

Management of Communicable Diseases

Name of Organism or Illness	Average Incubation Period (range)	Average Contagious Period (range)	Management of Contacts ²	Exclusion
<i>Campylobacter</i>	2-5 days (1-10 days)	Throughout illness; approx. 1-2 wks. (up to 7 wks. w/o treatment)	Exclude at first sign of illness; good hand hygiene	Until free of diarrhea for 2 days
Diarrhea (NOS)	Varies	Varies	Exclude at first sign of illness; good hand hygiene	HRW ¹ : until free of symptoms for 24 hr.
<i>E. coli</i> 0157 or Shiga toxin-producing <i>E. coli</i> (STEC) diarrhea	Varies; typically 10 hrs.- 6 days for most strains; for 0157, 3-4 days (1-8 days)	Duration of diarrhea until stool culture negative	Exclude and perform stool culture at first sign of illness in contacts; good hand hygiene	HRW : exclude until 2 stool cultures taken 24 hrs. apart are negative. Perform stool cultures after symptoms resolve (without use of anti-diarrheal meds) and at least 48 hrs. after completion of antibiotics. LRW ¹ : Until free of diarrhea for 2 days
Fifth Disease (Erythema infectiosum; Parvovirus B19)	Varies; typically 4-20 days	Most infectious 1-2 days prior to onset	If pregnant consult with OB; do not share utensils; good hand hygiene	No exclusion if rash is diagnosed as Fifth disease by a healthcare provider
<i>Giardia</i>	7-10 days (3-25+ days)	During active infection until symptoms resolve	Good hand hygiene	Until free of diarrhea for 2 days; may be relapsing
Hand Foot and Mouth Disease (Coxsackievirus) (Herpangina)	3-5 days (2-14 days)	From 2-3 days before onset and several days after onset of illness; virus shed in feces for weeks	Encourage cough etiquette and good hand hygiene	If secretions from blisters can be contained, no exclusion required (contagious prior to illness; exclusion not typically helpful)
Head lice (Pediculosis)	1-2 weeks	Until lice and viable eggs are destroyed, which generally requires 1-2 shampoo treatments and nit combing	Avoid head-to-head contact during play; do not share personal items, such as hats, combs; inspect close contacts frequently	Students with live lice may stay in school until end of day; immediate treatment at home is advised (lice typically present at least a week before noticed; exclusion not typically helpful; "no-nit" school policies NOT recommended or necessary)
Hepatitis A	25-30 days (15-50 days)	2 weeks before onset of symptoms to 1-2 weeks after onset	Evaluate close contacts for needed postexposure prophylaxis; encourage good hand hygiene	HRW : exclude until 14 days after onset of symptoms and 7 days after onset of jaundice (if applicable) LRW : Exclude until at least 7 days after jaundice onset or onset of illness
Impetigo (Impetigo contagiosa)	Variable, usually 4-10 days, but can be as short as 1-3 days	While sores are draining	Exclude with first signs of illness; encourage good hand hygiene	Exclude until on antibiotic for 24hrs and lesions are healing; cover lesions
Influenza	1-4 days	1 day before onset of symptoms to about 7-10 days from the first symptoms	Antiviral postexposure prophylaxis may be appropriate for children and adults at high risk for complications; encourage annual vaccination	Until free of fever and symptoms for 24 hours without the aid of medication

