

**Institute for Population Health (IPH)
Communicable Disease (CD) Program
CD Reference Chart for Schools & Daycare Centers**

The following chart contains general recommendations involving uncomplicated cases of commonly encountered communicable diseases. These recommendations are for use by school/daycare administration to *exclude* and *readmit* children or staff who are ill or are suspected of being ill. The exclusion periods recommended in this chart are a minimum amount of time and can be extended at the discretion of the school/daycare administration, IPH, and/or the child's medical provider. This chart should be used as a reference, not as a diagnostic tool. As the presentation and duration of illnesses often vary from person to person, in some instances decisions on individual students may need to be made on a case-by-case basis. Further, it may be necessary to consult a medical professional to get recommendations for cases involving special circumstances (e.g., an immunocompromised individual).

**PLEASE NOTIFY THE INSTITUTE FOR POPULATION HEALTH (IPH)
IMMEDIATELY AT (313) 324-9680 IF YOU ARE AWARE OF A CLUSTER
OF DISEASE OR AN UNUSUAL OCCURRENCE OF DISEASE.**

DISEASE (ORGANISM)	INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	ACTIONS TO BE TAKEN AND/OR EXCLUSION PERIOD
ANIMAL BITES/RABIES	Variable; depending on the infectious organism. In humans, rabies symptoms may appear from a few days to over 1 year (average 3-8 weeks) after the date of a bite from an infected animal.	Variable depending on organism involved.	Seek medical attention immediately. Report animal bites to Detroit Animal Control 313-224-6320.
CAMPYLOBACTER*	1-10 days; average 2-5 days	Throughout the course of infection.	Exclude until 24 hours after symptoms resolve. Young children (those in diapers or with poor hand hygiene practices) may need to be excluded until cleared by negative stool culture(s).
CHICKEN POX* & HERPES ZOSTER (Shingles)	10-21 days; commonly 14-16 days. May be as long as 28 days after passive immunization (immunoglobulin) against varicella and may be shortened in the immunodeficient.	As long as 5 days but usually 1-2 days before the onset of rash & continuing until all lesions have crusted.	For chicken pox, exclude until all lesions have crusted. Keep children with shingles home who have lesions, sores, or blisters that cannot be covered. The child may return to school once all of the lesions have dried up. Pregnant women and immunocompromised persons should seek advice from their health care provider or local health department.
COMMON COLD	1-5 days; usually 2 days.	Usually one day before the onset of symptoms to 5 days after onset.	No exclusion unless a fever is present. If a fever is present, exclude until the fever subsides.
CONJUNCTIVITIS (Pink Eye)	1-3 days.	During course of active infection.	Exclude children who have pink or red eyes with white/yellow discharge (often with matted eyelids after sleep) and eye pain or redness of the eyelids until 24 hours after the start of treatment Children with pink eye(s) who have clear watery discharge without fever, eye pain, or eyelid redness do not need to be kept home.
CRYPTOSPORIDIOSIS*	1-12 days; average 7 days.	From onset of symptoms until several weeks after symptoms resolve	Exclude until 24 hours after symptoms resolve. Young children (those in diapers or with poor hand hygiene practices) may need to be excluded until cleared by negative stool test(s). Exclude from swimming pools until at least 24 hours after symptoms resolve.

DIARRHEA (Unknown Origin)	Variable dependent upon the infectious agent.	Variable depending on organism involved.	Exclude until at least 24 hours after symptoms resolve.
ESCHERICHIA COLI (E. Coli)	2-10 days. Average of 3-4 days.	Variable; can be up to 3 weeks in children.	Exclude until at least 24 hours after symptoms resolve. Young children (those in diapers or with poor hand hygiene practices) may need to be excluded until cleared by negative stool culture(s).
FEVER (Unknown Origin)	Variable dependent upon the infectious agent.	Variable depending on organism involved.	Exclude until fever subsides.
FIFTH DISEASE	Variable; 4-20 days.	Thought to be communicable for a few days prior to the onset of the rash. Not communicable after the rash appears.	No exclusion providing rash is diagnosed as Fifth disease by a medical care provider. Pregnant women and immunocompromised persons should seek advice from their health care provider
GIARDIASIS*	Usually 3-25 days or longer; average 7-10 days.	Entire period of infection; may last months.	Exclude until at least 24 hours after symptoms resolve.
HAND, FOOT, AND MOUTH DISEASE	3-7 days.	Virus can be excreted before symptoms appear, during illness and for several weeks after symptoms have resolved.	Exclusion is not necessary unless children with blisters in their mouth are unable to control their drooling. In that case, children should be excluded until the blisters heal and drooling resolves.
HEPATITIS A*	15-50 days; average is 25-30 days.	Can range from a few weeks prior to the onset of symptoms to 2 weeks after onset.	Exclude until 2 weeks after onset of symptoms or one after jaundice onset if it occurs.
HEPATITIS B*	45-180 days; average is 60-90 days.	All persons with a positive Hepatitis B surface antigen (HBsAg) result are potentially infectious.	No exclusion necessary.
HERPES SIMPLEX TYPE I (Cold Sore)	2-17 days.	Usually as long as lesions are present. Has been found in for as long as 7 weeks lesions appear.	No exclusion necessary. Caution: Immune compromised children and those with open sores (e.g., severe eczema) are at a higher risk for acquiring this infection and getting a more severe form or disseminated infection.
IMPETIGO	Variable; commonly 4-10 days.	As long as lesions continue to drain or a carrier state persists.	Exclude until at least 24 hours after treatment with antibiotics is started.
INFLUENZA (Flu)	Usually 1-4 days; average 2 days	Generally 3-7 days after symptom onset.	Exclude until symptoms resolve.
MEASLES*	7-18 days; average 10 days.	From 4 days prior to the rash onset until 4 days after the rash onset.	Exclude until 4 days after the rash onset.
MENINGITIS (Aseptic/Viral)*	Depends on type of infectious agent.	Depends on type of infectious agent.	No exclusion necessary.
MENINGITIS (Bacterial)*	2-10 days; commonly 3-4 days.	Until 24 hours after the start of effective antibiotic therapy	Exclude until at least 24 hours after the start of effective antibiotic therapy. Children can return to

