# **COMMUNICABLE DISEASE CHART AND NOTES FOR SCHOOLS AND CHILDCARE CENTERS**

Condition	The major criterion for exclusion from att Method of Transmission	tendance is the probabil	ity of spread from person to person. A child could l Signs and Symptoms	have a non-commur	icable illness yet require care at ho Readmission Criteria <sup>1</sup>	Reportable Disease <sup>2, 3</sup>	(8-24-2023 version) Prevention, Treatment, and Comments
AIDS/HIV Infection	- Direct contact with blood and body fluids	Variable	- Weightloss, generalized swelling of the lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver	No, unless determined necessary by healthcare		Yes, but schools are not	- Use standard precautions*
AIDS/HIV Intection	- Direct contact with blood and body fluids	Variable	- Individuals can be asymptomatic - Intestinal disease can vary from asymptomatic to acute dysentery with	provider <sup>4</sup>	Not applicable	required to report	- Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection
Amebiasis	- Drinking fecally-contaminated water or eating fecally-contaminated food	Range: 2- 4 weeks Range: 1- 10 days	bloody diarrhea, fever, and chills	Yes	Treatment has begun	Yes	- Teach effective handwashing*
Campylobacteriosis	- Eating fecally-contaminated food	Commonly: 2- 5 days	- Diarrhea, abdominal pain, fever, nausea, vomiting	Yes	Diarrhea-free <sup>5</sup> and Fever-free <sup>6</sup>	Yes	- Teach effective handwashing*
Chickenpox (Varicella)	- Contact with the chickenpox rash	Range: 10- 21 days	<ul><li>Fever and rash can appear first on head and then spread to body</li><li>Usually two or three crops of new blisters that heal, sometimes leaving</li></ul>		Either 1) lesions are dry or 2) lesions are not		- Vaccine available and required <sup>7</sup>
(also see Shingles)	- Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Commonly: 14- 17 days	scabs - Disease in vaccinated children can be mild or absent of fever with few lesions, which might not be blister-like	Yes	blister- like and 24-hours have passed with no new lesions occurring	Yes	- Pregnant women who have been exposed should consult their physician
	- Breathing in respiratory droplets or very small particles containing the pathogen		lesions, which hight not be blister-like				
Common Cold	after an infected person exhales, sneezes, or coughs - Direct contact with respiratory secretions from an infected person	Range: 1- 5 days Commonly: 2 days	- Runny nose, watery eyes, fatigue, coughing, and sneezing	No, unless fever	Fever-free <sup>6</sup>	No	<ul><li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li><li>Colds are caused by viruses; antibiotics are not indicated</li></ul>
Conjunctivitis, Bacterial or	- Touching a contaminated object then touching mouth, nose, or eyes	Bacterial: Range: 1- 3 days			Permission and/or permit is issued by a		- Teach effective handwashing*
Viral (Pink eye)	- Touching infected person's skin, body fluid, or a contaminated surface	Viral: Range: 12 hours to 12 days	- Red eyes, usually with some discharge or crusting around eyes	Yes	physician or local health authority, or until symptom free	No	- Allergic conjunctivitis is not contagious and can be confused with bacterial and viral conjunctivitis
	- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus		- Symptoms can vary from asymptomatic to critical disease		- If symptomatic, exclude until at least five days have passed since symptom onset, and		- Vaccine available
Coronavirus Disease 2019 (COVID- 19)	- Having these small droplets and particles that contain the virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze	Up to 14 days, with a median time of 3- 5 days from exposure to symptom onset	<ul> <li>Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore</li> </ul>	Yes	Fever-free <sup>6</sup> , and other symptoms have improved - Children who test positive for COVID- 19	Yes, within one week	- Teach effective handwashing, good respiratory hygiene and cough etiquette* - Disinfect frequently touched surfaces
	<ul> <li>Touching eyes, nose, or mouth with hands that have the virus on them</li> <li>Persons infected with COVID- 19 may still transmit the virus before symptoms develop, or if they are asymptomatic</li> </ul>	exposure to symptom onset	throat, congestion or runny nose, nausea or vomiting, diarrhea		but do not have any symptoms must stay home until at least five days after the day they were tested		- Avoid close contact with people who are sick
Coxsackie Virus Diseases (Hand, Foot, & Mouth	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul>	Range: 3- 5 days	- Rash in mouth, hands (palms and fingers), and feet (soles)	No, unless fever	Fever-free <sup>6</sup>	No	- Teach effective handwashing and use standard precautions*
Disease)	- Touching feces or objects contaminated with feces, then touching mouth	Range. 5- 5 days	- Diarrhea, which can be profuse and watery, preceded by loss of				
Cryptosporidiosis	- Drinking fecally-contaminated water or eating fecally-contaminated food	Range: 1- 12 days Commonly: 7 days	<ul> <li>appetite, vomiting, abdominal pain</li> <li>Infected persons might not have symptoms but can spread the</li> </ul>	Yes	Diarrhea-free <sup>5</sup> and Fever-free <sup>6</sup>	Yes	- Teach effective handwashing*
Cytomegalovirus (CMV)		Range: unknown under usual	infection to others				- Teach effective handwashing and use standard precautions*
Infection	<ul> <li>Mucous membrane contact with saliva and urine</li> <li>Drinking fecally-contaminated water or eating fecally-contaminated food</li> </ul>	circumstances	- Usually only fever	No, unless fever	Fever-free <sup>6</sup>	No Yes, for certain	<ul> <li>Pregnant women who have been exposed should consult their physician</li> <li>A variety of bacterial, viral and parasitic agents can cause diarrhea</li> </ul>
Diarrhea	- Having close contact with an infected person	Variable Range: 1- 10 days;	- Three or more episodes of loose stools in a 24-hour period	Yes	Diarrhea-free <sup>5</sup>	conditions <sup>3</sup>	- Teach effective handwashing*
<i>Escherichia coli</i> ( <i>E. coli</i> ) Infection, Shiga Toxin- Producing	- Drinking fecally-contaminated water, eating fecally-contaminated food, or having close contact with an infected person or animal	for <i>E. coli</i> O157:H7 Commonly: 3- 4 days	- Profuse, watery diarrhea, sometimes with blood and/or mucus, abdominal pain, fever, vomiting	Yes	Diarrhea-free <sup>5</sup> and Fever-free <sup>6</sup>	Yes, if Shiga toxin-producing	- Teach effective handwashing*
Fever	- Variable by condition	Variable	- A temperature of 100° Fahrenheit (37.8° Celsius) or higher - Measure when no fever suppressing medications are given	Yes	Fever-free <sup>6</sup>	No	- Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician
	- Breathing in respiratory droplets containing the pathogen after an infected person	D 4 20 1	- Redness of the cheeks and body			N	- Pregnant women who have been exposed should consult their physician
(Human Parvovirus)	exhales, sneezes, or coughs	Range: 4- 20 days	- Rash can reappear - Fever does not usually occur	No, unless fever	Fever-free <sup>6</sup>	No	- Teach effective handwashing, good respiratory hygiene and cough etiquette*
