

# WISCONSIN CHILDHOOD COMMUNICABLE DISEASES

Disease Name (aka, causative agent)	Spread by	Incubation Period (Time from exposure to symptoms)	Signs and Symptoms	Time Period When Person is Contagious	Criteria for Exclusion from School or Group	Onsite Control and Prevention Measures
<b>EYES, EARS, NOSE, and THROAT</b>						
<b>Cold sores</b> (Herpes simplex virus)	Direct contact with open sores or saliva	2 days to 2 weeks	Fever <sup>1</sup> , irritability, blisters in mouth, on gums or lips	For at least 1 week after symptoms appear; shedding of the virus at low levels is possible after symptoms resolve	Exclude until fever-free for 24 hours without the use of fever-reducing medication and child is able to control drooling while blisters are present inside mouth	
<b>Mononucleosis</b> (Mono, Epstein-Barr virus)	Person-to-person contact with saliva	30–50 days	Fever <sup>1</sup> , sore throat, swollen lymph nodes, fatigue, enlarged liver or spleen	Many months after infection; excretion of virus can occur intermittently for life	None, unless illness prevents participation; no contact sports until spleen no longer enlarged	<b>For all diseases:</b> Good handwashing and hygiene; avoid kissing, sharing drinks, or utensils, use proper disinfection of surfaces and toys
<b>Mumps</b>  (Mumps virus)	Inhalation of respiratory droplets, direct contact with saliva of infected person	12–25 days; usually 16–18 days	Fever <sup>1</sup> , swelling and tenderness of parotid glands, headache, earache, painful swollen testicles, abdominal pain with swollen ovaries	From 2 days before to 5 days after swelling	Exclude for 5 days after swelling onset (day of swelling onset is day zero); exclude at risk <sup>2</sup> contacts from day 12 through day 25 after exposure	<b>Mumps:</b> Provide immunization records for exposed individuals to public health officials
<b>Pink Eye</b> (Bacterial or viral conjunctivitis)	Person-to-person; hand to eye contact with infected eyes, nose, or mouth secretions from infected person, or contaminated surfaces	Variable depending on causative organism	Bacterial: red/pink itchy eye(s), green/yellow eye discharge Viral: pink-swollen eye(s), light sensitivity	While signs and symptoms are present	None, unless fever <sup>1</sup> or behavior change; antibiotics not required for return	<b>Strep Throat:</b> Avoid kissing, sharing drinks, or utensils; exclude infected food handlers; minimize contact with respiratory and oral secretions
<b>Strep Throat and Scarlet Fever</b> (Streptococcal pharyngitis, Group A <i>Streptococcus</i> )	Contact with infectious respiratory droplets and saliva, direct contact with mouth or nose secretions	2–5 days	Sore throat, fever <sup>1</sup> , headache, tender swollen lymph nodes, decreased appetite, chills, and sweats	Until 12 hours after initiation of appropriate antibiotic treatment	Exclude for at least 12 hours after initiation of appropriate antibiotic and fever-free for at least 24 hours without the use of fever-reducing medication	

<b>RESPIRATORY</b>						
<b>Influenza</b>  (Flu, Influenza virus)	Inhalation of respiratory droplets	1–4 days	Fever <sup>1</sup> , cough, nasal congestion, headache, body aches, fatigue	1 day prior to and up to 5–7 days after symptoms begin	Exclude until fever-free for 24 hours without the use of fever-reducing medication	
<b>Pertussis</b>  (Whooping cough, <i>Bordetella pertussis</i> )	Inhalation or direct contact of respiratory secretions	5–21 days; usually 7–10 days	Early cold-like signs or symptoms, coughing progressing to severe, often with “whoop,” vomiting possible, absent or minimal fever <sup>1</sup> , most severe first 6 months after birth	7 days prior to and until 21 days after onset of cough; or 5 days after start of treatment	Exclude until after 5 days of appropriate antibiotic treatment; if no antibiotic treatment, exclude 21 days after cough onset	<b>For all diseases:</b> Handwashing and good personal hygiene, including covering coughs and sneezes
<b>Respiratory Syncytial Virus</b>  (RSV)	Inhalation or close contact with respiratory droplets or direct contact of eye, nose, or mouth discharges, or contaminated surfaces	2–8 days; usually 4–6 days	Runny nose, cough, sneezing, wheezing, fever <sup>1</sup> , fatigue	Duration of illness; usually 3–8 days	Exclude until fever-free for 24 hours without the use of fever-reducing medication	<b>Pertussis:</b> Refer symptomatic individuals to health care provider for evaluation <b>Respiratory Syncytial Virus:</b> Avoid sharing linens, toys
<b>Other Viral Respiratory Illnesses or Respiratory Illness of Unknown Cause</b>	Inhalation or direct contact of respiratory secretions	Variable	May include fever <sup>1</sup> , cough, nasal congestion, runny nose, sore throat, headache, and fatigue	Variable	Exclude until fever-free for 24 hours without the use of fever-reducing medication	