			school after they are discharged from the hospital.
MONONUCLEOSIS (Mono)	4-6 weeks.	Communicability may persist up to a year.	No exclusion necessary.
METHICILLIN RESISTANT STAPYLOCOCCUS AUREUS (MRSA)**	1-10 days.	Communicability varies based on the type of infection. For skin infections, communicability can be reduced if the wound(s) are covered.	Exclude children whose lesions cannot be covered until student has received 48 hours of effective antimicrobial treatment, lesions are showing signs of healing, and drainage has stopped. If the lesion(s), can be covered exclude children from contact sports only.
MUMPS*	12-25 days; commonly 16-18 days	From 6 days before symptom onset to 9 days after the onset of swelling.	Exclude until at least 9 days after the onset of swelling.
PEDICULOSIS (Head lice)	Eggs hatch in 7-10 days.	As long as lice or eggs remain viable.	Exclude until 1 st treatment is completed.
PERTUSSIS (Whooping Cough)*	6-20 days, average 9-10 days.	From onset of symptoms until 3 weeks after onset if not treated, or after 5 days of effective antibiotic treatment.	Exclude until 5 days of treatment has been completed; In untreated children, exclude for three weeks.
PINWORMS (Roundworm)	Variable; 2-6 weeks.	Typically 3 weeks.	Exclude until at least 24 hours after treatment begins. Ensure that children returning to school have trimmed their nails and thoroughly washed their nails and hands.
RASHES (Unknown Origin)	Variable dependent upon the infectious agent.	Variable dependent upon the infectious agent.	Exclude until physician approves return.
RINGWORM	4-10 days for the body; 10-14 days for the scalp.	As long as lesions are present.	For ringworm of the scalp, exclude until oral antifungal treatment is started. For ringworm of the body, children should be excluded until oral or topical antifungal treatment is started, unless the affected area is completely covered. Contact with the student's parent may be indicated to confirm that treatment has been initiated.
RUBELLA (German Measles)*	14-21 days; usually 18 days.	From 1 week before to 1 week after onset of rash.	Exclude until 7 days after rash onset.
SALMONELLOSIS*	6-72 hours; commonly 12-36 hours.	Variable; several days to several weeks.	Exclude until at least 24 hours after symptoms resolve. Young children may need to be excluded until cleared by negative stool culture(s).
SCABIES	First time infection: 2 to 6 weeks; subsequent	Until mites and eggs are destroyed	Exclude until at least 24 hours after the first scabicide treatment. Re-

	infections: 1 to 4 days.		exclude if 2 nd treatment not done within 10 days.
SCARLET FEVER & STREP THROAT	1-3 days.	If untreated, 10 days-several weeks; If treated, 24-48 hours.	Exclude until at least 24 hours after treatment begins and fever has subsided
SHIGELLOSIS*	12-96 hours.	During acute infection and until the infectious agent is no longer present in feces, usually 4 weeks after illness onset.	Exclude until at least 24 hours after symptoms resolve. Young children may need to be excluded until cleared by negative stool culture(s).
TUBERCULOSIS (PULMONARY)*	2-10 weeks.	For active pulmonary tuberculosis, as long as tubercle bacilli are being discharged in the sputum	Exclude until cleared by an infectious disease physician or pulmonologist. Children with extra-pulmonary tuberculosis do not need to be excluded.

* Suspected or confirmed cases of the conditions marked with an asterisk need to be reported to the Institute for Population Health (313-324-9680).

** Two or more cases of MRSA should be reported to the Institute for Population Health (313-324-9680).

Last Updated: 03/04/2013