COMMON INFECTIOUS ILLNESSES

From birth to age 18

	Disease, illness or organism	Incubation period *(How long after contact does illness develop?)*	How is it spread?	When is a child most contagious?	When can a child return to the childcare center or school?	Report to county health department*	How to prevent spreading infection *(management of conditions)***
Eye, ear, nose, throat and chest	**To prevent spreading infection for all *eye, ear, nose, throat, and chest diseases*: Good handwashing and hygiene; disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable.**						
	Bronchiolitis, bronchitis, common cold, croup, ear infection, pneumonia, sinus infection and most sore throats (respiratory diseases caused by many different viruses and occasionally bacteria)	Variable	Contact with droplets from nose, eyes or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, often from the day before symptoms begin to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	Wash your hands often with soap and water. Avoid touching your eyes, nose, and mouth with unwashed hands. Stay away from people who are sick.
	Cold sore (Herpes simplex virus)	2 days to 2 weeks	Direct contact with infected lesions or oral secretions (drooling, kissing, thumb sucking)	While lesions are present	When active lesions are no longer present in children who do not have control of oral secretions (drooling); no exclusions for other children	NO	Avoid kissing and sharing drinks or utensils.
	Conjunctivitis (Pink eye)	Variable, usually 24 to 72 hours	Highly contagious; contact with secretions from eyes of an infected person or contaminated surface	During course of active infection	Once treatment begins	NO	Wash your hands often with soap and warm water. Wash your hands after contact with an infected person or items he or she uses. Avoid touching your eyes with unwashed hands. Do not share items used by an infected person.
	COVID-19 (SARS-CoV-2 virus)	2 to 14 days (usually 3 to 6 days from exposure)	Highly contagious; contact with droplets or aerosols from nose, eyes or mouth of infected person	Peak infectious time is two days prior to onset of illness through the completion of their isolation (5 days from symptom onset if symptomatic, or 5 days from test date if asymptomatic). May last up to 10 days or longer depending on course of illness and immune status.	Individuals with confirmed or suspected COVID-19, regardless of vaccination status can return to child care or school after they have completed their isolation according to current Georgia Department of Public Health guidelines.	YES	The best way you can protect your child is by taking everyday actions to prevent your child and the entire household from getting the virus that causes COVID-19, including vaccination for those who are of age to receive it, social distancing and wearing a mask.
	Diphtheria (Corynebacterium diphtheriae bacteria)	1 to 10 days (usually 2 to 5 days)	Contact with droplets and discharge from nose, eyes or mouth of infected person; contact with discharge from skin lesions of infected individual; rarely through contaminated objects and raw milk or milk products	Onset of sore throat 2 days after treatment has begun, but may vary; if untreated, 2 to 6 weeks after infection	After 2 negative cultures are taken at least 24 hours apart	YES	Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at age 11 years; all adults should receive a booster of Tdap. Close contacts, regardless of immunization status, should be monitored for 7 days for evidence of disease and started on antimicrobial prophylaxis; immunizations should be brought up to date, if necessary.
	Influenza (the flu) (influenza virus)	1 to 4 days	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, from 24 hours before onset of symptoms to 7 days after onset; can be prolonged in young children	No fever for 24 hours without the use of fever-reducing medications	NO for individual cases; YES for influenza-associated deaths or novel influenza A virus infections	Annual influenza vaccine recommended for everyone 6 months and older (with rare exceptions).
	Mononucleosis (Mono) (Epstein-Barr virus)	30 to 50 days	Contact with the infected person's saliva	Indeterminate	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	Avoid kissing and sharing drinks or utensils.
	Mumps (mumps virus)	12 to 25 days (usually 16 to 18 days)	Contact with droplets from eyes or mouth of infected person	Peak infectious time begins 1 to 2 days before gland swelling to 5 days after, but may range from 7 to 8 days after	5 days after onset of parotid gland (neck) swelling	YES	Timely immunization beginning at age 12 months; if outbreak occurs, unimmunized people should be immunized or excluded for at least 26 days following onset of parotitis in last case.
