OHIO DEPARTMENT OF HEALTH

COMMUNICABLE DISEASE CHART

DISEASE	INCUBATION AND SYMPTOMS	METHOD OF TRANSMISSION	CONTROL MEASURES	OTHER
Chickenpox (Varicella)	**Incubation:** 10–21 days, usually 14–16 days. **Symptoms:** Skin rash which progresses to blisters, then scabs. Eruptions occur in crops, so all three stages may be present simultaneously. Covered body areas are often most affected. Slight fever and malaise are also typical. Reactivation of the virus results in shingles.	Direct contact with drainage from sores of infected person; indirect contact with items soiled with drainage from such lesions (sores); respiratory droplets; airborne. Rare direct transmission can occur from shingles lesions. Scabs are not infective.	**Communicable period:** 1–2 days before rash appears, through maximum of 6 days after appearance of vesicles. **Control:** Exclude until the sixth day after onset of rash, or until all lesions (sores) are dry. Staff or children with shingles (Herpes Zoster) shall keep sores covered by clothing or a dressing until sores have crusted. Handwashing should be emphasized for those touching lesions	Immune-suppressed children or those with chronic diseases like leukemia are at highest risk for complications. All staff members and parents shall be notified when a case of Chickenpox occurs, including the greater likelihood of serious infection in susceptible adult and pregnant women. Contact parents of children who have not been immunized. Do not treat with aspirin products due their strong association with Reye Syndrome. Chickenpox shall be reported by th end of the work week in which the existence of such cases is known to your local health district. **Vaccine available.**
Common Cold	**Incubation:** Between 12 hours and 5 days, usually 48 hours. **Symptoms:** Sore throat, watery discharge from nose and eyes, sneezing, fever, chills, generalized discomfort.	Direct contact with infected person; indirect contact with items freshly soiled with nose and throat discharge of infected person, and inhalation of respiratory droplets. Contaminated hands carry viruses and bacteria to mucous membranes of eyes and nose.	**Communicable period:** 24 hours before onset of symptoms through 5 days after onset (may vary). **Control:** Exclude children with fever and those who feel ill; other exclusion is impractical. Clean and disinfect / sanitize all common surfaces and toys on a daily basis.	Hands should be washed after contact with oral or nasal discharge, such as after wiping a nose. Use disposable tissues; use only once and discard. Avoid touching or rubbing eyes.
Conjunctivitis (Pink-eye) (Bacterial)	**Incubation:** Bacterial, 24–72 hours. **Symptoms:** Redness of eye or eyelid, thick and purulent (pus) discharge, matted eyelashes, burning, itching or eye pain.	Direct contact with discharge from eye membranes or upper respiratory tract. Indirect contact by touching items contaminated with such discharge, such as fingers, clothing, toys, or other articles.	**Communicable period: Bacterial**—Until 24 hours of antibiotic treatment completed. **Control:** Exclude those with purulent (pus) eye discharge, or eye pain, or eyelid redness or fever until after 24 hours of treatment with an antibiotic.	Utilize good handwashing techniques. Outbreaks, unusual incidence, or epidemics of Conjunctivitis shall be reported by the end of the next business day after outbreak, unusual incidence, or epidemic is known to your local health district.
Croup	**Incubation:** 2–9 days, depending on causative agent. **Symptoms:** Acute respiratory infection involving the epiglottis, larynx, trachea, and bronchi. May cause respiratory distress ranging from mild to severe. Cough has a "barking" or "brassy" harsh quality. May notice a high pitched sound on inhalation.	Direct contact with infected person, airborne, or indirectly by objects soiled by respiratory secretions.	**Communicable period:** Duration of the cough (disease). **Control:** Exclude until severe symptoms are gone.	Medical attention is necessary. Major complications can occur. Upper respiratory infection often precedes croup. Croup may be caused by virus or bacteria.
Diarrheal Diseases	**Incubation:** Varies depending on causative agent. **Symptoms:** 3 or more loose stools (stools with increased water content and / or decreased form) in a 24 hour period. Persons with diarrhea may have additional symptoms including nausea, vomiting, stomach aches, headache or fever.	Person-to-person contact, in the majority of cases, by fecal-oral route: ingesting fecal particles found on inapparently contaminated objects or hands. Diarrhea can also be spread by contaminated food and water.	