

DISEASE	INCUBATION AND SYMPTOMS	METHOD OF TRANSMISSION	REQUIRED ACTIONS AND ADDITIONAL INFORMATION
Chickenpox (Varicella)	INCUBATION: 10–21 days, usually 14–16 days. SYMPTOMS: Skin rash that progresses to blisters, then scabs. Eruptions usually appear first on the head, chest and back, and then spread to other parts of the body. Because eruptions occur in crops, in three stages may be present at the same time. Covered body areas are often most affected. Single fever is also typical. Reactivation of virus results in shingles.	Direct contact with blisters or unroofed lesions (sores) of persons with chickenpox or shingles. Airborne — Transmission occurs in the disease-causing germ cells suspended in the air through coughing or sneezing or fluid from the blister becomes aerosolized. The germ can stay suspended in the air for a long time and can be spread over great distances. Scabs are not infectious.	COMMUNICABLE PERIOD: 1–2 days before the rash appears, until the lesions have crusted, usually 6 days after the appearance of fluid-filled sores. EXCLUSION: A person with chickenpox shall be isolated, including exclusion from school, child care center, and public places until the sixth day after onset of rash, or until all lesions are dry. Contagiousness may be prolonged in patients with altered immunity. Persons with chickenpox shall avoid contact with susceptible persons. CONTROL: Emphasize handwashing before and after touching lesions. Exclusion from school. Encourage vaccination of all persons 12 months of age and older, unless contraindicated. Keep sores of persons with shingles (herpes zoster) covered by clothing or a bandage until they have crusted. Highly contagious. Children with weakened immune systems or some chronic diseases are at the highest risk for complications if they get chickenpox. Do not give a child aspirin products because aspirin has been strongly linked with Reye's syndrome. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: http://ohsaa.org/medicine/sportsafety.htm . REPORTING: Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. Vaccine available
Common Cold	INCUBATION: 2 to 14 days. SYMPTOMS: Sore throat, watery eyes, runny or stuffy nose, sneezing, fever, chills, cough, generalized discomfort.	Direct contact with droplets from an infected person that are spread through sneezing, coughing or talking; the direct spray is less than three feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose and/or mouth after touching contaminated objects or surfaces.	COMMUNICABLE PERIOD: 24 hours before symptoms develop through 5 days after the first symptom (may vary). EXCLUSION: Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, or the child meets other exclusion criteria. CONTROL: Avoid touching or rubbing eyes. Increase ventilation. Colds are caused by viruses — antibiotics are NOT indicated. REPORTING: None
Croup	INCUBATION: 2–7 days, depending on the causative agent. SYMPTOMS: Acute respiratory infection involving the epiglottitis, larynx, trachea, and bronchi. May cause respiratory distress ranging from mild to severe. Cough has a "barking" or "brassy" harsh quality. May notice a high pitched sound on inhalation.	Airborne — Transmission occurs when the disease-causing germ cells the infected person through coughing or sneezing. The germ can stay suspended in the air for a long time and can be spread over great distances.	COMMUNICABLE PERIOD: For the duration of the cough (3weeks). EXCLUSION: Exclude until severe symptoms are gone. CONTROL: Avoid touching the eyes, nose and mouth. Medical attention may be necessary. Major complications can occur. Upper respiratory infection often is seen before croup. Croup may be caused by a virus or bacteria. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Diarrheal Diseases	INCUBATION: Variable, depending on the causative agent. SYMPTOMS: Diarrhea defined as 3 or more loose stools (stools with increased water content and/or decreased form) in a 24-hour period. Persons with diarrhea may have additional symptoms including nausea, vomiting, stomachache, headache and/or fever.	Fecal-oral transmission — The virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with invisible amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with invisible amounts of infected stool. Contact with raw or undercooked poultry. Contact with animals at home (e.g., puppies, reptiles, poultry) or visiting petting areas where there are animals (e.g., farms, pet stores, petting zoos, fairs).	