<b>GASTROINTESTINAL</b>						
<b>Diarrhea of Unknown Cause</b>	Fecal-oral by touching contaminated objects or surfaces, eating or drinking contaminated food or water, and having direct contact with a sick person	Variable	3 or more loose stools in 24-hour period, not associated with changes in diet. Stools are less formed and more frequent than usual	Variable	Exclude until asymptomatic for 48 hours	
<b>Gastroenteritis, Bacterial</b>  • <i>Campylobacter</i> • <i>Salmonella</i> • <i>Shigella</i> • <i>E. coli</i> O157:H7 and other Shiga toxin-producing <i>E. coli</i> (STEC)	Fecal-oral by touching contaminated objects or surfaces, direct contact with a sick person, and eating or drinking contaminated food or water For bacteria other than Shigella: direct contact with livestock, poultry, and pets	1–7 days; usually 2–5 days, varies by bacteria	Mild to severe diarrhea that can be bloody, abdominal cramps, may include vomiting or fever <sup>1</sup> , asymptomatic infections possible Shiga toxin-producing <i>E. coli</i> can cause severe kidney complications <i>Salmonella</i> can cause bloodstream and urinary tract infections	While bacteria present in stool, weeks to months	Exclude until asymptomatic for 24 hours For high risk settings <sup>3</sup> Shiga toxin-producing <i>E. coli</i> and <i>Shigella</i> require 2 consecutive negative fecal samples collected at least 24 hours apart and obtained at least 48 hours after antimicrobial therapy completed; consult with local health department	<b>For all diseases:</b> 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 <b>Diarrhea:</b> 3 or more loose stools in a 24-hour period, not associated with changes in diet; stools are more frequent or less formed than usual
<b>Gastroenteritis, Parasitic</b>  • <i>Cryptosporidium</i> • <i>Giardia</i>	Fecal-oral by touching contaminated objects or surfaces, direct contact with a sick person, eating or drinking contaminated food or water, and direct contact with animals (especially livestock)	<i>Cryptosporidium:</i> 3–14 days <i>Giardia:</i> 1–3 weeks	Acute non-bloody watery diarrhea, abdominal pain, fatigue, fever <sup>1</sup> , anorexia and weight loss; can have recurring symptoms <i>Giardia</i> can cause foul smelling stools	<i>Cryptosporidium:</i> up to 2 weeks, months for immune-compromised; most contagious during diarrhea phase <i>Giardia:</i> weeks to months	Exclude until asymptomatic for 24 hours; no swimming for 2 weeks after diarrhea resolves	Outbreaks of diarrhea (2 or more cases) in group settings are reportable by law to the local health department for management and control recommendations <b>Gastroenteritis-Bacterial:</b> Proper cooking/handling of meats and raw eggs; reptiles and live poultry should not be permitted in child care centers
<b>Gastroenteritis, Viral</b> • Norovirus • Rotavirus 	Fecal-oral by touching contaminated objects or surfaces, direct contact with a sick person, and eating or drinking contaminated food or water	12–72 hours	Acute onset vomiting and/or non-bloody diarrhea, possible nausea, abdominal cramps, low-grade fever <sup>1</sup> , headache, malaise	While symptomatic up to 3 weeks after symptoms resolve; virus can be present before onset of diarrhea	Exclude until asymptomatic for 24 hours with rotavirus and 48 hours with norovirus	<b>C. difficile, Cryptosporidium, and Norovirus:</b> Alcohol-based hand hygiene products are not effective against these organisms; soap and water must be used <b>Hepatitis A:</b> Consider Hep A vaccine for staff; exposed staff should not prepare meals for others
<b>Hepatitis A</b>  (Hepatitis A virus)	Fecal-oral by contaminated food or close personal contact	15–50 days; average 28–30 days	Fever <sup>1</sup> , anorexia, fatigue, jaundice, abdominal pain, dark-brown urine; most children <6 years old not jaundiced or symptomatic	14 days before onset of symptoms to 7–10 days after jaundice onset; No jaundice: 10 days prior to 14 days after onset of symptoms	Exclude for 14 days after onset of symptoms or 10 days after onset of jaundice	<b>Pinworms:</b> Frequent, good handwashing, particularly by infected child and staff assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected child should be handled carefully, not shaken, and laundered promptly
<b>Pinworm Infection</b> ( <i>Enterobius vermicularis</i> )	Fecal-oral by touching contaminated objects or surfaces and direct contact with a sick person	1–2 months or longer from time of ingestion of eggs to adult worm reaching anal area	Itching and irritation around the anal and vaginal areas	While eggs are present, eggs can remain infective 2–3 weeks in indoor environments	None, unless has diarrhea	
<b>Clostridium difficile infection</b> (CDI, <i>C. diff</i> )	Fecal-oral by touching contaminated objects or surfaces and direct contact with a sick person	Variable; 5 days after starting antibiotic treatment to 10 weeks following completion	Mild to moderate disease: non-bloody diarrhea, low-grade fever <sup>1</sup> , mild abdominal pain; recurrent or severe disease can occur	For the duration of the diarrheal illness	Exclude until asymptomatic for 48 hours	

