

The following chart is available from the Texas Department of Health at:

[www.tdh.state.tx.us/ideas/report/chichart.pdf](http://www.tdh.state.tx.us/ideas/report/chichart.pdf) (July 14, 2001).

**Communicable Disease Chart for Schools and Child-care Centers**

Condition	Incubation Period	Signs and Symptoms	Exclusion from Attendance	Readmission Criteria <sup>3</sup>	Reportable Disease	Notes for Prevention and Treatment <sup>4</sup>
<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 a physician determines that a severe or chronic skin eruption or lesion which cannot be covered poses a threat to others. The child's parents and physician should be advised of measles, rubella, or chickenpox outbreaks in the school. These 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. Educate adolescents about viral transmission 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.	Yes	After treatment has begun.	Yes, call (800) 705-8868.	Adequate treatment is necessary to prevent/eliminate extraintestinal disease. Teach importance of handwashing. Relatively uncommon in the United States, but can be acquired in developing countries. Spread by person-to-person contact or through food and/or drink.
<b>Campylobacteriosis</b>	1-10 days, usually 3-5 days	Sudden onset of diarrhea, abdominal pain, fever, malaise, nausea, and vomiting.	Yes	After diarrhea and fever subside.	Yes, call (800) 705-8868.	Teach importance of handwashing. Frequently a foodborne infection.
<b>Chickenpox (varicella)</b>	2-3 weeks, commonly 13-17 days	Fever and vesicular rash that may appear first on head, then spread to body. Usually two or three crops of new blisters that heal, sometimes leaving scars.	Yes	Seven days after onset of rash; immunocompromised individuals should not return until all blisters have crusted over.	Yes, call (800) 252-9152.	Vaccine available.
<b>Common cold</b>	1-3 days	Runny nose, watery eyes, fatigue, coughing, and sneezing.	No, unless fever is present (see Fever).	After fever subsides.	No	Teach importance of handwashing and covering mouth when coughing or sneezing. Colds are caused by viruses; antibiotics are not indicated.
<b>Conjunctivitis (bacterial or viral)</b>	Bacterial: 1-3 days Viral: 12 hours to 12 days	Red eyes, usually with some discharge or crusting around eyes.	Yes	See footnote 2	No	Teach importance of handwashing. Allergic conjunctivitis is not contagious.

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<b>Cryptosporidiosis</b>	1-12 days, usually 7 days	Diarrhea, which may be profuse and watery, preceded by anorexia and vomiting in children. The diarrhea is associated with abdominal pain. Malaise, fever, nausea, and vomiting occur less often. Infection may be asymptomatic.	Yes	After diarrhea subsides.	Yes	Teach importance of handwashing.
<b>Cytomegalovirus (CMV) infection</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 handwashing. Avoid direct contact with urine, saliva, or other infectious secretions.
<b>Escherichia coli (E. coli) infection</b>	10 hours to 6 days in most cases; for <i>E. coli</i> O157:H7, usually 3-5 days	Profuse, watery diarrhea, sometimes with blood and/or mucous, and abdominal pain. Fever and vomiting may occur. Some strains (such as <i>E. coli</i> O157:H7) may cause hemolytic uremic syndrome (HUS), resulting in kidney damage.	Yes	After diarrhea and fever subside.	Yes, if <i>E. coli</i> O157:H7 strain. Call (800) 705-8868	Teach importance of handwashing. Usually a foodborne infection.
<b>Fever</b>		Oral temperature of 38°C (100.4°F) or greater.	Yes	After fever subsides.	No	
<b>Fifth disease (erythema infectiosum)</b>	Variable: 4 - 20 days to development of rash	Redness of the cheeks and body. Fever does not usually occur.	No, unless fever is present.	After fever subsides.	No	Individual should be seen by a physician to rule out measles or rubella.
<b>Gastroenteritis, viral</b>	Variable, usually 1-3 days	Nausea and diarrhea. Fever does not usually occur.	Yes	After diarrhea subsides.	No	Teach importance of handwashing.
<b>Giardiasis</b>	5-25 days or longer, usually 7-10 days	Gradual onset of nausea, bloating, and diarrhea. May recur several times over a period of weeks.	Yes	After diarrhea subsides.	No	Treatment is recommended. Teach importance of handwashing. Can spread quickly in child-care facilities.

