominal cramps, nausea, vomiting	Variable based on causative organism	Variable based on causative organism	Exclude with first signs of illness; encourage good hand hygiene	Exclude until diarrhea has ceased for 24h or until medically cleared
<i>E. coli</i> [†] (Shiga toxin-producing)	Fecal-oral: person-to-person, from contaminated food or liquids, contact with infected animals	Abdominal cramps, diarrhea (may be bloody), may include gas, nausea, fever or vomiting	Variable, usually 2-10 days	For duration of diarrhea until stool culture is negative	Exclude with first signs of illness; encourage good hand hygiene	Medical clearance required; also, exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply
Fifth Disease (Erythema infectiosum) (Parvovirus B19)	Person-to-person; Contact with respiratory secretions	Fever, flushed, lacy rash (“slapped cheek”)	Variable, usually 4-20 days	Most infectious before 1-2 days prior to onset	If pregnant, consult OB; encourage good hand hygiene; do not share eating utensils	No exclusion necessary if rash is diagnosed as Fifth disease by a healthcare provider

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Giardiasis** †	Person-to-person transmission of cysts from infected feces; contaminated water	Diarrhea, abdominal cramps, bloating, fatigue, weight loss, pale, greasy stools; may be asymptomatic	Average 7-10 days (range 3-25+ days)	During active infection	Encourage good hand hygiene	Exclude until diarrhea has ceased for at least 2 days; may be relapsing; additional restrictions may apply
Hand Foot and Mouth Disease** (Coxsackievirus) (Herpangina)	Contact with respiratory secretions or by feces from infected person	Sudden onset of fever, sore throat, cough, tiny blisters inside mouth, throat and on extremities	Average 3-5 days (range 2-14 days)	From 2-3 days before onset and several days after onset; shed in feces for weeks	Exclude with first signs of illness; encourage cough etiquette and good hand hygiene	If secretions from blisters can be contained, no exclusion required
Head lice (Pediculosis)	Head-to-head contact with an infected person and/or their personal items such as clothing or bedding Head Lice Manual	Itching, especially nape of neck and behind ears; scalp can become pink and dry; patches may be rough and flake off	1-2 weeks	Until lice and viable eggs are destroyed, which generally requires 1-2 shampoo treatments and nit combing	Avoid head-to-head contact during play; do not share personal items, such as hats, combs; inspect close contacts frequently	Students with live lice may stay in school until end of day; immediate treatment at home is advised;
Hepatitis A** † 	Fecal-oral; person-to-person or via contaminated food or water	Loss of appetite, nausea, fever, jaundice, abdominal discomfort, diarrhea, dark urine, fatigue	Average 25-30 days (range 15-50 days)	2 weeks before onset of symptoms to 1 to 2 weeks after onset	Immediately notify LHD regarding evaluation and treatment of close contacts; encourage good hand hygiene	Exclude until at least 7 days after jaundice onset and medically cleared; exclude from food handling for 14 days after onset
Herpes simplex I, II (cold sores / fever blisters) (genital herpes)	Infected secretions HSV I – saliva HSV II – sexual	Tingling prior to fluid-filled blister(s) that recur in the same area (mouth, nose, genitals)	2-14 days	As long as lesions are present; may be intermittent shedding while asymptomatic	Encourage good hand hygiene and age-appropriate STD prevention; avoid blister secretions; do not share personal items	No exclusion necessary
Impetigo (Impetigo contagiosa)	Direct or indirect contact with lesions and their discharge	Lesions/blisters are generally found on the mouth and nostrils; occasionally near eyes	Variable, usually 4-10 days, but can be as short as 1-3 days	While sores are draining	Encourage good hand hygiene	Treatment may be delayed until end of the day; if treatment started before next day's return, no exclusion necessary; cover lesions
*Influenza** (influenza-like illness) 	Droplet; contact with respiratory secretions or touching contaminated surfaces)	High fever, fatigue, cough, muscle aches, sore throat, headache, runny nose; rarely vomiting or diarrhea	1-4 days	1 day prior to onset of symptoms to 1 week or more after onset	Exclude with first signs of illness; encourage cough etiquette and good hand hygiene	Exclude until 24hrs with no fever (without fever-reducing medication) and cough has subsided