**Communicable period:** Varies with causative agent. Disease spreads more easily among children in diapers and staff caring for them. **Control:** Children with diarrhea who attend a child care center or persons with diarrhea who work in a sensitive occupation (direct food handling, direct patient care, the handling of food or provision of direct care to child care center, or any other occupation which provides significant opportunity for an infected individual to transmit infectious disease agents) shall be excluded from the child care center or work and may return only after diarrhea free for 24 hours or the diarrhea has been evaluated medically to be non-infectious and can be contained by a diaper, potty or toilet. A person with infectious diarrhea of known cause shall be excluded in accordance with the provisions for the specified causative agent as listed below: *Campylobacter*—As above PLUS a food handler may return to work only when the food handler has had at least 48 hours of effective antimicrobial therapy OR the food handler has had 2 consecutive follow-up stool specimens that are negative. *Clostridium difficile (C. difficile)*—infectious disease which may be spread to others, however, only people in health care settings or on antibiotics are likely to become ill. To prevent the spread, good handwashing technique must be followed. Alcohol rubs should be avoided because they are not effective against spore-forming bacteria. Recently a new strain has been reported to CDC which has caused hospital outbreaks in several states. May return to school or work after diarrhea free for 24 hours. Refer to the ODH website for additional infection control guidelines: http://www.odh.ohio.gov/pdf/IDCM/sect3TOC.pdf *Cryptosporidium*—As above PLUS a food handler may return to work only after 3 consecutive follow-up stool specimens are negative. *E. coli* 0157:H7, *HUS*, *Shigella*—As above AND after 2 consecutive follow-up stool specimens are negative. *Giardia*—As above AND after 72 hours of effective antimicrobial therapy OR after 3 consecutive follow-up stool specimens are negative *Rotavirus/Norovirus*—Follows general control measures above. *Salmonella, Yersinia*—As above PLUS a food handler may return to work only after 2 consecutive follow-up stool specimens are negative.	Thorough handwashing and good personal hygiene are fundamental measures in the control and prevention of diarrheal diseases. Staff and children should be educated regarding fecal-oral transmission. In a child care center, thorough handwashing by children and staff after diaper changes and toileting and before preparing, serving, or eating food is essential. Personnel handling food should not care for diapered children. If 2 or more children or staff members in one classroom of a child care center experience diarrhea within a 48 hour period, an infectious agent should be suspected. Notify your local health department. Stool testing may be necessary. Breastfed children often have loose stools more frequently; this normal condition should not be confused with diarrhea. Determine if there has been a change in frequency for the breastfed infant whose stools may normally be watery and frequent. *E. coli* 0157:H7, *HUS*, *Shigella*, and *Salmonella* shall be reported by end of the next business day after the existence of such cases or suspect case is known to your local board of health. *Campylobacter, Cryptosporidium*, *Giardia*, and *Yersinia* shall be reported by the close of the working week in which the existence of such case or suspect case is known to your local board of health. *Shigella* and *E. coli* 0157:H7: As above **and** exclude the ill child and any children who develop diarrhea from child care. Staff and children may return to work after diarrhea ceased and after two consecutive follow-up stool specimens are negative for *Shigella*. **Bleach solution should be used to disinfect/sanitize surfaces contaminated with diarrhea or vomitus**
Fifth Disease (Erythema Infectiosum)	**Incubation:** 4–14 days but as long as 20 days after infected. **Symptoms:** Bright red rash, usually beginning on face; "slapped cheek" appearance. Spreads to trunk and extremities, clears centrally, looking "lacy." Generally clears in 1 week, recurs if person gets warm, upset, etc. for up to 1 month.	Direct or indirect contact with respiratory secretions of infected person.	**Communicable period:** Up to 5 days prior to, and, to a lesser extent, for 2 days after appearance of rash. **Control:** Exclusion not appropriate once diagnosis is known, unless child has a fever or is uncomfortable.	Hands should be washed after contact with any secretions, soiled tissues, etc. Pregnant staff should notify physician if exposed; most will be immune, but those who are not have a very small risk of an ill effect on the fetus, particularly in the first half of pregnancy.
Flu (Influenza)	**Incubation:** 1–4 days. **Symptoms:** Abrupt onset of fever, chills, headache, sore muscles. Runny nose, sore throat, and cough also common.	Direct contact with infected person; indirect contact with items freshly soiled with nose and throat discharge of infected person. Airborne in crowded areas.	**Communicable period:** Most adults may be able to infect others beginning 1 day before symptoms develop and up to 5 days after the onset of symptoms. Children may be infectious for 10 days or more after the onset of symptoms. **Control:** Exclusion from child care or school is based on symptoms that exclude children (i.e., fever)	Any child 6 months and older can be vaccinated against influenza, and vaccination is now recommended for all children 6 months through 18 years of age. Influenza vaccination is recommended for all close contacts of young children, including adult caregivers in the child care setting.