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Jaundice (NOS)	Varies/NA	Varies/NA	Varies/NA	HRW: exclude until 7 days after onset of jaundice and provides medical documentation jaundice not caused by HAV
Listeria	2-3 wks. (up to 70 days)	Not communicable person to person except for intrauterine spread	Question about shared dietary history	None
Measles (Rubeola)	10-12 days (7-21 days)	4 days before to 4 days after rash onset	Exclude nonimmune close contacts 21 days after rash onset (in final linked case). Immunization may prevent disease if given $\leq 3d$ after exposure; nonimmune individuals who receive vaccination within 72 hrs. of exposure <i>may</i> be considered for remittance to school/activities	Exclude until 4 days after rash onset
Bacterial Meningitis (<i>N. meningitis</i>)	Average 2-4 days (range 1-10 days)	7-10 day prior to symptom onset until 24hrs after start of appropriate antibiotic treatment	Antibiotic prophylaxis (chemoprophylaxis) is recommended for close contacts of the case patient during the 10 days prior to illness onset and up to 24 hours after appropriate antibiotic therapy was started. Prophylaxis administered greater than 14 days after last exposure to the case while infectious is not considered beneficial; prophylaxis is not necessary for casual contacts in classrooms or work environments, or for emergency response professionals who have used standard precautions.	Exclude until 24 hrs. after antimicrobial treatment
MRSA (Methicillin-resistant <i>Staphylococcus aureus</i>)	Varies	As long as lesions are draining; MRSA is found in many environments	Encourage good hand hygiene; do not share personal items, including but not limited to towels, washcloths, clothing, razors and uniforms	No exclusion if wound is covered and drainage contained; exclusion from contact sports/swimming until medical clearance
Mumps	16-18 days (12-25 days)	3 days before to 5 days after parotitis/symptom onset (up to 7 days before to 9 days after)	Exclude those without documentation of immunity for 25 days after onset (in final linked case); if vaccinated these individuals may be re-admitted based on the circumstances (vaccination may not prevent infection)	Exclude until 5 days after onset of parotitis/symptom
Norovirus	Average 24-48hrs (range: 12-72hrs)	Usually from onset until 2-3 days after recovery; typically, virus is no longer shed after 10 days	Encourage good hand hygiene; use <i>appropriate</i> environmental cleaning procedures	HRW: Until free of diarrhea and symptoms for 48 hrs. LRW: Until free of diarrhea for 2 days

