

COMMUNICABLE DISEASE CHART

School Board of Alachua County, Health Services

Disease and Incubation Period	Common Early Signs and Symptoms	How Spread	Period of Communicability	Seasons of Prevalence	Exclusion of Students From School	Control
<u>ASCARIS</u> (Round worm) Worms reach maturity about 2 months after ingestion.	Live worms seen in stool or vomitus. Abdominal discomfort.	By transmission of eggs to the mouth from the soil, personal or household items contaminated by human excrement.	Until medically treated.	No special season.	No	Personal hygiene (hand washing), home cleanliness and sanitation.
<u>CHICKENPOX</u> 2-3 weeks. <u>SHINGLES</u> (same)	Scattered rash, red with small central blisters. Crusts form later. May have fever.	Coughing, sneezing, direct contact. Highly contagious.	2-3 days before to 5-6 days after appearance of blisters.	Variable	Yes, until all vesicles are dried and crusted, approximately 6 days after first vesicles and no new vesicles for 24 hours	Immunization. Observe students skin. Exclude infectious children.
<u>CONJUNCTIVITIS</u> ("Pink Eye") 24 to 72 hours.	Watering eyes. Redness of eye. Exudate with matting of eyelashes. Photophobia. Edema of eyelids. Itchy eyes.	Contact with discharge from eye or upper respiratory tract of infected person through contamination of clothing, fingers, or other articles.	As long as infection is active. Clears rapidly with treatment by physician.	Greater in the summer, but throughout the year.	Yes, for children in acute stage, until treated (24 hrs. later).	Observation of school contacts for 2-3 days. Personal hygiene.
<u>GASTROENTERITIS</u> ("Intestinal flu") Variable incubation period.	Nausea and vomiting, abdominal pain and cramping, watery diarrhea, fever, pallor, loss of appetite.	Oral-fecal route.	Variable. Average 4-6 days.	Fall and winter, but throughout the year.	Yes, until well, on full diet with formed stools.	Exclusion until symptom-free. Personal hygiene. Suspect and investigate food poisoning. Contact Health Department as needed.
<u>HEPATITIS A</u> ("Infectious") 2-7 weeks.	Headache, fever, loss of appetite, nausea and vomiting, dark urine.	Oral-fecal route, contaminated food.	2 weeks preceding jaundice, 1 week after onset of jaundice.	No special season.	Yes, for first 2 weeks of illness, or 1 week after the onset of jaundice. Must be confirmed	Observe school contacts. Stress good personal hygiene.

	Yellow jaundice develops late.				by physician.	Contact Health Department. Gamma globulin injection for household contacts.
IMPETIGO (Streptococcal infection of the skin.) Incubation period uncertain.	Reddened spot with blister which drains honey-colored serum, scabs (within 24 hrs.).	Contact with a person who has a moist sore, or with objects used by infected person. Culture suggested if home treatment (topical antibiotic) is ineffective. Very contagious.	As long as lesions continue to drain.	Spring and summer. Often starts from infected insect bite.	Yes, if extensive, unless lesions can be covered and condition is being actively treated. Yes, if on scalp.	Frequent observation of children with open sores. Stress good personal hygiene and early treatment of mild cases.
INFLUENZA ("flu") Type A (epidemic) and Type B (sporadic) 1 to 3 days.	Headache, fever, runny and stuffy nose, cough, feeling bad.	Airborne, discharge from mouth or nose, contaminated articles. Direct contact.	Shortly before onset. Up to 1 week.	Fall and winter.	If symptomatic with a fever, or after diagnosis by physician.	Immunization available, with priority for children 6-23 months, adults 65 years or older, and individuals with chronic health conditions.
MEASLES (Rubeola) 9 to 12 days.	Fever, runny nose, inflamed eyes, cough. Rash on face spreading to rest of body.	Respiratory, airborne, direct contact from nose and throat secretions.	5 days prior to and 4 days after rash appears. Very contagious.	Winter and early spring.	Yes, until 4 to 5 days after rash appears. Must be confirmed by physician and Health Department.	Immunization. Contact ACPHU. Observe classmate for 21 days.
GERMAN MEASLES (Rubella) 14 to 21 days, usually 16 to 18 days.	Mild cold symptoms. Fine rash. Fever. Starts on face and head. Spreads to neck and trunk. Rash lasts 3 days. Glands behind ear frequently enlarged.	Respiratory droplets or direct contact. Dangerous to fetus of pregnant women. Inform her if confirmed case.	6 to 7 days before and 4 days after onset of rash. Very contagious.	Winter and spring.	Yes, until 7 days after onset of rash. Must be confirmed by physician and Health Department.	Immunization. Contact ACPHU. Observe classmate for 21 days.