COMMUNICABLE PERIOD: Varies with causative agent. EXCLUSION: A person with diarrhea, of infectious or unknown cause, who attends a child care center or works in a sensitive occupation, shall be excluded from the child care center or work in the sensitive occupation and may return only after diarrhea has ceased. A person with infectious diarrhea of known cause shall be isolated in accordance with the provisions of the rule set forth for the specified disease. Sensitive occupation means direct food handling, direct patient care, the handling of food or provision of direct care to children in a child care center, or any other occupation which provides significant opportunity for an infected individual to transmit infectious disease agents. A person with any of the following diseases who attends a child care center or works in a sensitive occupation shall be excluded from the child care center or work in the sensitive occupation and may return when the following conditions are met: Campylobacteriosis: (1) A child may return to a child care center after his or her diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided the person's duties do not include food handling. (3) A food handler may return to work after diarrhea has ceased and one of the following conditions are met: (a) Forty-eight hours of effective antimicrobial therapy, or (b) Two consecutive follow-up stool specimens are negative for Campylobacter. Cryptosporidiosis: (1) The child may return to the child care center after diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided that his or her duties do not include food handling. (3) A food handler may return to work after diarrhea has ceased and after three consecutive follow-up stool specimens are negative for Cryptosporidium. Escherichia coli (E. coli) O157:H7, other enterohemorrhagic (EHEC) toxin-producing E. coli or hemolytic uremic syndrome (HUS): His or her diarrhea has ceased and two consecutive follow-up stool specimens are negative for E. coli O157:H7 or other enterohemorrhagic (EHEC) toxin-producing E. coli. Giardiasis: His or her diarrhea has ceased and one of the following conditions have been met: (1) Seventy-two hours of effective antimicrobial therapy, or (2) Three consecutive follow-up stool specimens are negative for Giardia. Salmonellosis: (1) The child may return to the child care center after diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided that his or her duties do not include food handling. (3) A person who is a food handler may return to work after diarrhea has ceased and after two consecutive follow-up stool specimens are negative for Salmonella. Shigellosis: Diarrhea has ceased and after two consecutive follow-up stool specimens are negative for Shigella. Yersiniosis: (1) A child may return to the child care center after diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided that his or her duties do not include food handling. (3) A food handler may return to work after diarrhea has ceased and two consecutive follow-up stool specimens are negative for Yersinia. CONTROL: Wash hands using soap and water instead of hand sanitizers, and dry with disposable towels. Emphasize handwashing after toileting and before meals. Monitor food handlers' hygiene and health. Avoid swimming in public pools or lakes, and preparing food for others if diarrhea is present. Refer to the ODH website for additional disease-specific infection control guidelines (http://www.odh.ohio.gov/OCM/2013/03/08/). If 2 or more children or staff members in one classroom of a child care center experience diarrhea within a 48-hour period, an infectious agent should be suspected. Because disease spreads more easily among children, diapers and staff caring for them, testing may be necessary. Infected infants often have frequent stools; this normal condition should not be confused with diarrhea. Determine if there has been a change in caregiver for the affected infant whose stools may normally be watery and frequent. REPORTING: Campylobacteriosis, cryptosporidiosis, E. coli O157:H7, other Shiga toxin-producing E. coli, HUS, giardiasis, salmonellosis, shigellosis, and yersiniosis — Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Fifth Disease (Erythema Infectiosum)	INCUBATION: 4–14 days, but as long as 20 days. SYMPTOMS: Bright red rash, usually beginning on the face, with a "slapped cheek" appearance. May spread to the trunk and extremities. As the rash clears (usually in 7–10 days), it may look lacy. Recurs for up to several weeks if a person gets warm, upset, etc.	Direct contact with droplets from an infected person that are spread through sneezing, coughing or talking; the direct spray is less than three feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose and/or mouth after touching contaminated objects or surfaces. Airborne — Transmission occurs when the disease-causing germ cells the infected person through coughing or sneezing. The germ can stay suspended in the air for a long time and can be spread over great distances.	COMMUNICABLE PERIOD: Up to 5 days before the appearance of the rash no longer contagious once the rash appears. EXCLUSION: Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, or the child meets other exclusion criteria. CONTROL: Avoid touching the eyes, nose and mouth. Pregnant women should notify their healthcare provider if exposed; most women will be immune, but those who are not have a very small chance of the disease affecting the fetus, particularly if exposure occurs in the 2nd half of pregnancy. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Flu (Influenza)	INCUBATION: 1–4 days. SYMPTOMS: Abrupt onset of fever, chills, headache, sore muscles. Runny nose, sore throat and cough are also common.	Direct contact with droplets from an infected person that are spread through sneezing, coughing or talking; the direct spray is less than three feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose and/or mouth after touching contaminated objects or surfaces.	