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<b>Head lice</b>	Eggs hatch in 7-10 days	Itching and scratching of scalp. Pinpoint-sized white eggs (nits) that will not flick off the hair shaft.	Yes	After one medicated shampoo or lotion treatment has been given.	No	Second shampoo or lotion treatment is recommended in 7-10 days. Teach importance of not sharing combs, brushes, hats and coats.
<b>Hepatitis A</b>	15-50 days, with an average of 30 days	Abrupt onset of fever, malaise, anorexia, nausea and vomiting, and abdominal pain; jaundice, dark urine, or diarrhea may or may not be present.	Yes	One week after onset of illness.	Yes, call (800) 705-8868	Vaccine available. Teach importance of 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 contacts at the facility.
<b>Hepatitis B</b>	2-6 months	Gradual onset of fever, fatigue, nausea, or vomiting, followed by jaundice. Frequently asymptomatic.	No		Yes, call (800) 705-8868	Vaccine available. Teach importance of handwashing. When cleaning up spills of blood or body fluids, wear gloves and use a suitable disinfectant. Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection. Teach importance of not sharing razors or toothbrushes.
<b>Herpes simplex (cold sores)</b>	First infection, 2-12 days	Blisters on or near lips that open and become covered with a dark crust. Recurrences are common.	No		No	Teach importance of good hygiene. Avoid direct contact with sores.
<b>Impetigo</b>	Variable, usually 4-10 days	Blisters on skin that open and become covered with a yellowish crust. Fever does not usually occur.	Yes	After treatment has begun.	No	Keep lesions covered. Teach importance of handwashing and keeping fingernails clean.
<b>Influenza</b>	1-5 days	Rapid onset of fever, headache, sore throat, cough, chills, lack of energy, and muscle aches.	Yes	After fever subsides.	No	Vaccine available and recommended for children with certain chronic diseases. Antiviral therapy available for patients with influenza type A.
<b>Measles (rubeola)</b>	7-14 days	Runny nose, watery eyes, fever, and cough. A blotchy red rash, which usually begins on the face, appears between the third and seventh day.	Yes	Four days after onset of rash. In an outbreak, unimmunized children should be excluded for at least two weeks after last rash onset	Yes, <b>immediately call</b> (800) 252-9152	Vaccine available.

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<b>Meningitis, bacterial</b>	2-10 days	Sudden onset of high fever and headache, usually with vomiting.	Yes	See footnote 2.	Yes, call (800) 705-8868	Prophylactic antibiotics may be recommended for family members and close contacts at a child-care facility.
<b>Meningitis, viral</b>	2-10 days	Sudden onset of fever and headache, usually with vomiting.	No, unless fever is present (see Fever)	When fever subsides.	Yes, call (800) 705-8868	Teach importance of handwashing.
<b>Meningococcal infections (meningitis, meningococemia)</b>	Varies from 2-10 days, usually 3-4 days	Sudden onset of fever, intense headache, nausea and often vomiting, stiff neck, and frequently a reddish or purplish rash on the skin or mucous membranes.	Yes	See footnote 2.	Yes, <b>immediately call</b> (800) 705-8868	Prophylactic antibiotics may be recommended for family members and close contacts at a child-care facility. In an outbreak, vaccine may be recommended for persons likely to become exposed.
<b>Mononucleosis, infectious</b>	30-50 days	Variable. Infants and young children generally are asymptomatic. Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat.	Yes	When a physician decides or after fever subsides. Some children with fatigue may not be physically able to return to school until symptoms subside.	No	Minimize contact with saliva and nasal discharges. Teach importance of handwashing.
<b>Mumps</b>	12-25 days	Swelling over jaw in front of one or both ears. Pain in cheeks made worse by chewing.	Yes	After nine days from onset of swelling.	Yes, call (800) 252-9152	Vaccine available.
<b>Otitis</b>	Variable	Fever, ear pain. May follow respiratory illness.	No, unless fever is present (see Fever)	After fever subsides.	No	Antibiotics are only indicated for acute otitis media.
<b>Pertussis (whooping cough)</b>	7-21 days	Low-grade fever, runny nose, and cough lasting about two weeks, followed by paroxysmal coughing spells and "whoop" on inspiration.	Yes	After completion of five days of antibiotic therapy.	Yes <b>immediately call</b> (800) 252-9152.	Vaccine available. Unimmunized contacts should be immunized and receive antibiotic prophylaxis.
<b>Pharyngitis, nonstreptococcal</b>	Variable	Fever, sore throat, often with large, tender lymph nodes in neck.	No, unless fever is present (see Fever)	After fever subsides.	No	Nonstreptococcal pharyngitis is caused by a virus; antibiotics are not indicated.
<b>Pinworms</b>	Variable, may be as long as 3-6 weeks	Perianal itching.	No		No	Treatment recommended. Teach importance of handwashing.