	Multisystem inflammatory syndrome in children (MIS-C), associated with the virus SARS-CoV-2 causing COVID-19	MIS-C can occur weeks after exposure to COVID-19—even if the child or family did not know the child had COVID-19	It is not known yet what causes MIS-C. However, many children had the virus that causes COVID-19 weeks before being diagnosed with MIS-C, or had been around someone with COVID-19. Unless the patient also has a current COVID-19 infection, MIS-C is not contagious.	N/A	MIS-C can be serious, but most children who were diagnosed with this condition have gotten better with medical care. MIS-C patients should have close clinic follow-up, including pediatric cardiology follow-up starting 2 to 3 weeks after discharge. Patients diagnosed with myocardial injury must have cardiology directed restriction and/or release for activities. Please refer to the COVID-19 section if acute COVID-19 infection is also present.	YES	The best way you can protect your child is by taking everyday actions to prevent your child and the entire household from getting the virus that causes COVID-19, including vaccination for those who are of age to receive it, social distancing and wearing a mask.
	Respiratory syncytial virus (RSV)	2 to 8 days (4 to 6 days is most common)	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from the day before onset of symptoms until 3 to 8 days after or long; may last up to 3 to 4 weeks	No fever for 24 hours without the use of fever-reducing medications	NO	Avoid sharing linens or toys.
	Strep throat (Group A Streptococcus bacteria)	2 to 5 days	Contact with droplets from nose and mouth; close crowded contact	Highest during acute infection; no longer contagious within 24 hours after antibiotics	After 24 hours of antibiotic treatment	NO	Avoid kissing and sharing drinks or utensils; exclude infected adults from food handling; symptomatic contacts of documented cases should be tested and treated if results are positive.
	Tuberculosis (TB) (mycobacterium tuberculosis)	2 to 10 weeks; risk of developing disease is highest 6 months to 2 years after infection	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Usually only a few days to a week after effective drug therapy. Children younger than 10 years are rarely contagious.	For active disease, once determined to be non-infectious, therapy started, symptoms diminished and adherence documented; no exclusion for latent infection	YES	Routine TB skin testing is not recommended at this time for children; however, it is recommended that all adults who have contact with children in a child care setting are screened for TB; local health department personnel should be informed for contact investigation.
	Whooping cough (pertussis) (bordetella pertussis bacteria)	5 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Before cough onset (with onset of cold-like symptoms) continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins.	After 5 days of appropriate antibiotic treatment; if untreated, 3 weeks after onset of cough	YES	Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at age 11 years; all adults should receive a booster of Tdap. Close contacts that are unimmunized should have pertussis immunization initiated. Chemoprophylaxis is recommended for all close contacts.
Gastrointestinal	**To prevent spreading infection for *gastrointestinal 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**						
	Gastroenteritis–bacterial (vomiting and/or diarrhea) **Campylobacter C. diff** (Clostridium difficile), **Shiga toxin-producing E. coli** (STEC/ Escherischia coli), **Salmonella, Shigella**	Varies with pathogen (from 10 hours to 7 days)	Contact with stool from infected individual (or, occasionally, pets); contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present; pathogenic E. coli (STEC or EHEC) and Shigella highly infectious in small doses.	No fever for 24 hours; no diarrhea present, pathogenic E. coli (STEC or EHEC) and Shigella require 2 negative stool cultures; salmonella serotype Typhi requires 3 negative stool cultures	YES for E. coli, salmonella and Shigella; NO for others	Proper cooking and handling of meats and raw eggs. Reptiles should not be permitted in child care centers. Alcohol-based hand hygiene products do not inactivate C. difficile spores; soap and water must be used; bleach wipes are an effective agent against C. difficile.