COMMUNICABLE PERIOD: 1 day before symptoms develop and up to 7 days after the first symptom; children and people with compromised immune systems may be contagious for longer than 7 days. EXCLUSION: Exclude the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, or the child meets other exclusion criteria. CONTROL: Encourage yearly vaccination of all persons 6 months of age and older, unless contraindicated. Reduce crowding. Do not give a child aspirin products because aspirin has been strongly linked with Reye's syndrome. Vaccine available REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Hand, Foot and Mouth Disease (Coxsackie Virus)	INCUBATION: 3–6 days. SYMPTOMS: Raised rash, particularly on the palms of the hands, soles of the feet and on the area around the mouth. Progresses to blisters, then scabs. Also causes sores inside the mouth, making swallowing painful.	Direct contact with droplets from an infected person that are spread through sneezing, coughing or talking; the direct spray is less than three feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose and/or mouth after touching contaminated objects or surfaces. Fecal-oral transmission — The virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with invisible amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with invisible amounts of infected stool. Contact with objects or surfaces contaminated by an infected person.	COMMUNICABLE PERIOD: Most contagious during the first week of illness; some people may be contagious for days or weeks after symptoms go away. EXCLUSION: Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, the child meets other exclusion criteria or the child has an underlying blood disorder or a weakened immune system. CONTROL: Reduce crowding. Increase ventilation. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Hepatitis A	INCUBATION: 2–7 weeks; usually 28–30 days. SYMPTOMS: Abrupt onset. Loss of appetite, fever, abdominal pain, nausea, fatigue, vomiting, dark urine, clay-colored stools. Icterus (yellowish discoloration of skin and white part of eye) may follow in a few days. Young children usually have no symptoms.	Fecal-oral transmission — The virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with invisible amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with invisible amounts of infected stool.	COMMUNICABLE PERIOD: 2 weeks before symptoms develop through 10 days after the first symptom. EXCLUSION: A person with hepatitis A who attends a child care center or works in a sensitive occupation shall be excluded from the child care center or work in the sensitive occupation until ten days after initial onset of symptoms. CONTROL: Wash hands using soap and water instead of hand sanitizers, and dry with disposable towels. Emphasize handwashing after toileting and before meals. Monitor food handlers' hygiene and health. Contact the local health department to help with outbreaks and for guidance/recommendations for the use of immune globulin (IG) or vaccine. Encourage vaccination of all persons 12 months of age and older, unless contraindicated. Outbreaks occasionally occur, usually related to an ill food handler. Children play an important role in hepatitis A transmission because they often do not have symptoms when infected. REPORTING: Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. Vaccine available
Herpes Simplex Virus (HSV)	INCUBATION: 2–12 days; neonatal HSV infection may be manifest at birth or as late as 4–6 weeks of age. SYMPTOMS: Blisters like sores on the mucous membranes, fever, irritability. HSV can persist without symptoms after the primary infection and can recur.	Direct contact with the sores or saliva of an infected person. Contact with items soiled with the saliva of an infected person (e.g., mouthed toys).	COMMUNICABLE PERIOD: Not well defined. First infection — at least 1 week and occasionally for several weeks after symptoms develop. Reactivation — most contagious for the first 3-4 days after symptoms develop. During periods where there are no signs or symptoms the virus may be shed intermittently. EXCLUSION: Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, the child meets other exclusion criteria or the child has blisters in the mouth and drools. CONTROL: Emphasize handwashing before and after contact with lesions. Wear gloves when applying ointment to sores; avoid touching sores. Avoid contact with mouthed toys or objects. Avoid shared eating utensils, water or drinks. Do not nuzzle or kiss children. Cover any lesions (sores) if present. HSV can be transmitted where sores are or not present. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Impetigo	INCUBATION: Variable; skin colonization is common and infection may result after minor trauma to the skin. SYMPTOMS: Blisters like, pus-filled bumps that progress to yellowish, crusted, painless sores with irregular outlines. Itching is common. Usually found on exposed skin areas and around the nose/mouth.	Direct contact with the draining sores of an infected person. Contact with objects or surfaces contaminated by an infected person.	