<u>MONONUCLEOSIS</u> 10 to 50 days.	Fever, sore throat, swelling of lymph glands, malaise, fatigue.	Close contact, saliva, blood transfusions.	Unknown.	No special season.	No, if feeling well enough to attend.	No specific measure.
<u>MUMPS</u> 14 to 21 days.	Fever. Swelling of salivary glands between the angle of the jaw and the ear canal and/or under jawbone.	Droplet contamination.	7 days before swelling of glands to 9 days thereafter.	Winter and spring.	Yes, for 9 days after swelling appears (or until swelling and tenderness subside, if this is less).	Immunization. Contact Health Department. Must be confirmed by physician.
<u>PEDICULOSIS</u> ("Head Lice")	Itching and crusts resembling sores.	Person-to-person, articles of clothing, combs, and brushes.	While there are live lice or nits.	Throughout the year.	Exclude until successfully treated. Second infestation must be nit-free.	Treatment of all household members. Examine house-hold contacts. Disinfect linens, clothing, etc.
Body Lice	(See above)	Person-to-person, articles of clothing.	(See above)	(See above)	(See above)	(See above)
Pubic Lice ("Crabs")	(See above)	(See above)	(See above)	(See above)	(See above)	(See above) In young children, expect sexual abuse.
<u>TINEA CAPITUS</u> Head ringworm	Scaly patches of baldness. (Hair becomes brittle and breaks off easily.) May form crusts on scalp resembling impetigo.	Direct or indirect contact with infected person, cat, or dog.	As long as lesions present, requires medical treatment, medication Rx.	No special season.	Yes, until treatment by physician, if scabs are weeping.	Good personal hygiene, frequent observation of children with sores.
Body	Flat, spreading ring-shaped lesion on skin or pubic area with	(Same as above)	While lesions present. Over-the-counter treatment available.	No special season.	No.	Proper laundering of towels, general

	possible itching.					cleanliness of showers and dressing rooms.
Feet ("Athlete's Foot")	Scaling or cracking of skin between toes, or blisters containing fluid. May appear on other parts of body, especially hands.	(Same as above) Not highly contagious.	(See above)	No special season.	No.	Keep feet dry and cool, dry between toes after bathing. Exclude active cases from school showers.
<u>CUTANEOUS LARVE MIGRAINES</u> Creepis eruption	Tunnel-like lesions of dog/cat hookworm larvae under skin.	Not to others	Requires oral and topical medication RX	Summer + Heat	No.	Control itch to decrease infection.
<u>SCABIES</u> Variable, up to 2 months.	Intense itching, especially at night. May start between fingers, toes Also found under arms, at beltline, etc. See papules or tiny burrows.	Direct contact, shared clothing or linens.	Before treatment.	Throughout year.	Exclude until treated with medication. (First application)	Personal hygiene. All household members should be treated.
<u>STREPTOCOCCAL PHARYNGITIS, including SCARLET FEVER</u> 2 to 5 days.	Sore throat, possibly fever, swollen lymph nodes. Scarlet fever is strep throat with a rash (appears within 24 hours of onset of illness.)	Discharge from nose and/or mouth. Direct contact with infected person.	During acute illness until 24 hours after antibiotic started.	More common in cold months.	Until 24 hours after starting antibiotic.	Observe school contacts for 5 days.
<u>VIRUS and Common COLD</u> 3 to 10 days. Multiple kinds of	Headache, fever, runny and stuffy nose,	Hand-to-mouth, droplets from nose and	Variable.	Greatest in fall and winter.	If running fever or feeling too ill to attend school.	Teach students to cover

viruses carry the same symptoms	cough, feeling bad.	throat.				mouth when coughing, use tissues and wash hands.
<u>MENINGITIS-BACTERIAL & VIRAL</u>	Stiff neck, fever, malaise	Airborne, sharing cups	Variable	Variable	Exclude till symptom free and/or treatment completed.	Viral-No TX to population. Bacterial-prophylaxis TX through Health Department.
<u>ERYTHEMA INFECTIOSUM: Parvovirus B19 Infection, Fifth Disease</u>	Low grade fever, malaise, an indurated, confluent erythema over the cheeks (slapped cheek appearance)	Airborne, infection can occur before signs & symptoms	4-14 days	Spring, but localized outbreaks are common throughout year	Since exposure often occurs without any noticeable symptoms, exclude only till fever & malaise are gone.	Caution pregnant women who may have been exposed to consult with their OB physician. (10% risk of fetal death after maternal infection in the first half of pregnancy)

RASHES:

WHEN A RASH OR SKIN ERUPTION OF UNKNOWN CAUSE IS NOTED ON A CHILD, PARENT AND/OR MEDICAL PROVIDER ARE TO BE NOTIFIED. CHILD IS TO BE QUARANTINED AWAY FROM OTHERS AND SENT TO A MEDICAL PROVIDER TO DIAGNOSE AND TREAT. RASHES VARY IN DESCRIPTION. MANY ARE INDICATIVE OF A DISEASE. OTHERS ARE LOCALIZED TO SKIN ONLY. FOR EXAMPLE, A SCARLET, ALL OVER, BLUSH RASH DUE TO SCARLET FEVER MAY RESEMBLE AN ANTIBIOTIC REACTION RASH. NURSES ARE NOT TO DIAGNOSE. NURSES ARE TO OBTAIN HISTORY OF RECENT EXPOSURES, ILLNESSES AND RELAY INFORMATION TO MEDICAL PROVIDER AND/OR PARENT FOR PROMPT TREATMENT.

******A NOTE ABOUT HOW TO STAY HEALTHY:***

MOST COMMUNICABLE DISEASES CAN BE PREVENTED BY PRACTICING GOOD PERSONAL HYGIENE. ALL CHILDREN SHOULD TO BE REMINDED OF CERTAIN ESSENTIAL PRACTICES SUCH AS HAND WASHING BEFORE MEALS AND AFTER USING THE RESTROOMS. SCHOOL NURSES ARE AVAILABLE TO PROVIDE HANDWASHING CLASSES TO STUDENTS .WON'T YOU HELP SPREAD THE WORD?