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Measles** † (Rubeola)  (Hard/red measles)	Contact with nasal or throat secretions; airborne via sneezing and coughing	High fever, runny nose, cough, red, watery eyes, followed by rash on face, then spreading over body	Average 10-12 days (range 7-21 days) from exposure to fever onset	4 days before to 4 days after rash onset	Exclude contacts lacking documentation of immunity until 21 days after last case onset; consult LHD	Cases: Exclude until 4 days after rash onset
Meningitis** † (Aseptic/viral)	Varies with causative agent: droplet or fecal-oral route; may be complications of another illness	Severe headache, stiff neck and back, vomiting, fever, intolerance to light, neurologic symptoms	Varies with causative agent	Varies with causative agent, but generally 2-14 days	Encourage cough etiquette and good hand hygiene	Exclude until medically cleared
Meningitis** † (Bacterial)  (<i>N. meningitis</i>) (<i>H. influenzae</i>) (<i>S. pneumoniae</i>)	Contact with saliva or nasal and throat secretions; spread by sneezing, coughing, and sharing beverages or utensils	Severe headache, fever, stiff neck or back, vomiting, irritability, intolerance of light, neurologic symptoms; rash	Average 2-4 days (range 1-10 days)	Generally considered no longer contagious after 24hrs of antibiotic treatment	Immediately notify LHD; encourage good hand hygiene; do not share personal items and eating utensils	Medical clearance required; exclude until 24 hrs after antimicrobial treatment
Molluscum contagiosum	Transmitted by skin-to-skin contact and through handling contaminated objects	Smooth, firm, flesh-colored papules (bumps) with an indented center	Usually between 2 and 7 weeks	Unknown but likely as long as lesions persist	Do not share personal items	No exclusion necessary
Mononucleosis	Person-to-person via saliva	Fever, sore throat, fatigue, swollen lymph nodes, enlarged spleen	30-50 days	Prolonged, possibly longer than 1 year	Do not share personal items	Exclude until able to tolerate activity; exclude from contact sports until recovered
MRSA** (Methicillin-resistant <i>Staphylococcus aureus</i>)	Transmitted by skin-to-skin contact and contact with surfaces that have contacted infection site drainage	Fever may be present; commonly a lesion; may resemble a spider bite and be swollen, painful with drainage; a non-symptomatic carrier state is possible	Varies	As long as lesions are draining; MRSA is frequently found in many environments; handwashing is the best way to avoid infection	Encourage good hand hygiene; do not share personal items, including but not limited to towels, washcloths, clothing and uniforms	No exclusion if wound is covered and drainage contained; no exclusion from swimming if wound is covered with waterproof bandage
Mumps** † 	Airborne or direct contact with saliva	Swelling of 1 or more salivary glands (usually parotid); chills, fever, headache are possible	Average 16-18 days (range 12-25 days)	Up to 7 days prior to and 8 days after parotitis onset	Exclude contacts lacking documentation of immunity until 25 days after last case onset; consult LHD	Cases: Exclude until 5 days after onset of salivary gland swelling
*Norovirus** (viral gastroenteritis)	Food, water, surfaces contaminated with vomit or feces, person-to-person, aerosolized vomit	Nausea, vomiting, diarrhea, abdominal pain for 12-72hrs; possibly low-grade fever, chills, headache	Average 24-48hrs (range: 12-72hrs)	Usually from onset until 2-3 days after recovery; typically, virus is no longer shed after 10 days	Encourage good hand hygiene; contact LHD for environmental cleaning recommendations	Exclude until illness has ceased for at least 2 days; exclude from food handling for 3 days after recovery

