

Alachua County Public Schools
Health Services Department
COMMUNICABLE DISEASE CHART

| Disease and Incubation Period | Common Early Signs and Symptoms | How Spread | Period of Communicability | Seasons of Prevalence | Exclusion of Students From School | Control |
|---|--|--|---|---|---|---|
| ASCARIS (Round worm) Worms reach maturity about 2 months after ingestion | Live worms seen in stool or vomitus. Abdominal discomfort. | By transmission of eggs to the mouth from the soil, personal or household items contaminated by human excrement. | Until medically treated. | No special season. | No | Personal hygiene (hand washing), home cleanliness and sanitation. |
| CHICKENPOX 2 – 3 weeks. SHINGLES (same) | Scattered rash, red with small central blisters. Crusts form later. May have fever. | Coughing, sneezing, direct contact. Highly contagious. | 2 – 3 days before to 5 – 6 days after appearance of blisters. | Variable | Yes, until all vesicles are dried and crusted, approximately 6 days after first vesicles and no new vesicles for 24 hours | Immunization. Observe students skin. Exclude infectious children. |
| CONJUNCTIVITIS S ("Pink Eye") 24 to 72 hours. (Allergic) | Watering eyes. Redness of eye. Exudate with matting of eyelashes. Photophobia. Edema of eyelids. Itchy eyes. As above- no pus | Contact with discharge from eye or upper respiratory tract of infected person through contamination of clothing, fingers, or other articles. Not spread | As long as infection is active. Clears rapidly with treatment by a physician. None | Greater in the summer, but throughout the year. None | Yes, for children in acute stage, until treated (24 hours later). None | Observation of school contacts for 2 – 3 days. Personal hygiene. None |
| CUTANEOUS LARVE MIGRAINES (Creepis eruption) | Tunnel-like lesions of dog/cat hookworm larvae under skin. | Not to others. | Requires oral and topical medication Rx. | Summer heat. | No. | Control itch to decrease infection. |
| ERYTHEMA INFECTIOSUM: Parvovirus B19 infection, Fifth Disease | Low grade fever, malaise, an indurated, confluent erythema over the cheeks (slapped cheek appearance). | Airborne, infection can occur before signs and symptoms | 4 – 14 days | Spring, but localized outbreaks are common throughout year. | Since exposure often occurs without any noticeable symptoms, exclude only till fever and malaise are gone. | Caution pregnant women who may have been exposed to consult with their OB physician. (10% risk of fetal death after maternal infection in the first half of pregnancy). |

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| <u>FLEAS</u> cat, dog, or human. Fleas carry disease | Itchy skin and red bumps | Dog to person to person | While there are live eggs, larvae, fleas | Throughout the year | Yes, if infested | Vacuum home. De- flea animals. |
| <u>GASTROENTERITIS</u> ("Intestinal flu") Variable incubation period. | Nausea and vomiting, abdominal pain and cramping, watery diarrhea, fever, pallor, loss of appetite. | Oral-fecal route. | Variable. Average 4 – 6 days. | Fall and winter, but throughout the year. | Yes, until well, on full diet with formed stools. | Exclusion until symptom free. Personal hygiene. Suspect and investigate food poisoning. Contact Health Dept. as needed. |
| <u>GERMAN MEASLES</u> (Rubella) 14 to 21 days, usually 16 to 18 days. | Mild cold symptoms. Fine rash. Fever. Starts on face and head. Spreads to neck and trunk. Rash lasts 3 days. Glands behind ear frequently enlarged. | Respiratory droplets or direct contact. Dangerous to fetus or pregnant women. Inform her if confirmed case. | 6 to 7 days before and 4 days after onset of rash. Very contagious. | Winter and spring. | Yes, until 7 days after onset of rash. Must be confirmed by physician and Health Department. | Immunization. Contact ACPHU. Observe classmate for 21 days. |
| <u>HAND, FOOT, AND MOUTH DISEASE</u> <u>HFMD</u> | Fever, sores in mouth, on hands and feet, rash with blisters, sore throat, malaise | Airborne and drainage from sores | Moderately contagious 7 -1 0 days | Summer and early autumn | Exclude till exposed sores are healed over. No fever. No malaise. | Hand washing, cover coughs, and sneezes |
| <u>HEPATITIS A</u> ("Infectious") 2 – 7 weeks | Headache, fever, loss of appetite, nausea and vomiting, dark urine. Yellow jaundice develops late. | Oral – fecal route, contaminated food. | 2 weeks preceding jaundice, 1 week after onset of jaundice. | No special season. | Yes, for first 2 weeks of illness, or 1 week after the onset of jaundice. Must be confirmed by physician. | Observe school contacts. Stress good personal hygiene. Contact Health Department. Gamma globulin injection for household contacts. |
| <u>IMPETIGO</u> (Streptococcal infection of the skin). Incubation period uncertain. | Reddened spot with blister which drains honey-colored serum, scabs (within 24 hours). | Contact with a person who has a moist sore, or with objects used by infected person. Culture suggested if home treatment (topical antibiotic) is ineffective. Very contagious. | As long as lesions continue to drain. | Spring and summer. Often starts from infected insect bite. | Yes, if extensive, unless lesions can be covered and condition is being actively treated. Yes, if on scalp. | Frequent observation of children with open sores. Stress good personal hygiene and early treatment of mild cases. |