Gastroenteritis, Viral	- Drinking fecally-contaminated water eating fecally-contaminated food, or having close contact with an infected person	Range: a few hours to months Commonly: 1- 3 days	- Nausea and diarrhea - Fever does not usually occur	Yes	Diarrhea-free <sup>5</sup> and Fever-free <sup>6</sup>	No	- Teach effective handwashing* - Can spread quickly in childcare facilities
Giardiasis (Giardia duodenalis)	- Close contact with an infected person, drinking fecally-contaminated water	Range: 3- 25 days or longer	- Nausea, bloating, pain, and foul- smelling diarrhea; can recur several times over a period of weeks	Yes	Diarrhea-free <sup>5</sup>	No	- Treatment is recommended - Teach effective handwashing*
(Startuut unouenalis)		Commonly: 7- 10 days	times over a period of weeks - Itching and scratching of scalp				- Can spread quickly in childcare facilities - Treatment is recommended
Head Lice (Pediculosis)	- Direct contact with infected persons and objects used by them	Commonly: 7- 10 days	<ul> <li>Itching and scratching of scalp</li> <li>Presence of live lice or pinpoint- sized white eggs (nits) that will not flick off the hair shaft</li> </ul>	No	Not applicable	No	<ul> <li>Treatment is recommended</li> <li>Teach importance of not sharing combs, brushes, hats, and coats</li> <li>Check household contacts for evidence of infestation</li> </ul>
			- Most children have no symptoms; some have flu-like symptoms or diarrhea				- Check household contacts for evidence of infestation
Hepatitis A	- Touching feces or objects contaminated with feces, then touching mouth	Range: 15- 50 days Commonly: 25- 30 days	- Adults can have fever, fatigue, nausea and vomiting, anorexia and abdominal pain	Yes	One week after onset of symptoms	Yes, within one work day	<ul> <li>Vaccine available and required'</li> <li>Teach effective handwashing*</li> <li>Infected persons should not have any food handling responsibilities</li> </ul>
			- Jaundice, dark urine, or diarrhea might be present				<ul> <li>Infected persons should not have any food handling responsibilities</li> <li>Vaccine available and required<sup>7</sup></li> </ul>
Hepatitis B	- Direct contact with blood and body fluids	Range: 6 weeks- 6 months	- Gradual onset of fever, fatigue, nausea, or vomiting followed by jaundice	No	Not applicable	Yes, acute only	<ul> <li>- Vaccine available and required</li> <li>- Do not share personal hygiene items</li> <li>- Use standard precautions*</li> </ul>
Trepatits D	- Direct contact with blood and body huids	Commonly: 2- 3 months	- Frequently asymptomatic in children			ies, acute only	<ul> <li>- Ose standard precautions</li> <li>- Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection</li> </ul>
Herpes Simplex	- Touching infected person's skin, body fluid, or a contaminated surface	First infection, 2- 17 days	- Blisters on or near lips that open and become covered with a dark crust	No	Not applicable	No	- Teach importance of good hygiene - Avoid direct contact with lesions
(Cold Sores)	- Touching infected person's skill, body huid, of a containinated surface	First miccuon, 2- 17 days	- Recurrences are common			110	- Antivirals are sometimes used
Impetigo	<ul> <li>Touching an infected person's skin, body fluid, or a contaminated surface</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> </ul>	Variable, commonly 4- 10 days	- Blisters on skin (commonly hands and face) which open and become covered with a yellowish crust	No, unless blisters and drainage cannot be contained and	Blisters and drainage can be contained and	No	- Teach effective handwashing*
1 0	exhales, sneezes, or coughs		- Fever does not usually occur	maintained in a clean dry bandage	maintained in a clean dry bandage		
Infections				None, unless drainage from wounds or skin and soft tissue infections	Drainage from wounds or skin and soft tissue		- Restrict from activities that could result in the infected area becoming exposed, wet, soiled, or otherwise compromised
(W/- 1 01 2 2 2				and soft fissue infections	infections is contained and maintained in a	NT.	- Do not share personal care items
(Wound, Skin, or Soft Tissue)	- Touching infected person's skin, body fluid, or a contaminated surface	Variable	- Draining wound	cannot be contained and maintained in a clean dry	clean dry bandage	No	- Disinfect reusable items
	- Breathing in respiratory droplets containing the pathogen after an infected person			cannot be contained and			<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> </ul>
	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> </ul>		- Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches	cannot be contained and maintained in a clean dry		No, except for pediatric influenza deaths, novel	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> </ul>
Tissue) Influenza (Flu)	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> </ul>	Range: 1- 4 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes	clean dry bandage Fever-free <sup>6</sup>	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> </ul>
Tissue) Influenza	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> </ul>	Range: 1- 4 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> </ul>	cannot be contained and maintained in a clean dry bandage	clean dry bandage	No, except for pediatric influenza deaths, novel	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola)	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> </ul>	Range: 1- 4 days Range: 7- 21 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes	clean dry bandage Fever-free <sup>6</sup> Four days after onset of rash and unimmunized children for 21 days after last exposure Exclude until written permission and/or permit	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately Yes, for certain	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> </ul>
Tissue) Influenza (Flu) Measles	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul>	Range: 1- 4 days Range: 7- 21 days Commonly: 10- 12 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes	clean dry bandage Fever-free <sup>6</sup> Four days after onset of rash and unimmunized children for 21 days after last exposure	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B,</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include:</li> </ul>	Range: 1- 4 days Range: 7- 21 days Commonly: 10- 12 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes	clean dry bandage Fever-free <sup>6</sup> Four days after onset of rash and unimmunized children for 21 days after last exposure Exclude until written permission and/or permit is issued by a physician or local	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola)	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> </ul> </li> </ul>	Range: 1- 4 days Range: 7- 21 days Commonly: 10- 12 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes	clean dry bandage Fever-free <sup>6</sup> Four days after onset of rash and unimmunized children for 21 days after last exposure Exclude until written permission and/or permit is issued by a physician or local	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately Yes, for certain pathogens <sup>3</sup> and	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include:     <ul> <li>Direct contact with respiratory secretions from an infected person</li> </ul> </li> </ul>	Range: 1- 4 days Range: 7- 21 days Commonly: 10- 12 days Variable, commonly: 2- 10 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes	clean dry bandage Fever-free <sup>6</sup> Four days after onset of rash and unimmunized children for 21 days after last exposure Exclude until written permission and/or permit is issued by a physician or local health authority <sup>4</sup>	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, for certain pathogens <sup>3</sup> and	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul> </li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul> </li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects contaminated with feces or virus, then touching mouth</li> </ul>	Range: 1- 4 days Range: 7- 21 days Commonly: 10- 12 days Variable, commonly: 2- 10 days Variable, commonly: 2- 10 days Range: 1- 10 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes Yes No, unless fever	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by</li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Touching in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> </ul> </li> </ul>	Range: 1- 4 days Range: 7- 21 days Commonly: 10- 12 days Variable, commonly: 2- 10 days Variable, commonly: 2- 10 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, for certain pathogens <sup>3</sup> and	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by <i>Neisseria meningitidis</i> ) Mononucleosis Infections	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Touching is necessary of the properties of the pathogen after an infected person exhales, sneezes, or coughs</li> </ul> </li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing feces or objects contaminated with feces or virus, then touching mouth</li> </ul> </li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> </ul>	Range: 1- 4 days Range: 7- 21 days Commonly: 10- 12 days Variable, commonly: 2- 10 days Variable, commonly: 2- 10 days Range: 1- 10 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes Yes No, unless fever	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until</li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by <i>Neisseria meningitidis</i> )	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory secretions from an infected person</li> <li>Breathing in respiratory secretions from an infected person</li> </ul> </li> </ul>	Range: 1- 4 days Range: 7- 21 days Commonly: 10- 12 days Variable, commonly: 2- 10 days Variable, commonly: 2- 10 days Range: 1- 10 days Commonly: 3- 4 days Commonly: 30- 50 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes No, unless fever Yes	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by <i>Neisseria meningitidis</i> ) Mononucleosis Infections	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory secretions from an infected person</li> <li>Breathing in respiratory secretions from an infected person</li> </ul> </li> </ul>	Range: 1- 4 days Range: 7- 21 days Commonly: 10- 12 days Variable, commonly: 2- 10 days Variable, commonly: 2- 10 days Range: 1- 10 days Commonly: 3- 4 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes,</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes No, unless fever Yes	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until</li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by <i>Neisseria meningitidis</i> ) Mononucleosis Infections (Epstein Barr Virus) Mumps Pertussis	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> </ul> </li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of figh fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes No, unless fever Yes Yes Yes	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Five days from the onset of swelling</li> <li>Completion of five consecutive days of</li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately         Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, call immediately         Yes, call immediately         No	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing<sup>#</sup></li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by <i>Neisseria meningitidis</i> ) Mononucleosis Infections (Epstein Barr Virus) Mumps	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects contaminated with feces or virus, then touching mouth</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul> </li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks,</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes No, unless fever Yes Yes Yes	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Five days from the onset of swelling</li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately         Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, call immediately         Yes, call immediately         Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, call immediately         Yes, call immediately         Yes, call immediately         Yes, call immediately         No         Yes	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> </ul>
Tissue)         Influenza (Flu)         Measles (Rubeola)         Meningitis, Bacterial         Meningitis, Viral (Aseptic Meningitis)         Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)         Mononucleosis Infections (Epstein Barr Virus)         Mumps         Pertussis (Whooping Cough)	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> </ul> </li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of figh fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes No, unless fever Yes Yes Yes	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Five days from the onset of swelling</li> <li>Completion of five consecutive days of</li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately         Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, call immediately         Yes, call immediately         Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, call immediately         Yes, call immediately         Yes, call immediately         Yes, call immediately         No         Yes	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Teach respiratory hygiene and cough etiquette*</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by <i>Neisseria meningitidis</i> ) Mononucleosis Infections (Epstein Barr Virus) Mumps Pertussis	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects contaminated with feces or virus, then touching mouth</li> </ul> </li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:     Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of figh fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes No, unless fever Yes Yes Yes	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Five days from the onset of swelling</li> <li>Completion of five consecutive days of</li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks <sup>9</sup> Yes, call immediately         Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, call immediately         Yes, call immediately         Yes, for certain pathogens <sup>3</sup> and outbreaks <sup>9</sup> Yes, call immediately         Yes, call immediately         