<b>SKIN and RASH</b>						
<b>Fifth Disease</b> (Human parvovirus B19, erythema infectiosum)	Contact with respiratory secretions	Usually 4–14 days; can be up to 21 days	Brief mild illness includes fever <sup>1</sup> , fatigue, muscle aches, headache, followed by red “slapped-cheek” rash 1–3 weeks later	Onset of symptoms until rash appears	None, unless fever <sup>1</sup> present	
<b>Hand-foot-and-mouth disease</b> (Coxsackie virus)	Contact with fecal, oral, or respiratory secretions	3–6 days	Fever <sup>1</sup> , blisters in mouth or on palms of hands or bottom of feet, conjunctivitis, sore throat, vomiting, diarrhea	1–2 weeks for respiratory secretions; weeks to months for feces	None, unless fever <sup>1</sup> present	
<b>Impetigo</b> ( <i>Staphylococcus aureus</i> , Group A <i>Streptococcus</i> )	Direct contact with lesions or contaminated objects	4–10 days	Small red pimples or fluid-filled blisters, crusted yellow scabs on face or body	Until lesions are treated with antibiotics for at least 24 hours or crusting lesions resolved	Exclude until after initiation of appropriate antibiotic treatment; Keep lesions covered until dry and crusted	<b>For all diseases:</b> Good handwashing and hygiene; proper disinfection of changing tables, surfaces, and toys
<b>Lice</b> (Pediculosis)	Direct head to head contact with infested hair or contaminated objects	4–6 weeks after first infestation; 1–6 weeks previously infected with lice	Itching scalp, especially behind ears and back of neck; many children are asymptomatic	While live lice present	Exclude at end of program or school day until after treatment or removal of live lice; “no-nit” policies are discouraged	<b>Measles, Rubella, Shingles and Varicella:</b> Assess exposure risk to at risk <sup>2</sup> and high risk <sup>3</sup> persons; provide immunization records of exposed individuals to public health officials; consultation with public health official recommended
<b>Measles</b>  (Rubeola, measles virus)	Inhalation or direct contact of respiratory secretions	7–21 days; usually 10 days from exposure to fever <sup>1</sup> , 14 days to rash	Blotchy red rash at hairline or on face that extends over body, watery eyes, runny nose, high fever <sup>1</sup> , dry cough, diarrhea or ear infections	4 days prior to 4 days after rash appears	Exclude for 4 days after rash onset; exposed at risk <sup>2</sup> individual from day 7 through day 21 following their earliest exposure	<b>Measles and Varicella:</b> Contacts without documented immunity (2 doses of vaccine or laboratory proof of immunity) should be vaccinated <b>Rubella:</b> Exposed pregnant women should immediately contact their physician
<b>Ringworm</b> (fungal infection, dermatophytosis, tinea)	Direct contact with lesions on animals or humans, or contaminated objects/surfaces	Usually 1–3 weeks	Skin: red, circular patches with raised edges, center clearing, cracking/peeling of skin between toes Scalp: dandruff-like scaling patchy areas with or without hair loss, redness	As long as lesions are present or until treatment begins	Exclude until treatment is initiated or lesions are covered	<b>Impetigo:</b> Keep fingernails clean and short <b>Lice and Scabies:</b>
<b>Roseola</b> (Human herpesvirus 6, exanthem subitum)	Inhalation or direct contact of respiratory droplets; most children infected by age 4; 75% of healthy adults shed virus in saliva	9–10 days	3–7 days high fever <sup>1</sup> followed by red, raised rash for hours to several days, febrile seizures possible in children < 4 years old	Unknown	Exclude until fever-free for 24 hours without the use of fever-reducing medication	• Avoid sharing and storing together personal items such as headgear, combs, clothing, and bedding • Machine wash clothing, bedding, or cloth toys in water over 129°F and dry on hot setting; dry cleaning or storing clothing in plastic bags for 10 days is also effective in killing mites, lice, and nymphs
<b>Rubella</b>  (Rubella virus)	Inhalation of droplets, or direct contact of nose or throat secretions; transmission from mother to fetus across placenta	14–21 days; usually 16–18 days	Low-grade fever <sup>1</sup> , pinkish rash appearing first on face then spreading over body, enlarged lymph glands behind ears, transient joint aches/pain in older children and adults Many children have minimal symptoms	7 days before until 7 days after rash onset	Exclude until 7 days after rash onset; exposed at risk <sup>2</sup> individual from day 7 through day 21 following earliest exposure	<b>MRSA:</b> Cover sores; avoid contact with wound drainage; proper disposal of dressings; no sharing of personal items; clean and disinfect athletic equipment between uses; wash and dry laundry on “hot” setting
<b>Scabies</b> ( <i>Sarcoptes scabiei</i> , mite infestation)	Prolonged person-to-person contact, contaminated bedding, towels, clothing	2–6 weeks; usually 4–6 weeks; 1–4 days if previously infected	Intense itching (especially at night), red bumps or blisters most commonly found on skin folds	Until mites and eggs are destroyed, usually after initial topical treatment	Exclude until treatment is complete	<b>Ringworm:</b> Avoid direct contact, avoid sharing combs, brushes, hats, clothing, towels; proper disinfection of surfaces and toys with a fungicidal agent
<b>Shingles</b>  (Herpes zoster, varicella-zoster virus)	Direct contact with blister fluid to only those at risk to chickenpox	None: Reactivated chickenpox	Red bumps and blisters that may be itchy or painful, usually in narrow area on half of body, can cause fever <sup>1</sup> , chills, headache, upset stomach	Usually 7–10 days; until blisters crust over	Exclude if rash cannot be covered or doubt child’s ability to comply with keeping rash covered until blisters crust over; exclusion of exposed at risk <sup>2</sup> usually not mandated, families should be notified of risk	<b>Scabies:</b> Itching may continue for several weeks following treatment, and is not an indicator of treatment failure
<b>Staph Skin Infection, including MRSA</b> ( <i>Staphylococcus aureus</i> , methicillin-resistant <i>S. aureus</i> )	Person-to-person, contaminated objects	Variable; can be up to several months	Red, swollen, pus-filled sores or boils	During active draining of sores or boils	Exclude if drainage from sores cannot be contained, until sores are dry	
<b>Varicella</b>  (Chickenpox, varicella-zoster virus)	Inhalation or direct contact of respiratory secretions, skin lesions, or contaminated objects	10–21 days; usually 14–16 days	Generalized rapidly progressing itchy rash, blisters that crust, mild fever <sup>1</sup> , malaise	2 days prior to rash onset to 5 days after rash resolves or until lesions crusted over	Exclude until lesions have dried and crusted; exclusion of exposed at risk <sup>2</sup> usually not mandated, families should be notified of risk	