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| <u>INFLUENZA</u> ("flu") Type A (epidemic) and Type B (sporadic) 1 to 3 days | Headache, fever, runny nose, cough, feeling bad. | Airborne, discharge from mouth or nose, contaminated articles. Direct contact. | Shortly before onset. Up to 1 week. | Fall and winter. | Yes, for 24 hours after fever free. Fever is 100°F without fever reducing medication. | Immunization available, with priority for children 6 – 23 months, adults 65 years or older, and individuals with chronic health conditions. |
| <u>MEASLES</u> (Rubella) 9 to 12 days. | Fever, runny nose, inflamed eyes, cough. Rash on face spreading to rest of body. | Respiratory, airborne, direct contact from nose and throat secretions. | 5 days prior to and 4 days after rash appears. Very contagious. | Winter and early spring. | Yes, until 4 to 5 days after rash appears. Must be confirmed by physician and Health Department. | Immunization. Contact ACPHU. Observe classmate for 21 days. |
| <u>MENINGITIS- BACTERIAL AND VIRAL</u> | Stiff neck, fever, malaise | Airborne, sharing cups | Variable | Variable | Exclude till symptom free and/or treatment completed. | Viral – No thanks to population. Bacterial – prophylaxis TX through Health Dept. |
| <u>MONONUCLEOSIS</u> 10 to 50 days. | Fever, sore throat, swelling of lymph glands, malaise, fatigue. | Close contact, saliva, blood transfusions. | Unknown. | No special season. | No, if feeling well enough to attend. | No specific measure. |
| <u>MRSA*</u> Resistant staphylococcus aureus | Raised pustule, lesion, may resemble bug bite | Through open wounds with drainage | While draining fluid | No special season | Yes, until treated by doctor. Must be covered | Hand washing, clean clothes. |

DID YOU KNOW? QUICK FACTS ABOUT MRSA

What is MRSA?

- Strains of staph bacteria that have developed a resistance to the most common antibiotics used for treatment (the methacillin family).
- It is a rapidly progressing bacteria that attacks the soft tissue area of the skin and can become systemic by entering the bloodstream which endangers joints and vital organs.

What does MRSA look like?

- The most common misdiagnoses of MRSA are spider bites, impetigo, and cellulites. Spider bites are very rare, they should be treated as suspected MRSA infections.

How do you contract MRSA?

