# WISCONSIN CHILDHOOD COMMUNICABLE DISEASES

| Disease Name (aka, causative agent) | Spread by | Incubation Period (Time from exposure to symptoms) | Signs and Symptoms | Time Period When Person is Contagious | Criteria for Exclusion from School or Group | Onsite Control and Prevention Measures |
|---|---|---|---|---|---|---|
| **EYES, EARS, NOSE, and THROAT** | | | | | | |
| **Cold sores** (Herpes simplex virus) | Direct contact with open sores or saliva | 2 days to 2 weeks | Fever[1], irritability, blisters in mouth, on gums or lips | For at least 1 week after symptoms appear; shedding of the virus at low levels is possible after symptoms resolve | Exclude until fever-free for 24 hours without the use of fever- reducing medication and child is able to control drooling while blisters are present inside mouth | **For all diseases:** Good handwashing and hygiene; avoid kissing, sharing drinks, or utensils, use proper disinfection of surfaces and toys<br>**Mumps:** Provide immunization records for exposed individuals to public health officials<br>**Strep Throat:** Avoid kissing, sharing drinks, or utensils; exclude infected food handlers; minimize contact with respiratory and oral secretions |
| **Mononucleosis** (Mono, Epstein-Barr virus) | Person-to-person contact with saliva | 30–50 days | Fever[1], sore throat, swollen lymph nodes, fatigue, enlarged liver or spleen | Many months after infection; excretion of virus can occur intermittently for life | None, unless illness prevents participation; no contact sports until spleen no longer enlarged | |
| **Mumps** (Mumps virus) | Inhalation of respiratory droplets, direct contact with saliva of infected person | 12–25 days; usually 16–18 days | Fever[1], swelling and tenderness of parotid glands, headache, earache, painful swollen testicles, abdominal pain with swollen ovaries | From 2 days before to 5 days after swelling | Exclude for 5 days after swelling onset (day of swelling onset is day zero); exclude at risk[2] contacts from day 12 through day 25 after exposure | |
| **Pink Eye** (Bacterial or viral conjunctivitis) | Person-to-person; hand to eye contact with infected eye, nose, or mouth secretions from infected person, or contaminated surfaces | Variable depending on causative organism | Bacterial: red/pink itchy eye(s), green/yellow eye discharge<br>Viral: pink-swollen eye(s), light sensitivity | While signs and symptoms are present | None, unless fever[1] or behavior change; antibiotics not required for return | |
| **Strep Throat** and **Scarlet Fever** (Streptococcal pharyngitis, Group A *Streptococcus*) | Contact with infectious respiratory droplets and saliva, direct contact with mouth or nose secretions | 2–5 days | Sore throat, fever[1], headache, tender swollen lymph nodes, decreased appetite, chills, and sweats | Until 12 hours after initiation of appropriate antibiotic treatment | Exclude for at least 12 hours after initiation of appropriate antibiotic and fever-free for at least 24 hours without the use of fever-reducing medication | |
| **RESPIRATORY** | | | | | | |
| **Influenza** (Flu, Influenza virus) | Inhalation of respiratory droplets | 1–4 days | Fever[1], cough, nasal congestion, headache, body aches, fatigue | 1 day prior to and up to 5–7 days after symptoms begin | Exclude until fever-free for 24 hours without the use of fever- reducing medication | **For all diseases:** Handwashing and good personal hygiene, including covering coughs and sneezes<br>**Pertussis:** Refer symptomatic individuals to health care provider for evaluation<br>**Respiratory Syncytial Virus:** Avoid sharing linens, toys |
| **Pertussis** (Whooping cough, *Bordetella pertussis)* | Inhalation or direct contact of respiratory secretions | 5–21 days; usually 7–10 days | Early cold-like signs or symptoms, coughing progressing to severe, often with "whoop," vomiting possible, absent or minimal fever[1], most severe first 6 months after birth | 7 days prior to and until 21 days after onset of cough; or 5 days after start of treatment | Exclude until after 5 days of appropriate antibiotic treatment; if no antibiotic treatment, exclude 21 days after cough onset | |
| **Respiratory Syncytial Virus** (RSV) | Inhalation or close contact with respiratory droplets or direct contact of eye, nose, or mouth discharges, or contaminated surfaces | 2–8 days; usually 4–6 days | Runny nose, cough, sneezing, wheezing, fever[1], fatigue | Duration of illness; usually 3–8 days | Exclude until fever-free for 24 hours without the use of fever-reducing medication | |
| **Other Viral Respiratory Illnesses or Respiratory Illness of Unknown Cause** | Inhalation or direct contact of respiratory secretions | Variable | May include fever[1], cough, nasal congestion, runny nose, sore throat, headache, and fatigue | Variable | Exclude until fever-free for 24 hours without the use of fever- reducing medication | |
| **GASTROINTESTINAL** | | | | | | |
