

# Head Start Communicable Disease Chart

CONDITION	INCUBATION PERIOD	EARLY SIGNS OF ILLNESS	EXCLUDE FROM ATTENDANCE (see Note 1 below chart)	READMISSION CRITERIA (see Notes 2 and 3 below chart)	REPORTABLE DISEASE	NOTES FOR PREVENTION/TREATMENT (see Note 4 below chart)
<b>AIDS HIV Infection</b>	Variable	Weight loss, generalized swelling of the lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver. Individuals with HIV infection may be asymptomatic.	No, unless child's physician determines that a severe or chronic skin eruption or lesion that cannot be covered poses a threat to others. The child's parents and physician should be advised in the case of measles, rubella, or chicken pox outbreaks in school that may pose a health threat to the immunosuppressed child.		Yes, but schools are not required to report.	Teach importance of handwashing. When cleaning up spills of blood or body fluids, wear gloves and use a suitable disinfectant. Adolescents should be educated about transmission of the virus through sexual contact and sharing of equipment for injection.
<b>Amebiasis</b>	Variable, days to months	Intestinal disease may vary from asymptomatic to acute dysentery with bloody diarrhea, fever, and chills. Parasite may disseminate to other internal organs.	Yes	24 hours after treatment is initiated, a written certificate from a physician, or a permit issued by the local health authority.	Yes	Adequate treatment is necessary to prevent/eliminate extraintestinal disease. Teach importance of handwashing. Relatively uncommon in U.S., but can be acquired in developing countries. Can be spread by personal contact or through food and/or drink.
<b>Campylobacteriosis</b>	3-5 days	Sudden onset of diarrhea, abdominal pain, fever, malaise, nausea, and vomiting.	Yes	24 hours after diarrhea and fever subside.	Yes	Teach importance of handwashing. Frequently a foodborne infection.
<b>Chicken Pox (Varicella)</b>	10-21 days	Fever and rash consisting of blisters may appear first on head, then spread to body. Usually 2 or 3 crops of new blisters that heal leaving scabs.	Yes	When all blisters have crusted over (may be longer than 5 days).	Yes	No vaccine available at this time. *This information has changed since 1987 when chart was developed. Varicella vaccine is now available.
<b>Common Cold</b>	1-3 days	Runny nose, watery eyes, general tired feeling, cough, and sneezing.	No, unless fever is present. (see Fever)	24 hours after fever subsides.	No	Teach importance of washing and covering mouth when coughing or sneezing.
<b>Conjunctivitis, Bacterial and/or Viral</b>	1-3 days	Red eyes, with some discharge or crust on eyelids.	Yes	See Note 2 below chart.	No	Teach importance of handwashing. Allergic conjunctivitis is not contagious.
<b>Cytomegalovirus (CMV infections)</b>	Unknown under normal circumstances	Usually asymptomatic. Congenital CMV infections may result in hearing loss, pneumonia, eye inflammation, and growth and/or mental retardation.	No		No	Teach importance of good handwashing practices for staff and children. Avoid direct contact with urine, saliva, or other infectious secretions.
<b>Fever</b>		Auxiliary temperature of 99°F or Temporal Scanner temperature of 100.	Yes	24 hours after fever subsides.	No	
<b>Fifth Disease (erythema infectiosum)</b>	6-14 days	Redness of the cheeks (slapped-face appearance) and body. Fever does not usually occur.	No, unless fever is present. (see Fever)	24 hours after fever subsides.	No	Case should be seen by a physician to rule out a diagnosis of measles.

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Gastroenteritis, Viral	Variable, usually 2-7 days	Stomachache, nausea, diarrhea (6 or more watery, loose stools per day). Fever does not usually occur.	Yes	24 hours after diarrhea subsides.	No	Teach importance of good handwashing. Adults should supervise handwashing of preschool-age children.
Giardiasis	4-14 days	Gradual onset of stomachache, bloating, and diarrhea. May recur several times over a period of weeks.	Yes	24 hours after diarrhea subsides.	No	Treatment is recommended. Teach importance of good handwashing. Can spread quickly in child-care facilities.
Head Lice (Pediculosis)	Eggs hatch in 7-10 days	Itching and scratching of scalp. Pinpoint white eggs (nits) that will not flick off the hair shaft.	Yes	When health staff has approved that the child is nit free, see Head Lice Policy.	No	Treat hair with a medicated shampoo or lotion. A second shampoo or lotion treatment in 7-10 days is recommended. Teach importance of not sharing combs, hats, and coats.
Hepatitis, Viral, type A	15-50 days, average 28 days	Abrupt onset of fever, tired feeling, stomachache, nausea, or vomiting followed by jaundice. Young children may have mild case of diarrhea without jaundice.	Yes	After 1 week from onset of illness.	Yes, promptly	Teach importance of good handwashing. Immune globulin should be given to household contacts. If more than one case occurs in a child-care facility, immune globulin should be considered for all children and parents involved.
Hepatitis, Viral, type B	2-6 months	Gradual onset of fever, tired feeling, loss of appetite, followed by jaundice.	Yes	24 hours after fever subsides.	Yes	Vaccine available but recommended for high-risk groups on as opposed to the general public.
Herpes Simplex (cold sores)	First infection, 2-12 days	Blisters, on or near lips, that open and become covered with dark crust. Recurrences are common.	No		No	Teach importance of good hygiene. Avoid direct contact with sores.
Impetigo	Variable, usually 3-7 days	Blisters on skin that open and become covered with yellowish crust. No fever.	Yes	When prescription treatment has begun.	No	Keep lesions covered while in school. Teach importance of handwashing and keeping fingernails clean.
Infectious Mononucleosis	30-50 days	Variable. Generally asymptomatic in infants and young children. Symptoms when present include fever, fatigue, swollen lymph nodes, and sore throat.	No, unless fever is present. (See Fever)	When physician decides or 24 hours after fever subsides. Some children with fatigue may not be physically able to return to school until symptoms subside.	No	Minimize contact with saliva or nasal discharges. Teach importance of handwashing. No vaccines or specific treatment have been recommended in routine cases.