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Pink Eye (conjunctivitis)	Discharge from eyes, respiratory secretions; from contaminated fingers, shared eye make-up applicators	Bacterial: Often yellow discharge in both eyes Viral: Often one eye with watery/clear discharge and redness Allergic: itchy eyes with watery discharge	Variable but often 1-3 days	During active infection (range: a few days to 2-3 weeks)	Encourage good hand hygiene	Exclude only if herpes simplex conjunctivitis and eye is watering; exclusion also may be necessary if 2 or more children have watery, red eyes; contact LHD
Rash Illness (Unspecified)	Variable depending on causative agent	Skin rash with or without fever	Variable depending on causative agent	Variable depending on causative agent	Variable depending on causative agent	Exclude if also behavior changes or fever; may need to be medically cleared
Respiratory Illness (Unspecified)	Contact with respiratory secretions	Slight fever, sore throat, cough, runny or stuffy nose	Variable but often 1-3 days	Variable depending on causative agent	Encourage cough etiquette and good hand hygiene	Exclude if also fever until fever free for 24hrs without fever-reducing medication
Ringworm (Tinea)	Direct contact with an infected animal, person, or contaminated surface	Round patch of red, dry skin with red raised ring; temporary baldness	Usually 4-14 days	As long as lesions are present and fungal spores exist on materials	Inspect skin for infection; do not share personal items; seek veterinary care for pets with signs of skin disease	Treatment may be delayed until end of the day; if treatment started before next day's return, no exclusion necessary; exclude from contact sports, swimming until start of treatment
Rubella** † (German Measles) 	Direct contact; contact with respiratory secretions; airborne via sneeze and cough	Red, raised rash for ~3 days; possibly fever, headache, fatigue, red eyes	Average 16-18 days (range: 14-21 days)	7 days before to 7 days after rash onset	If pregnant, consult OB; Exclude contacts lacking documentation of immunity until 21 days after last case onset; consult LHD	Exclude until 7 days after onset of rash
Salmonellosis †	Fecal-oral: person-to-person, contact with infected animals or via contaminated food	Abdominal pain, diarrhea (possibly bloody), fever, nausea, vomiting, dehydration	Average 12-36hrs (range: 6hrs-7 days)	During active illness and until organism is no longer detected in feces	Exclude with first signs of illness; encourage good hand hygiene	Exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply
Scabies	Close, skin-to-skin contact with an infected person or via infested clothing or bedding Scabies Prevention and Control Manual	Extreme itching (may be worse at night); mites burrowing in skin cause rash / bumps	2-6 weeks for first exposure; 1-4 days for re-exposure	Until mites are destroyed by chemical treatment; prescription skin and oral medications are generally effective after one treatment	Treat close contacts and infected persons at the same time; avoid skin-to-skin contact; do not share personal items; see exclusion criteria	Treatment may be delayed until end of the day; if treatment started before next day's return, no exclusion necessary


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Shigellosis** †	Fecal-oral: frequently person-to-person; also via contaminated food or water	Abdominal pain, diarrhea (possibly bloody), fever, nausea, vomiting, dehydration	Average 1-3 days (range 12-96hrs)	During active illness and until no longer detected; treatment can shorten duration	Exclude with first signs of illness; encourage good hand hygiene	Medical clearance required; also, exclude until diarrhea has ceased for at least 2 days
Strep throat / Scarlet Fever	Respiratory droplet or direct contact; via contaminated food	Sore throat, fever; Scarlet Fever: body rash and red tongue	Average 2-5 days (range 1-7 days)	Until 12hrs after treatment; (10-21 days without treatment)	Exclude with signs of illness; encourage good hand hygiene	Exclude until 12hrs after antimicrobial therapy (at least 2 doses)
Streptococcus pneumoniae † 	Contact with respiratory secretions	Variable: ear infection, sinusitis, pneumonia or meningitis	Varies; as short as 1-3 days	Until 24hrs after antimicrobial therapy	Consult LHD to discuss the potential need for treatment	Exclude until 24hrs after antimicrobial therapy
Tuberculosis (TB) †	Airborne; spread by coughing, sneezing, speaking or singing	Fever, fatigue, weight loss, cough (lasting 3+ weeks), night sweats, loss of appetite	2-10 weeks	While actively infectious	Consult LHD to discuss for evaluation and potential testing of contacts	Exclude until medically cleared
Typhoid fever (Salmonella typhi) †	Fecal-oral: person-to-person, ingestion of contaminated food or water (cases are usually travel-related)	Gradual onset fever, headache, malaise, anorexia, cough, abdominal pain, rose spots, diarrhea, constipation, change in mental status	Average range: 8-14 days (3-60 days reported)	From first week of illness through convalescence	Consult LHD for evaluation of close contacts	Medical clearance required; also, exclude until symptom free; Contact LHD about additional restrictions
Vomiting Illness (Unspecified)	Varies; See Norovirus	Vomiting; potential fever, nausea, cramps, diarrhea	Varies; See Norovirus	Varies; See Norovirus	Encourage good hand hygiene; See Norovirus	Exclude until 24hrs after the last vomiting episode
Whooping Cough** (Pertussis) † 	Contact with respiratory secretions	Initially cold-like symptoms, later cough; may have inspiratory whoop, posttussive vomiting	Average 7-10 days (range 5-21 days)	With onset of cold-like symptoms until 21 days from onset (or until 5 days of treatment)	Consult LHD to discuss the potential need for treatment	Cases: Exclude until 21 days after onset or until 5 days after start of appropriate antibiotic treatment
West Nile Virus	Bite from an infected mosquito	High fever, nausea, headache, stiff neck	3-14 days	Not spread person-to-person	Protect against bites using EPA approved insect repellents	No exclusion necessary

All diseases in **bold** are to be reported to your local health department

*Report only aggregate number of cases for these diseases

** Contact your local health department for a “letter to parents”

† Consult with local health department on case-by-case basis

 Vaccination is highly encouraged to prevent or mitigate disease