COMMUNICABLE PERIOD: Until 24-48 hours after starting an effective antibiotic or until the crusting lesions are no longer present. EXCLUSION: Exclude until 24 hours after starting an effective antibiotic and all lesions (sores) are dry or can be covered by clean, dry bandages at all times. CONTROL: Avoid contact with newborns if lesions (sores) are present. Wear gloves when applying ointment to sores. Cover draining sores with clean, dry bandage. Keep fingernails short. Impetigo is usually caused by one of two types of bacteria, group A Streptococcus or Staphylococcus aureus (staph). Methicillin-resistant Staphylococcus aureus (MRSA) is a potentially dangerous type of staph bacteria resistant to treatment with certain antibiotics. A healthcare provider should be consulted if MRSA is suspected. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Lice (Head Lice, Pediculosis)	INCUBATION: 4-6 weeks; the first time a person is infected: 7-12 days for subsequent infections. SYMPTOMS: Itching and irritation of the scalp. Can feel something moving in the hair. Sores on the head caused by scratching. White or yellow brown nits (eggs) attached very firmly to the scalp, most commonly at the base of the neck, crown of the head and above the ears.	Direct, head-to-head contact with an infected person. Indirect contact with combs, brushes, hats, other headgear, clothing or bedding of an infected person.	COMMUNICABLE PERIOD: As long as live lice are present. EXCLUSION: A person with head lice shall be excluded from school or child care center until after the first treatment with an effective pediculicide. CONTROL: Treat the infected person with a medication (pediculicide) that kills lice and nits; for children under 2 years of age, contact a physician for directions before treatment. Check the entire household and all close contacts for lice; treat all contacts to whom lice have spread. Machine wash in the hot water cycle all washable clothing, towels, bed linens and other items that the infected person touched during the 2 days before treatment, and dry on the hot cycle for at least 20 minutes. Dry clean clothing that is not washable. Do not use items that cannot be washed in a closed container/bag for 14 days. Soak combs and brushes for 1 hour in rubbing alcohol or wash with soap and soak in the (130°F) water for 1 hour. Small items can also be placed in a freezer overnight. Vacuum the floor and furniture. Do not use fumigant sprays. Encourage parents to regularly check children's heads regularly. The life cycle of lice is composed of 3 stages: eggs, nymphs and adults. Under ideal conditions, the eggs to egg cycle averages about 7–11 days. The eggs to egg cycle averages about 3 weeks. The heads of those who examine people for head lice have never been found to transmit them between people. Lice do not jump, fly or swim; they cannot survive off a person for longer than 24–48 hours. Eggs can survive 7–10 days if a person but will not hatch below 72° Fahrenheit. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Measles (Rubeola)	INCUBATION: 12–17 days; usually 14 days before the rash appears. SYMPTOMS: Fever of 103–104 F, runny nose, reddened eyes, cough and severe intolerance to light for 2–4 days. A red, blotchy rash that appears on the face, spreads to the trunk and finally to the extremities. The rash and other symptoms usually subside in 7–9 days.	Direct contact with droplets from an infected person that are spread through sneezing, coughing or talking; the direct spray is less than three feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose and/or mouth after touching contaminated objects or surfaces. Airborne — Transmission occurs when the disease-causing germ cells the infected person through coughing or sneezing. The germ can stay suspended in the air for a long time and can be spread over great distances.	COMMUNICABLE PERIOD: 4 days before symptoms develop through 4 days after the appearance of the rash. EXCLUSION: A person with measles shall be isolated, including exclusion from school or child care, for four days following the onset of rash. Contagiousness may be prolonged in patients with altered immunity. CONTROL: Encourage vaccination of all persons 12 months of age and older, unless contraindicated. Contact parents of children who have not been immunized, exposed children who have not been immunized, or who are not fully immunized, should be excluded until they become immunized (if it is within 2 hours of exposure), or until the health department determines the cause of any meningitis and to ensure the child receives proper care. REPORTING: Report to the local health department immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists. Vaccine available
