



Wisconsin Communicable Diseases Chart

For Schools, Day Care Centers, and Other Group Settings for Children

**[Draft version released April 2009. Send edits or
comments by 7/1/09 to Melissa.Dittmer@wi.gov]**



This chart provides information about selected communicable diseases that occur in schools, day care centers, summer camps and other group settings for children. It is meant as a guide to answer questions frequently asked of persons who have responsibility for groups of children. The chart is not an all-inclusive list of significant diseases, nor is it a comprehensive guide to all information about each disease.

Many of the diseases listed are reportable under Wisconsin law (Wisconsin Statute 252.05 and 252.21, Communicable Diseases, and Wisconsin Administrative Rule 145.04(d) and 145.06, Control of Communicable Diseases). Those diseases preceded by an * are reportable within 24 hours to the local health officer. Diseases preceded by a ** are reportable within 72 hours to the local health officer. In accordance with this statute and rule, individuals who must report these diseases include but are not limited to any physician, nurse, laboratory staff, teacher or principal serving a school or day care center and anyone else having knowledge of/or reason to believe that a person has a communicable disease HFS 145.04 (1).

In addition, any teacher, principal director or nurse serving a school or day care center may also send home, for the purpose of diagnosis and treatment, any pupil suspected of having a communicable disease or of having any other disease or condition that has the potential to affect the health of other students and staff including but not limited to pediculosis and scabies HFS 145.07 (1).

More specific information about these or other diseases may be obtained by contacting your local public health agency or the Wisconsin Department of Health Services, Division of Public Health, Bureau of Communicable Diseases, 1 W Wilson Street, Room 318, Madison, WI 53702 - Telephone 608-267-9003.

Disease	Incubation Period	Period of Communicability	Modes of Transmission	Signs and Symptoms	Control Measures and/or Public Health Response
HIV (Human Immunodeficiency Virus) Infection /AIDS (Acquired Immunodeficiency Syndrome)	Time from infection to positive HIV antibody test is 1-3 months. Disease progression from infection to AIDS is variable, less than one year (generally for those diagnosed late) to 15 years or more.	Infected persons are considered infectious for life even in absence of symptoms.	For HIV infection, person to person by 1) sexual contact, 2) exposure to infected blood (sharing needles in IV drug use or receiving a transfusion with HIV infected blood or blood products) 3) mother to infant during pregnancy or at the time of birth and through breast feeding.	Multiple clinical presentations. See most recent edition of Control of Communicable Diseases Manual by D. Heymann for signs and symptoms.	Report directly to State Epidemiologist. Education with an emphasis on educating those at highest risk about how to prevent HIV transmission and encouraging persons at risk to be tested for HIV. Infection control procedures for handling of body fluids and human blood and blood products. Prophylactic antiretroviral therapy for persons sustaining significant exposure to percutaneous or mucosal exposure to HIV-contaminated blood or body fluids Exclusion from school, daycare or workplace, not indicated. Notification and referral of sexual and needle sharing partners.
*Bacterial meningitis and/or invasive disease (majority of cases caused by *Haemophilus influenzae, *Neisseria meningitidis, **Streptococcus pneumoniae and **Staphylococcus aureus)	2-10 days, usually 2-4 days.	Variable, until organisms causing illness are no longer present in discharges from the nose or mouth (usually within 24-hours after appropriate antibiotic treatment begins.	Direct contact with droplets or contact with infected discharges from the nose or mouth.	Sudden onset of fever, headache, stiff neck, nausea and vomiting. Rash or photophobia also common with <i>N. meningitidis</i> .	For <i>N. meningitidis</i> and <i>H. influenzae</i> : Isolation; exclude from school, daycare; refer to physician for treatment. Immediate interview and contact investigation. Prophylactic antibiotic treatment of household contacts and individuals with direct contact to infectious nasal and oral secretions. No public health intervention required for other causes of bacterial meningitis.
** Chickenpox (varicella)	13-21 days, usually 14-16 days	Usually 1-2 days prior to rash to 5 days after rash or until all lesions have crusted over.	Highly contagious; person-to-person by direct contact, droplet or airborne secretions.	Generalized itchy rash with small fluid filled vesicles; mild fever.	Exclude from school, daycare, workplace until vesicles become dry, usually 5 days. Recommend susceptible individuals receive a dose of varicella vaccine. Routine immunization at 12-15 months of age and again just before admission to elementary school.
Conjunctivitis (pink eye), bacterial or viral	1-12 days (varies with infectious agent), usually 1-3 days.	Usually while inflammation or drainage present.	Person-to-person through hand to eye contact; direct or indirect contact with discharge from infected eyes.	Redness of conjunctiva (lining of eye and eyelid); may have pus drainage from eye, sometimes swelling of eyelids.	Handwashing and improved personal hygiene. Refer to physician for diagnosis and treatment. Exclusion from school, daycare until drainage from the eye has ceased. For bacterial infection this is usually 24 hours after treatment has begun.
Diarrheal illness (acute): many different agents					
** <i>Campylobacter</i>	1-10 days, usually 2-5 days.	Several days to several weeks, persons NOT treated with antibiotics may excrete organism for 2-7 weeks	Ingestion of organisms in fecally contaminated food, water or unpasteurized milk; contact with infected animals or person.	Diarrhea (sometimes bloody), fever, vomiting, abdominal pain.	Handwashing and improved personal hygiene. Refer to physician for treatment. Exclude from daycare or food handling until asymptomatic.
**Cryptosporidiosis	1-12 days with an average of 7 days.	While symptomatic and up to 3 weeks after symptoms resolve.	Person-to-person by fecal-oral route; ingestion of contaminated food or water; contact with animal manure.	Diarrhea, abdominal pain, stools may be watery.	Handwashing and improved personal hygiene. Exclude personnel with diarrhea from daycare or food handling until asymptomatic.
** <i>E. coli</i> 0157:H7 and other toxigenic <i>E. coli</i>	1-8 days, usually 3-4 days	Entire period of infection.	Person-to-person by fecal-oral route; ingestion of contaminated food or water; contact with animal manure.	Diarrhea, abdominal cramps, stools may be bloody.	Handwashing and improved personal hygiene. Exclude from daycare and food handling until 2 consecutive negative stool cultures or at the discretion of the local health department.
** <i>Giardia</i>	5-25 days, usually 7-10 days.	Entire period of infection, often months.	Ingestion of fecally contaminated foods or water or from person-to-person by fecal-oral route.	Diarrhea, abdominal cramps, greasy stools, bloating, gas.	Handwashing and improved personal hygiene. Exclude from daycare or food handling until asymptomatic or at the discretion of the local health department.

