

COMMON INFECTIOUS ILLNESSES

From birth to age 18

	Disease, illness or organism	Incubation period (How long after contact does illness develop?)	How is it spread?	When is a child most contagious?	When can a child return to the childcare center or school?	Report to county health department*	How to prevent spreading infection (management of conditions)**
To prevent the spread of organisms associated with common infections, practice frequent hand hygiene, cover mouth and nose when coughing and sneezing, and stay up to date with immunizations.							
Eye, ear, nose, throat and chest	Bronchitis, bronchitis, common cold, croup, ear infection, pneumonia, sinus infection and most sore throats (respiratory diseases caused by many different viruses and occasionally bacteria)	Variable	Contact with droplets from nose, eyes or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, often from the day before symptoms begin to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	
	Cold sore (Herpes simplex virus)	2 days to 2 weeks	Direct contact with infected lesions or oral secretions (drooling, kissing, thumb sucking)	While lesions are present	When active lesions are no longer present in children who do not have control of oral secretions (drooling); no exclusions for other children	NO	Avoid kissing and sharing drinks or utensils.
	Conjunctivitis (Pink eye)	Variable, usually 24 to 72 hours	Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces	During course of active infection	Once treatment begins	NO	
	Diphtheria (Corynebacterium diphtheriae bacteria)	1 to 10 days (usually 2 to 5 days)	Contact with droplets and discharge from eyes, nose, throat or skin of infected person; rarely, transmission may occur from skin lesions or articles soiled with discharges from lesions of infected person	Without antibiotic therapy, usually less than 2 weeks, but occasionally as long as 6 months. A child is no longer infectious after treatment with appropriate antibiotics	After 2 negative cultures are taken at least 24 hours apart	YES	Timely immunization beginning at 2 months old; booster dose of Tdap is recommended at 11 years old; all adults should receive a booster of Tdap. Close contacts, regardless of immunization status, should be monitored for 7 days for evidence of disease and started on antimicrobial prophylaxis; immunizations should be brought up to date, if necessary.
	Influenza (the flu) (influenza virus)	1 to 4 days	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from 24 hours before onset of symptoms to 7 days after onset; can be prolonged in young children	No fever for 24 hours without the use of fever-reducing medicines	NO for individual cases; YES for influenza-associated deaths or novel influenza A virus infections	Annual influenza vaccine recommended for everyone 6 months and older (with rare exception).
	Mononucleosis (Mono) (Epstein-Barr virus)	30 to 50 days	Contact with the infected person's saliva	Indeterminate	No restriction unless child has fever or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	Avoid kissing and sharing drinks or utensils.
	Mumps (mumps virus)	12 to 25 days (usually 16 to 18 days)	Contact with saliva or mucus from the mouth, nose or throat of an infected person	1 to 2 days before symptoms appear through 5 days after onset	5 days after onset of parotid gland (neck) swelling	YES	Avoid sharing beverage containers, eating utensils and kissing. Timely immunization beginning at 12 months old. Vaccination of contacts may be recommended.
	Respiratory syncytial virus (RSV)	2 to 8 days (4 to 6 days is most common)	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from the day before onset of symptoms until 3 to 8 days after or longer; may last up to 3 to 4 weeks	No fever for 24 hours without the use of fever-reducing medicines	NO	Practice meticulous hand hygiene and avoid contact with respiratory secretions.
	Strep throat (Group A Streptococcus bacteria)	2 to 5 days	Contact with droplets from nose and mouth; close, crowded contact	Highest during acute infection; no longer contagious within 24 hours after antibiotics	After 24 hours of antibiotic treatment	NO	Avoid close contact with symptomatic persons until completion of 24 hours of antimicrobial therapy.
	Tuberculosis (TB) (mycobacterium tuberculosis)	2 to 10 weeks (risk of developing disease is highest 6 months to 2 years after infection)	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Usually only a few days to a week after effective drug therapy. Children younger than 10 years are rarely contagious	For active disease, once determined to be non-infectious, therapy started, symptoms diminished and adherence documented; no exclusion for latent infection	YES	Risk-based screening of children may be indicated. Consult with local health department. Adults should undergo annual symptom and exposure screening with testing based on local risk factors.
Whooping cough (pertussis) (bordetella pertussis bacteria)	4 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	1 to 2 weeks before cough onset to completion of 5 days of appropriate antibiotic. If untreated, infectious for 3 weeks after cough onset	After 5 days of appropriate antibiotic treatment; if untreated, 3 weeks after onset of cough	YES	Timely immunization beginning at 2 months old; booster dose of Tdap is recommended at 11 years old. All adults should receive a booster dose of Tdap. Close contacts that are unimmunized should have pertussis immunization initiated. Chemoprophylaxis is recommended for all close contacts.	
To prevent spreading infection for all GI diseases, avoid potentially contaminated beverages, food and water, and divide food preparation and diapering responsibilities among staff.							