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Pertussis	Average 7-10 days (range 5-21 days)	With onset of cold-like symptoms until 21 days from onset (or until 5 days of treatment)	Close contacts should receive antimicrobial prophylaxis within 3 weeks of exposure	Exclude until 21 days after onset or until 5 days of appropriate antimicrobial treatment
Pinworm (<i>Enterobius vermicularis</i>)	1-2 months	As long as the female worm survives in the intestine.	Encourage good hand hygiene	None
Rotavirus	1-3 days	During diarrhea and for 3 days after resolution of symptoms	Encourage good hand hygiene and vaccination	Exclude until diarrhea has ceased for at least 3 days
RSV	4-6 days (2-8 days)	3-8 days; infants may be contagious up to 4 wks.	Encourage good hand hygiene	Exclude until fever free and well enough to return to child care/school/work
Rubella	14-18 days (12-23 days)	7 days before to 7 days after rash onset	If pregnant, consult OB; exclude those without documentation of immunity until 21 days after the onset of rash of the final linked case of rubella; nonimmune individuals that receive vaccination may be re-admitted based on the circumstances (vaccination may not prevent infection)	Exclude until 7 days after onset of rash
<i>Salmonella</i> (nontyphoidal)	Average 12-36hrs (range: 6-72 hr.)	During active illness and until organism is no longer detected in feces	Exclude with first signs of illness; encourage good hand hygiene	HRW (food handlers and HCW caring for immunocompromised only): exclude until 3 stool samples taken 24 hrs. apart are negative (starting at least 48 hrs. after completion of antibiotics) AND symptom-free for over 30 days (excretion continues on average for 5 wks.). LRW: exclude until diarrhea free x 24 hrs.
<i>Salmonella typhi</i> and <i>Salmonella paratyphi</i>	7-14 days (5-21 days)	During active illness and until organism is no longer detected in feces	Exclude with first signs of illness; encourage good hand hygiene	HRW (including childcare attendees): exclude until 3 stool samples taken 24 hrs. apart (starting at least 48 hrs. after completion of antibiotics) are negative AND symptom-free for over 30 days (excretion continues on average for 5 wks.). LRW: exclude until diarrhea free x 24 hrs.
Scabies	2-6 weeks from first exposure; 1-4 days if re-exposure	Until mites are destroyed by chemical treatment; prescription skin and oral medications are generally effective after one treatment	Treat close contacts and infected persons at the same time; exclude with first signs of illness; avoid skin-to-skin contact; do not share personal items	Until treatment is completed; pruritus may continue for days to weeks and is not a sign of continued infection
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		Period (range)		
<i>Shigella sonnei</i>	Average 1-3 days (range 12-96hrs)	During active illness and until organism no longer detected; treatment can shorten duration	Exclude with first signs of illness; encourage good hand hygiene	HRW: free of diarrhea for 48 hrs.; food handlers must be symptom-free for 7 days LRW: exclude until diarrhea free for at least 2 days
<i>Shigella dysenteriae, Shigella flexneri, Shigella boydii</i>	Average 1-3 days (range 12-96hrs)	During active illness and until organism no longer detected; treatment can shorten duration	Exclude with first signs of illness; encourage good hand hygiene	HRW (including child care attendees): exclude until 2 stool cultures taken 24 hrs. apart are negative. Perform stool cultures at least 48 hrs. after completion of antibiotics. LRW: Until diarrhea free x 2 days
Varicella	14-16 days (10-21 days)	1-2 days prior to rash onset until rash crusts	Exclude at first sign of illness; Immunization may prevent disease if given ≤3d after exposure; exclude unvaccinated close contacts x 21 days; may return immediately if receive vaccination based on situation	Until lesions have crusted (for cases with non-crusting lesions: until lesions are fading or until no new lesions occur)
Vomiting (NOS)	Varies	Varies	Exclude at first sign of illness	HRW: when symptom free for 24 hrs.
Zoster	NA	Vesicular fluid potentially communicable until lesions crust	Caution near immunocompromised, nonimmune (particularly pregnant, immunocompromised, very young, elderly)	HRW: those working with immunocompromised, very young/elderly-consult with employer; if lesion completely covered and contained, typically no exclusion necessary LRW: if lesion covered and contained, no exclusion necessary

¹High risk worker (or individual) (HRW): A person, paid or unpaid, working in a high risk setting where the risk of transmission of disease to other workers or the public warrants exclusion.

- **Food handler:** A person, paid or unpaid, engaged in the preparation, manufacture, storage, serving or sale of food or drink where the food or drink itself is handled. This does not include a person who handles only completely packaged food or drink or a person who only handles food *before* it is cooked.
- **Child care worker:** A person, paid or unpaid, working in a licensed or unlicensed child care or preschool (full or part time, or after school).
 - Child care facility: A community care facility or family day care setting or preschool where children under the age of 5 attend.
- **Health care worker:** A person, paid or unpaid, working in direct patient/resident care in an adult day program, residential or acute health care facility or other clinical setting.
- **Swimming Pool Workers:** A person who works at swimming pools, hot tubs or spray parks, and spend time in the water.

Low risk worker (or individual) (LRW): all others

²Contact: A person working in or attending a high risk setting, who is a household or sexual contact of a confirmed case, or has had a significant opportunity to acquire the infection, e.g. through consumption of a confirmed food source.

Sources:

- US Food and Drug Administration. (2013). Food code 2013. *US Food and Drug Administration, College Park, MD.*
- Kimberlin, D. W., Brady, M. T., Jackson, M. A., & Long, S. S. (2015). *Red Book, (2015).* American Academy of Pediatrics.
- UpToDate, Waltham, MA
- Benjamin, G. C. (2015). Control of Communicable Diseases Manual.
- Michigan Department of Education and Michigan Department of Community Health, Divisions of Communicable Diseases. (September 2014). Managing Communicable Diseases in Schools.
- Michigan Department of Community Health, Divisions of Communicable Diseases. Vaccine-Preventable Disease Investigation Guidelines http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4914-141609--,00.html