## Childhood Infectious Illnesses (Communicable Disease Recommendations)

adapted from Childhood Infectious Illnesses poster—2008 edition
Children’s Healthcare of Atlanta

<table>
<thead>
<tr>
<th>DISEASE, ILLNESS, OR ORGANISM</th>
<th>INCUBATION PERIOD</th>
<th>HOW IS IT SPREAD?</th>
<th>WHEN IS CHILD MOST CONTAGIOUS?</th>
<th>RETURN TO CENTER OR SCHOOL?</th>
<th>REPORT TO COUNTY HEALTH DEPARTMENT</th>
<th>HOW TO PREVENT SPREADING INFECTION</th>
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<tbody>
<tr>
<td>Bronchiolitis, Bronchitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats (respiratory diseases caused by many different viruses and occasionally bacteria)</td>
<td>Variable, numerous causes</td>
<td>Contact with droplets from nose, eyes, or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs, etc.) for several hours</td>
<td>Variable, often from the day before symptoms begin up to 5 days after onset</td>
<td>No restriction unless child has fever, or is too uncomfortable, fatigued, or ill to participate in activities (center unable to accommodate child’s increased needs for comfort and rest)</td>
<td>NO†</td>
<td>For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable</td>
</tr>
<tr>
<td>Influenza* (influenza virus)</td>
<td>1 to 3 days</td>
<td>Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours</td>
<td>Variable, from the day before until the first 7 days of illness</td>
<td>After 24 hours without fever and child’s symptoms are improving</td>
<td>NO†</td>
<td>Illnesses caused by influenza virus or pneumonoccal bacteria can be reduced by timely immunization</td>
</tr>
<tr>
<td>Respiratory Syncytial Virus (RSV)</td>
<td>2 to 8 days</td>
<td>Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours</td>
<td>Variable, from the day before until 3 to 8 days or longer</td>
<td>After 24 hours without fever and child’s symptoms are improving</td>
<td>NO†</td>
<td>ADDITIONAL COMMENTS: Influenza: Annual influenza vaccine recommended for children ages 6 months to 18 years as well as caregivers of young children (especially those &lt;6 months); cover coughs and sneezes</td>
</tr>
<tr>
<td>Pinkeye (Pink or red eye; eyelid swelling; tearing and/or discharge)</td>
<td>Variable, depending on the cause—bacterial, viral or allergic</td>
<td>Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces</td>
<td>Depending on the cause, up to 2 weeks</td>
<td>On recommendation of physician; bacterial conjunctivitis requires antibiotic treatment</td>
<td>NO†</td>
<td>Respiratory Syncytial Virus: Avoid sharing linens, toys</td>
</tr>
<tr>
<td>Cold Sore (Herpes simplex virus)</td>
<td>2 days to 2 weeks</td>
<td>Direct contact with infected oral secretions or lesions (drooling, kissing, thumb-sucking)</td>
<td>While lesions are present</td>
<td>After lesions are scabbed over and drooling controlled</td>
<td>NO†</td>
<td>Cold Sore: Avoid kissing, sharing drinks or utensils</td>
</tr>
<tr>
<td>Disease, Illness, or Organism</td>
<td>Incubation Period</td>
<td>How is It Spread?</td>
<td>When Is Child Most Contagious?</td>
<td>Return to Center or School?</td>
<td>Report to County Health Department</td>
<td>How to Prevent Spreading Infection</td>
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| **Diphtheria**<sup>*</sup>  
(Corynebacterium diphtheriae bacteria) | 2 to 7 days | Contact with discharges from the nose, eyes, mouth or skin lesions of infected individual | Onset of sore throat to 4 days after treatment has begun | After 2 negative cultures are obtained | YES  
Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date | For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys |
| **Mononucleosis**<sup>†</sup>  
(Mono)  
(Epstein-Barr virus) | 4 to 7 weeks | Kissing on mouth; sharing objects contaminated with saliva | Variable, often prolonged | No restriction unless child has fever, or is too uncomfortable, fatigued, or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest) | NO<sup>†</sup> | Illnesses caused by influenza virus or pneumococcal bacteria can be reduced by timely immunization |
| **Mumps**<sup>‡</sup>  
(Mumps virus) | 12 to 25 days (usually 16 to 18 days) | Contact with droplets from nose, eyes or mouth of infected person | Peak infectious time begins 2 days before swelling, but may range from 7 days before to 9 days after | 9 days after parotid gland (neck) swelling begins | YES  
Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date | YES  
Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date |
| **Strep Throat**  
(Group A Streptococcus bacteria) | 1 to 5 days | Contact with droplets from nose and mouth. Rarely, outbreaks can be caused by contaminated food | From onset of symptoms until 24 hours after treatment | After at least 24 hours of antibiotic treatment and no fever for 24 hours | NO<sup>‡</sup> | Mumps: Timely immunizations  
Strep Throat: Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling |
| **Tuberculosis (TB)** | Many infected persons do not develop disease and have no symptoms. Risk of developing active disease is highest during first 1 to 2 years after infection | Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult) | Children with TB may be infectious to others when they have active disease of the lungs or throat | Only when Health Department or physician gives permission | YES  
Treatment of contacts may be necessary | Tuberculosis (TB): Routine TB skin testing is not recommended for children; however, healthcare evaluations should assess risk of TB exposure and skin test if TB exposure is likely |
| **Whooping Cough**<sup>§,∥</sup>  
(Bordetella pertussis bacteria) | 5 to 21 days (usually 7 to 10 days) | Contact with droplets from nose, eyes or mouth of infected person | Most infectious before cough onset (with onset of runny nose), continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins | After appropriate antibiotic treatment for 5 days | YES  
Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date | Whooping cough: Timely immunizations; Booster dose of Tdap is recommended for anyone over 11 years of age, including adults; cover coughs and sneezes |