<b>MENINGITIS</b>						
<b>Bacterial Meningitis</b>  • <b>Hib</b> ( <i>Haemophilus influenzae</i> type b) • <b>Meningococcal disease</b> ( <i>Neisseria meningitidis</i> ) • <b>Pneumococcal disease</b> ( <i>Streptococcus pneumoniae</i> )	Direct person-to-person contact with saliva and respiratory secretions	Usually 2–4 days 2–10 days; usually 3–4 days Usually 1–4 days	May include: sudden onset of fever <sup>1</sup> , headache, stiff neck, nausea, vomiting Rash and photophobia also common with <i>N. meningitidis</i>	7 days prior to onset until 24 hours after treatment begins	Exclude for at least 24 hours after appropriate antibiotic treatment begins	<b>For all diseases:</b> Good handwashing and hygiene; cover coughs and sneezes; avoid direct saliva contact and sharing drinks, utensils, and water bottles <b>Hib bacteria:</b> Ensure contacts under age 4 are up-to-date on vaccination after exposure or treated with antibiotics <b>Meningococcal meningitis:</b> Direct saliva contacts should receive antibiotic treatment immediately
<b>Viral Meningitis</b> (Usually enterovirus)	Inhalation or contact with droplets from nose, eyes, or mouth; fecal-oral	3–6 days	May include: sudden onset of fever <sup>1</sup> , headache, stiff neck, nausea, vomiting Respiratory or gastrointestinal symptoms may occur before symptoms of meningitis	From day before illness up to 2 weeks after onset	Exclude until fever-free for 24 hours without the use of fever-reducing medications	<b>Pneumococcal meningitis:</b> Treatment of contacts not necessary and not beneficial <b>Viral meningitis:</b> Proper disinfection of surfaces such as changing tables with soap, water, and bleach-containing solution; treatment of contacts not necessary, no specific treatment