Meningitis, Bacterial	INCUBATION: 1–10 days; usually less than 4 days. SYMPTOMS: Sudden onset. Fever, intense headache, nausea, vomiting, stiff neck, photophobia (sensitivity to light), behavioral changes, irritability, sluggishness. With meningococcal meningitis, rash.	Direct contact with respiratory and throat secretions (e.g., saliva or mucus) of an infected person through kissing or when there is close or prolonged contact with a sick person in the same household or day care center.	COMMUNICABLE PERIOD: Unknown; thought to be as long as the organism is present. Most, but not all, forms of bacterial meningitis are communicable until 24 hours after starting an effective antibiotic; consult a healthcare provider. EXCLUSION: Exclude until 24 hours after starting an effective antibiotic. CONTROL: Encourage vaccination against the bacteria that can cause bacterial meningitis for which vaccines are available (Haemophilus influenzae type b, Meningococcus meningitidis and Streptococcus pneumoniae), unless contraindicated. Follow healthcare provider instructions if antibiotics are prescribed; antibiotics to prevent meningococcal disease are usually given to child care, and household contacts with meningococcal disease, but not to school contacts. Antibiotics to prevent bacterial meningitis caused by other germs are not usually indicated. Must be under the care of a healthcare provider. Bacterial meningitis is usually much more serious than viral meningitis, but initial symptoms are similar. Diagnosis by a healthcare provider is necessary to determine the cause of any meningitis, and to ensure the child receives proper care. REPORTING: Report meningococcal meningitis to the local health department immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists. Report other bacterial meningitis to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. Vaccine available
Meningitis, Viral/Aseptic	INCUBATION: 2–21 days, depending on the causative agent. SYMPTOMS: Sudden onset. Fever, intense headache, nausea, vomiting, stiff neck, behavioral changes, irritability, sluggishness.	Varies with the causative agent. Fecal-oral transmission — The virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with invisible amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with invisible amounts of infected stool. Some forms are transmitted through contact with respiratory secretions or contact with objects or surfaces contaminated by an infected person, such as sharing soft drink cans and eating utensils.	COMMUNICABLE PERIOD: Up to 10 days before symptoms develop through 10 days following the first symptom (may excrete virus in the stool for 1-2 months). EXCLUSION: A person with aseptic or viral meningitis/encephalitis shall be excluded from school or child care center until the rash is subsided. CONTROL: Avoid shared eating utensils, water or drinks. Must be under the care of a healthcare provider. Onset may be rapid or gradual. Infants less than one year of age are less likely to have signs of infection. Viral meningitis is usually less serious than bacterial meningitis, but initial symptoms are similar. Diagnosis by a healthcare provider is necessary to determine the cause of any meningitis and to ensure the child receives proper care. REPORTING: Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.
Molluscum Contagiosum	INCUBATION: 2 weeks – 6 months. SYMPTOMS: Small, smooth, flesh-colored, hard bumps on the skin, often with a tiny, indented center. The bumps may be flesh-colored, white, translucent or yellow and often appear in waves. Bumps range from the size of a pinhead to as large as a pencil eraser. On children, bumps are most often on the face, trunk, and upper arms and legs. The bumps can be itchy.	Direct skin-to-skin contact with an infected person, including sexual contact. Contact with objects or surfaces contaminated by an infected person, including towels, clothing, toys or swimming pool items, such as kick boards. A person with the virus can transmit it to other parts of his or her body by touching or scratching the bumps and then touching an unaffected area.	COMMUNICABLE PERIOD: Unknown, but probably as long as lesions (bumps) are present. EXCLUSION: None. CONTROL: Not covered by clothing, cover with a watertight bandage that is changed daily or more often, if bandage becomes dirty. Bumps in the underwear/leg area should be covered with a bandage if assistance is needed for toileting or for diaper changes. Keep fingernails short. Discourage scratching of the bumps. This may cause further spread to other sites of the body. Avoid skin-to-skin contact or sharing bathbaths, bath towels or sponges with affected people. Exclude children with visible bumps from close contact sports, unless the bumps can be fully covered. Covering the bumps will protect other people from getting molluscum contagiosum and keep the infected child from touching and scratching the affected area. Touching and scratching can spread the lesions (bumps) to other parts of his/her body or cause secondary (bacterial) infections. Without treatment, molluscum contagiosum may persist for 6 months – 4 years. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Mononucleosis	INCUBATION: 4-7 weeks. SYMPTOMS: Fever, sore throat, swollen lymph nodes (glands) in the neck, fatigue, enlarged liver and spleen, rash.	Direct contact with the saliva of an infected person (e.g., kissing). Contact through sharing items contaminated with saliva from an infected person such as toothbrushes, cups, bottles, toys that are mouthed, etc.	COMMUNICABLE PERIOD: Unknown. After first being infected - many months. May shed virus intermittently throughout life without symptoms. EXCLUSION: Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children or the child meets other exclusion criteria. CONTROL: Avoid kissing that involves contact with saliva. Avoid shared eating utensils, water or drinks. Most people get better in 2-4 weeks; others may feel tired for months. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