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<sup>*</sup> Diphtheria: Timely immunizations; Booster dose of either Td or Tdap is recommended for anyone over 11 years of age, including adults.

<sup>†</sup> Mononucleosis: Avoid kissing, sharing drinks or utensils

<sup>‡</sup> Mumps: Timely immunizations

<sup>§</sup> Strep Throat: Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling

<sup>∥</sup> Tuberculosis (TB): Routine TB skin testing is not recommended for children; however, healthcare evaluations should assess risk of TB exposure and skin test if TB exposure is likely

<sup>§</sup> Whooping cough: Timely immunizations; Booster dose of Tdap is recommended for anyone over 11 years of age, including adults; cover coughs and sneezes

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*Developed courtesy of the John N. Goddard Office of Community Benefits at Children's Healthcare of Atlanta*
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<tr>
<td><strong>Viral Gastroenteritis</strong> (&lt;i&gt;vomiting and/or diarrhea&lt;/i&gt;)</td>
<td>Varies with pathogen (pathogen is a disease-causing organism), usually 1 to 5 days</td>
<td>Contact with stool, saliva or vomit from infected individual directly or from surfaces. Norovirus highly infectious; frequent cause of outbreaks</td>
<td>From 2 days before illness until vomiting and diarrhea improve</td>
<td>No fever or vomiting for 24 hours and fewer than 5 stools per day</td>
<td><strong>NO</strong></td>
<td>For all Diseases: Good handwashing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys and food preparation areas. Avoid potentially contaminated beverages, food and water; divide food preparation and diapering responsibilities among staff.</td>
</tr>
<tr>
<td>• Adenovirus</td>
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<td><strong>ADDITIONAL COMMENTS:</strong> Bacterial Gastroenteritis: Proper cooking/handling of meats and raw eggs. (Reptiles should not be permitted in childcare centers. Pet reptiles should be handled safely in other settings.)</td>
</tr>
<tr>
<td>• Rotavirus</td>
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<td>Hepatitis A: Timely immunizations; consider Hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others.</td>
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<tr>
<td>• Norovirus</td>
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<td>Pinworms: Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting; trim fingernails, prevent nail-biting and fingers in mouth; proper disposal/cleaning of diapers, bedding, clothes, etc.; proper disinfection of changing tables and toileting areas.</td>
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<tr>
<td><strong>Bacterial Gastroenteritis</strong></td>
<td>Varies with pathogen, from 6 hours to 7 days</td>
<td>Contact with stool from infected individual (or occasionally pets); from contaminated food, beverages or water (especially raw eggs and improperly cooked meats)</td>
<td>When diarrhea is present. Pathogenic E. coli and Shigella highly infectious in small doses</td>
<td>No fever and stools are formed or fewer than 5 stools per day; pathogenic E. coli and Shigella require 2 negative stool cultures (exceptions may rarely be allowed by local health department for older children)</td>
<td><strong>YES</strong> Treatment of contacts not necessary; follow-up stool tests are necessary for Shigella and E. coli infections</td>