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<b>Ringworm of the body</b>	4-10 days	Slowly spreading, flat, scaly, ring-shaped lesions on skin. The margins may be reddish and slightly raised.	No		No	Treatment is recommended. Keep lesions covered.
<b>Ringworm of the scalp</b>	10-21 days	Slowly spreading, balding patches on scalp with broken off hairs.	Yes	After treatment has begun.	No	Teach importance of not sharing combs, brushes, hats, and coats.
<b>Rubella (German measles)</b>	14-23 days, usually 16-18 days	Cold-like symptoms. Swollen, tender glands at the back of the neck. Changeable pink rash on face and chest.	Yes	Seven days after onset of rash. In an outbreak, unimmunized children and pregnant women should be excluded for at least three weeks after rash onset.	Yes, call (800) 252-9152 within one working day	Vaccine available.
<b>Salmonellosis</b>	1-3 days	Sudden onset of fever, abdominal pain, diarrhea, and sometimes vomiting.	Yes	After diarrhea and fever subside.	Yes, call (800) 705-8868	Teach importance of handwashing. Frequently a foodborne infection.
<b>Scabies</b>	First infection: 2-6 weeks Repeat infection: 1-4 days	Small, raised red bumps or blisters on skin with severe itching.	Yes	After treatment has begun.	No	Teach importance of not sharing combs, brushes, hats, and coats.
<b>Sinus infection</b>	Variable	Fever, headache, greenish to yellowish mucous for more than one week.	No		No	Antibiotics are only indicated for long-lasting or severe sinus infections.
<b>Shigellosis</b>	1-7 days	Sudden onset of fever, vomiting, and diarrhea which may be bloody.	Yes	After diarrhea and fever subside.	Yes, call (800) 705-8868	Teach importance of handwashing. Can spread quickly in child-care facilities.
<b>Streptococcal sore throat and scarlet fever</b>	1-3 days	Fever, sore throat, often with large, tender lymph nodes in neck. Scarlet fever-producing strains of bacteria cause a fine, red rash that appears 1-3 days after onset of sore throat.	Yes	Twenty-four hours after antibiotic treatment has begun and fever subsides.	No	Teach importance of covering mouth when coughing or sneezing. Streptococcal sore throat can only be diagnosed with a laboratory test.

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<b>Tuberculosis, pulmonary</b>	4-12 weeks	Gradual onset of fatigue, anorexia, fever, failure to gain weight, and cough.	Yes	After antibiotic treatment has begun <b>and</b> a physician's certificate or health permit is obtained.	Yes, call (800) 705-8868 within one working day.	All classroom contacts should have TB skin tests. Antibiotic prophylaxis recommended for newly positive reactors. Call the TB control program at your local health department for contact testing.

<sup>1</sup>The major criterium for exclusion from attendance is the probability of spread from person to person. A child may have a nonexcludable illness yet require care at home or in a hospital.

<sup>2</sup>Children excluded from a school or child-care facility for this communicable disease may be readmitted with a note from a physician or the local health authority.

<sup>3</sup>A school or child-care facility administrator may require a note from a parent or physician before readmission regardless of the reason for the absence.

<sup>4</sup>Children should not be given aspirin for symptoms of any confirmed or suspected viral disease without consulting a physician.