Hand, Foot and Mouth Disease (Coxsackie Virus)	**Incubation:** 3–6 days. **Symptoms:** Raised rash, particularly on palms, soles, and area surrounding mouth. Progresses to blisters, then scabs. Also causes sores inside mouth, making swallowing painful.	Direct contact with infected person's respiratory secretions; indirect contact with items freshly soiled with discharge from infected person's nose and throat. Virus may be found in feces for up to one month after symptoms resolve. The disease may be contracted through contact with stool.	**Communicable period:** Virus is found in the stool while sores are present and for about a month after they disappear. Oral secretions are infectious while sores are present. **Control:** Reduce person-to-person contact by crowd reduction and ventilation. Reinforce the importance of good hand-washing and disinfection of soiled objects. Exclusion is recommended if children have blisters in their mouths and drool or have weeping lesions on their hands or are too ill to participate in daily activities.	Wash and disinfect / sanitize, or discard, articles soiled with nose, throat or fecal discharge. Give careful attention to handwashing after handling these items.
Head Lice (Pediculosis)	**Incubation:** The life cycle is composed of 3 stages: eggs, nymphs and adults. Under optimal conditions, the eggs of lice hatch in 7–10 days. The nymphal stages last about 7–13 days. The egg-to-egg cycle averages about 3 weeks. **Symptoms:** Itching, irritation of scalp, feeling of something moving in the hair and sores on the head caused by scratching. White to yellow-brown nits (eggs) attach very *firmly* to hair and are most *commonly found* at the nape of the neck, crown of head and above the ears.	Direct, hair-to-hair contact with infested person. Indirect contact with combs, brushes, hats or other headgear or clothing, or bedding of infested persons. Examiners' hands have never been found to transmit head lice. Lice do not jump, fly or swim; they cannot survive off the host for longer than 24–48 hours.	**Communicable period:** As long as lice remain alive on the infested person or on objects. Head lice survive 24–48 hours off host. Eggs can survive 7–10 days off host but will not hatch below 72°. **Control:** A person with head lice shall be excluded from a school or child care center until application of an effective pediculocide. Report outbreaks or unusual incidence to the local health department. For children under 2 years of age, contact your physician for directions before treatment. Check all heads 2–3 weeks to assure that there are no untreated cases.	Entire household and all close contacts should be checked for infestation; treat all contacts to whom lice have spread. Machine wash all washable clothing and bed linens (use the ***hot*** water cycle) that the infested person touched during the 2 days before treatment; laundry should be dried on the ***hot*** cycle for at least 20 minutes. Dry clean clothing that is not washable OR store items that cannot be washed in a closed container/bag for 14 days. Soak combs and brushes for 1 hour in rubbing alcohol or wash with soap and hot (130°F) water. Small items can also be placed in a freezer overnight. Vacuum the floor and furniture. Do not use fumigant sprays; they can be toxic if inhaled. Encourage parents to inspect children's heads regularly. Outbreaks, unusual incidence, or epidemics of Head Lice shall be reported by the end of the next business day after outbreak, unusual incidence, or epidemic is known to your local health district.
Hepatitis A	**Incubation:** 2–6 weeks, commonly 28–30 days. **Symptoms:** Abrupt onset, loss of appetite, fever; abdominal pain, nausea, fatigue. Jaundice (yellowish discoloration of skin and white part of eye) may follow in a few days. Young children usually have no symptoms.	Direct contact—unwashed hands contaminated with infected person's stool can carry the virus to another person's mouth. Indirect contact—virus can be transferred to food or other objects by unwashed hands. Common source outbreaks occasionally occur, usually related to an ill food handler. Children play a critical role in sustaining hepatitis A transmission.	**Communicable period:** 2–3 weeks prior to onset of symptoms; no longer communicable 10 days after onset of symptoms. **Control:** A person who works in a sensitive occupation *(see definition under diarrheal diseases)* shall be excluded from work and a child attending a child care center shall be excluded from a child care center until 10 days after initial onset of symptoms.	Hands should be washed after toileting and before meals, using soap and water and disposable towels. Food handlers' hygiene and health should be monitored regularly. Contact local health district for help with outbreaks. Immune globulin (IG) or vaccine are not usually recommended after exposures in the school setting but may be needed in child care classrooms. Contact your local health district for guidance. Hepatitis A shall be reported by end of the next business day after the existence of such case or suspect case is known to your local health district. Hepatitis A vaccine is recommended for children 12 months and older. **Vaccine available.**
