

CONTROLLING COMMUNICABLE DISEASE IN THE CHILD CARE SETTING

Disease	Signs and Symptoms	Incubation	Contagious Period	Mode of Transmission	Management of Other Children	When to Exclude a Child	Vaccine Requirements	Reporting Requirements	Remarks
Chicken Pox (Varicella) caused by varicella-zoster virus	Rash illness with blister-like, fluid-filled (vasicular) lesions occurring in groups, that form crusts and eventually fall off; usually accompanied by fever, malaise and mild respiratory symptoms.	10-21 days (usually 14-16 days)	1-2 days before rash onset until crusting of all lesions	Person to person by direct contact with vesicular fluid, may be airborne via mouth or nose droplets from coughing or sneezing	When exposed, consult with the local health department. Contacts who are not fully immunized should receive age appropriate varicella vaccine or varicella-zoster immune globulin as soon as possible after exposure.	Case should be excluded until rash has dried and crusted completely.	Immunization with varicella-zoster vaccine is required for all children aged \geq 12 months who attend child care or school.	Breakthrough illness (disease after being vaccinated) and multiple cases of chickenpox must be reported to your local health department.	Immunosuppressed children who are susceptible may develop severe disease.
E. Coli	Mild or severe diarrhea (which may be watery or bloody), abdominal pain, sometimes fever.	1-10 days (usually 3-4 days)	As long as organism is present in stool.	Person to person transmission by exposure to feces during diapering or toileting, ingestion of contaminated food/water, contact with animal feces or contaminated surfaces.	Symptomatic children should be seen by a health-care provider for stool testing. Careful hand washing by all staff. Supervised hand washing for all children. Avoid water play or other recreational water usage.	Exclude child until asymptomatic and two negative stool tests taken 24 hours apart, unless a plan has been approved by the health department.	There is currently no vaccine available for this disease.	Must be reported to your local health department.	E.coli O15:H7 is the most frequently diagnosed STEC strain. Hemolytic uremic syndrome (HUS) is a life-threatening complication.
Fifth Disease (Erythema Infectiosum) caused by parvovirus B 19	Intensely red facial rash (“slapped-cheek” appearance). Lace- like rash proceeding from trunk to arms, buttocks, and thighs. Fever is not common	4-21 days	Until the rash appears, (usually 1-7 days before rash onset	Direct contact with respiratory secretions of an infected person. Exposure to blood or blood products.	Watch for symptoms. Encourage careful hand washing by all children and staff. Teach children and staff to properly cover their noses and mouths when coughing	Children with Fifth Disease need not be excluded as the infectious period precedes the rash.	There is currently no vaccine available for this disease.	Report to your local health department only if multiple cases occur.	People with sickle cell disease and pregnant women are at risk for complications and should consult their healthcare provider if exposed.

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Hand, Foot and Mouth Disease (Coxsackie Virus) caused by coxsackie A 16 virus	Generally a mild illness with a blister-like rash on the hands, feet and /or mouth. A low grade fever, poor appetite and sore throat may also occur.	3-6 days	When the first symptoms appear until the lesions disappear. Viral shedding may occur for several weeks in stool	Direct contact with droplets from nose and throat discharges of infected people. It can also be spread by exposure to feces during diapering or toileting	Encourage careful hand washing by all children and staff, especially after diaper changing or toileting. Coughs should be covered and used tissues promptly discarded.	Exclude child until fever is gone and child is able to participate in normal activities; skin lesions may still be present.	There is currently no vaccine available for this disease.	Must be reported to your local health department	Most adults are immune.
Impetigo caused by Staphylococcus ("Staph") or Streptococcus (Strep") bacteria	A skin infection that is usually red and tender with blisters, pimples and /or honey colored crusted sores and/or pus	1-10 days	Until sores are healed or person has been treated with antibiotics for 24 hours.	Person-to-person transmission by direct contact with an infected person or from contaminated surfaces.	Minimize skin contact among children. Encourage careful hand washing by all children and staff.	CASE: Exclude until topical, oral or other systemic antibiotics are started if the sores can be covered and kept dry. CONTACTS: Other children with symptoms should be referred to their health-care provider.	There is currently no vaccine available for this disease.	Report to your local health department only if multiple cases occur.	
Influenza (Flu) caused by influenza virus	An infection with sudden onset of fever, chills., headache, malaise, myalgia and nonproductive cough. Sore throat, nasal congestion, abdominal pain, nausea and vomiting can occur, especially in children.	1-4 days, average of 2 days	1-2 days before to within 7 days after onset of symptoms but can be prolonged in young or immunosuppressed children	Person to person transmission by direct contact with airborne respiratory droplets; highly contagious.	Encourage careful hand washing by all children and staff. Coughs and sneezes should be covered	Exclude child until fever resolved for \geq 24 hours.	Annual immunization with influenza vaccine is recommended for all persons aged \geq 6 months.	Report to your local health department only if multiple cases occur.	Consult local/state health department or CDC materials for high risk definitions.

