

**MACOMB COUNTY HEALTH DEPARTMENT
COMMUNICABLE DISEASE REFERENCE CHART**

DISEASE	MODE OF TRANSMISSION	INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	SIGNS AND SYMPTOMS	EXCLUDE UNTIL
Campylobacter	Contaminated food and water, under cooked meat, especially chicken and pork, stool of infected infants and infected pets, especially puppies and kittens	1-10 days, usually 2-5 days	During active infection; several days to several weeks; may be as long as 7 weeks in untreated cases	Sudden onset of diarrhea, abdominal pain, malaise, fever, nausea and vomiting frequently lasting 2-5 days and usually no more than 10 days; many infections have no symptoms	Exclude until symptoms are gone; special precautions needed for diapered children ** Exclude adults from food preparation and childcare until symptoms are gone
Chickenpox	Person to person by direct contact, droplet, or airborne spread of secretions of the respiratory tract, or fluid from vesicles	10-21 days, average 14-16 days	As much as 5 days, but usually 1-2 days before rash and continuing until lesions are crusted over – usually not more than 5 days after first crop of lesions appear	Sudden onset of slight fever with characteristic lesions which appear in successive crops, more abundantly on covered than exposed body parts	At least 5 days in unimmunized children and 1-4 days with breakthrough varicella in immunized children, until vesicles become dry
Conjunctivitis (Pink Eye)	Contact with discharge from the eye, or upper respiratory secretions	Variable, dependent upon infecting agent, 24-72 hours	During course of active infection	Redness and irritation of eyes, sensitivity of eyes to light, discharge from the eyes	Under medical care and drainage from eyes has cleared

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Fifth Disease (Hungarian Measles) (Erythema Infectiosum)	Primarily through contact with infected respiratory secretions	4-20 days	Exact duration unknown; greatest before rash onset; probably not communicable after rash onset	Mild rash without fever, occurring in 3 phases; striking redness of the face (slapped-cheek appearance) spreads to trunk of the body and extremities; disappears and reappears for 1-3 weeks; may appear after exposure to sun or heat (e.g., bathing)	Fever and signs of illness other than rash are no longer present Note: Rule out Rubella, Rubeola and Scarlet Fever
Giardiasis	Person to person via fecal oral route; contaminated food and water including recreational waters	3-25 days or longer, often 7-10 days	Entire period of infection, often months; carrier rate is high	Symptoms including chronic diarrhea, abdominal cramps, bloating, frequent loose and pale greasy stools, fatigue and weight loss	Physician recommends return * Special precautions needed for diapered children
Hand, Foot, and Mouth Disease	Direct contact with nose and throat discharges and feces of infected persons and by aerosol droplet	3-5 days	Acute stage of illness and perhaps longer; virus persists in feces for several weeks	Lesions appear on the inside surfaces of cheeks and gums and on sides of the tongue; lesions may also appear on palms, fingers, and soles and last 7-10 days; fever may also occur	Exclude until lesions have begun to heal and the fever is gone and physician approves return

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Hepatitis A (Infectious Hepatitis)	Person to person by fecal-oral route; food and/or water contaminated by infected persons	15-50 days, average is 28-30 days	Latter half of incubation period to approximately 1 week after onset of jaundice; virus may be shed for up to 6 months in infants and children	Onset is usually abrupt with fever, malaise, loss of appetite, nausea, and abdominal discomfort, followed within a few days by yellowing of the skin; symptoms may be absent in young children and infants	Physician's statement needed for return * Special precautions needed for diapered children
Hepatitis B (Serum Hepatitis)	Blood, saliva, semen and vaginal fluids via breaks in the skin or mucous membranes; by sexual contact, needle sharing or perinatal exposure	45-180 days, average is 60-90 days	Weeks before onset and throughout clinical course; carrier state may persist for years	Onset is usually subtle with loss of appetite, vague abdominal discomfort, nausea, and vomiting; sometimes joint pain and rash; often progressing to yellowing of the skin; fever may be absent or mild	Healthy enough to return without danger to self; carrier status should be individually reviewed; note from physician is recommended
Hepatitis C	Blood, semen, and vaginal fluid; most often transmitted by blood exposure and less frequent through sexual exposure	2 weeks – 6 months, commonly 6-9 weeks	From 1 or more weeks before onset of symptoms; may persist in most persons indefinitely	Subtle onset with loss of appetite, vague abdominal discomfort, nausea and vomiting; sometimes jaundice – yellowing of the skin; most infections (90%) have no symptoms	Healthy enough to return without danger to self; note from physician is recommended