Hepatitis B	**Incubation:** 6 weeks to 6 months, commonly 60–90 days. **Symptoms:** Usually inapparent onset, loss of appetite, vague abdominal pain, nausea, vomiting, fever, fatigue. Jaundice frequently occurs. Some persons have no symptoms.	Contact with blood or serum of infected person, such as through wound care, punctures with used needles, etc. Can be sexually transmitted. Also can be transmitted from infected mother to newborn infant.	**Communicable period:** Acute case, 6 months or less, regardless of presence/absence of symptoms; carrier, more than 6 months, possibly lifelong regardless of presence/absence of symptoms. **Control:** Exclusion not appropriate, not transmitted by casual contact such as occurs in child care or school setting.	Urine and stool are not infectious. Is not transmitted in food or water. Casual contact is not a risk. Saliva contains only minute amounts of virus. Biting is not likely to transmit disease unless both parties are bleeding freely. Hepatitis B shall be reported by the close of the working week in which the existence of such case or suspect case is known to your local board of health. **Vaccine available.**
Herpes (Herpes Simplex Virus-HSV)	**Incubation:** 2–12 days. Neonatal HSV infection may be manifest at birth or as late as 4–6 weeks of age. **Symptoms:** Blister like sores, fever, irritability and sores on mucous membranes of the mouth. HSV persists in a latent form after primary infection. Reactivation of latent virus most often is manifested by cold sores which appear as single or grouped blisters around the mouth.	HSV can be transmitted during primary and recurrent infection, regardless of whether sores are present. Infection results primarily from direct contact with infected sores or saliva of carriers.	**Communicable period:** Not well defined in patients with primary gingivostomatitis (inflammation of the mouth and gums) or primary genital HSV. Virus is usually shed for at least 1 week, and occasionally for several weeks. HSV may be shed intermittently from the mouth, genital tract, and other mucosal sites in the absence of sores. **Control:** Exclusion is recommended if children have blisters in their mouths and drool or are too ill to participate in daily activities.	Hands should be washed after contact with lesions. Gloves should be used when applying medicated ointment to sores. If children, who are certified by a physician to have recurrent HSV infection, have active lesions, covering the lesions with clothing, a bandage, or an appropriate dressing when they attend child care or school is sufficient.
Impetigo	**Incubation:** 2–10 days, occasionally longer. **Symptoms:** Blister like, pus-filled bumps which progress to yellowish crusted, painless sores with irregular outlines. Itching is common. Usually found on exposed skin areas and around the nose/mouth.	Impetigo is usually caused by one of two types of bacteria, group A *Streptococcus* and *Staphylococcus aureus*. Transmission is by direct contact with draining sores. Hands soiled with drainage from lesions contaminate other items, leading to indirect spread of the condition.	**Communicable period:** As long as drainage is present. **Control:** Exclude until 24 hours after treatment has begun and all lesions (sores) are dry.	Early detection and treatment can lessen spread. Persons with lesions should avoid contact with newborns. Gloves should be worn when applying any prescribed ointment. *MRSA* (Methicillin Resistant *Staphylococcus aureus*) is a potentially dangerous type of Staphylococcal bacteria resistant to treatment with certain antibiotics. As with other types of skin infections, cover any draining skin sore to prevent the spread of the infection. Medical assistance should be sought if MRSA is suspected. Exclude until 24 hours after treatment has begun or a doctor's note is provided. May return to the child care/school setting as long as wounds with drainage or pus are covered at all times with clean, dry bandages until healed. For more information on MRSA infections, check the CDC website:www.cdc.gov/MRSA or ODH website: http://www.odh.ohio.gov/alerts/mrsa1.aspx
Measles (Rubeola)	**Incubation:** 12–17 days; usually 14 days before rash appears. **Symptoms:** Fever of 103–104º F, runny nose, reddened eyes, cough and servere intolerance to light for 2–4 days. Then a red-brown blotchy rash appears on the face which extends to the trunk and finally to the extremities. The rash and other symptoms usually subside in 7–9 days.	Highly communicable. Airborne via respiratory droplets. Direct contact with an infected person's nasal or throat discharge; less commonly by articles freshly soiled with nose and throat secretions.	**Communicable period:** 4 days before the onset of symptoms to 4 days after the appearance of the rash. **Control:** Exclude from school or child care for 4 days following onset of rash.	Measles shall be reported by telephone **immediately** after the existence of such case or suspect case is known to your local health district. **Vaccine available.** Contact parents of children who have not been immunized.