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** <i>Salmonella</i>	6-72 hours, usually 12-36 hours.	Throughout the course of infection; extremely variable; usually several days to several weeks.	Ingestion of fecally contaminated food or water or from person-to-person by fecal-oral route.	Nausea, vomiting, diarrhea, abdominal cramps, headache.	Handwashing and improved personal hygiene. Exclude from daycare or food handling until asymptomatic.
** <i>Shigella</i>	1-7 days, average 2-3 days.	As long as organism is excreted in the stool.	Ingestion of fecally contaminated food or water or from person-to-person by fecal-oral route.	Nausea, vomiting, diarrhea (occasionally bloody), abdominal cramps, tenesmus.	Handwashing and improved personal hygiene. Exclude from daycare and food handling until 2 consecutive negative stool cultures or at the discretion of the local health department.
Fifth Disease (parvovirus B19 infection, erythema infectiosum)	4-14 days for initial symptoms including fever. The rash may occur up to 21 days	Shortly before onset of illness to 1-2 days after. When the rash is noticed the person is no longer communicable.	Unknown; may involve blood and respiratory secretions.	Mild illness and rash; facial rash characterized by "slapped cheek" appearance.	Handwashing. Exclude from school and daycare until fever subsides. Pregnant women who have been exposed to a case should consult their physician.
*Hepatitis A	15-50 days, usually 25-30 days.	Most infectious in the 2 weeks before and one week after onset of jaundice.	Person-to-person spread by fecal-oral route; ingestion of fecally contaminated food or water.	Onset acute; fever, malaise, nausea, loss of appetite, abdominal discomfort followed by jaundice (often not present in children).	Handwashing. Exclude from school, daycare, food handling until 10 days after jaundice or 14 days after onset of symptoms. Sanitary disposal of feces. Identify contacts and source of infection. Administer immune globulin (IG) to household or daycare contacts, but not normally indicated for school contacts. Routine immunization against hepatitis A is recommended for all children beginning at age 1 year.
**Hepatitis B	45-180 days, usually 60-90 days.	From weeks before onset through clinical illness and a variable period afterwards (chronically infected persons remain infectious).	By percutaneous introduction of blood, blood products or blood contaminated secretions containing hepatitis B virus; direct contact of mucous membranes to infected blood or secretions. Sexual transmission.	Loss of appetite, malaise, nausea, vomiting, abdominal pain, jaundice. Chronic carriers are at risk of cirrhosis and liver cancer.	Exclude from school, daycare, workplace until acute illness is over. Practice universal precautions and proper disposal of blood contaminated equipment and material. Routine immunization of all children 0-18 years of age and high risk adults. Identify and evaluate contacts to determine need for vaccine and HBIG.
**Hepatitis C	6-7 weeks after exposure.	One or more weeks before onset of first symptoms. Some persons remain contagious for years. A chronic carrier state may occur in 75-85% of persons.	In U.S.A., mainly through injection drug use. Less often through sexual contact, transfusion, hemodialysis, perinatal transmission from an infected mother to her infant.	Insidious onset; malaise, abdominal discomfort, nausea, vomiting, possible jaundice. Most HCV infections are not symptomatic.	Provide education on preventing spread to others and protecting the liver from further harm. Vaccinate with hepatitis A and hepatitis B vaccines. Identify and screen needle-sharing and sexual partners. Refer to a medical provider for assessment of liver function and need for treatment.
Herpes simplex (cold sores)	2-12 days; may remain latent; local recurrences are common.	Should be considered infectious whenever lesions are present.	(Usually herpes simplex type 1) contact with saliva of carriers is most common for type 1 infection.	Single lesion or group of lesions; cold sores typically on or in mouth. Can also cause eye lesions, severe generalized illness, and other symptoms.	Handwashing and improved personal hygiene. Antiviral treatment may modify acute illness.