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Herpes Simplex (Cold Sores)	Contact with the saliva of infected individuals or carriers	2-12 days	Secretion of virus in the saliva has been reported for 2 weeks, and as long as 7 weeks after healing of the primary	Superficial clear blisters on a red base which crust and heal within a few days	None recommended
Impetigo	Direct contact with infected skin and respiratory droplets	Variable, 4-10 days average	While sores are draining	Clusters of blisters and pustules which later break, become crusted and release a straw colored fluid	Under medical care and lesions are healing and no new lesions appear. Lesions should be covered.
Influenza	Airborne, direct contact with respiratory droplets	Average 2 days, with a range of 1-4 days	For seasonal influenza the average is 3-5 days from onset in adults and up to 7-10 days in young children	Fever, headache, muscle aches, sore throat and cough (25% of school age children may have nausea, vomiting and diarrhea)	Symptoms subside
Measles (Rubeola, Hard Measles)	Airborne by respiratory droplets and direct contact with nasal and throat secretions (highly contagious)	About 10 days, varying from 7-18 days from exposure to onset of fever, usually 14 days until rash appears	4 days before the appearance of the rash until 4 days after appearance of rash	Red, flat, blotchy rash on face and neck, then appearing on the rest of body with fever, cough, watery eyes, sensitivity to light; pinpoint-sized blue-white swellings (Koplik spots) may be observed in the mouth	5 th day after onset of rash. A note from physician is recommended.

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Molluscum Contagiosum	Direct contact with lesions	7 days – 6 months	Unknown, but probably as long as lesions persist	A smooth-surfaced firm and round elevation of the skin with a depression on top; the lesions may be flesh colored, white, translucent or yellow; most are 2-5mm in size	Infected children with visible lesions should be excluded from close contact sports such as wrestling
Mumps	Airborne transmission and by direct contact with the saliva of an infected person	12-25 days, average is 16-18 days	6-7 days before the illness and as long as 15 days after onset of the illness	Fever, painful and tender swelling of glands in front of and below the ear	5 days after onset of swelling of salivary glands - and Physician's authorization for return
Rubella (German Measles)	Person to person contact, or contact with respiratory droplets from nose and throat (highly contagious)	14-21 days, average is 14-17 days	1 week before and 4 days after onset of rash	Rash (red, flat and/or raised), low-grade fever, headache, possible swelling in nodes in back of neck and behind ears	8 th day following the rash appearance - and Physician's authorization for return

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Meningitis-Meningococcal	Direct contact with respiratory droplets from nose and throat	2-10 days, average 3-4 days	Throughout infection until bacteria are no longer present in nose and mouth discharges; however, the patient is no more communicable than many asymptomatic individuals	Sudden onset of fever, intense headache, nausea, vomiting, stiff neck and frequently a rash	Symptoms subside; physician approves return
Meningitis-Viral	Depends on particular virus	Depends on particular virus	Depends on particular virus	Usually a sudden onset of febrile illness with headaches, visual changes, and changes in mental status; depending on cause a rash may also occur	Exclude until physician approves return
Mononucleosis, Infectious	Person to person by oropharyngeal route, via saliva	4-6 weeks	Prolonged; virus may exist in nose and throat excretions for 1 year or more after infection	Fever, sore throat and enlarged lymph glands and spleen	Under medical care and physician has given permission to return

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Pediculosis (Head Lice)	Direct contact with infested person or contaminated personal belongings	Eggs hatch in 7-10 days; maturity reached 7-13 days after hatching	Active infestations are: The presence of live lice or finding nits within one-quarter (1/4) inch of the scalp	Appearance of lice and/or nits in the hair; commonly at nape of neck and/or behind the ears; nits are fastened firmly to the hair	Treated and no live lice are found on examination
Pertussis (Whooping Cough)	Direct Contact with discharges from respiratory mucous membranes of infected person by the airborne route, probably by droplets	6-20 days, average is 9-10 days	Highly communicable in the early stages before the paroxysmal cough; decreases to negligible in about 3 weeks in untreated individuals	Irritating cough that within 1-2 weeks gradually turns into paroxysmal cough (sudden and repeated attacks of coughing without taking a breath), followed by a characteristic high-pitched whoop which may continue to 1-2 months or longer; infants less than 6 months of age and adults may not have the characteristic whoop	3 weeks from onset of cough symptoms, if untreated, or until after 5 days of treatment
Pinworms	Direct transfer of eggs by the fecal oral route; indirectly through contaminated food, clothing, bedding, etc.	2-6 weeks	As long as eggs are being laid on perianal skin; eggs remain infective indoors about 2 weeks	Itching in anal area, disturbed sleep, irritability and local irritation due to scratching	Under medical care