Gastrointestinal	Gastroenteritis-bacterial (vomiting and/or diarrhea) Campylobacter, C. difficile (Clostridium difficile), Shiga toxin-producing E. coli (Escherichia coli) or E. coli O157, Salmonella, Shigella	Varies with pathogen (from 10 hours to 7 days)	Contact with stool from infected individual (or occasionally pets); contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present; pathogenic E. coli and Shigella are highly infectious in small doses even after diarrhea resolves	Shiga toxin-producing E. coli, E. coli O157 and Shigella require 2 negative stool cultures; Salmonella serotypes Typhi and Paratyphi require 3 negative stool cultures; all others: no fever, diarrhea or vomiting for 24 hours	YES for E. coli, Salmonella, Campylobacter and Shigella; NO for others	Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting. Alcohol-based hand hygiene products do not inactivate C. difficile spores; soap and water must be used. Frequent cleaning of common-touch surfaces with appropriate cleaning agents (bleach is effective against C. difficile). Proper cooking and handling of meats and raw eggs. Reptiles and live poultry (e.g., chickens) should not be permitted in childcare centers.
	Gastroenteritis-viral (vomiting and/or diarrhea), Norovirus, Sapovirus, Adenovirus	Varies with pathogen (from 12 hours to 10 days)	Contact with stool, saliva or vomit from infected individual directly or from infected surfaces, especially toys; contaminated food or water; norovirus is highly contagious and is a frequent cause of outbreaks	Variable; most contagious from 2 days before illness until vomiting and diarrhea improve; can be contagious for up to 21 days after symptoms	No fever, vomiting or diarrhea for 24 hours	NO for a single illness; YES for multiple illnesses or outbreak	Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting. Alcohol-based hand hygiene products do not inactivate Norovirus; soap and water must be used. Frequent cleaning of common-touch surfaces with appropriate cleaning agents (bleach is effective against Norovirus at certain concentrations). Exclude ill children and staff until vomiting, diarrhea and fever-free for at least 24 hours.
	Giardia (parasite)	1 to 3 weeks	Contact with infected stool; animals, including dogs or cats; swallowing water from lakes, rivers or streams; or food	When diarrhea is present	No fever, vomiting or diarrhea for 24 hours	YES	Good hand hygiene, especially after playing outside, gardening or picking up pet feces. Avoid swallowing untreated water. Clean with bleach solution or quaternary ammonium compound products.
	Hepatitis A (virus)	15 to 50 days (average 28 days)	Eating contaminated food or water; close contact with infected individuals; contact with infected stool	From 1 to 2 weeks before illness until 1 week after onset of illness or after jaundice appears; can be longer in newborn infants	After 1 week from onset of illness or appearance of jaundice	YES	Timely immunization at 12 months old; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. If at least one case is confirmed, hepatitis A vaccine or immunoglobulin should be administered within 14 days of exposure to unimmunized contacts.
	Pinworms (enterobius vermicularis)	1 to 2 months or longer	Pinworms lay microscopic eggs near rectum, causing itching; infection spreads through ingestion of pinworm eggs after contamination of hands by scratching	Eggs may survive up to 2 weeks after appropriate therapy and resolution of rectal itching; reinfection is common	No restriction, but treatment should be given to reduce spread	NO	Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly.
	Rotavirus	1 to 3 days	Contact with stool from infected individual; ingestion of contaminated water or food and contact with contaminated surfaces or objects	Virus is present in stools of infected children several days before the onset of diarrhea to several days after onset of diarrhea	No diarrhea present	NO	Timely immunization beginning at 2 months old.
	To prevent spreading infection for all meningitis diseases, practice frequent hand hygiene, properly dispose of soiled tissues, cover coughs and sneezes, and avoid sharing drinks and utensils.						
Meningitis	Haemophilus influenzae Type B (hib bacteria)	Unknown (usually 1 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization beginning at 2 months old; consult public health regarding vaccination and/or treatment of close contacts.
	Neisseria meningitidis (meningococcal bacteria)	1 to 10 days (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization at 11 to 12 years old; booster dose of MCV4 is recommended at 16 years old; antibiotic prophylaxis of household and saliva contacts of a patient with invasive N. meningitidis.
	Streptococcus pneumoniae (pneumococcal bacteria)	Variable (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment; child well enough to participate	YES	Timely immunization beginning at 2 months old; treatment of contacts not necessary and not beneficial.
	Viral meningitis (usually enterovirus)	3 to 6 days	Contact with droplets from nose, eyes or mouth or fecal material, often from healthy people	From the day before illness until up to 2 weeks after onset	After 24 hours without fever; child well enough to participate	YES	Proper disinfection of surfaces such as changing tables with soap, water and bleach-containing solution; treatment of contacts not necessary, no specific treatment.
To prevent spreading infection for all skin or rash diseases, practice frequent hand hygiene and properly dispose of soiled tissues.							