Disease	Incubation Period	Period of Communicability	Modes of Transmission	Signs and Symptoms	Control Measures and/or Public Health Response
Influenza (flu)	1-4 days, usually around 2 days	Around 5 days after onset of illness, up to 7 days in children and possibly longer in infants.	Direct contact with respiratory secretions of an infected person	Abrupt onset of fever with cough, sorethroat and body aches	Exclude for duration of illness. Annual influenza vaccine unless contraindicated by age or allergies. Consult the physician for use of antiviral medication.
Lice (pediculosis)	Varies with stage of louse/lice at exposure; eggs hatch in one week; lice reach maturity 10 days after hatching.	As long as lice or eggs remain alive on the infested person or on clothing	Person-to-person through direct contact or through contact with contaminated personal articles.	Itching of scalp (head lice) or body (body lice).	Refer to physician or nurse for treatment. Exclude persons with lice or nymphs from school, daycare until treatment with an effective pediculicide. Avoid sharing and storing together personal items such as headgear, combs, clothing. Examine contacts for evidence of infestation. Health education regarding laundering of clothing and dry cleaning to destroy nits and lice (129°F for 5 minutes).
*Measles (Rubeola)	7-18 days from exposure to onset of fever; average of 14 days from exposure to rash onset; rarely as long as 19-21 days.	From onset of respiratory symptoms, usually about 4 days before rash onset, until four days after rash appears.	Person-to-person by droplet spread; less commonly by airborne spread or contact with articles freshly soiled.	Cough, fever, runny nose, red watery eyes, generalized red blotchy rash that begins on the face and then becomes generalized. May appear very sick.	Exclude from school, daycare, workplace until five days after rash appears. Confirm diagnosis by blood test. Contact investigation; immunize susceptible contacts or exclude as soon as directed by health department. Routine immunization at 12-15 months of age and again just before admission to elementary school.
**Mumps	14-25 days; usually 16-18 days.	Most infectious from 48 hours prior to onset of swelling, until 4 days after onset.	Person-to-person by droplet spread; also by contact with saliva of infected person.	Generalized illness characterized by swelling of the salivary glands, inflammation of testicles in 20-30% of post-pubertal males, central nervous system involvement often occurs.	Exclude from school, daycare, workplace until swelling has subsided, usually 5 days. Confirm diagnosis by nasopharyngeal PCR. Contact investigation; immunize susceptible contacts or exclude as soon as directed by health department. Routine immunization at 12-15 months of age and again just before admission to elementary school.
Mononucleosis due to Epstein-Barr Virus (EBV)	30-50 days	Prolonged; excretion of virus may persist for a year or longer, many carriers of EBV.	Person-to-person contact with saliva of infected persons; can less commonly be spread through blood transfusion.	Fever, sore throat, swollen lymph nodes ("swollen glands") and other manifestations.	Patients should rest at home under a physician's care until illness is over. Use good hygiene to avoid salivary contamination of contacts.
*Pertussis (whooping cough)	6-20 days; usually 9-10 days.	Early stages to 21 days after onset of explosive coughing spells in untreated patients; or 5 days after initiation of treatment with appropriate antibiotics.	Person-to-person by direct contact with discharges from respiratory mucous membranes of infected person, probably by airborne droplet spread.	Early mild upper respiratory symptoms with cough; usually progresses within 1-2 weeks to severe explosive coughing spells, often with "whoop," and followed by vomiting. Most severe during first year of life.	Exclude from school, daycare, workplace until 5 days after initiation of appropriate antibiotic therapy, or for 21 days after cough onset if untreated. Prophylactic antibiotic treatment of all household and close contacts. Confirm by nasopharyngeal culture or PCR. Contact investigation; immunize susceptible contacts 2 months - 7 years with DTaP vaccine. Routine immunization with DTaP at 2 months - 7 years and Tdap vaccine at 11 - 12 years of age.
Pinworms (Enterobias vermicularis)	2-6 weeks for the life cycle to be completed.	As long as gravid females are discharging eggs on perianal skin. Eggs remain infective about 2-weeks.	Person-to-person by fecal-oral route or ingestion of fecally contaminated food or water.	Rectal itching, disturbed sleep, irritability. May be asymptomatic.	Handwashing. Refer to physician for treatment. Cleansing of contaminated articles. May return to school or daycare after treatment. Examination of household or close contacts. Physician will determine the need for treatment of family contacts.