<td><strong>YES</strong> Treatment of contacts not necessary; follow-up stool tests not necessary</td>
</tr>
<tr>
<td>• Pathogenic E. coli</td>
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<td></td>
<td><strong>HEPATITIS A</strong>: Young children (younger than 5) often asymptomatic; one case may indicate a childcare center outbreak. Treatment of contacts may be necessary</td>
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<tr>
<td>• Salmonella</td>
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<td></td>
<td><strong>NO</strong>: Treatment of contacts not necessary; follow-up stool tests are necessary for Shigella and E. coli infections.</td>
</tr>
<tr>
<td>• Campylobacter</td>
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<td><strong>NO</strong>: Treatment of contacts not necessary; follow-up stool tests are necessary for Shigella and E. coli infections.</td>
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<tr>
<td>• Shigella</td>
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<td></td>
<td><strong>NO</strong>: Treatment of contacts not necessary; follow-up stool tests are necessary for Shigella and E. coli infections.</td>
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<td>• Yersinia</td>
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<td><strong>NO</strong>: Treatment of contacts not necessary; follow-up stool tests are necessary for Shigella and E. coli infections.</td>
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<td><strong>Giardia</strong> (&lt;i&gt;a parasite&lt;/i&gt;)</td>
<td>1 to 4 weeks (usually 7 to 10 days)</td>
<td>Contact with infected stool; consuming contaminated water or food</td>
<td>When diarrhea is present.</td>
<td>When stools are formed or fewer than 5 stools per day</td>
<td><strong>YES</strong> Treatment of contacts not necessary; follow-up stool tests not necessary</td>
<td><strong>YES</strong> Treatment of contacts not necessary; follow-up stool tests not necessary.</td>
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<td><strong>Hepatitis A</strong>*</td>
<td>2 to 7 weeks (usually 25 to 30 days)</td>
<td>Eating contaminated food/water; close contact with infected individuals; contact with infected stool</td>
<td>From 2 weeks before illness until 1 week after jaundice has begun</td>
<td>After 1 week from the onset of jaundice</td>
<td></td>
<td><strong>YES</strong> Treatment of contacts not necessary; follow-up stool tests not necessary.</td>
</tr>
<tr>
<td><strong>Pinworms</strong></td>
<td>2 to 8 weeks</td>
<td>Pinworms lay microscopic eggs near rectum, causing itching. Infection spreads through ingestion of pinworm eggs, after contamination of hands by scratching</td>
<td>Eggs may survive up to 2 weeks after appropriate therapy AND resolution of rectal itching. Re-infection is common</td>
<td>No restriction, but treatment should be given to reduce spread</td>
<td><strong>NO</strong></td>
<td><strong>YES</strong> Treatment of contacts not necessary; follow-up stool tests not necessary.</td>
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*For young children (younger than 5), one case may indicate a childcare center outbreak. Treatment of contacts may be necessary.**

**ADDITIONAL COMMENTS:** Bacterial Gastroenteritis: Proper cooking/handling of meats and raw eggs. (Reptiles should not be permitted in childcare centers. Pet reptiles should be handled safely in other settings.)