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MRSA caused by Methicillin-resistant Staphylococcus aureus, a bacterium	Most MRSA infections are skin infections that may appear as pustules or boils which often are red, swollen, painful or have pus/other drainage.	Unknown	As long as organism is present.	Direct skin-to-skin contact. Contact with contaminated items, such as a towels, clothing or toys.	Encourage careful hand washing by children and staff. Sores should be covered, and children and staff should avoid direct contact with soiled bandages.	Exclusion is not necessary for this condition if the infected skin can be kept covered with a clean, dry bandage. Children with open sores should be excluded from water play and sports or activities where skin-to-skin contact is likely until sores have healed.	There is currently no vaccine available for this disease.	Report to your local health department only if multiple cases occur.	Many people carry MRSA on their skin without developing an infection
Pediculosis (Head lice) caused by pediculus capitis, the head louse	Itching of the head, especially behind the ears and back of the head. Eggs (nits) can be detected on hair shaft.	6-10 days from laying to hatching of eggs. It may take 2-3 weeks for a person to notice.	As long as viable nits or lice are present	Direct head –to-head contact or indirect via infested belongings (hats, combs, brushes). Crowded clothing storage areas may facilitate transmission.	Close contacts should be checked for infection. Infested persons should receive 2 applications (7-10 days apart) of a pediculicidal medicine. Parents should be encouraged to remove all nits from the child's scalp using a special comb.	Exclude the child until treatment is completed.	There is currently no vaccine available for this disease.	Report to your local health department only if multiple cases occur	
Pertussis (Whooping Cough) caused by Bordetella pertussis.	Begins with cold-like symptoms. Within 2 weeks, cough becomes more severe and is characterized by episodes of numerous rapid coughs followed by deep inspiration that mimics a high pitched whoop. May cause vomiting, loss of breath and cyanosis. Symptoms more severe in children <1 year.	Range 5-21 days (usually 7-10 days)	From onset of symptoms to 21 days after cough begins or after 5 days of antibiotic treatment.	Direct or close contact with mouth and nose secretions, possibly by direct hand contact with contaminated secretions.	Consult with the local health department for recommendations regarding treatment of contacts with antibiotics	If treated with antibiotics, child may return after completion of 5 days of total 5 to 14 day antibiotic course.	Immunization with a pertussis containing vaccine is required for all children aged ≥ 2 months who attend child care school.	Must be reported to your local health department	Major complications are more common in infants and young children and may include hospitalization, apnea, pneumonia, seizures, generalized brain dysfunction and death.