Yes, call immediately         Yes, call immediately         No         Yes	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Teach respiratory hygiene and cough etiquette*</li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by <i>Neisseria meningitidis</i> ) Mononucleosis Infections (Epstein Barr Virus) Mumps Pertussis (Whooping Cough) Pharyngitis, Non- Streptococcal	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> </ul> </li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:     <ul> <li>Direct contact with respiratory secretions from an infected person</li> </ul> </li> </ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariable	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes Yes No, unless fever Yes Yes Yes Yes	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local health authority <sup>4</sup> Fever-free <sup>6</sup> Until effective treatment and approval by healthcare provider <sup>4</sup> Exclude until physician decides or exclude until Fever-free <sup>6</sup> Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy	No, except for pediatric         influenza deaths, novel         influenza, or outbreaks <sup>9</sup> Yes, call immediately         Yes, for certain         pathogens <sup>3</sup> and         outbreaks <sup>9</sup> Yes, for certain         pathogens <sup>3</sup> and         outbreaks <sup>9</sup> Yes, call immediately         Yes, call immediately         Yes, call immediately         Yes, call immediately         No         Yes, within one work day	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required?</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required? for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required?</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Vaccine and/or antibiotics</li></ul>
Tissue)         Influenza (Flu)         Measles (Rubeola)         Meningitis, Bacterial         Meningitis, Viral (Aseptic Meningitis)         Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)         Mononucleosis Infections (Epstein Barr Virus)         Mumps         Pertussis (Whooping Cough)         Pharyngitis, Non- Streptococcal	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> </ul> </li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:     <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul> </li> </ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariable	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes Yes No, unless fever Yes Yes Yes Yes	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local health authority <sup>4</sup> Fever-free <sup>6</sup> Until effective treatment and approval by healthcare provider <sup>4</sup> Exclude until physician decides or exclude until Fever-free <sup>6</sup> Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy	No, except for pediatric         influenza deaths, novel         influenza, or outbreaks <sup>9</sup> Yes, call immediately         Yes, for certain         pathogens <sup>3</sup> and         outbreaks <sup>9</sup> Yes, for certain         pathogens <sup>3</sup> and         outbreaks <sup>9</sup> Yes, call immediately         Yes, call immediately         Yes, call immediately         Yes, call immediately         No         Yes, within one work day	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required?</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required? for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required?</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Vaccine and/or antibiotics</li></ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by <i>Neisseria meningitidis</i> ) Mononucleosis Infections (Epstein Barr Virus) Mumps Pertussis (Whooping Cough) Pharyngitis, Non- Streptococcal (Sore Throat)	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> </ul> </li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contat with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableVariable	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchly red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of figh fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Perianal itching</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes Yes No, unless fever Yes Yes Yes Yes No, unless fever	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Five days from the onset of swelling</li> <li>Completion of five consecutive days of appropriate antibiotic therapy</li> <li>Fever-free<sup>6</sup></li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks?Yes, call immediatelyYes, for certain pathogens³ and outbreaks?Yes, for certain pathogens³ and outbreaks?Yes, call immediatelyYes, call immediatelyNoYesYes, within one work dayNo	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningooccal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Noach effective handwashing te recommended for contacts</li> <li>Non - streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Non- streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> </ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis) Mononucleosis Infections (Epstein Barr Virus) Mumps Pertussis (Whooping Cough) Pharyngitis, Non- Streptococcal (Sore Throat) Pinworms Pneumococcal Infections (Otitis Media and Streptococcal Sore Throat	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> </ul> </li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containinated with feces or virus,</li></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableVariable	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Searlet fever- producing strains of bacteria cause a fine, red rash that</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes Yes No, unless fever Yes Yes Yes Yes No, unless fever	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Five days from the onset of swelling</li> <li>Completion of five consecutive days of appropriate antibiotic therapy</li> <li>Fever-free<sup>6</sup></li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks?Yes, call immediatelyYes, for certain pathogens³ and outbreaks?Yes, for certain pathogens³ and outbreaks?Yes, call immediatelyYes, call immediatelyNoYesYes, within one work dayNo	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required?</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required' for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required?</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing?</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Accine and/or antibiotics might be recommended for contacts</li> <li>Non- streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Teach effective handwashing*</li> <li>Check hou</li></ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis) Mononucleosis Infections (Epstein Barr Virus) Mumps Pertussis (Whooping Cough) Pharyngitis, Non- Streptococcal (Sore Throat) Pinworms Pneumococcal Infections (Otitis Media and	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> </ul> </li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul> </li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include: <ul> <li>Direct conta</li></ul></li></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableVariableRange: two weeks- two months or longer Commonly: 4- 6 weeksRange: 1- 3 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Swelling beneath the jaw in front of one car or both ears</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes Yes No, unless fever Yes Yes Yes Yes No, unless fever Yes Yes Yes	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit         is issued by a physician or local         health authority <sup>4</sup> Fever-free <sup>6</sup> Until effective treatment and approval by         healthcare provider <sup>4</sup> Exclude until physician decides or exclude until         Fever-free <sup>6</sup> Five days from the onset of swelling         Completion of five consecutive days of         appropriate antibiotic therapy         Fever-free <sup>6</sup> Not applicable         Effective antibiotic treatment for 24-hours and	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes</li> <li>Yes, within one work day</li> <li>No</li> <li>No</li> </ul>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required'</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required' for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required'</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required'</li> <li>Vaccine and/or antibiotics might be recommended for contacts</li> <li>Non - streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine and/or antibiotics might be recommended for contacts</li> <li>Non- streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Teach effective handwashing, good respiratory hygiene</li></ul>
Tissue)Influenza (Flu)Measles (Rubeola)Meningitis, BacterialMeningitis, Viral (Aseptic Meningitis)Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)Mononucleosis Infections (Epstein Barr Virus)MumpsPertussis (Whooping Cough)Pharyngitis, Non- Streptococcal (Sore Throat)PinwormsPneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by Streptococcus pneumoniae)Ringworm	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory sceretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory sceretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> </ul> </li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include: <ul> <li>Direct contact with respiratory sceretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include: <ul> <li>Direct contact with respiratory sceretions from an infected pe</li></ul></li></ul></li></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableVariableRange: two weeks- two months or longer Commonly: 4- 6 weeksRange: 1- 3 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low-grade fever, myalgia, and/or orchitis</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Searlet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, ear pain</li> <li>Slowly spreading, flat, scaly, ring-shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes Yes No, unless fever Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit         is issued by a physician or local         health authority <sup>4</sup> Fever-free <sup>6</sup> Until effective treatment and approval by         healthcare provider <sup>4</sup> Exclude until physician decides or exclude until         Fever-free <sup>6</sup> Five days from the onset of swelling         Completion of five consecutive days of         appropriate antibiotic therapy         Fever-free <sup>6</sup> Not applicable         Effective antibiotic treatment for 24-hours and         Fever-free <sup>6</sup>	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes</li> <li>Yes, within one work day</li> <li>No</li> <li>No</li> </ul>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>*</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette<sup>*</sup></li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette<sup>*</sup></li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette<sup>*</sup></li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette<sup>*</sup></li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with salva and/or nasal discharges</li> <li>Teach effective handwashing<sup>*</sup></li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Teach erspiratory hygiene and cough etiquette<sup>*</sup></li> <li>Vaccine available and required<sup>7</sup></li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette<sup>*</sup></li> <li>Accine available and required<sup>7</sup></li> <li>Teach etifective handwashing, good respiratory hygiene and cough etiquette<sup>*</sup></li> <li>Non - streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Treach effective handwashing, good respiratory hygiene and cough etiquette<sup>*</sup></li> <li>Accine and/or antibiotics might be recommended for contacts</li> <li>Non - st</li></ul>
Tissue)Influenza (Flu)Measles (Rubeola)Meningitis, BacterialMeningitis, Viral (Aseptic Meningitis)Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)Mononucleosis Infections (Epstein Barr Virus)MumpsPertussis (Whooping Cough)Pharyngitis, Non- Streptococcal (Sore Throat)PinwormsPneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by Streptococcus pneumoniae)	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> </ul> </li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul> </li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include: <ul> <li>Direct contact with respiratory secretions from an i</li></ul></li></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 4- 21 days Commonly: 7- 10 daysRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 4- 21 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarthea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fiver, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low-grade fever, mylgia, and/or orchitis</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scalet fever-producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, sore throat, forten with large, tender lymph nodes in neck</li> <li>Scalet fever-producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, car pain</li> <li>Slowly spreading, flat, scaly, ring- shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May cause bald patches</li> </ul>	<ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> </ul>	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Five days from the onset of swelling</li> <li>Completion of five consecutive days of appropriate antibiotic therapy</li> <li>Fever-free<sup>6</sup></li> <li>Not applicable</li> <li>Effective antibiotic treatment for 24-hours and Fever-free<sup>6</sup></li> </ul>	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>No</li> <li>Yes</li> <li>Yes, within one work day</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>7</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemphilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Viral meningitis is caused by viruses; antibiotics are not indicated</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Non- streptococc</li></ul>