Meningitis, bacterial	**Incubation:** 1–10 days, usually less than 4 days. **Symptoms:** Sudden onset, fever, intense headache, nausea, vomiting. With meningococcal meningitis, rash. Behavioral changes, irritability, sluggishness.	Direct contact with nose or throat discharge of infected person or asymptomatic carrier.	**Communicable period:** Not more than 24 hours after starting appropriate antibiotic therapy. **Control:** Exclude until at least 24 hours of effective treatment. Must be under physician's care.	For meningococcal disease: Antibiotic prophylaxis is usually given to child care contacts, as well as the household contacts of case patients, but not to school contacts. Prophylaxis is not indicated for most situations with other causes of bacterial meningitis. Bacterial Meningitis shall be reported by telephone immediately after the existence of such case or suspect case is known to your local health district. **Vaccine available.**
Meningitis, viral/aseptic	**Incubation:** 2–21 days, depends on causative agent. **Symptoms:** Sudden onset, fever, intense headache, nausea, vomiting, stiff neck. Behavioral changes, irritability, sluggishness.	Varies with causative agent. Some forms transmitted through contact with respiratory secretions. Most types are spread through the fecal-oral route via unwashed hands. Onset may be rapid or gradual. Infants less than one year of age are less likely to have meningeal signs.	**Communicable period:** Up to 7–10 days before and up to 7–10 days following onset of symptoms. **Control:** Exclude while febrile. Must be under physician's care. Strict handwashing after toileting required since may excrete virus in stool for 1–2 months. Avoid shared water or drinks.	Usually much less serious than bacterial meningitis, but initial symptoms are similar. Physician diagnosis is essential to determine the cause of any meningitis and ensure proper management. Viral/Aseptic Meningitis shall be reported by end of the next business day after the existence of such case or suspect case is known to your local health district.
Mononucleosis	**Incubation:** 4–6 weeks. **Symptoms:** Fever, sore throat, swollen lymph nodes (glands). Fatigue, headache, palatal petechial rash (red spider veins on roof of mouth), occasional abdominal pain, occasional respiratory distress.	Direct contact with saliva of an infected person.	**Communicable period:** Unknown, may shed virus for many months with no symptoms. **Control:** May return when feeling well enough. Protracted recovery period not uncommon.	Need not exclude under ordinary circumstances after symptoms subside.
MRSA (Methicillin Resistant *Staphylococcus aureus*) — See **Impetigo "Other"**				
Mumps	**Incubation:** 12–25 days, usually 16–18 days. **Symptoms:** Fever, painful parotid salivary gland swelling under jaw and in front of ear; headache, chills, lack of appetite, abdominal pain. Occurs most often in late winter/spring.	Direct contact with nose or throat discharge or saliva of infected person. Indirect contact with items freshly soiled with same. Mumps are also spread by droplets.	**Communicable period:** From 3 days before to the 4th day of active disease. **Control:** Exclude for 5 days after onset of parotid swelling.	Mumps shall be reported by end of the next business day after the existence of such case or suspect case is known to the board of health. **Vaccine available.** Contact parents of children who have not been immunized.
Pinworms	**Incubation:** From ingestion of egg until migration to perianal (around the rectum) area 2–6 weeks. **Symptoms:** Anal itching with disturbed sleep, irritability, and local irritation due to scratching.	Direct transfer of eggs from anus to mouth by contaminated fingers. Indirect transmission occurs from articles freshly contaminated with pinworm eggs, such as clothing or bedding, bathroom fixtures and sandboxes.	**Communicable period:** 2–3 weeks. **Control:** Exclude until adequately treated. The child should receive medical attention. Effective medications are available and may be repeated after 2 weeks. Handwashing with special attention to fingernails. Hands should be washed after using a sand table or playing in the sand.	Consult local health department for help in controlling this condition within the center. Children should wash their hands after each toilet use and before meals. Do not allow sharing of bed clothing.