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Pink Eye (Conjunctivitis) caused by various viruses or bacteria	Red, itchy eyes with drainage which may be clear or contain pus; eyelids may become swollen or crusty.	From 1-14 days, but can vary	From when symptoms first appear until they disappear. For bacterial, until medication is started	Contact with discharges or surfaces contaminated with discharges from eye or upper respiratory tracts of infected person.	Watch for symptoms. Encourage careful hand washing by all children and staff. Sanitize shared objects and surfaces.	Exclude the child until symptoms have resolved or cleared by health –care provider.	There is currently no vaccine available for this disease.	This disease is not reportable to your local health department.	Cool compresses may help eye discomfort. Allergy is another cause of conjunctivitis, but is usually both eyes and manifests with watery eye drainage.
Ringworm caused by various skin fungi	On the body ringworm appears as flat spreading ring-shaped lesions. The edge may be dry and scaly, or moist and crusted. On the scalp ringworm appears as scaly dandruff-like areas and may cause hair loss. Mild redness and swelling may occur. Affected areas may be itchy.	Unknown	As long as infected lesions are present.	Direct contact with lesions or via contact with contaminated belongings (shared combs, brushes, towels, clothing or bedding).	Watch for development of infection. Sharing combs, brushes, towels, clothing or bedding should be discouraged at all times.	Exclude the child at end of program or school day. Child may be readmitted once treatment has begun.	There is currently no vaccine available for this disease.	Report to your local health department only if multiple cases occur.	Infected hairs become brittle and break off easily. Oral and topical treatments are available.
Salmonellosis caused by Salmonella, a bacterium	Mild or severe diarrhea, abdominal cramps. Fever and sometimes vomiting.	6 hours-3 days	As long as organism is present in the stool.	Person –to – person transmission by exposure to feces during diapering or toileting, ingestion of contaminated food/water, contact with animal feces or contaminated surfaces.	Symptomatic children should be seen by a health-care provider for stool testing. Encourage careful hand washing by all staff. Institute supervised hand washing for all children. Avoid water play or other recreational water usage.	Exclude diapered children if stool is not contained in the diaper or diarrhea is causing accidents for toilet-trained children. Children must be cleared by a health-care provider for readmission.	There is currently no vaccine available for this disease.	Must be reported to your local health department.	Younger children and the immunosuppressed tend to shed Salmonella in stool longer. Antibiotics are usually not necessary. Animals of particular concern for transmitting Salmonella include young ruminants (cows, goats, sheep), young poultry, reptiles, amphibians and ill animals.

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Scabies caused by <i>Sarcoptes scabiei</i>, a type of mite	Itchy skin rash commonly seen in skin folds that is more intense at night. Burrows may occasionally be seen and are indicative of scabies.	4-6 weeks (1-4 days in persons previously infested)	As long as person remains infested and untreated.	Direct skin-to-skin contact or sharing of personal items (bedding, towels or clothing)	Treatment of exposed children should be concurrent to avoid re-infestation.	Exclude child until treatment is completed.	There is currently no vaccine available for this disease.	Report to your local health department only if multiple cases occur.	
Shigellosis caused by <i>Shigella</i>, a bacterium	Mild or severe diarrhea, sometimes with traces of blood or mucous in stool. Fever and abdominal pain may also be present.	1-7 days (usually 2-4 days)	As long as organism is present in stool (up to 4 weeks)	Person-to-Person transmission by exposure to feces during diapering, toileting, eating or contact with contaminated objects.	Encourage careful hand washing by all staff. Supervised hand washing for all children must be followed. Avoid water play or other recreational water usage.	CASE: Exclude child until treatment completed and two negative stool tests taken 24 hours apart, unless a plan has been approved by the local health department. CONTACTS: Symptomatic children should be excluded and tested.	There is currently no vaccine available for this disease.	Must be reported to your local health department	
Streptococcal Infection (Strep Throat, Scarlet Fever) caused by group A beta hemolytic <i>Streptococcus</i> a bacterium	Sudden onset of headache, fever, sore throat, sometimes accompanied by rash. Scarlet Fever is characterized by a skin rash that often appears as fine, red bumps that feel like sandpaper on the neck, chest, groin and /or inner surface of knees, thighs and elbows.	2-5 days	As long as organism is present in the nose or throat	Direct contact with oral secretions from case or carrier.	Any child with sore throat or fever should be referred for medical attention. Encourage hand washing by all children and staff.	Exclude child until treated with antibiotics for 24 hours.	There is currently no vaccine available for this disease.	Must be reported to your local health department only if multiple cases occur.	

H: main/comm. Disease /5-2014 per NYSDOH

Diseases in red need to be reported to the Health Department

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