MRSA (Methicillin-resistant Staphylococcus aureus)	INCUBATION: Variable. SYMPTOMS: Most staph skin infections, including MRSA, appear as a bump or infected area on the skin (may look like a spider bite) that might be red, swollen, painful, warm to the touch, full of pus or other drainage, accompanied by a fever.	Direct contact with an infected wound or skin-to-skin contact with an infected person. Contact with objects or surfaces contaminated by an infected person, including towels or surfaces that have touched infected skin or a carrier who picks his or her nose or contaminates an object or surface.	COMMUNICABLE PERIOD: As long as lesions (sores) drain or the person remains a carrier. EXCLUSION: Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, the child meets other exclusion criteria or the lesions (sores) cannot be covered by clean, dry bandages at all times. CONTROL: Emphasize handwashing before and after changing the bandage to reduce the infected wound. Keep wounds covered with clean, dry bandages until healed. Follow healthcare provider instructions about proper care of the wound. Do not share personal items such as towels, washcloths, razors, clothing and uniforms. Wash used sheets, towels and clothes with water and laundry detergent according to manufacturer's instructions on the label; use a dryer to dry them completely. Bandages and tape used on people with MRSA infections can be thrown away with the regular trash. Do not attempt to drain the sores — doing so could make the infection worse or spread it to others. Antibiotics should be taken if prescribed and until gone (even if the infection is getting better), unless a healthcare provider says differently. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: http://ohsaa.org/medicine/sportsafety.htm . REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Mumps	INCUBATION: 12–25 days; usually 16–18 days. SYMPTOMS: Fever, painful parotid gland (salivary gland located at the base of each ear), swelling under jaw and in front of ear, headache, chills, lack of appetite, abdominal pain.	Direct contact with droplets from an infected person that are spread through sneezing, coughing or talking; the direct spray is less than three feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose and/or mouth after touching contaminated objects or surfaces.	COMMUNICABLE PERIOD: Usually most infectious 1-2 days before parotitis (inflammation in one or both of the parotid glands — salivary glands inside each cheek) develops through 5 days after. EXCLUSION: A person with mumps shall be isolated, including exclusion from school or child care center, for five days after the onset of parotid swelling. CONTROL: Encourage vaccination of all persons 12 months of age and older, unless contraindicated. Contact parents of children who have not been immunized, for outbreaks, exposed children who have not been immunized, or who are not fully immunized, should be excluded until they become immunized or until the health department determines they may return to school or child care (may be more than a month). Occurs most often in late winter/spring. REPORTING: Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. Vaccine available
Pink-eye (Conjunctivitis, Bacterial or Viral)	INCUBATION: Bacterial: 1-3 days; viral: 12 hours – 12 days. SYMPTOMS: Redness or swelling of the white(s) of the eye(s) or inside the eye(s); discharge from the eye(s); itchy or scratchy eye(s); crusting of eyelid(s) or lashes.	Direct contact with discharge from an infected eye or respiratory tract of an infected person. Contact with objects or surfaces contaminated by an infected person and then touching one's eye(s).	COMMUNICABLE PERIOD: Bacterial—until 24 hours after effective antibiotic treatment is started or symptoms no longer present. Viral — until symptoms are no longer present. EXCLUSION: Exclude those with purulent (pus) eye discharge until after 24 hours of treatment with an effective antibiotic. CONTROL: Emphasize handwashing before and after touching the eyes, nose and mouth. Avoid touching or rubbing eyes. Conjunctivitis can also occur when a child has contact with something that causes an allergic reaction. This type of conjunctivitis is not contagious and may be confused with bacterial and viral conjunctivitis. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Pinworms	INCUBATION: 1–2 months; longer from ingestion of the pinworm egg until an adult pinworm migrates to the perianal (around the rectum) area. SYMPTOMS: Anal itching with disturbed sleep, irritability, anal irritation due to scratching.	Direct transfer of eggs from the anus to the mouth by contaminated fingers. Indirect transmission occurs from articles freshly contaminated with pinworm eggs, such as toys, clothing or bedding, toilet seats, other bathroom fixtures and sanibowls. Pinworm eggs sometimes become airborne (for example, when shaking bedclothes) and can be inhaled while breathing. Fecal-oral transmission — Contact with stool of an infected person. This can occur when objects such as toys or fingers which have become soiled with invisible amounts of stool are placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with invisible amounts of infected stool.	