* reportable within 24 hours

** reportable within 72 hours

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Respiratory Syncytial Virus (RSV)	2-8 days, 4-6 days is most common	3-8 days, but may be longer in infants	Direct contact with respiratory secretions of an infected person	Illness begins most frequently with fever, runny nose, cough, and sometimes wheezing. It can lead to pneumonia and bronchiolitis especially among infants.	
Roseola (Exanthum subitum)	Estimated to be about 5-15 days.	Unknown.	Unknown.	High fever for 3-5 days followed by appearance of generalized red rash starting on the trunk; usually in children under 4 years.	Exclude from school, daycare, workplace until fever subsides.
*Rubella (German measles)	14-21 days.	From a 1 week before until at least 4 days after the onset of rash.	Person-to-person through direct or droplet contact with secretions from nose and throat.	May be asymptomatic; mild illness characterized by discrete red, generalized rash, swollen lymph nodes, slight fever.	Exclude from school, daycare, workplace until 7 days after rash onset. Pregnant women who are exposed should immediately contact physician. Confirm diagnosis by blood test. Contact investigation; immunize susceptible contacts or exclude as directed by health department. Routine immunization at 12-15 months of age and again just before admission to elementary school.
Scabies	2-6 weeks without previous exposure; 1-4 days if previously exposed.	Until mites and eggs are destroyed by treatment.	Person-to-person by direct transfer of mites from skin to skin.	Tiny linear burrows under skin, vesicles, or papules containing mites and their eggs; intense itching.	Exclude from school, daycare, workplace until 24 hours day after treatment is initiated. Contact investigation. Prophylactic treatment of those having skin to skin contact.
Skin Infections:					
Impetigo (usually caused by Staphylococcus or Streptococcus)	Variable; usually 2-5 days. Disease may not occur for months after colonization	Until lesions have crusted.	Direct contact with lesions.	Lesions on skin may contain pus which should be considered infectious.	Handwashing. Exclude from school or daycare until lesions have crusted or until 24 hours after antibiotic treatment has been initiated. Avoid common use of articles. Refer to physician for treatment.
Ringworm of the foot (athletes foot, or tinea pedis)	Unknown	As long as lesions are present	Direct or indirect contact with skin lesions, or with contaminated floors, shower stalls and other articles used by infected persons	Scaling or cracking of the skin, especially between the toes, diffuse scaling over sole of foot or blisters containing a thin, watery fluid	If epidemics occur, thoroughly clean and wash floors of showers and similar sources of infection. Disinfect with a fungicidal agent such as cresol. Exclude infected persons from public showers and swimming pools.
Ringworm of the groin/perianal area (tinea cruris) or of the body (tinea corporis)	4-10 days	As long as lesions are present	Direct or indirect contact with skin lesions	Flat, spreading, circular lesions with a characteristic raised ring around all or part of the lesion	While under treatment, infected persons should be excluded from swimming pools and activities likely to expose other persons (e.g. wrestling and other contact sports).
Ringworm of the scalp (tinea capitis)	Usually 10-14 days	As long as lesions are present	Direct contact with infected skin or hair shafts, indirect contact from barber clippers, combs, hairbrushes	Formation of a pale or yellowish mat on the surface of the scalp. Affected hairs become grey and lack luster, and eventually fall out, leaving bald patches	Exclude until lesions are gone or systemic treatment is started. Daily washing of hair helps remove loose hair. Avoid sharing of combs, hairbrushes, ribbons, headbands, etc.
Staphylococcal infections (including MRSA)	Variable; usually 4-10 days. Disease may not occur for months after colonization	Duration of acute illness or as long as wound drainage persists. Colonized persons may also transmit staph organisms	Person-to-person through direct contact or sometimes indirectly by contact with contaminated items	May be local as in an infected wound or sore.	Refer to physician for treatment. Handwashing. Exclude from school, daycare, or work if wound drainage cannot be contained. Report outbreaks (three or more related cases) to LHD