	Gastroenteritis–viral (vomiting and/or diarrhea) **Adenovirus, norovirus**	Varies with pathogen (from 12 hours to 10 days)	Contact with stool, saliva or vomit from infected individual directly or from infected surfaces, especially toys; contaminated food and water. Norovirus is highly contagious and is a frequent cause of outbreaks.	Variable; most contagious from 2 days before illness until vomiting and diarrhea improve; can be contagious for up to 21 days after symptoms	No fever or vomiting for 24 hours; no diarrhea present	NO	Frequent, good wand washing after changing diapers, using the toilet, and preparing or eating food. If viral gastroenteritis is suspected, frequent cleaning of toys and other high-touch items with bleach-based solution is important to kill the virus.
	Giardia (parasite)	1 to 4 weeks (usually 7 to 10 days)	Contact with infected stool; consuming contaminated water or food	When diarrhea is present	No diarrhea is present	YES	Clean, sanitize, or disinfect toys and surfaces. Wash hands regularly with soap and water to keep kids and caregivers healthy. Encourage good diapering practices.
	Hepatitis A (virus)	15 to 50 days (average 28 days)	Eating contaminated food or water; close contact with infected individuals; contact with infected stool	2 weeks prior to onset of illness until 1 week after onset of illness or after jaundice appears; can be longer in newborn infants	After 1 week from onset of illness or appearance of jaundice	YES	Timely immunization at 12 months of age; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. If at least one case is confirmed, hepatitis A vaccine or immunoglobulin should be administered within 14 days of last exposure to unimmunized contacts.
	Pinworms (enterobius vermicularis)	1 to 2 months or longer	Pinworms lay microscopic eggs near rectum, causing itching; infection spreads through ingestion of pinworm eggs after contamination of hands by scratching	Eggs may survive up to 2 weeks after appropriate therapy and resolution of rectal itching; reinfection is common.	No restriction, but treatment should be given to reduce spread	NO	Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly.
	Rotavirus	1 to 3 days	Contact with stool from infected individual	Virus is present in stools of infected children several days before the onset of diarrhea to several days after onset of diarrhea.	No diarrhea present	NO	Timely immunization beginning at 2 months.
Meningitis	**To prevent spreading infection for all *meningitis diseases*: Good hand-washing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils.**						
	Haemophilus influenzae type B (hib bacteria)	Unknown (usually 1 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization beginning at age 2 months; ensure vaccination of contacts after exposure is up to date.
	Neisseria meningitidis (meningococcal bacteria)	1 to 10 days (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization at 11 to 12 years of age; booster dose of MCV4 is recommended at 16 years of age.
	Streptococcus pneumoniae (pneumococcal bacteria)	Variable (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment; child well enough to participate	YES	Timely immunization beginning at age 2 months; treatment of contacts not necessary and not beneficial.
	Viral meningitis (usually enterovirus)	3 to 6 days	Contact with droplets from nose, eyes or mouth or fecal material, often from healthy people	From the day before illness until up to 2 weeks after onset	After 24 hours without fever; child well enough to participate	YES	Proper disinfection of surfaces such as changing tables with soap, water and bleach-containing solution; treatment of contacts not necessary, no specific treatment.
Skin or rash	**To prevent spreading infection for all *skin or rash diseases*: Good hand-washing and hygiene; proper disposal of soiled tissues.**						
	Chickenpox** (varicella zoster virus)	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth or skin lesions (varicella and herpes zoster) of infected individuals or freshly contaminated objects	From 2 days before skin lesions develop until all lesions are crusted. If there is no crusting (i.e. breakthrough cases), patients are contagious from 2 days before skin lesions develop until no new lesions appear after 24 hours	When all lesions have crusted. If there is no crusting (i.e. breakthrough cases), children can return to center or school after no new lesions appear after 24 hours.	YES	The best way to prevent varicella is by getting the varicella vaccine. Children should get their first dose after 12 months and their second between 4-6 years old.
	Fifth disease** (human parovirus B19)	4 to 21 days (usually 4 to 14 days)	Contact with droplets from nose, eyes or mouth of infected person; percutaneous exposure to blood	Only during the week before the rash develops	No need to restrict once rash has appeared	NO	