Ringworm (Tinea)	**Incubation:** Usually 4–10 days for the body, 10–14 days for the scalp. **Symptoms:** **Scalp**—scaly patches of temporary baldness, infected hairs are brittle and break easily. **Skin**—flat, ring-like rash, inflamed, may itch or burn. **Feet**—scaling and cracking of skin especially between toes, blisters may be present, filled with watery fluid.	Direct contact with lesions of infected person or animal; indirect contact with articles or surfaces contaminated by same.	**Communicable period:** As long as lesions are present. **Control:** Exclude those with scalp and skin lesions until 24 hours of appropriate treatment completed. Continue to avoid swimming and exclude from contact sports until lesions are gone to prevent spread. Do not allow sharing of hair items such as brushes, ribbons or combs.	Household contacts, pets and farm animals should be examined and treated if infected. Scalp involvement rarely found in adults. Preventive measures are those common to good hygiene practices.
RSV (Respiratory Syncytial Virus)	**Incubation:** 1–10 days. **Symptoms:** Most common cause of bronchiolitis and pneumonia in children under 1 year of age. May exhibit fever, runny nose, cough and sometimes wheezing.	Spread through direct contact with infectious secretions such as breathing them or touching the surface contaminated by an infected person.	**Communicable period:** A young child with RSV may be infectious for 1–3 weeks after symptoms subside. **Control:** Make sure that procedures regarding handwashing hygiene, disposal of tissues and disinfecting / sanitizing of toys are followed. Do not share glasses, cups or utensils. Do not exclude ill children unless they are unable to participate comfortably in activities or require a level of care.	Almost 100% of children in child care get RSV in the first year of life. The most effective preventive measure is careful and frequent handwashing. In most children symptoms are mild, but can be significant in those with risk factors. Children with heart and lung conditions or weak immune systems are at increased risk of developing severe infection and complications.
Rubella (German Measles)	**Incubation:** 12–23 days, usually 16–18 days. **Symptoms:** Fever, headache, sore throat, cough. Lymph nodes (glands) at back of head, behind ear, often enlarged. Red or pink rash begins on head, at hairline, may be itchy and fades in 72 hours. Rash may be absent.	Direct contact with infected person; indirect contact with items freshly soiled with discharge from infected person (nose, throat, blood, urine or feces). Rash occurs in 50–80% of those infected and in children is the sign of the disease. In adolescents and adults the rash is preceded by 1–5 day prodromal period of flu-like symptoms which disappear after onset of rash.	**Communicable period:** Up to 7 days prior to onset of symptoms through 7 days after onset. **Control:** Exclude until 7 days from onset of rash. Persons with congenital rubella shall be excluded from school or child care until they are one year old unless nasal and urine cultures after three months of age are repeatedly negative for rubella.	Disease is mild in children, but poses serious risk to unborn babies if contracted by pregnant women. Physicians should be notified at once if exposure of a pregnant woman occurs. Contact parents of children who have not been immunized. Rubella shall be reported by telephone immediately after the existence of such case or suspect case is known to your local health district. **Vaccine available.**
Scabies	**Incubation:** First infestation, 2–6 weeks; subsequent infestation 1–4 days after re-exposure. **Symptoms:** Parasitic disease of the skin caused by a mite, whose penetration is visible as papules (bumps), vesicles, or tiny linear burrows. Lesions are often found in space between fingers, on or inside wrist, elbows, armpits, belt-line and genital area. A patchy red rash is often present. Intense itching, especially at night. Manifestations may mimic other dermatological (skin) diseases.	Direct skin-to-skin contact with an infested person. Rash or itching need not be present for transmission to occur. Clothing and bedding rarely involved in transmission. Pets do not transmit the mite.	**Communicable period:** From beginning of infestation (even before symptoms have occurred) through completion of treatment. **Control:** Isolate for 24 hours following treatment with an appropriate scabicide. Children with evidence of scabies should be isolated and excluded from child care until 24 hours following treatment. Symptoms generally do not stop immediately after treatment. Washing and drying of clothes, bedding and personal articles or sealing articles inside plastic bags for 3–4 days is sufficient to kill the scabies mite. Search for unrecognized cases among contacts and household members. Treat prophylactically those who have had skin-to-skin contact with infested people.	The scabies mite cannot live off the skin of the host for more than 24 hours. Environmental sprays and / or extermination are not necessary. Outbreaks, unusual incidence or epidemics of Scabies shall be reported by the end of the next business day after outbreak, unusual incidence, or epidemic is known to your local health district.
