

**CONTAGIOUS AND INFECTIOUS DISEASES**

DISEASE	INCUBATION PERIOD *	SYMPTOMS OF ILLNESS	INFECTION PERIOD	MINIMUM ISOLATION PERIODS AND CONTROL MEASURES
Chickenpox	2 to 3 weeks	Fever, skin eruption begins as red spots that become small blisters (vesicles) and then scab over.	For up to 5 days before eruption until no more than 6 days after appearance of vesicles.	Exclude for at least 5 days after the eruption first appears or until vesicles become dry; avoid contact with susceptibles. No exclusion of contacts. Alert parents of immune-suppressed child(ren) of possible exposure.
Conjunctivitis (Pink Eye)	24-72 hours	Redness of white of eye, tearing, discharge of pus.	During active phase of illness characterized by tearing and discharge.	Exclude symptomatic cases. Urge medical care. May return when eye is normal in appearance or with documentation from physician that child is no longer infectious. No exclusion of contacts.
Coryza (Common Cold)	12 to 72 hours	Nasal discharge, soreness of throat.	One day before symptoms and usually continuing for about 5 days.	Exclusion unnecessary. No exclusion of contacts.
Diphtheria	2 to 5 days	Fever, sore throat, often gray membrane in nose or throat.	Usually 2 weeks or less.	Exclude cases. Return with a documented physician approval. Exclude inadequately immunized close contacts as deemed appropriate by school officials following investigation by the local and/or Nebraska Department of Health and Human Services. <b>Report immediately by telephone</b> all cases to local and/or state health departments.

<b>Enterobiasis (Pinworm, Thread-worm, Seatworm)</b>	Life cycle about 3 to 6 weeks	Irritation around anal region. Visible in stool.	As long as eggs are being laid; usually 2 weeks.	Exclude until treated as documented by physician. No exclusion of contacts. Careful handwashing essential.
<b>Fifth Disease</b>	Estimated at 6-14 days	Minimal symptoms with intense red "slapped cheek" Appearing rash; lace- like rash on body.	Unknown.	Exclude until fever and malaise are gone. May return with rash with documented physician approval. No exclusion of contacts; however, alert any students or staff who are pregnant, have chronic hemolytic anemia or immunodeficiency to consult their physician.
<b>Hepatitis A</b>	15-50 days, average 28-30 days	Fever, nausea, loss of appetite, abdominal discomfort and jaundice.	Two weeks before jaundice until about 7 days after onset of jaundice.	Exclude for no less than 7 days after onset of jaundice. Return with documented physician approval. No exclusion of contacts. Immune globulin (IG) prevents disease if given within two weeks of exposure. IG to family contacts only. Careful handwashing essential.
<b>Herpes Simplex (Type 1)</b>	2-12 days	Onset as clear vesicle, later purulent. Following rupture, scabs and in 1-2 weeks, heals. Commonly about lips and in mouth.	For a few weeks after appearance of vesicle.	Exclusion unnecessary. No exclusion of contacts. Avoid contact with immunesuppressed or eczematous persons. Good personal hygiene, avoid sharing toilet articles.

<b>Impetigo</b>	4-10 days	Running, open sores with slight marginal redness.	As long as lesions draining and case hasn't been treated.	Exclude until brought under treatment as documented by physician. No exclusion of contacts. Good personal hygiene is essential. Avoid common use of toilet articles.
<b>Influenza</b>	24-72 hour	Fever and chills, often back or leg aches, sore throat, nasal discharge and cough; prostration.	A brief period before symptoms until about a week thereafter.	Exclude for duration of illness. No exclusion of contacts.
<b>Meningitis (Bacterial and Viral)</b>	Varies depending on causative agent; 2-10 days	Sudden onset of fever. Intense headache, nausea, often vomiting. Stiff neck, delirium or petechial rash, shock.	Variable.	Exclude for duration of illness. Return with documented physician approval. No exclusion of contacts. Chemoprophylaxis appropriate for family and intimate contacts.
<b>Measles (Rubeola)</b>	10-14 days	Begins like a cold; fever, blotchy rash, red eyes, hacking frequent cough.	3-4 days before rash until 4 days after rash.	Exclude for duration of illness and for no less than 4 days after onset of rash. Exclude unimmunized students on same campus from date of diagnosis of first case until 14 days after rash onset of last known case or until measles immunization received or laboratory proof of immunity is presented or until history of previous measles infection is verified as per records or the Nebraska Department of Health and Human Services. <b>Report immediately by telephone</b> all cases to local and/or state health departments.

