

**COMMUNICABLE DISEASE GUIDELINE CHART FOR CHILD CARE CENTERS**

<b>Disease &amp; Incubation</b>	<b>Signs/ Symptoms</b>	<b>How Transmitted</b>	<b>When Communicable</b>	<b>Restrictions</b>	<b>Control Measures</b>
<b>Cytomeglivirus</b>	Fever, sore throat	Contact secretions with infected infant.	3 to 8 weeks after exposure	None	Strict hand washing procedures after diapering and toileting.
<b>Chicken Pox (Varicella)</b>	Fever, skin eruption with blister like lesions	Airborne or direct contact w/vesicle fluid	1-2 days before outbreak, till blisters dry	Until all the blisters have dried	Vaccination and isolation of sick individuals.
<b>Diarrheal Diseases: (Varies) Salmellosis Shigellosis Giardiasis Rotaviral Enteritis E Coli 0157:H7 Cryptosporidiosis Campylobacteriosis</b> 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 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.
<b>Head Lice (Pediculosis)</b> 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 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 and household is treated.	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.
<b>Scabies</b> 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 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.
<b>Impetigo</b> 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 no longer “weeping” and forming yellow crust.	Child and staff wash hands frequently throughout day. Notify parent. Wear disposable gloves when treating. Cover draining lesions with dressing.
<b>Measles</b>	Fever, red eyes, cough, spots on tongue and mouth, blotchy rash 3 <sup>rd</sup> and 7 <sup>th</sup> day, usually 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
<b>Pertussis</b>	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.
<b>Pinkeye (Conjunctivitis)</b> <i>Bacterial:</i> 24-72 hrs. <i>Viral:</i> Usually 12-72 hrs. (3 days)	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.	Exclude until drainage/secretion of eye is gone or on antibiotic Rx for full 24 hrs.	Notify parents. Wash all items used by child; good handwashing by staff and children. Check all children for symptoms for 3 days.
<b>Rubella</b>	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.
<b>Strep Throat/Scarlet Fever</b> 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 full 24 hrs. and no fever. (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.
<b>Ringworm</b> (Varies by site) Mainly: 4-10 days	Red Scaling, itchy, circular lesions and broken hairs from skin/head	Personal 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 are coverable	Wash all items used by infected child, cover lesions, proper handwashing; notify parents
<b>Fifth Disease</b> 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.	None	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.
<b>Meningitis</b> <i>Bacterial:</i> 1-10 days (usually less then 4 days) <i>Viral:</i> 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-Noncommunicable 24 hrs. after starting antibiotic Rx. Viral- Prolonged period	Exclude, return with Dr.’s permission after treatment.	Notify parents and local health department. Clean and sanitize all articles; proper handwashing
<b>Hepatitis A</b> 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	Exclude for 2 weeks or until 1 week after jaundice	Proper handwashing; sanitize all contaminated articles & equipment; notify parents and local health department. (Immune Globulin for the staff and child contacts should be considered)
<b>Hand, Foot &amp; Mouth (Coxsackie Virus)</b> 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 & throat secretions and with feces	During acute stage of illness (virus may stay in stools for several weeks)	Self-limited, exclude during acute symptoms (serious in young infants). Lesions should not be weeping.	Proper handwashing, don’t share cups, glasses, etc., sanitize all contaminated articles, boil eating utensils for 20 minutes.
<b>Rosella</b> 5-15 days	High sudden fever, runny nose, irritability, followed by rash on trunk	To susceptible person with direct contact, (children under 4 may be susceptible, usually on children under 2)	Uncertain	Exclude until fever down for 24 hrs.	Notify parents, proper handwashing
<b>RSV (Respiratory Syncytial Virus)</b> 1-10 days	Fever, runny nose, cough, and sometimes wheezing.	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 until child has no fever and can tolerate normal activities.	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.