

COMMON COMMUNICABLE DISEASES

DISEASE	INCUBATION PERIOD	MODE OF TRANSMISSION	PERIOD OF COMMUNICABILITY	CONTROL MEASURES
Chickenpox: Varicella	10-21 days, average 14-16 days.	Person-to-person by droplet or airborne spread of respiratory secretions; direct contact with drainage from blisters or indirectly through articles contaminated by secretions from blisters.	As long as 5, but usually 1-2 days before onset of rash until all blisters have crusted.	Exclude from school or child care and avoid contact with susceptible persons until blisters are crusted. Exposed susceptible people eligible for immunization should receive vaccine within 3-5 days to protect from their recent exposure.
Conjunctivitis, with a fever and behavioral change, purulence or hemorrhage	24-72 hours.	Contact with discharges from the eyes, nose, or throat of infected people, from contaminated fingers, clothing, and other articles.	During the course of active infection.	Persons should not attend school or child care during the acute stage.
Fifth disease, Human parvovirus B19 infection, Erythema infectiosum	4-20 days.	Contact with infected respiratory secretions; also from mother to fetus; and by transfusion of blood and blood products.	Greatest before onset of rash. Probably not communicable after onset of rash. People with aplastic crisis are communicable up to 1 week after onset of symptoms.	Frequent hand washing. Cover nose and mouth with disposable tissue when coughing and sneezing and proper disposal of tissue. Or cough and sneeze into your upper arm. Do not share eating utensils. Exclusion is not necessary.
Hand, foot, and mouth disease: Coxsackievirus (Not related to animal foot and mouth disease)	3-5 days.	Direct contact with nose and throat discharges and feces of infected people and by droplet spread.	During acute stage of illness, perhaps longer; viruses persist in stool for several weeks.	Prompt hand washing after handling discharges, feces, and soiled articles. Wash or discard articles soiled with nose and throat discharges. Cover nose and mouth with disposable tissue when coughing and sneezing and proper disposal of tissue. Or cough and sneeze into your upper arm. Exclusion may not prevent additional cases as virus is excreted after symptoms are gone.
Hepatitis A *	15-50 days, average 28-30 days.	Person-to-person spread by fecal-oral route; ingestion of contaminated food or water, or sharing of drug paraphernalia.	Approximately 2 weeks before and 1 week after onset of jaundice.	Hand washing. Exclude from high-risk situations (food handling, child care, and patient care) for 1 week after onset of jaundice. Give household, child care and other intimate contacts immune globulin (IG) 0.02ml/kg body weight and or vaccine within 14 days of last exposure.
Impetigo: Staphylococcal disease	Variable and indefinite. Average 4-10 days.	Direct contact with purulent drainage from infected lesion.	Until all lesions are healed.	Avoid contact with purulent drainage from lesions. Cover lesions when attending school or child care.
Influenza (Flu)	1-4 days, average 2 days.	Contact with droplets from the nose and throat of an infected person who is coughing or sneezing.	One day before symptoms occur and up to 7-10 days after symptoms begin.	Vaccination. Stay home while ill. Wash hands often with soap and water. Cover nose and mouth with disposable tissue when coughing and sneezing or cough and sneeze into your upper arm. Avoid close contact with ill individuals. Antiviral drugs, as prescribed.
Lice, head	Varies with stage of louse/lice at exposure.	Direct contact with an infested person such as head to head contact; less frequently by contact with contaminated personal articles. Most children catch lice from exposure in the community, not in their school.	Until nymphs or adult lice and their eggs (nits on hair shaft) have been destroyed through treatment.	There is no need for child to be sent home from school or child care the day of diagnosis. Allow to return after initial treatment. A "no-nit" policy is not recommended. A second treatment in 10 days. On days 3-9 and 12-14 shampoo, condition and wet-comb hair using a fine-tooth comb before rinsing off conditioner. Launder clothing and bedding using hot water and dryer. Check family members and close contacts for infestation.

