

WISCONSIN CHILDHOOD COMMUNICABLE DISEASES

Skin and Rash

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
Fifth Disease (Human parvovirus B19, erythema infectiosum)	Contact with respiratory secretions	Usually 4-14 days; can be up to 21 days	Brief mild illness includes fever, fatigue, muscle aches, headache, followed by red "slapped-cheek" rash 1-3 weeks later	Onset of symptoms until rash appears	None
Hand-foot-and-mouth disease (Coxsackie virus)	Contact with fecal, oral, or respiratory secretions	3-6 days	Fever, rash (on hands, feet, or mouth), conjunctivitis, sore throat, vomiting, diarrhea	1-2 weeks for respiratory secretions; weeks to months for feces	None, unless fever present or child cannot maintain hygiene or avoid close contact with others
Impetigo (<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 and lesions are covered or crusted
Lice (Pediculosis)	Direct contact or contaminated objects	4-6 weeks after first infestation; 1-6 weeks after subsequent infestations	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
Measles R/V (Rubeola, measles virus)	Inhalation or direct contact of respiratory secretions	7-21 days; usually 10 days from exposure to fever, 14 days to rash	Blotchy red rash at hairline or on face that extends over body, watery eyes, runny nose, high fever, dry cough, diarrhea or ear infections	4 days prior to 4 days after rash appears	Exclude for 4 days after rash onset; exposed susceptible* individual from day 7 through day 21 following their earliest exposure
MRSA (Methicillin-resistant <i>Staphylococcus aureus</i>)	Person-to-person, contaminated objects	Variable; usually 4-10 days, can be up to several months	Red, swollen, pus-filled lesions	Duration of acute illness; if wound drainage present	Exclude if drainage from lesions cannot be contained, until lesions resolve
Ringworm (fungal infection, dermatophytosis, tinea)	Direct or indirect contact with lesions or contaminated personal objects/surfaces	Body/perianal/groin: 4-10 days Scalp: 10-14 days	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
Roseola (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 followed by red, raised rash for hours to several days, febrile seizures possible in children < 4 years old	Unknown	Exclude until fever resolved

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Skin and Rash (Continued)

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
Rubella R/V (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, 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 susceptible* individual from day 7 through day 21 following earliest exposure
Scabies (<i>Sarcoptes scabiei</i> , mite infestation)	Person-to-person, contaminated bedding, towels, clothing	2-6 weeks; usually 4-6 weeks; 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
Shingles (Herpes zoster, varicella-zoster virus)	Direct contact with blister fluid to only those susceptible 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, 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 susceptible* usually not mandated, families should be notified of risk
Varicella R/V (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, 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 susceptible* usually not mandated, families should be notified of risk

For all diseases: Good handwashing and hygiene; proper disinfection of changing tables, surfaces, and toys

Measles, Rubella, Shingles and Varicella: Assess exposure risk to susceptible* and high risk* persons; provide immunization records of exposed individuals to public health officials; consultation with public health official recommended

Measles and Varicella: Contacts without documented immunity (2 doses of vaccine or laboratory proof of immunity) should be vaccinated

Rubella: Exposed pregnant women should immediately contact their physician

Impetigo: Keep fingernails clean and short

Lice and Scabies: 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

MRSA: Cover skin lesions, 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

Ringworm: Avoid direct contact, avoid sharing combs, brushes, hats, clothing, towels; proper disinfection of surfaces and toys with a fungicidal agent

Scabies: Itching may continue for several weeks following treatment, and is not indicator of treatment failure

R = Reportable to State and local health departments **V** = Vaccine available to prevent illness ***Susceptible/At Risk** = Persons not immunized, with compromised immune systems, or pregnant ***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/index.htm>.