<b>SEXUALLY TRANSMITTED INFECTIONS</b>						
<b>Chlamydia</b>  ( <i>Chlamydia trachomatis</i> ) <b>Gonorrhea</b>  ( <i>Neisseria gonorrhoea</i> )	Sexual contact, infants at delivery, eye mucus or discharge	2–14 days or longer for chlamydia	Neonatal conjunctivitis, pneumonia, genital tract infections, purulent discharge from urethra/cervix, ectopic pregnancy, PID, may be asymptomatic	Until 2 weeks after treatment begins or months if untreated	None	
<b>Chancroid</b>  ( <i>Haemophilus ducreyi</i> )	Sexual contact, contact with sore(s)	3–5 days	Painful genital ulcers, tender glands	1–2 weeks after treatment begins	None	
<b>Congenital Syphilis</b>  ( <i>Treponema pallidum</i> )	Through the bloodstream from a pregnant person with syphilis to their baby in the womb	Anytime during pregnancy	Babies may not have symptoms or have a rash, rhinitis (sniffles), white patches in the mouth, deformed teeth or bones, severe low blood count, enlarged liver or spleen, jaundice (yellowing skin or eyes); miscarriage or stillbirth	Babies can become infected if the pregnant person has an untreated infection during pregnancy; babies are unlikely to spread the infection to others	None	<b>For all diseases:</b> Prevent others from touching lesions and discharge; maintain good hand and personal hygiene
<b>Herpes Simplex</b> (Herpes simplex virus)	Skin-to-skin contact such as during kissing; oral, anal, and vaginal sex and sexual contact, infants at vaginal delivery	2–12 days	Blisters on/around genitals, rectum, mouth; may recur	Most infectious 2–7 weeks after primary infection; even if a person does not have any symptoms, they can still be infectious	None	
<b>HPV</b>  (Human papillomavirus)	Sexual contact or contact with cutaneous warts	3 months to several years	Flat/raised skin warts, cauliflower-like warts in anogenital area	Unknown	None	
<b>Syphilis</b>  ( <i>Treponema pallidum</i> )	Sexual contact, contact with sore(s)	10–90 days	Painless genital sore, rash on body, palms of hands, bottoms of feet, sores or white patches on mouth or vagina	1–2 weeks after treatment begins or months to years if untreated; most contagious when sores are present	None	

For more information, contact your local health department.

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

<sup>1</sup>Fever = Temperature 100.4°F or higher, regardless of the route it is taken (mouth, rectum, armpit, ear, forehead). Only take a child’s temperature if the child seems ill.

<sup>2</sup>At risk or more likely to get sick = Persons not immunized, with compromised immune systems, or pregnant

<sup>3</sup>High risk settings = Health care, child care, food service

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

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



BUREAU OF COMMUNICABLE DISEASES

Wisconsin Department of Health Services | Division of Public Health

<https://www.dhs.wisconsin.gov/dph/bcd.htm> | [DHSPHBCD@dhs.wi.gov](mailto:DHSPHBCD@dhs.wi.gov)



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