COMMON COMMUNICABLE DISEASES

Measles: ** Rubeola, Hard measles, Red measles	About 10 days. Rash usually appears about 14 days after exposure but can be as long as 19-21 days. Fever onset, 7-18 days.	Airborne by a fine mist caused when an infectious person coughs, sneezes or talks. This stays suspended in the air for up to 3 hours.	4 days before rash appears to 4 days after onset of rash.	Exclude from school and child care for 4 days after appearance of rash. Vaccinate appropriate susceptible contacts as soon as possible but within 72 hours of last exposure. IG for appropriate susceptible contacts such as pregnant women as soon as possible but must be within 6 days of last exposure.
Methicillin-resistant Staphylococcus aureus (MRSA)	After colonization, disease may not occur until several months later, or more commonly, never.	Direct person-to-person contact is the primary method of transmission. At least 1 in 3 infected persons are infected by spread from one part of their body to another. Infection is much less likely in healthy persons.	Variable: as long as organisms are present in the body substances (i.e., weeping wounds, nasal discharges). Spread much less likely from colonized persons.	Cover open cuts and sores. Good hand washing. Cover nose and mouth with disposable tissue when coughing and sneezing with proper disposal of tissue. Or cough and sneeze into your upper arm. Treatment of MRSA infections, if indicated. MRSA is not grounds for exclusion from child care, school or nursing home.
Mononucleosis Epstein-Barr virus (EBV)	4-6 weeks.	Person-to-person by oral-pharyngeal route, via saliva.	Prolonged pharyngeal excretion may persist for months after infection.	Avoid contact with saliva. Good hand washing, disinfection of articles soiled with nose and throat discharges, proper disposal of tissues, cover nose and mouth with disposable tissue when coughing and sneezing or cough and sneeze into your upper arm.
Mumps *	12-25 days, average 16-18 days.	Droplet or direct contact with saliva and by airborne droplet route.	3 days before to 4 days after day of symptom onset or until symptoms resolve, whichever is longer.	Exclusion from school and child care through 5 days after onset or until symptoms have resolved, whichever is longer. Vaccination is indicated for unimmunized contacts but may not provide protection for this exposure.
Neisseria meningitidis invasive disease: ** Meningococcal	2-10 days, average 3-4 days.	Direct contact including droplet spread and discharges from nose and throat during infectious period (which often is asymptomatic).	Until organisms no longer present in discharges from nose and throat. Persons are non-infectious 24 hours after effective antibiotics are started.	Respiratory isolation until appropriate antibiotic for 24 hours. Chemoprophylaxis for close contacts. Vaccination in limited situations. Infected person should receive rifampin prior to discharge if neither 3rd generation cephalosporin nor ciprofloxacin was given as treatment.
Pertussis: * Whooping cough	6-20 days, average 9-10 days.	Person-to-person by breathing in respiratory droplets.	During catarrhal period until 3 weeks after onset of cough. Not infectious after 5 days of appropriate antibiotics.	Infected person and symptomatic contacts should be excluded from school until at least 5 days of appropriate antibiotics have been completed or have coughed for 21 days. Course of appropriate antibiotics for all household and other close contacts.
Norovirus Viral diarrhea	12-50 hours, average 24-48 hours.	Person-to-person and fecal oral transmission. Ingestion of ready to eat food, such as salads, sandwiches, ice, cookies, and fruit that are handled by infected persons; poorly cooked shellfish.	Communicable during acute stage of disease and up to 48 hours after diarrhea stops.	Exclude ill food handlers, healthcare providers and child care staff and attendees from work and child care for 48 hours after diarrhea and vomiting stops; everyone else, 24 hours.
Ringworm (Tinea corporis-body)	4-10 days.	Direct contact with lesions or indirect contact with contaminated surfaces or with infected animals.	As long as lesions are present and viable spores persist on contaminated materials.	Exclude from gymnasium, swimming pools, and contact sports. Wash gym mats with detergent solution and sanitize with fungicidal agent between uses. Launder clothes using hot water and dryer.
Respiratory syncytial virus (RSV)	2-8 days, average 4-6 days.	Droplet spread through coughing and sneezing or contact with nasal or oral secretions, or with articles contaminated with respiratory discharges.	About 1 day prior to, and throughout, illness.	Good hand washing. Cover nose and mouth with disposable tissue when coughing and sneezing and proper disposal of tissue. Or cough and sneeze into your upper arm. Exclusion from school or child care will probably

COMMON COMMUNICABLE DISEASES

not decrease transmission.

Rubella * (German measles)	14-21 days, average 14-17 days.	Person-to-person by droplets and discharges from nose and throat and via articles contaminated by secretions.	About 7 days before and at least 4 days after rash appears. Infants with congenital rubella syndrome may shed virus for months after birth via urine or pharyngeal secretions.	Exclude children from school and adults from work for 7 days after onset of rash. Pregnant contacts should be serologically tested for susceptibility and advised according to results.
Salmonella *	6-72 hours, average 12-36 hours. (Up to 16 days has been documented.)	Ingestion of contaminated food (commonly eggs, poultry, and meat); contact with infected animals or person-to-person spread by fecal-oral route.	Variable: usually several days to several weeks. A temporary carrier state may continue for months, especially in infants but transmission from carriers is very uncommon.	Exclude symptomatic persons from food handling, patient care, and child care until diarrhea has ceased. Thorough hand washing by staff and child after bowel movements or diapering, and before eating or preparing food.
Scabies	2-6 weeks for first exposure. 1-4 days after re-exposure.	Prolonged direct contact with an infested person, sexual contact. Less frequently indirectly, by immediate contact with contaminated personal articles.	Until mites and their eggs have been destroyed through treatment.	Exclude infested children from school and child care until after first treatment. Treat all close, intimate (skin to skin) contacts including household members and sexual contacts. Launder bedding and clothing used by infected person within the 72 hours before treatment with hot water and dryer.
Streptococcal infections (Strep throat, Scarlet fever)	1-3 days.	Person-to-person by direct or intimate contact with an infected person (case or carrier); rarely by contaminated articles, food or water.	10-21 days in untreated cases: until 24 hours after start of appropriate antimicrobial therapy.	Exclude from school until 24 hours after start of appropriate antibiotic therapy (usually penicillin). Antibiotic prophylaxis of high-risk persons, i.e.; those with a history of rheumatic fever. Symptomatic contacts should be tested. Cover nose and mouth with disposable tissue when coughing or sneezing and proper disposal of tissue. Or cough and sneeze into your upper arm.

*Disease is reportable to Center for Acute Disease Epidemiology (CADE)

**Disease is IMMEDIATELY reportable to CADE

Revised June 2013

Source: Center for Acute Disease Epidemiology
Lucas State Office Building, 321 E. 12th Street
Des Moines, Iowa 50319-0075

Approved: December 14, 1998
Reviewed: April 24, 2017
Revised: May 11, 2015