| **Diarrhea of Unknown Cause** | Fecal-oral by touching contaminated objects or surfaces, eating or drinking contaminated food or water, and having direct contact with a sick person | Variable | 3 or more loose stools in 24–hour period, not associated with changes in diet. Stools are less formed and more frequent than usual | Variable | Exclude until asymptomatic for 48 hours | **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<br>**Diarrhea:** 3 or more loose stools in a 24–hour period, not associated with changes in diet; stools are more frequent or less formed than usual<br>Outbreaks of diarrhea (2 or more cases) in group settings are reportable by law to the local health department for management and control recommendations<br>**Gastroenteritis–Bacterial:** Proper cooking/handling of meats and raw eggs; reptiles and live poultry should not be permitted in child care centers<br>***C. difficile*, *Cryptosporidium*, and Norovirus:** Alcohol-based hand hygiene products are not effective against these organisms; soap and water must be used<br>**Hepatitis A:** Consider Hep A vaccine for staff; exposed staff should not prepare meals for others<br>**Pinworms:** Frequent, good handwashing, particularly by infected child and staff assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected child should be handled carefully, not shaken, and laundered promptly |
| **Gastroenteritis, Bacterial**<br>• *Campylobacter*<br>• *Salmonella*<br>• *Shigella*<br>• *E. coli* O157:H7 and other Shiga toxin-producing *E. coli* (STEC) | Fecal-oral by touching contaminated objects or surfaces, direct contact with a sick person, and eating or drinking contaminated food or water<br>For bacteria other than Shigella: direct contact with livestock, poultry, and pets | 1–7 days; usually 2–5 days, varies by bacteria | Mild to severe diarrhea that can be bloody, abdominal cramps, may include vomiting or fever[1], asymptomatic infections possible<br>Shiga toxin-producing *E. coli* can cause severe kidney complications<br>*Salmonella* can cause bloodstream and urinary tract infections | While bacteria present in stool, weeks to months | Exclude until asymptomatic for 24 hours<br>For high risk settings[3] Shiga toxin-producing *E. coli* and *Shigella* require 2 consecutive negative fecal samples collected at least 24 hours apart and obtained at least 48 hours after antimicrobial therapy completed; consult with local health department | |
| **Gastroenteritis, Parasitic**<br>• *Cryptosporidium*<br>• *Giardia* | Fecal-oral by touching contaminated objects or surfaces, direct contact with a sick person, eating or drinking contaminated food or water, and direct contact with animals (especially livestock) | *Cryptosporidium*: 3–14 days<br>*Giardia*: 1–3 weeks | Acute non-bloody watery diarrhea, abdominal pain, fatigue, fever[1], anorexia and weight loss; can have recurring symptoms<br>*Giardia* can cause foul smelling stools | *Cryptosporidium*: up to 2 weeks, months for immune-compromised; most contagious during diarrhea phase<br>*Giardia*: weeks to months | Exclude until asymptomatic for 24 hours; no swimming for 2 weeks after diarrhea resolves | |
| **Gastroenteritis, Viral**<br>• Norovirus<br>• Rotavirus | Fecal-oral by touching contaminated objects or surfaces, direct contact with a sick person, and eating or drinking contaminated food or water | 12–72 hours | Acute onset vomiting and/or non-bloody diarrhea, possible nausea, abdominal cramps, low-grade fever[1], headache, malaise | While symptomatic up to 3 weeks after symptoms resolve; virus can be present before onset of diarrhea | Exclude until asymptomatic for 24 hours with rotavirus and 48 hours with norovirus | |
| **Hepatitis A** (Hepatitis A virus) | Fecal-oral by contaminated food or close personal contact | 15–50 days; average 28–30 days | Fever[1], anorexia, fatigue, jaundice, abdominal pain, dark-brown urine; most children <6 years old not jaundiced or symptomatic | 14 days before onset of symptoms to 7–10 days after jaundice onset;<br>No jaundice: 10 days prior to 14 days after onset of symptoms | Exclude for 14 days after onset of symptoms or 10 days after onset of jaundice | |
| **Pinworm infection** (*Enterobius vermicularis*) | Fecal-oral by touching contaminated objects or surfaces and direct contact with a sick person | 1–2 months or longer from time of ingestion of eggs to adult worm reaching anal area | Itching and irritation around the anal and vaginal areas | While eggs are present, eggs can remain infective 2–3 weeks in indoor environments | None, unless has diarrhea | |
| ***Clostridium difficile* infection** (CDI, *C. diff*) | Fecal-oral by touching contaminated objects or surfaces and direct contact with a sick person | Variable; 5 days after starting antibiotic treatment to 10 weeks following completion | Mild to moderate disease: non-bloody diarrhea, low -grade fever[1], mild abdominal pain; recurrent or severe disease can occur | For the duration of the diarrheal illness | Exclude until asymptomatic for 48 hours | |
| **SKIN and RASH** | | | | | | |