**Hepatitis A:** Timely immunizations; consider Hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others.

**Pinworms:** Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting; trim fingernails, prevent nail-biting and fingers in mouth; proper disposal/cleaning of diapers, bedding, clothes, etc.; proper disinfection of changing tables and toileting areas.
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<td>Haemophilus influenzae type B* (Hib bacteria)</td>
<td>Variable, usually 1 to 10 days</td>
<td>Contact with droplets from nose, eyes or mouth of infected person</td>
<td>Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state</td>
<td>After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate</td>
<td>YES Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date</td>
<td>For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils</td>
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<td>Neisseria meningitidis (Meningococcal bacteria)</td>
<td>Variable, usually less than 4 days</td>
<td>Contact with droplets from nose, eyes or mouth of infected person</td>
<td>Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state</td>
<td>After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate</td>
<td>YES Treatment of contacts may be necessary</td>
<td>ADDITIONAL COMMENTS: Haemophilus influenzae type B (Hib bacteria): Timely immunizations</td>
</tr>
<tr>
<td>Streptococcus pneumoniae* (Pneumococcal bacteria)</td>
<td>Variable, usually less than 4 days</td>
<td>Contact with droplets from nose, eyes or mouth of infected person</td>
<td>Until at least 24 hours of antibiotic treatment</td>
<td>After at least 24 hours of antibiotic treatment, and child well enough to participate</td>
<td>YES Treatment of contacts not necessary and not beneficial</td>
<td>Meningococcal meningitis: Timely immunizations</td>
</tr>
<tr>
<td>Viral Meningitis (Usually enterovirus)</td>
<td>Variable, usually 3 to 6 days</td>
<td>Contact with droplets from nose, eyes or mouth, or fecal material, often from healthy people</td>
<td>From the day before the illness until a week after onset</td>
<td>After 24 hours without fever, and child well enough to participate</td>
<td>YES Treatment of contacts not necessary; no specific treatment available</td>
<td>Strepococcus pneumoniae: Timely immunizations Viral Meningitis: Proper disinfection of changing tables Neisseria Meningitidis: (meningococcal bacteria): Timely immunizations</td>
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<tr>
<td>Chickenpox*# (Varicella zoster virus)</td>
<td>10 to 21 days (usually 14 to 16 days)</td>
<td>Airborne or direct contact with droplets from nose, mouth, or skin lesions of infected individuals or freshly contaminated objects</td>
<td>From 2 days before skin lesions develop until all lesions are crusted</td>
<td>When all lesions have crusted</td>
<td>NO†</td>
<td>For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues</td>
</tr>
<tr>
<td>Fifth Disease*# (Human parvovirus B19)</td>
<td>4 to 21 days (usually 4 to 14 days)</td>
<td>Contact with droplets from nose, eyes or mouth of infected person</td>
<td>Only during the week BEFORE rash develops</td>
<td>No need to restrict once rash has appeared</td>
<td>NO†</td>
<td>ADDITIONAL COMMENTS: Chickenpox: Timely immunizations; cover coughs and sneezes</td>
</tr>
<tr>
<td>German Measles**# (Rubella virus)</td>
<td>14 to 23 days (usually 16 to 18 days)</td>
<td>Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta</td>
<td>From 5 days before until 7 days after the rash appears</td>
<td>7 days after the rash appears</td>
<td>YES Treatment of contacts usually not necessary; (exception: non-immune pregnant women)</td>
<td>German Measles: Timely immunizations; (Child care providers who may become pregnant should be rubella-immune)</td>
</tr>
<tr>
<td>Hand, Foot and Mouth Disease (Coxsackievirus)</td>
<td>3 to 6 days</td>
<td>Contact with fecal, oral or respiratory secretions</td>
<td>May be contagious for several weeks after infection</td>
<td>After 24 hours without fever and child is behaving normally</td>
<td>NO†</td>
<td>Hand, Foot and Mouth Disease: Proper disinfection of changing tables, surfaces and toys</td>
</tr>
<tr>
<td>Head Lice (parasites)</td>
<td>Eggs (nits) hatch in 6 to 10 days</td>
<td>Close contact with infested individuals and sharing combs, brushes, hats, or bedding</td>
<td>When there are live insects on the head</td>