	German measles** (Rubella virus)	14 to 21 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta	From 7 days before until 7 days after the rash appears	7 days after the rash appears	YES	Timely immunization beginning at age 12 months.
	Hand, foot and mouth disease (Coxsackievirus)	3 to 6 days	Contact with fecal, oral or respiratory secretions	Usually 1 to 2 weeks before onset of infection	After 24 hours without fever and child well enough to participate	NO	Proper disinfection of changing tables, surfaces and toys.
	Head lice (parasite)	Eggs (nits) hatch in 7 to 12 days	Direct contact with infested individuals' hair and sharing combs, brushes, hats or bedding	When there are live insects on the head	No restrictions necessary	NO	Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: wash bedding and clothes in hot water or dry-clean or seal in plastic bag for 10 days. Avoid sharing beds, combs and brushes. At school: avoid sharing headgear; hang coats separately; use individual pillow and sleep mat.
	Impetigo (Staphylococcus or Streptococcus bacteria)	7 to 10 days	Direct skin contact (especially through contaminated hands), nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	Keep fingernails clean and short.
	Measles (Rubeola virus)	7 to 21 days (usually 8 to 12 days)	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash begins until 4 days after the start of the rash	At least 5 days after start of rash	YES	Timely immunization beginning at age 12 months; contacts without documented immunity (2 doses of measles-containing vaccine) should be vaccinated.
	MRSA (Methicillin-resistant Staphylococcus Aureus) (bacterial cause of skin boils and abscesses)	Variable; at times initially mistaken as spider bite	Direct skin contact with infected person, wound drainage or contaminated surfaces; increase risk in crowded conditions; occasional transmission by droplet over short distances	Draining wounds are very contagious and should be covered at all times	If wound drainage can be well contained under a dressing; exclude from high-risk activities such as contact team sports until completely healed	NO	Cover skin lesions; avoid contact with wound drainage; proper disposal of dressings; do not share personal items (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on "hot" setting.
	Molluscum (Molluscum contagiosum virus)	2 to 7 weeks (as long as 6 months)	Direct skin contact with wound or contaminated surfaces	When lesions are present	No restriction, keep lesions covered with clothing or bandages	NO	Avoid contact sports; during outbreaks, further restrict person-to-person contact.
	Ringworm on body and **ringworm on scalp** (fungus)	Typically 4 to 14 days after exposure	Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus	From onset of lesions until treatment begins	Once treatment begins; ringworm on scalp requires oral medication	NO	Avoid direct contact with infected individuals; avoid sharing of combs, brushes, hats; proper disinfection of surfaces and toys.
	Roseola (virus)	9 to 10 days	Secretions, often from healthy people	During fever	No restriction unless child has fever or is too ill to participate	NO	Proper disinfection of surfaces and toys.
	Scabies (parasite)	4 to 6 weeks, 1 to 4 days after reexposure	Skin contact with infested individual; contact with bedding or clothes of infested person	From up to 8 weeks before skin rash appears until it has been treted with scabicidal cream	After treatment has been completed	NO; if two or more documented cases in one center, treatment of center contacts may be necessary	All household members and caregivers with prolonged direct contact should be treated simultaneously to prevent reinfestation; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for several days to a week.

To report an illness, call your local or district public health office or 1-866-PUB-HLTH (1-866-782-4584). Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on a case-by-case basis.

To reduce the spread of diseases in the classroom or child care center, it is recommended that similar illnesses (more than two in the childcare center or classroom) be reported to your county health department.

****These diseases may be of concern to staff members who are pregnant or who are trying to become pregnant. Follow-up with obstetric healthcare provider is recommended after known or suspected contact.*

References: American Academy of Pediatrics. Red Book: 2015. Report of the Committee on Infectious Diseases. 30th Ed.

Visit **choa.org/schoolhealth** for more information.

Children's Healthcare of Atlanta

GEORGIA DEPARTMENT OF PUBLIC HEALTH