| **Fifth Disease** (Human parvovirus $B_{19}$, erythema infectiosum) | Contact with respiratory secretions | Usually 4–14 days; can be up to 21 days | Brief mild illness includes fever[1], fatigue, muscle aches, headache, followed by red "slapped-cheek" rash 1–3 weeks later | Onset of symptoms until rash appears | None, unless fever[1] present | **For all diseases:** Good handwashing and hygiene; proper disinfection of changing tables, surfaces, and toys<br>**Measles, Rubella, Shingles and Varicella:** Assess exposure risk to at risk[2] and high risk[2] persons; provide immunization records of exposed individuals to public health officials; consultation with public health official recommended<br>**Measles and Varicella:** Contacts without documented immunity (2 doses of vaccine or laboratory proof of immunity) should be vaccinated<br>**Rubella:** Exposed pregnant women should immediately contact their physician<br>**Impetigo:** Keep fingernails clean and short<br>**Lice and Scabies:**<br>• Avoid sharing and storing together personal items such as headgear, combs, clothing, and bedding<br>• Machine wash clothing, bedding, or cloth toys in water over 129°F and dry on hot setting; dry cleaning or storing clothing in plastic bags for 10 days is also effective in killing mites, lice, and nymphs<br>**MRSA:** Cover sores; avoid contact with wound drainage; proper disposal of dressings; no sharing of personal items; clean and disinfect athletic equipment between uses; wash and dry laundry on "hot" setting<br>**Ringworm:** Avoid direct contact, avoid sharing combs, brushes, hats, clothing, towels; proper disinfection of surfaces and toys with a fungicidal agent<br>**Scabies:** Itching may continue for several weeks following treatment, and is not an indicator of treatment failure |
| **Hand-foot-and-mouth disease** (Coxsackie virus) | Contact with fecal, oral, or respiratory secretions | 3–6 days | Fever[1], blisters in mouth or on palms of hands or bottom of feet, conjunctivitis, sore throat, vomiting, diarrhea | 1–2 weeks for respiratory secretions; weeks to months for feces | None, unless fever[1] present | |
| **Impetigo** (*Staphylococcus aureus*, Group A *Streptococcus*) | Direct contact with lesions or contaminated objects | 4–10 days | Small red pimples or fluid-filled blisters, crusted yellow scabs on face or body | Until lesions are treated with antibiotics for at least 24 hours or crusting lesions resolved | Exclude until after initiation of appropriate antibiotic treatment; Keep lesions covered until dry and crusted | |
| **Lice** (Pediculosis) | Direct head to head contact with infested hair or contaminated objects | 4–6 weeks after first infestation; 1–6 weeks previously infected with lice | Itching scalp, especially behind ears and back of neck; many children are asymptomatic | While live lice present | Exclude at end of program or school day until after treatment or removal of live lice;<br>"no-nit" policies are discouraged | |
| **Measles** (Rubeola, measles virus) | Inhalation or direct contact of respiratory secretions | 7–21 days; usually 10 days from exposure to fever[1], 14 days to rash | Blotchy red rash at hairline or on face that extends over body, watery eyes, runny nose, high fever[1], dry cough, diarrhea or ear infections | 4 days prior to 4 days after rash appears | Exclude for 4 days after rash onset; exposed at risk[2] individual from day 7 through day 21 following their earliest exposure | |
| **Ringworm** (fungal infection, dermatophytosis, tinea) | Direct contact with lesions on animals or humans, or contaminated objects/ surfaces | Usually 1–3 weeks | Skin: red, circular patches with raised edges, center clearing, cracking/peeling of skin between toes<br>Scalp: dandruff-like scaling patchy areas with or without hair loss, redness | As long as lesions are present or until treatment begins | Exclude until treatment is initiated or lesions are covered | |
| **Roseola** (Human herpesvirus 6, exanthem subitum) | Inhalation or direct contact of respiratory droplets; most children infected by age 4; 75% of healthy adults shed virus in saliva | 9–10 days | 3–7 days high fever[1] followed by red, raised rash for hours to several days, febrile seizures possible in children < 4 years old | Unknown | Exclude until fever-free for 24 hours without the use of fever-reducing medication | |
| **Rubella** (Rubella virus) | Inhalation of droplets, or direct contact of nose or throat secretions; transmission from mother to fetus across placenta | 14–21 days; usually 16–18 days | Low-grade fever[1], pinkish rash appearing first on face then spreading over body, enlarged lymph glands behind ears, transient joint aches/pain in older children and adults<br>Many children have minimal symptoms | 7 days before until 7 days after rash onset | Exclude until 7 days after rash onset; exposed at risk[2] individual from day 7 through day 21 following earliest exposure | |
| **Scabies** (*Sarcoptes scabiei*, mite infestation) | Prolonged person-to-person contact, contaminated bedding, towels, clothing | 2–6 weeks; usually 4–6 weeks; 1–4 days if previously infected | Intense itching (especially at night), red bumps or blisters most commonly found on skin folds | Until mites and eggs are destroyed, usually after initial topical treatment | Exclude until treatment is complete | |