Skin or rash	Chickenpox** (varicella zoster virus)	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth or skin lesions (varicella and herpes zoster) of infected individuals or freshly contaminated objects	From 2 days before skin lesions develop until all lesions are crusted or, in the absence of crusting, no new lesions appear after 24 hours	When all lesions have crusted or, in the absence of crusting, no new lesions appear after 24 hours	YES	Timely immunization beginning at 12 months old; contacts who are at high-risk for chickenpox-related complications, including those who are unvaccinated, pregnant and/or immunocompromised, should be referred to their healthcare provider as soon as possible after exposure to a chickenpox case.
	Fifth disease** (human parvovirus B19)	4 to 21 days (usually 4 to 14 days)	Contact with droplets from nose, eyes or mouth of infected person; percutaneous exposure to blood	Only during the week before the rash develops	No need to restrict once rash has appeared	NO	
	German measles** (Rubella virus)	12 to 23 days (usually 14 days)	Airborne or direct contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta	When the rash first appears, but virus may be shed from 7 days before to 5 to 7 days or more after rash onset	7 days after the rash appears	YES	Timely immunization beginning at 12 months old.
	Hand, foot and mouth disease (Coxsackievirus)	3 to 6 days	Contact with fecal, oral or respiratory secretions	During the first week of illness; can be contagious 1-3 weeks after symptoms go away	After 24 hours without fever and child well enough to participate	NO	Proper disinfection of changing tables, surfaces and toys.
	Head lice (parasite)	Eggs (nits) hatch in 7 to 12 days	Direct contact with infested individuals' hair and sharing combs, brushes, hats or bedding	When there are live insects on the head	No restrictions necessary	NO	Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: Wash bedding and clothes in hot water or dry-clean or seal in plastic bag for 10 days. Avoid sharing beds, combs and brushes. At school: Avoid sharing headgear; hang coats separately; use individual pillow and sleep mat. Keep fingernails clean and short.
	Impetigo (Staphylococcus or Streptococcus bacteria)	7 to 10 days	Direct skin contact (especially through contaminated hands), nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	Keep fingernails clean and short.
	Measles (Rubeola virus)	7 to 21 days (usually 14 days); the incubation period of measles, from exposure to prodrome (the first symptoms), is 10 to 12 days	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash appears to 4 days after it appears	At least 5 days after start of rash	YES	Timely immunization beginning at 12 months old; contacts without documented immunity (2 doses of measles-containing vaccine) should receive post-exposure prophylaxis if indicated.
	MRSA (Methicillin-resistant Staphylococcus Aureus) (bacterial cause of skin boils and abscesses)	Variable; at times initially mistaken as spider bite	Direct skin contact with infected person, wound drainage or contaminated surfaces; increase risk in crowded conditions; occasional transmission by droplets over short distances	Draining wounds are very contagious and should be covered at all times	If wound drainage can be contained under a dressing	NO	Cover skin lesions; avoid contact with wound drainage; proper disposal of dressings; do not share personal items (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on hot setting.
	Molluscum (Molluscum contagiosum virus)	2 to 7 weeks (as long as 6 months)	Direct skin contact with wound or contaminated surfaces	When lesions are present	No restriction, keep lesions covered with clothing or bandages	NO	Avoid contact sports; during outbreaks, further restrict person-to-person contact.
	Ringworm on body and ringworm on scalp (fungus)	Typically 4 to 14 days after exposure	Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus	From onset of lesions until treatment begins	Once treatment begins; ringworm on scalp requires oral medication	NO	Avoid direct contact with infected individuals; avoid sharing of combs, brushes, hats; proper disinfection of surfaces and toys.
	Roseola (virus)	9 to 10 days	Secretions, often from healthy people	During fever	No restriction unless child has fever or is too ill to participate	NO	Proper disinfection of surfaces and toys.
Scabies (parasite)	4 to 6 weeks (1 to 4 days after reexposure)	Skin contact with infested individual; contact with bedding or clothes of infested person	From up to 8 weeks before skin rash appears until it has been treated with a scabicide cream	After treatment has been completed	NO; if two or more documented cases in one center, treatment of center contacts may be necessary	All household members and caregivers with prolonged direct contact should be treated simultaneously to prevent reinfection; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for several days to a week.	

To report an illness, call your local or district public health office or 1-866-PUB-HLTH (1-866-782-4585). Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on a case-by-case basis.

*To reduce the spread of diseases in the classroom or childcare center, all clusters and outbreaks of illnesses, which may not be listed above, should be reported to public health.

**These diseases may be of concern to staff members who are pregnant or trying to become pregnant. Follow-up with obstetric healthcare provider is recommended after known or suspected contact.

***Consult local, district or state public health for specific public health recommendations.

References: American Academy of Pediatrics. Red Book: 2015. Report of the Committee on Infectious Diseases. 30th ed.

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