Scarlet Fever/Strep Throat (Streptococcal Infections)	**Incubation:** 1–3 days, may be longer. **Symptoms:** **Strep throat**—fever, red throat with pus spots, tender and swollen lymph nodes (glands). Symptoms are variable. **Scarlet fever**—all of the above, plus sandpaper-like rash on skin and inside of mouth, "strawberry tongue." High fever, nausea and vomiting may occur.	Direct contact with nose and throat secretions or large respiratory droplets of infected person or carrier, casual or indirect contact through objects or hands contaminated with same is rare.	**Communicable period:** Until 24 hours of appropriate antibiotic therapy completed. **Control:** Refer to health care provider. Exclude until 24 hours of appropriate antibiotic therapy completed.	Early diagnosis and treatment are essential in preventing serious complications, such as rheumatic fever, kidney disease and wound infection.
Thrush (Candidiasis)	**Incubation:** Variable, 2–5 days in infants. **Symptoms:** Infection of the skin, mouth, or tongue that appears as white spots which cannot be scraped off without causing bleeding. May also occur in folds of the skin in diapered areas and is a common cause of diaper rash.	Direct contact with secretions from infected areas. Contact with feces of carriers.	**Communicable period:** Presumably for as long as lesions are visible. **Control:** It is not necessary to exclude the child. Meticulous handwashing and disinfection / sanitation of contaminated articles (such as bottle nipples, pacifiers, toys) are necessary to prevent spread. Treatment may shorten the duration of symptoms. Medical treatment is limited by age of the child.	Wet diapers facilitate the development of candidiasis; keeping diapered children dry is very important in the prevention of this disease. Persons who have been on extended antibiotic therapy or who are immunocompromised are at increased risk.
Tuberculosis (TB)	**Incubation:** 2–12 weeks needed after a person is infected with the TB bacillus before the infected person will react positively to the TB skin test. After this initial infection, the risk of progressing to active disease is greatest during the 2 years following infection. In infants, TB is much more likely to disseminate. Therefore, prompt and vigorous treatment should be started as soon as the diagnosis is suspected. **Symptoms:** TB infection produces no symptoms. The symptoms of pulmonary TB may include a productive cough, chest pain, and hemoptysis (bloody phlegm). Systemic symptoms may include fever, chills, night sweats, easy fatigability, loss of appetite, and weight loss. Children do not always manifest the same symptoms as adults and frequently are diagnosed by radiographic examination or other laboratory tests such as gastric washings.	TB is spread person-to-person through the air. When a person with TB coughs or sneezes, respiratory secretions are expelled into the air and can remain there for several hours. Transmission occurs when another person inhales air containing these droplets.	**Communicable period:** As long as live organisms are present in the respiratory secretions. **Control:** Isolate until the designated TB authority approves that person's removal from isolation. Consultation should be sought with local public health TB control authorities for determination of the need and length of respiratory precautions. Well children should not be kept out of a child care if they only have a positive skin test result.	Infection in a child is generally due to exposure to an undiagnosed pulmonary TB case in an adult. TB shall be reported by end of the next business day after the existence of such case or suspect case is known to your local health district.
Whooping Cough (Pertussis)	**Incubation:** 5–10 days with upper limit of 21 days. **Symptoms:** Begins with mild upper respiratory symptoms and can progress to fits of abnormally severe coughing often with a characteristic respiratory whoop, followed by vomiting. Fever is absent or minimal. Infants less than 6 months old, adolescents and adults often do not have the typical whoop or fit of abnormally severe coughing	Close contact via respiratory secretions of person with disease.	**Communicable period:** Highly communicable in the early catarrhal (runny nose, sore throat) stage before the paroxysmal cough stage. Thereafter, communicability decreases, but may persist for 3 weeks or more after onset of cough. Appropriate treatment can decrease infectivity. **Control:** If person is not treated with antimicrobial therapy, isolate (including exclusion from school or child care center) until 3 weeks after the onset of paroxysms. If appropriate antimicrobial therapy is given, the person shall be isolated for 5 days after initiation of antimicrobial therapy. Monitor contacts for coughs.	Contacts may receive vaccine booster if age-appropriate or antimicrobial prophylaxis. Check non-immunized students for potential exclusion during outbreak. Whooping cough shall be reported by end of the next business day after the existence of such case or suspect case is known to your local health district. **Vaccine available.**