- HA-MRSA (Hospital Acquired) is usually colonized in the nares (nose) and the colonized individual may not show any symptoms of the infection.
- MRSA can be transferred from the nose to other surfaces and individual via the hands.
- CA-MRSA (Community Acquired) does not always colonize in the nares.
- It is spread via contact with skin that has the infection or surfaces that have come in contact with infected skin.
- MRSA can live for months on surfaces and fabrics.
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| <p>How do you help prevent a MRSA infection?</p> <ul style="list-style-type: none"> • If MRSA is suspected, a medical professional should be notified immediately. • To avoid contamination, wash skin areas that are at risk frequently with an antimicrobial soap with persistence. • When a sink is not available or convenient, use an alcohol rub or wipe which has persistence. <p>How do you treat MRSA?</p> <ul style="list-style-type: none"> • Consult a physician or medical professional if MRSA is suspected. • Use a topical antimicrobial that is proven to kill MRSA. • Keep all suspected MRSA infections covered with a clean, dry bandage. • Clean all cloths, linens and towels in HOT water and dry completely. • Clean all potentially contaminated surfaces with a cleaner proven to kill MRSA. | | | | | | |
| <p><u>MUMPS</u> 14 to 21 days.</p> | Fever. Swelling of salivary glands between the angle of the jaw and the ear canal and/or under jawbone. | Droplet contamination. | 7 days before swelling of glands to 9 days thereafter. | Winter and spring. | Yes, for 9 days after swelling appears (or until swelling and tenderness subside, if this is less). | Immunization. Contact Health Department. Must be confirmed by a physician. |
| <p><u>PEDICULOSIS</u> ("Head Lice")</p> | Itching and crusts resembling sores. | Person-to-person, articles of clothing, combs, and brushes. | While there are live lice or nits. | Throughout the year. | Exclude until successfully treated. Second infestation must be nit-free. | Treatment of all household members. Examine household contacts. Disinfect linens, clothing, etc. |
| Body Lice | (See above) | Person-to-person, articles of clothing. | (See above) | (See above) | (See above) | (See above) |
| Pubic Lice ("Crabs") | (See above) | (See above) | (See above) | (See above) | (See above) | (See above). In young children, expect sexual abuse. |
| <p><u>PERTUSSIS.</u> (whooping cough) 3 – 12 days</p> | Runny nose. Nasal congestion. Sneezing, red, watery eyes. Mild fever. Dry cough, progresses to severe coughing. Attacks (whoop sound) with phlegm and higher fever and fatigue. | Droplets in the air from infected person coughing or sneezing. | Until antibiotic finished. | No special season. | Yes, until antibiotic finished. Maybe longer. | Vaccination series in very young and adolescent and adult boosters. |

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| <u>SCABIES</u> Variable, up to 2 months. | Intense itching, especially at night. May start between fingers, toes. Also found under arms, at beltline, etc. See papules or tiny burrows. | Direct contact, shared clothing or linens. | Before treatment. | Throughout the year. | Exclude until treated with medication (first application). | Personal hygiene. All household members should be treated. |
| <u>STREPTOCOCCAL PHARYNGITIS</u> Including <u>SCARLET FEVER</u> 2 to 5 days. | Sore throat, possibly fever, swollen lymph nodes. Scarlet fever is strep throat with a rash (appears within 24 hours of onset of illness.) | Discharge from nose and/or mouth. Direct contact with infected person. | During acute illness until 24 hours after antibiotic started. | More common in cold months. | Until 24 hours after starting antibiotic. | Observe school contacts for 5 days. |
| <u>TINEA CAPITUS</u> Head ringworm | Scaly patches of baldness. (Hair becomes brittle and breaks off easily). May form crusts on scalp resembling impetigo. | Direct or indirect contact with infected person, cat, or dog. | As long as lesions present, requires medical treatment, medication Rx. | No special season. | Yes, until treatment by physician, if scabs are weeping. | Good personal hygiene, frequent observation of children with sores. |
| <u>TINEA PEDIS</u> ("Athlete's Foot") | Scaling or cracking of skin between toes, or blisters containing fluid. May appear on other parts of body, especially hands. | (Same as above). Not highly contagious. | (As above) | No special season. | No. | Keep feet dry and cool. Dry between toes after bathing. Exclude active cases from school showers. |
| <u>VIRUS /FLU COMMON COLD</u> 3 to 10 days. Multiple kinds of viruses (H1N1, Seasonal) carry the same symptoms | Headache, fever, runny and stuffy nose, cough, feeling bad, malaise, achey | Hand-to-mouth, droplets from nose and throat. | Variable. | Greatest in fall and winter. | If running fever of feeling too ill to attend school. | Teach students to cover mouth when coughing. Use tissues and wash hands. Or use hand gel. |

