

COMMUNICABLE DISEASE QUICK REFERENCE CHART

Disease	Mode of Transmission	Incubation Period	Period of Communi-Cability	Signs and Symptoms	Exclude Until
Chicken Pox (Primary Infection of Varicella Zoster Virus)	Person to person by direct contact, droplet, or airborne spread of secretions of the respiratory tract	2-3 weeks, average of 10-21 days	As long as 5 days prior to rash and not more than 5 days after first crop of lesions appear. Average 1-3 days before rash	Sudden onset of slight fever with characteristic lesions which appear in successive crops, more abundantly on covered trunk, face, scalp than exposed body parts	At least 5 days after onset of first crop of vesicles or until all vesicles become dry; 5-7 days. Caution: If pregnant & not immune
Conjunctivitis (Pink Eye)	Contact with conjunctival discharge or upper respiratory secretions	12-72 hours	During course of infection	Redness and irritation of eyes, sensitivity of eyes to light, discharge	Under medical care and drainage from eyes has cleared
Fifth Disease (Hungarian Measles, Erythema Infectiosum, ParvoVirus B19)	Primarily through contact with infected respiratory secretions	4-20 days	Exact duration unknown, greatest before rash onset, probably not infectious after rash onset	Mild, nonfebrile rash occurring in three phases; striking erythema of the face (slapped-cheek appearance) spreads to trunk of the body and extremities; disappears and reappears for 1 to 3 weeks; may appear after exposure to sun or heat (e.g. bathing); lacy appearance	Fever and signs of illness other than rash are no longer present Note: Rule out Rubella, Rubeola and Scarlet Fever; If pregnant and exposed, check with your doctor
Giardia (Protozoan)	Person to person by hand to mouth transfer of organisms from feces of infected individual	5-25 days or longer, average 7-10 days	Entire period of infection; 12-14 months	Chronic diarrhea, abdominal cramps, bloating, frequent loose and greasy stools, fatigue, weight loss	During acute infection and until completing a course of therapy and no longer have diarrhea

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<p>Hepatitis A (HAV)</p> <p>For more information about Hepatitis A, please contact your local health department or medical professional.</p>	<p>Person-to person by putting something in the mouth that has been contaminated with the stool of a person with HAV, for example, food or water. This type of transmission is called “fecal-oral.”</p>	<p>15 – 50 days, average is 28 days</p>	<p>Persons with active HAV have the potential to spread the disease for as long as they are actively infected.</p> <p>The only method to determine infection of HAV is with a blood test.</p>	<p>Symptoms may include any or all of the following: jaundice; fever; loss of appetite; fatigue; dark urine; joint pain; abdominal pain; diarrhea; nausea; and vomiting. <i>All of these symptoms can also be related to other illnesses. The only way to determine if Hepatitis A is present is with a blood test.</i></p>	<p>HAV is a serious liver disease. There is not treatment for HAV. There is no chronic (long-term) infection. Once you have HAV, you cannot get it again.</p>
<p>HIV/AIDS Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome</p> <p>For more information about HIV/AIDS, please contact your local health department or medical professional.</p>	<p>Direct contact through blood, saliva, semen, and vaginal fluids via breaks in the skin or mucous membranes, by sexual contact, needle sharing or perinatal exposure</p>	<p>Variable. The only way to confirm HIV infection is through a blood test. Many people who are infected with HIV do not have any symptoms at all for many years.</p>	<p>HIV is the virus that causes AIDS; at this time there is no cure for AIDS and anyone infected with HIV will have the potential to spread the virus.</p>	<p>The following may be warning signs of HIV infection: Rapid weight loss: dry cough; recurring fever or profuse night sweats; profound and unexplained fatigue; swollen lymph glands in the armpits, groin or neck; diarrhea that lasts for more than a week; white spots or unusual blemishes on the tongue, in the month, or in the throat; pneumonia; red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose or eyelids; memory loss, depression, or other neurological disorders. <i>All of these symptoms can also be related to other illnesses. The only way to determine if the HIV infection is present is with a blood test.</i></p>	<p>Once infected with the Human Immuno-deficiency Virus, it is possible to spread the virus via blood, saliva, semen, and vaginal fluids. HIV cannot survive long outside a human body and it CANNOT be spread by casual contact, such as coughing, sneezing, hugging, or sharing a glass. .</p>

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Impetigo	Direct contact	Variable, 4-10 days average	While sores are draining	Clusters of blisters and pustules which later break, become crusted and release a straw colored fluid	Under medical care and lesions are healing and no new lesions appear
Influenza	Airborne, direct contact with respiratory droplets	1-5 days	Probably 3-5 days from onset in adults, up to 7 days in young children	Fever, headache, muscle aches, sore throat and cough (25% of school age children may have nausea, vomiting and diarrhea)	Symptoms subside
Measles (Rubeola, hard measles)	Airborne by respiratory droplets and direct contact with nasal and throat secretions (highly contagious)	About 10 days, varying from 7-18 days from exposure to onset of fever, usually 14 days until rash appears	Beginning of cold symptoms until 4 days after appearance of rash	Red, flat, blotchy rash on face and neck, then to rest of body with fever, cough, watery eyes, sensitivity to light; pinpoint sized blue-white swellings (Koplik spots) may be seen in the mouth	5 th day after onset of rash
Meningitis Meningococcal	Direct contact with respiratory droplets from nose and throat	2-10 days, average 3-4 days	Throughout infection until bacteria are no longer present; patient may be no more communicable than asymptomatic individuals	Sudden onset of fever, intense headache, nausea, vomiting, stiff neck and frequently a rash	
Meningitis-Viral	Depends on particular virus	Depends on particular virus	Depends on particular virus	Usually a sudden onset of febrile illness with headaches, visual changes, and changes in mental status; depending on cause a rash may also occur	Exclude until physician approves return
Mononucleosis infectious	Person to person oropharyngeal route, via saliva	4-6 weeks	Prolonged; pharyngeal excretions may persist for 1 year or more after infection	Fever, sore throat and enlarged lymph glands	Under medical care and physician has given permission to return