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Ringworm (Tinea Capitis)	Direct skin to skin contact or contact with contaminated items	10-14 days	As long as active lesions are present	Reddened scaling lesions and broken hair; flat ring-shaped lesions, with outside usually reddish and pus-filled, while the skin on the inside tends to retain normalcy	Under medical care; while under treatment, infected children should be excluded from gymnasiums, swimming pools and activities likely to lead to exposure of others
Roseola, Sixth Disease (Exanthem Subitum)	Not well delineated; contact with saliva is the most likely mode of infection	5-15 days, 10 days is the average	Unknown	Sudden high fever lasting 3-5 days; rash appearing first on trunk, then other areas of the body, as the fever breaks	Without fever and physician recommends return; measles and rubella need to be ruled out
Salmonella	Contaminated food and fecal-oral from person to person, or from pet turtles, reptiles (i.e., iguanas, snakes)	Average is 6-72 hours, usually 12-36 hours, but can be as long as 16 days	During acute infection and until organism no longer in feces, usually several weeks	Gastrointestinal illness with nausea, vomiting, diarrhea and/or abdominal pain; fever almost always present	Exclude until symptoms are gone; special precautions are needed for diapered children ** Exclude adults from food preparation and childcare until symptoms are gone

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Scabies	Prolonged direct skin to skin contact with infected individuals; occasionally from contaminated clothing, bedlinens, or other personal items	First exposure 2-6 weeks, subsequent exposure 1-4 days	Until mites and eggs are destroyed, usually after 1-2 treatments given 1 week apart	Rash, small raised bumps, blisters or linear tracts containing mites or their eggs; found commonly between the fingers, on wrists or waistline; causes severe itching, especially at night	Day after Physician recommended treatment is completed - occasionally a second treatment is needed
Scarlet Fever	Direct contact with infected person	1-3 days	In untreated, uncomplicated cases, 10-21 days or until under adequate antibiotic treatment for 24-48 hours	High fever with bright red rash resembling sunburn with a sandpaper feeling, blanches when pressed with fingers; involves neck, chest and extremities; other symptoms may include sore throat, and strawberry tongue	Adequate treatment for 24-48 hours and symptoms subside
Shingles (Herpes Zoster)	Direct person to person contact with fluid from vesicles and indirectly from contact with articles freshly soiled with discharge from vesicles	2-3 weeks, commonly 14-16 days	1 week after the appearance of vesicles or lesions	Vesicles with a reddened base appear on the trunk or face following sensory nerve pathways – vesicle may appear in crops in an irregular pattern	Do not exclude if lesions are on the trunk and can be covered with a bandage and clothing. Exclude for 5 to 7 days or until the lesions are dry if lesions can not be covered.

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Shigella	Contaminated food and fecal-oral from person to person	1-7 days, usually 1-3 days	During acute infection and until organism no longer in feces, usually 4 weeks	Gastrointestinal illness with nausea, vomiting, diarrhea and/or abdominal pain; fever almost always present	Exclude until symptoms are gone; special precautions are needed for diapered children ** Exclude adults from food preparation and childcare until symptoms are gone and two stool samples taken 24 hours apart, test negative for shigella
Streptococcal Sore Throat	Direct contact with infected person; respiratory spread	1-3 days, rarely longer	Weeks or months without medical treatment, or until under antibiotic treatment for 24-48 hours	Fever, sore throat, inflammation and swelling of tonsils or throat and swelling of nodes in neck	Adequate treatment for 24-48 hours, and symptoms subside

Convalescent cases of other dangerous communicable diseases will be admitted on recommendation of physician and/or Health Department on an individual basis.

REFERENCE: Control of Communicable Diseases Manual, 19th Edition
David L. Heymann, M.D., Editor