| SYMPTOM | TEMPORARILY EXCLUDE? |
|------------------------------|---|
| Diarrhea | Yes, if <ul style="list-style-type: none"> • Child wears diapers • Watery stools increased frequency • Diarrhea not contained in toilet until resolves • Blood/mucus in stool (unless from medication or hard stools). Abnormal color of stool for child (i.e.) all black or very pale. • No urine output in 8 hours • Jaundice (i.e. yellow skin/eyes). • Fever with behavior changes • Looks or acts very ill E.coli (EHEC); Shigella and Salmonella, typhi (typhoid) require clearance by health department prior to return to school. |
| Difficult or Noisy Breathing | Yes, if <ul style="list-style-type: none"> • Hard, fast, difficult breathing that does not improve with any medication. • Barking cough with fever or behavior changes. • Chest retractions. • Breathing problem that makes feeding very difficult • Looks or acts very ill |
| Earache | No, unless <ul style="list-style-type: none"> • Unable to participate • Fever with behavior changes |
| Mouth Sores | No, unless <ul style="list-style-type: none"> • Inability to swallow, • Excessive drooling with breathing difficulty |
| Rash | Yes, if <ul style="list-style-type: none"> • Rash with behavior change or fever • Oozing/open wound • Bruising not associated with injury • Joint pain and rash • Unable to participate in school activities • Measles until 4 days after start of rash • Rubella until 6 days after onset of rash • Chickenpox (varicella) until all lesions have dried (usually 5 days) • Scabies until treated • Impetigo until treated for 24 hours • Ringworm (at end of day until treatment started) No, unless appears infected <ul style="list-style-type: none"> • Allergic or irritant reactions • Eczema • Shingles (must be able to keep lesions covered with clothes and/or dressing). |
| Sore Throat (pharyngitis) | No, unless <ul style="list-style-type: none"> • Inability to swallow • Excessive drooling with breathing difficulty • Fever with behavior change |

| SYMPTOM | TEMPORARILY EXCLUDE? |
|------------------------------|---|
| Stomachache | No, unless <ul style="list-style-type: none"> • Severe pain causing child to double over or scream • Abdominal pain that continues after two hours • Abdominal pain after injury • Bloody/black stools • No urine output for 8 hours • Diarrhea • Vomiting • Yellow skin/eyes • Fever with behavior change • Looks or acts very ill |
| Swollen Glands (Lymph Nodes) | No, unless <ul style="list-style-type: none"> • Difficulty breathing or swallowing • Red, tender, warm glands • Fever with behavior change • Mumps, until 9 days after swelling of parotid glands |
| Vomiting | Yes, if <ul style="list-style-type: none"> • Vomiting 2 or more times in prior 24 hours • Fever • Vomit that appears green/bloody • No urine output in 8 hours • Recent history of head injury • Looks or acts very ill |

RASHES:

When a rash or skin eruption of unknown cause is noted on a child, parent and/or medical provider are to be notified. Child is to be quarantined away from others and sent to a medical provider to diagnose and treat. Rashes vary in description. Many are indicative of a disease. Others are localized to skin only. For example, a scarlet, all over, blush rash due to scarlet fever may resemble an antibiotic reaction rash. Nurses are not to diagnose. Nurses are to obtain history of recent exposures, illnesses and relay information to medical provider and/or parent for prompt treatment.

*****A NOTE ABOUT HOW TO STAY HEALTHY:**

Most communicable diseases can be prevented by practicing good personal hygiene. All children should be reminded of certain essential practices such as hand washing before meals and after using the restrooms. School nurses are available to provide hand washing classes to students. Won't you help spread the word?