COMMUNICABLE PERIOD: As long as there is a female pinworm depositing eggs on the perianal skin. EXCLUSION: Exclude until adequately treated. CONTROL: Wash hands using soap and water instead of hand sanitizers; give special attention to fingernails. Emphasize handwashing after each toilet use and before meals. Keep fingernails short. Avoid biting nails and scratching around the anus. Wash hands after using a sand table or playing in the sand. Refer the child for medical attention. Ensure the child is treated with an effective medication; treatment must be repeated after 2 weeks. Consult the local health department for help in controlling outbreaks. Do not allow sharing of bed clothing. Pinworm eggs remain viable for 2-3 weeks in indoor environments. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Ringworm (Tinea)	INCUBATION: 4–14 days. SYMPTOMS: Scaly, itchy, red, circular bald spot. Skin-red, itchy, ring-like rash. Feet (athlete's foot) - red, swollen, peeling, itching skin between the toes; soil and heal may also be affected. Blisters may be present, filled with watery fluid.	Direct contact with lesions of an infected person or animal. Contact with objects or surfaces contaminated by an infected person such as clothing, towels, bedding, combs or other personal items.	COMMUNICABLE PERIOD: As long as lesions are present and the fungus persists on contaminated materials. EXCLUSION: Exclude at the end of the day and until 24 hours after effective treatment is started. CONTROL: Wash hands using soap and water instead of hand sanitizers; give special attention to fingernails. Keep fingernails short. Keep skin clean and dry. Avoid swimming and exclude from contact sports until lesions are gone. Do not share personal items such as brushes, combs, ribbon, hats, clothing, towels or bedding. Examine and treat if infected, all household contacts, pets and farm animals. Adults rarely have ringworm of the skin. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: http://ohsaa.org/medicine/sportsafety.htm . REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
RSV (Respiratory Syncytial Virus)	INCUBATION: 2–8 days; usually 4-6 days. SYMPTOMS: Runny nose, congestion, cough, bronchitis (inflammation of the small airways of the lungs), pneumonia, wheezing. Very young infants may have irritability, lethargy, poor feeding, cyanosis (blueness of skin) with cough or brief episodes of apnea (temporary suspension of breathing) instead of the typical respiratory signs.	Direct contact with droplets from an infected person that are spread through sneezing, coughing or talking; the direct spray is less than three feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose and/or mouth after touching contaminated objects or surfaces.	COMMUNICABLE PERIOD: 3-8 days. Some infants and people with weakened immune systems can be contagious for weeks. EXCLUSION: Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children or the child meets other exclusion criteria. Almost 100% of children in child care get RSV in the first year of life. In most children, symptoms are mild but they can be serious in those with risk factors; children with heart and lung conditions or weakened immune systems are at increased risk of developing severe infection and complications. RSV is the most common cause of bronchitis (inflammation of the small airways of the lungs) and pneumonia in children under 1 year of age. CONTROL: Avoid shared eating utensils, water or drinks. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Scabies	INCUBATION: 2–6 weeks the first time a person is infected; 1–4 days for subsequent infections. SYMPTOMS: Pimple (bump), vesicles, or tiny linear burrows resulting from a mite that has penetrated into the skin. Lesions are often found in the spaces between fingers, on or inside the wrist, elbows or armpits, around the belt line and in the genital area. A patchy red rash is often present. Intense itching, especially at night. Manifestations may mimic other dermatological (skin) diseases. Itching can persist for several weeks, even after proper treatment.	Direct skin-to-skin contact with an infected person. Indirectly by sharing clothing, towels or bedding used by an infected person. Pets do not transmit the mite.	