| **Shingles** (Herpes zoster, varicella-zoster virus) | Direct contact with blister fluid to only those at risk to chickenpox | None: Reactivated chickenpox | Red bumps and blisters that may be itchy or painful, usually in narrow area on half of body, can cause fever[1], chills, headache, upset stomach | Usually 7–10 days; until blisters crust over | Exclude if rash cannot be covered or doubt child's ability to comply with keeping rash covered until blisters crust over; exclusion of exposed at risk[2] usually not mandated, families should be notified of risk | |
| **Staph Skin Infection, including MRSA** (*Staphylococcus aureus,* methicillin-resistant *S. aureus)* | Person-to-person, contaminated objects | Variable; can be up to several months | Red, swollen, pus-filled sores or boils | During active draining of sores or boils | Exclude if drainage from sores cannot be contained, until sores are dry | |
| **Varicella** (Chickenpox, varicella-zoster virus) | Inhalation or direct contact of respiratory secretions, skin lesions, or contaminated objects | 10–21 days; usually 14–16 days | Generalized rapidly progressing itchy rash, blisters that crust, mild fever[1], malaise | 2 days prior to rash onset to 5 days after rash resolves or until lesions crusted over | Exclude until lesions have dried and crusted; exclusion of exposed at risk[2] usually not mandated, families should be notified of risk | |
| **MENINGITIS** | | | | | | |
| **Bacterial Meningitis**<br>• **Hib** (*Haemophilus influenzae* type b)<br>• **Meningococcal disease** (*Neisseria meningitidis*)<br>• **Pneumococcal disease** (*Streptococcus pneumoniae*) | Direct person-to-person contact with saliva and respiratory secretions | Usually 2–4 days<br>2–10 days; usually 3–4 days<br>Usually 1–4 days | May include: sudden onset of fever[1], headache, stiff neck, nausea, vomiting<br>Rash and photophobia also common with *N. meningitidis* | 7 days prior to onset until 24 hours after treatment begins | Exclude for at least 24 hours after appropriate antibiotic treatment begins | **For all diseases:** Good handwashing and hygiene; cover coughs and sneezes; avoid direct saliva contact and sharing drinks, utensils, and water bottles<br>**Hib bacteria:** Ensure contacts under age 4 are up-to-date on vaccination after exposure or treated with antibiotics<br>**Meningococcal meningitis:** Direct saliva contacts should receive antibiotic treatment immediately<br>**Pneumococcal meningitis:** Treatment of contacts not necessary and not beneficial<br>**Viral meningitis:** Proper disinfection of surfaces such as changing tables with soap, water, and bleach-containing solution; treatment of contacts not necessary, no specific treatment |
| **Viral Meningitis** (Usually enterovirus) | Inhalation or contact with droplets from nose, eyes, or mouth; fecal-oral | 3–6 days | May include: sudden onset of fever[1], headache, stiff neck, nausea, vomiting<br>Respiratory or gastrointestinal symptoms may occur before symptoms of meningitis | From day before illness up to 2 weeks after onset | Exclude until fever-free for 24 hours without the use of fever- reducing medications | |
| **SEXUALLY TRANSMITTED INFECTIONS** | | | | | | |
| **Chlamydia** (*Chlamydia trachomatis*)<br>**Gonorrhea** (*Neisseria gonorrhea)* | Sexual contact, infants at delivery, eye mucus or discharge | 2–14 days or longer for chlamydia | Neonatal conjunctivitis, pneumonia, genital tract infections, purulent discharge from urethra/cervix, ectopic pregnancy, PID, may be asymptomatic | Until 2 weeks after treatment begins or months if untreated | None | **For all diseases:** Prevent others from touching lesions and discharge; maintain good hand and personal hygiene |
| **Chancroid** (*Haemophilus ducreyi*) | Sexual contact, contact with sore(s) | 3–5 days | Painful genital ulcers, tender glands | 1–2 weeks after treatment begins | None | |
| **Congenital Syphilis** (*Treponema pallidum*) | Through the bloodstream from a pregnant person with syphilis to their baby in the womb | Anytime during pregnancy | Babies may not have symptoms or have a rash, rhinitis (sniffles), white patches in the mouth, deformed teeth or bones, severe low blood count, enlarged liver or spleen, jaundice (yellowing skin or eyes); miscarriage or stillbirth | Babies can become infected if the pregnant person has an untreated Infection during pregnancy; babies are unlikely to spread the infection to others | None | |
| **Herpes Simplex** (Herpes simplex virus) | Skin-to-skin contact such as during kissing; oral, anal, and vaginal sex and sexual contact, infants at vaginal delivery | 2–12 days | Blisters on/around genitals, rectum, mouth; may recur | Most infectious 2–7 weeks after primary infection; even if a person does not have any symptoms, they can still be infectious | None | |
| **HPV** (Human papillomavirus) | Sexual contact or contact with cutaneous warts | 3 months to several years | Flat/raised skin warts, cauliflower-like warts in anogenital area | Unknown | None | |
| **Syphilis** (*Treponema pallidum*) | Sexual contact, contact with sore(s) | 10–90 days | Painless genital sore, rash on body, palms of hands, bottoms of feet, sores or white patches on mouth or vagina | 1–2 weeks after treatment begins or months to years if untreated; most contagious when sores are present | None | |