Department of Job and Family Services

This chart has been developed cooperatively between the Bureau of Early Intervention Services, Ohio Department of Health and the Bureau of Child Care and Development, Ohio Department Job and Family Services.

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Animal bites

Prevention:
- Prevent access of stray or wild animals to school and child care premises.
- Bat proof buildings to prevent bats from entering.
- Choose classroom pets wisely; avoid contact with reptiles and exotic animals.
- Schools must comply with Jarod's Law (OAC 3701-54) on animals in school settings.
- All visiting pets should be healthy, properly vaccinated, and under adult control.

If a bite occurs:
- Confine the animal or obtain an accurate description so it can be located later.
- Immediately wash wound with soap and rinse with water for at least 10 minutes.
- Refer to a physician for appropriate medical care.
- Report the bite to the local health department.

Teach in Health Education Classes:
- Teach appropriate behavior around animals.
- Be aware of and avoid wildlife and unfamiliar dogs or cats; they may be dangerous.
- Discourage contact with injured or frightened animals; they are more likely to bite.
- Encourage proper immunization of pets against rabies.
- Stress the importance of telling an adult when a bite occurs.

Rabies Hotline: 1-888-Rabies1

Sexually Transmitted Diseases

Students suspected of having STDs should be referred to a family physician, local health district, or other appropriate medical resources for prompt diagnosis and treatment.

Information regarding STDs must be held in strict confidence. Refer to ODH Sexually Transmitted Disease Summary Chart for additional information. To order the STD Summary Chart, call 614-644-1838.

For any other questions regarding STDs including STD transmission, call: 1-800-227-8922.

AIDS Hotline: 1-800-332-2437

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Phone Contacts

For diseases not listed, for more information, or to report cases of disease, contact your **local health district.** Also report any pattern of illness which is unusual for your center or any unusual increase in occurrence of cases.

For questions about child care licensing rules, contact your local child care licensing region by calling the ODJFS Help Desk at 866-886-3537 followed by Option 4.

For questions about K-12 school institution rules relative to communicable diseases and required immunization schedule, please contact the **ODH School Nurse** at 614 466-1930.

ODH Immunization Program for immunization questions—614- 466-4643.

Frequently Used Phone Numbers

Local Health District	Local Child Care Licensing Specialist

Standard Precautions in Child Care

Notify parents of all children who may have been exposed to a communicable disease. Tell them what signs and symptoms to watch for in their child and to seek medical care should these occur.

Monitor those children who were exposed to communicable diseases for signs and symptoms of illness so that secondary cases are detected promptly.

Handwashing remains the single most effective measure to prevent the spread of disease. All children and staff should practice good hygiene and should wash hands thoroughly upon entering the center, after toileting or diaper changes, after wiping noses or covering coughs and sneezes, and before preparing or eating food.

Sanitation of contaminated articles and surfaces should be done, following a soap and water wash to remove physical soil. A chlorine bleach solution (1/4 cup bleach + 1 gallon of cool water) or (1 tablespoon of bleach + 1 quart of water) is an inexpensive way to sanitize, but it cannot be used on all surfaces. Leave surface wet **for 2 minutes** after spraying. Wipe or air dry. This solution can be mixed in a spray bottle for convenience. It should be made up fresh daily to insure potency.

Barriers, such as non-porous disposable gloves, should be worn when contact with blood and body fluids containing blood cannot be avoided.