COMMUNICABLE PERIOD: From the beginning of the infection (even before symptoms have occurred) through completion of treatment. Exclusion A person with scabies shall be isolated for twenty-four hours following initial treatment with an effective scabicide. A person with the manifestation of scabies known as "crusted scabies" shall be isolated until the mite can no longer be demonstrated on a scabies preparation. CONTROL: Treat the infected child with a medication that kills scabies mites. Check the entire household and all close contacts for scabies. Treat all contacts to whom scabies have spread and treat those who had skin-to-skin contact with an infected person, even if it is unclear whether or not they have scabies. Machine wash in the hot water cycle all washable clothing, towels, bed linens and other items that the infected person touched during the 3 days before treatment and dry on the hot cycle for at least 20 minutes. Dry clean clothing that is not washable. Do not use items that cannot be washed in a closed container/bag for 3-4 days. Vacuum the floor and furniture. Do not use fumigant sprays. Transmission can occur even if there are no signs or symptoms. The scabies mite cannot live off the infected person's body but can be spread by contact with contaminated items such as towels, washcloths, razors, clothing and uniforms. Wash used sheets, towels and clothes with water and laundry detergent according to manufacturer's instructions on the label; use a dryer to dry them completely. Bandages and tape used on people with MRSA infections can be thrown away with the regular trash. Do not attempt to drain the sores — doing so could make the infection worse or spread it to others. Antibiotics should be taken if prescribed and until gone (even if the infection is getting better), unless a healthcare provider says differently. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: http://ohsaa.org/medicine/sportsafety.htm . REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Scarlet Fever/ Strep Throat (Streptococcal Infections)	INCUBATION: 1–3 days; may be longer. SYMPTOMS: Strep throat—fever, red throat with pus spots, tender and swollen lymph nodes (glands). Symptoms are variable. Scarlet fever—all of the above, plus sandpaper-like rash on skin and inside of mouth, "strawberry tongue," high fever, nausea and vomiting may occur.	Direct contact with droplets from an infected person that are spread through sneezing, coughing or talking; the direct spray is less than three feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose and/or mouth after touching contaminated objects or surfaces. Also, contact with sores from a group A Streptococcus skin infection.	COMMUNICABLE PERIOD: Exclude until 24 hours after starting an effective antibiotic. EXCLUSION: A person with a streptococcal infection shall be excluded from school or child care center for twenty-four hours after the initiation of effective antimicrobial therapy. CONTROL: Must be under the care of a healthcare provider. Early diagnosis and treatment are critical in preventing serious complications such as rheumatic fever, kidney disease and wound infection. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Thrush/ Yeast Infection (Candidiasis)	INCUBATION: Variable: 2–5 days in infants. SYMPTOMS: White spots on the skin, mouth or tongue that cannot be scraped off without bleeding. May also occur in folds of the skin in diapered areas and in a common cause of diaper rash.	Contact with secretions from the mouth, skin, vagina and stool of an infected person. Candida yeasts, which cause thrush, normally live on the skin or mucous membranes and in the intestinal tract in invisible amounts. Warm, moist environments, such as the inside of the mouth, can cause the yeasts to multiply and cause symptoms. A mother can infect her newborn if she has a yeast infection in her vagina during childbirth, and a breastfeeding baby with thrush can transmit it to his or her mother's nipples.	COMMUNICABLE PERIOD: Not applicable — normally lives on the skin and mucous membranes without causing infection, however, overgrowth can cause symptoms to develop. EXCLUSION: None. CONTROL: Treatment may shorten the duration of symptoms. Do not allow sharing of mouthed objects between children without washing and sanitizing them. Persons who have been on long-term antibiotics or who have weakened immune systems are at increased risk. REPORTING: Report an outbreak, unusual incident or epidemic to the local health department by the end of the next business day.
Whooping Cough (Pertussis)	INCUBATION: 5–10 days; as long as 21 days. SYMPTOMS: Begins with mild upper respiratory symptoms and can progress to fits of abnormally severe coughing often with a characteristic respiratory whoop, followed by vomiting. Fever is absent or minimal. Infants younger than 6 months, adolescents, adults and partially immunized persons often do not have the typical whoop and have few paroxysms (sudden fits of violent coughing).	Direct contact with droplets from an infected person that are spread through sneezing, coughing or talking; the direct spray is less than three feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose and/or mouth after touching contaminated objects or surfaces.	COMMUNICABLE PERIOD: As soon as symptoms develop through 3 weeks after the cough begins, depending on age. Immunization status, past infection and antibiotic treatment, or until 5 days after starting an effective antibiotic. An infant who has not been immunized against pertussis may remain contagious for 6 weeks or more after the cough starts. EXCLUSION: A person with pertussis, who is not treated with effective antimicrobial therapy, shall be isolated, including exclusion from school or child care center, until three weeks after the onset of paroxysms. If effective antimicrobial therapy is given, the person shall be isolated for five days after initiation of antimicrobial therapy. CONTROL: Encourage vaccination of all persons 2 months