<td>After treatment, if crawling lice are gone. Remove nits; however nits alone should not be a reason for exclusion. Please read the product information carefully; some may not be appropriate for infants</td>
<td>NO†</td>
<td>Head Lice: Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: wash bedding, clothes in hot water OR dry-clean OR seal in plastic bag for 10 days. Avoid sharing beds, combs, and brushes. At school: avoid sharing headgear; hang coats separately; use individual pillow/sleep mat</td>
</tr>
<tr>
<td>Impetigo (Staphylococcus or Streptococcus bacteria)</td>
<td>1 to 10 days</td>
<td>Direct skin contact (especially through contaminated hands) or nasal discharge or contaminated surfaces</td>
<td>Until active lesions are gone or after 24 hours on antibiotics</td>
<td>After at least 24 hours of antibiotics</td>
<td>NO</td>
<td>Impetigo: Trim fingernails</td>
</tr>
<tr>
<td>Measles (Rubella virus)</td>
<td>14 to 23 days (usually 16 to 18 days)</td>
<td>Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta</td>
<td>From 5 days before until 7 days after the rash appears</td>
<td>7 days after the rash appears</td>
<td>NO</td>
<td>Measles: Timely immunizations; cover coughs and sneezes</td>
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<tr>
<td>Measles* (\text{(Rubeola virus)})</td>
<td>7 to 18 days (usually 8 to 12 days)</td>
<td>Airborne or direct contact with droplets from nose, eyes or mouth of infected person</td>
<td>From 4 days before the rash begins until 4 days after the start of the rash</td>
<td>At least 5 days after start of rash</td>
<td>YES</td>
<td>Contacts may require treatment; program of vaccination may be recommended during outbreaks in childcare centers or schools</td>
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<tr>
<td>MRSA (\text{(Methicillin-resistant Staph aureus)}) (\text{(a bacterial cause of skin boils and abscesses)})</td>
<td>Variable, occasionally initially mistaken as spider bite</td>
<td>Direct skin contact with infected person, wound drainage, or contaminated surfaces. Increased risk in crowded conditions</td>
<td>Draining wounds are very contagious and should be covered at all times</td>
<td>If wound drainage can be well contained under a dressing. Exclude from high-risk activities such as close contact team sports until completely healed</td>
<td>NO*</td>
<td></td>
</tr>
<tr>
<td>Molluscum (\text{(Molluscum contagiosum virus)})</td>
<td>Usually 2 to 7 weeks, sometimes longer</td>
<td>Direct skin contact with wound or contaminated surfaces</td>
<td>Not very contagious</td>
<td>No restriction</td>
<td>NO*</td>
<td></td>
</tr>
<tr>
<td>Ringworm on body and Ringworm on scalp (\text{(caused by fungus)})</td>
<td>Unknown</td>
<td>Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus</td>
<td>From onset of lesions until treatment begins</td>
<td>Once treatment begins; ringworm on scalp requires oral medication</td>
<td>NO*</td>
<td></td>
</tr>
<tr>
<td>Roseola (\text{(virus)})</td>
<td>About 10 days</td>
<td>Respiratory droplets, often from healthy people</td>
<td>During fever</td>
<td>No restriction unless child has fever or is too ill to participate</td>
<td>NO*</td>
<td></td>
</tr>
<tr>
<td>Scabies (\text{(parasites)})</td>
<td>Usually 4 to 6 weeks, 1 to 4 days after re-exposure</td>
<td>Skin contact with infested individual; contact with bedding or clothes of infected person</td>
<td>From up to 8 weeks before skin rash appears until it has been treated with a scabicidal cream</td>
<td>The day after adequate treatment begins</td>
<td>NO*</td>
<td>If two or more documented cases in one center; treatment of center contacts may be necessary</td>
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\* These diseases should have been vaccinated against, if immunizations are up to date. Chicken pox may still occur, but usually in a milder form.

\# These diseases may be of concern to staff members who are pregnant or trying to become pregnant. Follow-up with obstetric health care provider is recommended after known or suspected contact.

\* To reduce the spread of diseases in the classroom or child care center, it is recommended that similar illnesses (greater than three in the child care center or classroom) be reported to your county health department.

Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on an individual case-by-case basis.

Adequate handwashing facilities, policies, and procedures are the keys to excellent hygiene that will eliminate or minimize transmission of these diseases and keep students in school.

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