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Mumps	Droplet spread or contact with saliva	12-25 days, average 18 days	May be as long as 6-7 days before swelling and as long as 9 days after	Fever, painful and tender swelling of glands in front of and below the ear	9 days after onset of swelling
Pediculosis (Head Lice)	Direct contact with infested person or contaminated personal belongings	Eggs hatch in 7 days, maturity reached 8-10 days after hatching	Until lice and viable eggs are destroyed	Appearance of lice and/or nits in the hair, commonly at nape of neck and/or behind the ears; nits are fastened firmly to the hair	Treated and nit-free
Pinworms	Person to person by fecal-oral route; indirectly through contaminated food, clothing, bedding, etc.	2-6 weeks	As long as eggs are being laid on perional skin	Itching in anal area, disturbed sleep, irritability and local irritation due to scratching	Under medical care
Ringworm (Tinea copitis)	Direct skin to skin contact or contact with contaminated items	10-14 days	As long as active lesions are present	Reddened scaling lesions and broken hair; flat ring-shaped lesions, with outside usually reddish and pus filled, while the skin on the inside tends to retain normalcy	Under medical care- while under treatment, infected children should be excluded from gymnasiums, swimming pools and activities likely to lead to exposure of others
Roseola	Source unknown, common in children ages 6 months to 3 years of age	About 10 days	Greatest during febrile and viremic phase of illness	Sudden high fever lasting 3-5 days, maculapapular rash starts on trunk after fever, rash fades rapidly, common in spring	Afebrile
Rubella (German Measles)	Person to person contact, droplet or nasopharyngeal route (highly contagious)	14-23 days, average is 16-18 days	1 week before and 4 days after onset of rash	Rash (red, flat and/or raised) low-grade fever, headache, possible swelling in back of neck and behind ears	5 th day after onset of rash
Salmonella	Contaminated food and fecal-oral from person to person	6-72 hours, usually 12-36 hours	During acute infection and until organism no longer in feces, usually several weeks	GI illness with nausea, vomiting, diarrhea and/or abdominal pain, fever almost always present	Exclude until symptoms are gone; exclude from certain activities based on HD recommendations

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Scabies	Direct skin to skin contact; occasionally, contaminated personal belongings	First exposure, 2-6 weeks; subsequent exposure, 1-4 days	Until mites and eggs are destroyed, usually after 1-2 treatments	Rash, small raised bumps, blisters or linear tracts containing mites or their eggs; found commonly between the fingers, on wrists, or waistline; causes severe itching especially at night	Day after treatment is completed
Scarlet Fever	Direct contact with infected person	1-3 days	In untreated, uncomplicated cases, 10-21 days or until under adequate antibiotic treatment for 24-48 hours	Bright red rash resembling sunburn with a sandpaper feel, blanches when pressed with fingers; involves neck, chest, and extremities; other symptoms may include sore throat, fever and strawberry tongue	Adequate treatment for 24-48 hours and symptoms subside; Afebrile
Shigella	Contaminated food and fecal-oral from person to person	1-7 days, usually 1-3 days	During acute infection and until organism no longer in feces; usually several weeks	GI illness with nausea, vomiting, diarrhea and/or abdominal pain; fever almost always present	Exclude until symptoms are gone; exclude from certain activities based on HD recommendations
Streptococcal Sore Throat	Direct contact with infected person	1-3 days	Weeks or months without medical treatment, or until under antibiotic treatment for 24-48 hours	Fever, sore throat, inflammation and swelling of tonsils or pharynx and swelling of nodes in neck	Adequate treatment for 24-48 hours and symptoms subside; Afebrile

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Tuberculosis (TB) <i>For more information about TB, please contact your local health department or medical professional.</i>	Person-to-person through the air	Maybe infected but not have active TB	If infected with TB but does not have active TB, will receive a course of medications as preventive therapy for a period of 6 – 9 months Active TB cases require a short hospitalization and a course of drug therapy lasting 9 – 12 months.	A person with TB infection will not have symptoms. A person with Active TB may have any, all or none of the following symptoms: a cough that will not go away, feeling tired all the time, weight loss, loss of appetite, fever, coughing up blood, and night sweats.	The determination of when an individual is no longer contagious can only be made by a medical professional.
Whooping Cough (Pertussis)	Direct contact with respiratory droplets	7-14 days, average 7-10 days	Untreated- from early throat inflammation to 3 weeks after typical cough symptoms occur; Treated- the period of infectiousness extends 5 days after onset of treatment	Irritating cough turning into sudden and repeated attacks of coughing without taking a breath, followed by a characteristic high-pitched whoop frequently ending with expulsion of clear thick mucus	3 weeks from onset of cough symptoms, if untreated or until after 5 days of treatment

Adapted from Barren River District Health Department Communicable Disease Reference Chart
 Information on Hepatitis A, HIV/AIDS, and Tuberculosis is adapted from the Centers for Disease Control disease specific websites (July 2006).