Tissue)Influenza (Flu)Measles (Rubeola)Meningitis, BacterialMeningitis, Viral (Aseptic Meningitis)Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)Mononucleosis Infections (Epstein Barr Virus)MumpsPertussis (Whooping Cough)Pharyngitis, Non- Streptococcal (Sore Throat)PinwormsPneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by Streptococcus pneumoniae)Ringworm	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containinated with feces or virus, then touching mouth<!--</td--><td>Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: two weeks- two months or longer Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 4- 21 days Range: 1- 3 daysRange: 4- 21 daysRange: 4- 21 daysRange: 1- 3 daysRange: 2- 8 days</td><td><ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Swelling beneath the jaw in front of one car or both cars</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, a pain</li> <li>Slowly spreading, flat, scaly, ring- shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May gives an in children younger than 2 years of age</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> </ul></td><td>cannot be contained and maintained in a clean dry bandage Yes Yes Yes No, unless fever Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes</td><td>clean dry bandage         Fever-free<sup>6</sup>         Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit         is issued by a physician or local         health authority<sup>4</sup>         Fever-free<sup>6</sup>         Until effective treatment and approval by         healthcare provider<sup>4</sup>         Exclude until physician decides or exclude until         Fever-free<sup>6</sup>         Five days from the onset of swelling         Completion of five consecutive days of         appropriate antibiotic therapy         Fever-free<sup>6</sup>         Not applicable         Effective antibiotic treatment for 24-hours and         Fever-free<sup>6</sup></td><td><ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>No</li> <li>Yes</li> <li>Yes, within one work day</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul></td><td><ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required'</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required' for <i>Hamophilus influenza</i> type B, meningococcal disease, and pherumococcal disease.</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required'</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Snaitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Vaccine available and required?</li> <li>Vaccine available and required?</li> <li>Non-streptococcal pharyngitis is caused by a virus; antibioties are not indicated</li> <li>Teach effective handwashing*</li> <li>Check household contacts for infestations</li> <li>Streptococcal sore throat can only be diagnosed with a laboratory test</li> <li>Treach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibiotics are indicated only for acute oitis media</li> <li>Treach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Accine available and required?</li> <li>Teach effective handwashing, good respiratory hygiene and</li></ul></td></li></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: two weeks- two months or longer Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 4- 21 days Range: 1- 3 daysRange: 4- 21 daysRange: 4- 21 daysRange: 1- 3 daysRange: 2- 8 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Swelling beneath the jaw in front of one car or both cars</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, a pain</li> <li>Slowly spreading, flat, scaly, ring- shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May gives an in children younger than 2 years of age</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> </ul>	cannot be contained and maintained in a clean dry bandage Yes Yes Yes No, unless fever Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit         is issued by a physician or local         health authority <sup>4</sup> Fever-free <sup>6</sup> Until effective treatment and approval by         healthcare provider <sup>4</sup> Exclude until physician decides or exclude until         Fever-free <sup>6</sup> Five days from the onset of swelling         Completion of five consecutive days of         appropriate antibiotic therapy         Fever-free <sup>6</sup> Not applicable         Effective antibiotic treatment for 24-hours and         Fever-free <sup>6</sup>	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>No</li> <li>Yes</li> <li>Yes, within one work day</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required'</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required' for <i>Hamophilus influenza</i> type B, meningococcal disease, and pherumococcal disease.</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required'</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Snaitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Vaccine available and required?</li> <li>Vaccine available and required?</li> <li>Non-streptococcal pharyngitis is caused by a virus; antibioties are not indicated</li> <li>Teach effective handwashing*</li> <li>Check household contacts for infestations</li> <li>Streptococcal sore throat can only be diagnosed with a laboratory test</li> <li>Treach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibiotics are indicated only for acute oitis media</li> <li>Treach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Accine available and required?</li> <li>Teach effective handwashing, good respiratory hygiene and</li></ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis) Mononucleosis Infections (Epstein Barr Virus) Mumps Pertussis (Whooping Cough) Pharyngitis, Non- Streptococcal (Sore Throat) Pinworms Pneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by <i>Streptococcus</i> <i>pneumoniae</i> ) Ringworm (Body or Scalp)	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected pe</li></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Searlet fever-producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, car pain</li> <li>Slowly spreading, flat, scaly, ring- shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May cause bald patches</li> </ul>	<ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> </ul>	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local health authority <sup>4</sup> Fever-free <sup>6</sup> Until effective treatment and approval by healthcare provider <sup>4</sup> Exclude until physician decides or exclude until Fever-free <sup>6</sup> Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy         Fever-free <sup>6</sup> Not applicable         Effective antibiotic treatment for 24-hours and Fever-free <sup>6</sup> Infected area can be completely covered by clothing or a bandage or treatment has begun	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>No</li> <li>Yes</li> <li>Yes, within one work day</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required?</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required? for <i>Haemophilus influenza</i> type B, meningococal disease, and pneumococal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required?</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Wintimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing?</li> <li>So athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Vaccine available and</li></ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis) Mononucleosis Infections (Epstein Barr Virus) Mumps Pertussis (Whooping Cough) Pharyngitis, Non- Streptococcal (Sore Throat) Pinworms Pinworms Pneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by <i>Streptococcus</i> <i>pneumoniae</i> ) Ringworm (Body or Scalp)	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containinated with feces or virus, then touching mouth<!--</td--><td>Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: two weeks- two months or longer Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 days</td><td><ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Suelling beneath the jaw in front of one ear or both ears</li> <li>May have low-grade fever, mungia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Searlet fever-producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, ear pain</li> <li>Slowly spreading, flat, scaly, ring-shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May reasent with wheezing and episodes of turning blue when</li> </ul></td><td><ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> </ul></td><td>clean dry bandage         Fever-free<sup>6</sup>         Four days after onset of rash and unimmunized children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup>         Fever-free<sup>6</sup>         Until effective treatment and approval by healthcare provider<sup>4</sup>         Exclude until physician decides or exclude until Fever-free<sup>6</sup>         Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy         Fever-free<sup>6</sup>         Not applicable         Effective antibiotic treatment for 24-hours and Fever-free<sup>6</sup>         Infected area can be completely covered by clothing or a bandage or treatment has begun         Fever-free<sup>6</sup>         Seven days after onset of rash and in unimmunized children for 21 days after last</td><td><ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>No</li> <li>Yes</li> <li>Yes, within one work day</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul></td><td><ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required'</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required' for <i>Hamophilus influenza</i> type B, meningococcal disease, and pherumococcal disease.</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required'</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Snaitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Vaccine available and required?</li> <li>Vaccine available and required?</li> <li>Non-streptococcal pharyngitis is caused by a virus; antibioties are not indicated</li> <li>Teach effective handwashing*</li> <li>Check household contacts for infestations</li> <li>Streptococcal sore throat can only be diagnosed with a laboratory test</li> <li>Treach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibiotics are indicated only for acute oitis media</li> <li>Treach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Accine available and required?</li> <li>Teach effective handwashing, good respiratory hygiene and</li></ul></td></li></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: two weeks- two months or longer Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Suelling beneath the jaw in front of one ear or both ears</li> <li>May have low-grade fever, mungia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Searlet fever-producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, ear pain</li> <li>Slowly spreading, flat, scaly, ring-shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May reasent with wheezing and episodes of turning blue when</li> </ul>	<ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> </ul>	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local health authority <sup>4</sup> Fever-free <sup>6</sup> Until effective treatment and approval by healthcare provider <sup>4</sup> Exclude until physician decides or exclude until Fever-free <sup>6</sup> Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy         Fever-free <sup>6</sup> Not applicable         Effective antibiotic treatment for 24-hours and Fever-free <sup>6</sup> Infected area can be completely covered by clothing or a bandage or treatment has begun         Fever-free <sup>6</sup> Seven days after onset of rash and in unimmunized children for 21 days after last	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>No</li> <li>Yes</li> <li>Yes, within one work day</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required'</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required' for <i>Hamophilus influenza</i> type B, meningococcal disease, and pherumococcal disease.</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required'</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Snaitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Vaccine available and required?</li> <li>Vaccine available and required?</li> <li>Non-streptococcal pharyngitis is caused by a virus; antibioties are not indicated</li> <li>Teach effective handwashing*</li> <li>Check household contacts for infestations</li> <li>Streptococcal sore throat can only be diagnosed with a laboratory test</li> <li>Treach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibiotics are indicated only for acute oitis media</li> <li>Treach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Accine available and required?</li> <li>Teach effective handwashing, good respiratory hygiene and</li></ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by <i>Neisseria meningitidis</i> ) Mononucleosis Infections (Epstein Barr Virus) Mumps Pertussis (Whooping Cough) Pharyngitis, Non- Streptococcal (Sore Throat) Pinworms Pneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by <i>Streptococcus</i> <i>pneumoniae</i> ) Ringworm (Body or Scalp) Rubella (German Measles)	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after</li></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 daysRange: 4- 21 days Commonly: 4- 6 daysRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 daysRange: 4- 21 days Range: 4- 21 daysRange: 1- 3 days VariableRange: 4- 21 daysRange: 4- 21 daysRange: 4- 21 daysRange: 1- 3 days VariableRange: 4- 21 daysRange: 4- 21 daysRange: 4- 21 daysRange: 1- 3 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausen, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Suelling beneath the jaw in front of one ear or both ears</li> <li>May have low-grade fever, myalgia, and/or orchitis</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever-producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, arp ain</li> <li>Slowly spreading, flat, scaly, ring-shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May cause bald patches</li> <li>Mostly seen in children younger than 2 years of age</li> <li>Cold-like symptoms, swollen and tender glands at the back of the neck, fever, changeable pink rash on face and chest</li> </ul>	<ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No</li> <li>No</li> <li>Yes</li> <li>No, unless infected area cannot be completely covered by clothing or a bandage</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Completion of five consecutive days of appropriate antibiotic therapy</li> <li>Fever-free<sup>6</sup></li> <li>Not applicable</li> <li>Effective antibiotic treatment for 24-hours and Fever-free<sup>6</sup></li> <li>Infected area can be completely covered by clothing or a bandage or treatment has begun</li> <li>Fever-free<sup>6</sup></li> <li>Seven days after onset of rash and in unimmunized children for 21 days after last exposure</li> </ul>	No, except for pediatric         influenza deaths, novel         influenza, or outbreaks <sup>9</sup> Yes, call immediately         Yes, for certain         pathogens <sup>3</sup> and         outbreaks <sup>9</sup> Yes, cor certain         pathogens <sup>3</sup> and         outbreaks <sup>9</sup> Yes, call immediately         No         Yes         Yes, within one work day         No         Yes, within one work day	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required' for <i>Hannophilus influenzy</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required?