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Influenza	1-3 days	Rapid onset of fever, headache, sore throat, cough, chills, lack of energy, and muscle aches.	Yes	24 hours after fever subsides.	Yes	Vaccine available, but only recommended for children with certain chronic diseases. Anti-viral therapy available for cases of influenza type A.
Measles (rubeola)	7-14 days	Runny nose, watery eyes, fever, and cough. Blotchy red rash appears on the 4 <sup>th</sup> day after prodromal symptoms.	Yes	After 4 days from rash onset. In an outbreak, unimmunized children should also be excluded for at least 2 weeks after last rash onset occurs.	Yes, immediately	Vaccine available. Report suspect cases immediately to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.
Meningiits, Bacterial	2-10 days	Sudden onset of fever, headache, and stiff neck, usually with some vomiting.	Yes	See Note 2 below chart.	Yes, immediately	Report suspect cases to local health department or state health department at 1-800-252-8239. Depending on which bacteria are causing the illness, prophylactic antibiotics may be recommended for family members. Occasionally, close contacts at a child-care facility are also treated.
Meningitis, Viral	2-10 days	Sudden onset of fever, headache, usually with some vomiting.	No, unless fever is present. (see Fever)	24 hours after fever subsides.	Yes	Teach importance of handwashing. Prophylactic antibiotics of no value.
Mumps	1-26 days, commonly 18 days	Swelling over jaw in front of one or both ears. Pain in cheeks made worse by chewing.	Yes	After 9 days from the onset of swelling. See Note 2 below.	Yes, promptly	Vaccine available.
Pertussis (Whooping cough)	7-21 days	Low-grade fever, runny nose, and cough lasting about 2 weeks, followed by paroxysmal coughing spells and “whoop” on inspiration.	Yes	After completion of 5 days of antibiotic therapy. See Note 2 below.	Yes, immediately	Vaccine available. Unimmunized contacts should be immunized and receive antibiotic prophylaxis. Report suspected cases to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.
Pinworms	Variable, may be as long as 3-6 weeks	Perianal itching	Yes	24 hours after initial prescription treatment.	No	Treatment is recommended. Teach importance of good handwashing.
Ringworm of the Body	4-10 days	Slowly spreading, flat, scaly, ring-shaped spots on skin. The margins may be reddish and slightly raised.	No	Proof that treatment has began. See Note 2 below.	No	Treatment is recommended. Keep lesions covered while in school.

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Ringworm of the Scalp	10-21 days	Slowly spreading, balding patches on scalp with broken-off hairs.	Yes	Proof that treatment has begun. See Note 2 below.	No	Teach importance of not sharing combs, hats, and coats.
Rubella (German Measles)	14-21 days	Cold-like symptoms, swollen tender glands at back of neck, and changeable pink rash on face and chest.	Yes	After 7 days from rash onset. In an outbreak, unimmunized children should be excluded for at least 3 weeks after last rash onset occurs.	Yes, immediately	Vaccine available. Report suspected cases to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.
Salmonellosis	1-3 days	Sudden onset of fever, abdominal pain, diarrhea, sometimes vomiting.	Yes	24 hours after diarrhea and fever subside.	Yes	Teach importance of good handwashing. Frequently a foodborne infection.
Scabies	First infection: 1 month Repeat infection: 2-5 days	Small, raised, red bumps or blisters on skin with severe itching.	Yes	When treatment has begun. See Note 2 below.	No	Careful examination of close contacts required to identify early infection. Household members should be treated prophylactically.
Shigellosis	1-7 days	Sudden onset of fever, vomiting, and diarrhea.	Yes	24 hours after diarrhea and fever subside.	Yes	Teach importance of good handwashing. Can spread quickly in child-care facilities.
Streptococcal Sore Throat and Scarlet Fever	1-3 days	Fever, sore throat, often with enlarged, tender lymph nodes in neck. Scarlet fever-producing strains of bacteria cause fine, red rash that appears 1-3 days after onset of sore throat.	Yes	After 24 hours from the time antibiotic treatment was begun and fever has subsided. See Note 2 below.	No	Teach importance of covering mouth when coughing or sneezing.
Tuberculosis, Pulmonary	4-12 weeks	Gradual onset, tiredness, loss of appetite, slight fever, failure to gain weight, and cough.	Yes	After antibiotic treatment has begun AND a physician's certificate or health permit obtained.	Yes, promptly.	All classroom contacts should have TB skin test. Antibiotic prophylaxis indicated for newly positive reactors.

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