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Sexually transmitted diseases:					
**Chlamydia	Poorly defined incubation period. 7-14 days or longer.	Unknown.	Sexual contact with infected person.	Multiple clinical presentations. Refer to most recent printing of the <i>Sexually Transmitted Diseases Summary Chart</i> produced by the Centers for Disease Control (CDC) & the Control of Communicable Diseases Manual by D. Heymann	Prevention education. Routine screening of sexually active women aged 25 years or younger recommended by the Third U.S. Preventive Services Task Force. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.
**Chancroid	3-5 days, up to 14 days.	As long as the patient is symptomatic.	Direct contact with secretions from open lesions.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual by D. Heymann</i>	Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.
Genital Warts	Usually about 2-3 months.	As long as lesions persist.	Sexual contact with infected persons.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual by D. Heymann</i>	Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.
**Gonorrhea	2-7 days.	Prolonged if untreated.	Sexual contact with infected persons.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual by D. Heymann</i>	Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.
Granuloma inguinale	Unknown, probably 8-80 days.	Unknown, probably for the duration of lesions.	Direct contact with lesions.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual by D. Heymann</i>	Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.
Herpes Genitalis	2-12 days.	Primary lesions infectious 7-12 days; recurrent lesions 4-7 days.	Sexual contact with infected person.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual by D. Heymann</i>	Prevention education. Early diagnosis and treatment. Provide education to individuals diagnosed with their FIRST clinical episode of genital herpes.
Lympho-granuloma venereum	Variable, 3 days to several months.	Variable, weeks to years, during presence of active lesions.	Direct contact with open lesions.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual by D. Heymann</i>	Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.
**Syphilis	10-90 days; usually 3 weeks	Variable; indefinite if untreated.	Direct contact with infectious lesions or secretions.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual by D. Heymann</i>	Prevention education. All identified sex partners of confirmed cases of early syphilis should be tested and receive therapy. Interview case and refer sex partners for examination and treatment.
Streptococcal infections including:					
Scarlet fever	1-3 days	10-21 days in untreated cases; 24-48 hours after beginning treatment with appropriate antibiotics.	Direct or intimate contact with infected persons, objects or food.	General skin rash; sore throat, circumoral pallor, strawberry tongue.	Refer to physician for treatment. Exclude from school, daycare, workplace until 24 hours after antibiotic therapy is instituted.
Strep throat	1-3 days	10-21 days in untreated cases; 24-48 hours after beginning treatment with appropriate antibiotics.	Direct or intimate contact with infected persons, objects or food.	Sudden onset of sore throat and fever.	Refer to physician for treatment. Exclude from school, daycare, workplace until 24 hours after antibiotic therapy is instituted.

Disease	Incubation Period	Period of Communicability	Modes of Transmission	Signs and Symptoms	Control Measures and/or Public Health Response
*Tuberculosis	2-10 weeks, may persist as a latent infection.	As long as bacteria are discharged in sputum.	Person-to-person by droplet spread.	Fatigue, fever, weight loss, cough.	Refer for diagnosis and treatment; exclude from school, daycare, workplace until sputum is negative about 2-4 weeks after initiation of treatment. Routine TB skin testing of high risk populations. Investigations and TB testing of all household and close contacts.