**For more information, contact your local health department.**

= Reportable to State and local health departments  = Vaccine available to prevent illness

[1]**Fever** = Temperature 100.4°F or higher, regardless of the route it is taken (mouth, rectum, armpit, ear, forehead). Only take a child's temperature if the child seems ill.

[2]**At risk or more likely to get sick =** Persons not immunized, with compromised immune systems, or pregnant

[3]**High risk settings =** Health care, child care, food service

**Three Key Criteria for Exclusion:** Most childhood illnesses do not require exclusion. Caregiver/teacher should determine if the illness 1) prevents child from participating comfortably in activities, 2) results in need for care that is greater than staff can provide without compromising health and safety of other children, or 3) poses risk of spread. If any of these criteria are met, child should be excluded regardless of the type of illness.

This chart of selected communicable diseases information is meant only as a guide to answer questions frequently asked of persons who have responsibility for groups of children in day care centers, schools, summer camps, or other similar situations. The chart is not meant to be an all-inclusive list of significant diseases, or be a comprehensive guide to all the information about each disease. More specific information about these or other diseases may be obtained from your local public health agency or at: https://www.dhs.wisconsin.gov/disease/childhood-communicable-diseases.htm

**BUREAU OF COMMUNICABLE DISEASES**
Wisconsin Department of Health Services | Division of Public Health
https://www.dhs.wisconsin.gov/dph/bcd.htm | DHSDPHBCD@dhs.wi.gov

**References:**
American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs* (CFOC). 2019.
American Academy of Pediatrics, *Red Book: 2021–2024 Report of the Committee on Infectious Diseases*; 2021.
American Academy of Pediatrics, *Managing Infectious Diseases in Child Care and Schools*, 6th Edition; 2023.
American Public Health Association, *Control of Communicable Diseases Manual*, 21st Edition; 2022.

P-44397 (03/2024)