<p><b>Mumps (Epidemic Parotitis)</b></p>	<p>2-3 weeks</p>	<p>20-40% of those infected do not appear ill or have swelling. 60-70% have swelling with pain above angle of lower jaw on one or both sides.</p>	<p>About 7 days before gland swelling until 9 days after onset of swelling or until swelling has subsided.</p>	<p>Exclude until swelling has subsided. No exclusion of contacts. Inform parents of unimmunized students on campus of possible exposure and encourage immunization.</p>
<p><b>Pediculosis (Head or body lice)</b></p>	<p>Eggs of lice, hatch in about a week; maturity in about 2-3 weeks</p>	<p>Itching; infestation of hair and/or clothing with insects and nits (lice eggs).</p>	<p>While lice remain alive and until eggs in hair and clothing have been destroyed. Direct and indirect contact with infested person and/or clothing required.</p>	<p>Exclude until after appropriate treatment is started. No exclusion of contacts; however they should be notified of exposure.</p>
<p><b>Pertussis (Whooping Cough)</b></p>	<p>7 days--usually within 10 days</p>	<p>Irritating cough— symptoms of common cold usually followed by typical whoop in cough in 2-3 weeks.</p>	<p>About 7 days after exposure to 3 weeks after typical cough. When treated with erythromycin, 5-7 days after onset of therapy.</p>	<p>Exclude until physician approves return as per written documentation. Exclude inadequately immunized close contacts as deemed appropriate by school officials following investigation by the local and/or state Department of Health and Human Services. Chemoprophylaxis may be considered for family and close contacts. <i>Report immediately by telephone</i> all cases to local and/or state health departments.</p>

<b>Poliomyelitis (Infantile Paralysis)</b>	3-35 days; 7-14 days for paralytic cases	Fever, sore throat, malaise, headache, stiffness of neck or back, muscle soreness.	Not accurately known. Maybe as early as 36 hours after infection; most infectious during first few days after onset of symptoms.	Exclude until physician approves return.
<b>Ringworm (Tinea Infections)</b>	10-14 days	Scaly oval patches of baldness of scalp; brittle and falling hair, scaly oval lesions of skin.	As long as infectious lesions are present, especially when untreated.	Exclude until treatment started. No exclusion of contacts. Good sanitation practices and don't share toilet articles.
<b>Rubella (German Measles)</b>	14-21 days	Low-grade fever, slight general malaise; scattered Measles-like rash; duration of approximately 3 days.	About one week before rash until rash has disappeared.	Exclude for duration of illness and for no less than 4 days* after onset of rash. Exclude unimmunized students on same campus from date of diagnosis of first case until 23* days after rash onset of last known case or until rubella immunization received or laboratory proof of immunity is presented. <b>Report immediately by telephone</b> all cases to local and/or state health departments.
<b>Scabies</b>	Infection caused by almost invisible mite. Lesions symptomatic after 4- 6 weeks.	Severe itching; lesions around loose fleshy tissue (e.g., finger webs, elbows, crotch, etc.)	Until mites and eggs destroyed.	Exclude until the day after treatment is started. No exclusion of contacts.

<b><u>Shingles / Herpes Zoster</u></b>	Latent form after primary infection with chickenpox.	Grouped small blisters (vesicles) often accompanied by pain localized to area	Physical contact with vesicles until they become dry.	Exclude children with shingles / zoster if the vesicles cannot be covered until after the vesicles have dried. Individuals with shingles /zoster should be instructed to wash their hands if they touch the potentially infectious vesicles.
<b>Streptococcal Infection; (Scarlet Fever, Scarletina, Strep Throat)</b>	1 to 3 days	Sore throat, fever, headache. Rough rash 12-48 hours later.	Until 24-48 hours after treatment begun.	Exclude until afebrile and under treatment for 24 hours. No exclusion of contacts. Early medical care important and usually requires 10 days of antibiotic treatment. Screening for asymptomatic cases not recommended.
<b>Tuberculosis Pulmonary</b>	Highly variable-- depends on age, life style, immune status. Primary: 4 -12 weeks. Latent: 1-2 years after infection- life-long risk.	Weakness, cough, production of purulent sputum, loss of weight, fever. Urinary tract symptoms if this system involved.	Until sputum is free from tuberculosis bacteria. Generally after a few weeks of effective treatment.	Exclude. Physician treatment essential. May return with documented physician approval. No exclusion of contacts. Skin test contacts and chemoprophylaxis with INH if positive (in absence of disease). Exclusion of nonpulmonary tuberculosis unnecessary.

\* Day of onset of specific symptom is counted as "day zero;" the *day after onset* is "day 1;" *second day* after onset is "day 2;" and etc.

**NOTE:** *Careful handwashing* is the most important thing that can be done to prevent the spread of most infectious diseases.