</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing?</li> <li>Vaccine available and required?</li> <li>Steptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Non- streptococceal pharyn</li></ul>
Tissue)Influenza (Flu)Measles (Rubeola)Meningitis, BacterialMeningitis, Viral (Aseptic Meningitis)Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)Mononucleosis Infections (Epstein Barr Virus)MumpsPertussis (Whooping Cough)Pharyngitis, Non- Streptococcal (Sore Throat)PinwormsPneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by <i>Streptococcus</i> <i>pneumoniae</i> )Ringworm (Body or Scalp)Rubella	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Touching a contaminated surface then touching mouth, nose, or eyes</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infe</li></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 2- 8 days Commonly: 4- 6 daysRange: 12- 23 day Commonly: 4- 6 daysRange: 12- 23 day Commonly: 4- 18 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Pever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have stiff neck, photophobia and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat.</li> <li>Swelling beneath the jaw in front of one car or both ears</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Searlet forer to three days after onset of sore throat.</li> <li>Fever, car pain</li> <li>Slowly spreading, flat, scaly, ring- shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May cause bald patches</li> <li>Mostly seen in children younger than 2 years of age</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> <li>May resent with wheezing and episodes of turning blue when coughing</li> <li>Cold-like signs or symptoms, swollen and tender glands at the back of the neck,</li> </ul>	<ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No</li> <li>Yes</li> <li>No, unless fever</li> <li>No</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> </ul>	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local health authority <sup>4</sup> Fever-free <sup>6</sup> Until effective treatment and approval by healthcare provider <sup>4</sup> Exclude until physician decides or exclude until Fever-free <sup>6</sup> Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy         Fever-free <sup>6</sup> Not applicable         Effective antibiotic treatment for 24-hours and Fever-free <sup>6</sup> Infected area can be completely covered by clothing or a bandage or treatment has begun         Fever-free <sup>6</sup> Seven days after onset of rash and in unimmunized children for 21 days after last	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>No</li> <li>Yes</li> <li>Yes, within one work day</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required'</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required' for <i>Hamophilus influenza</i> type B, meningococcal disease, and pneumococcal disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required?</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for contacts</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Vaccine available and required?</li> <li>Vaccine available and required?</li> <li>Vaccine available and required?</li> <li>Stach respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required?</li> <li>Stach respiratory hygiene and cough etiquette*</li> <li>Vaccine and/or antibiotics might be recommended for contacts</li> <li>Non-streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine and/or antibiotics for infestations</li> <li>Streptococcal optaryngitis is caused by a virus; antibiotics are not indicated</li> <li>Teach effective handwashing, good respi</li></ul>
Tissue) Influenza (Flu) Measles (Rubeola) Meningitis, Bacterial Meningitis, Viral (Aseptic Meningitis) Meningococcal Infections (Meningitis and Blood Stream Infections Caused by <i>Neisseria meningitidis</i> ) Mononucleosis Infections (Epstein Barr Virus) Mumps Pertussis (Whooping Cough) Pharyngitis, Non- Streptococcal (Sore Throat) Pinworms Pneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by <i>Streptococcus</i> <i>pneumoniae</i> ) Ringworm (Body or Scalp) Respiratory Syncytial Virus (RSV) Rubella (German Measles)	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory scretions from an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory scretions from an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory scretions from an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory scretions from an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include:</li> <li>Direct contact with respiratory scretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching fees or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching fees or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen.</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen.</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Preathing in respiratory droplets containing the pathogen after an infected person exhales, sneeze, or coughs</li> <li>Not always contagious</li> <li>If contagious, transmission varies by pathogen.</li> <li>Can include:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Preathing in respiratory droplets containing the pathogen after an infected person exhales, sneeze, or coughs</li> <li< td=""><td>Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 4- 21 days Commonly: 4- 6 weeksRange: 4- 21 days Range: 4- 21 daysRange: 2- 8 days Commonly: 4- 6 daysRange: 1- 23 day Commonly: 14- 18 daysRange: 6- 72 hours</td><td><ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausen, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Suelling beneath the jaw in front of one ear or both ears</li> <li>May have low-grade fever, myalgia, and/or orchitis</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever-producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, arp ain</li> <li>Slowly spreading, flat, scaly, ring-shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May cause bald patches</li> <li>Mostly seen in children younger than 2 years of age</li> <li>Cold-like symptoms, swollen and tender glands at the back of the neck, fever, changeable pink rash on face and chest</li> </ul></td><td><ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No</li> <li>No</li> <li>Yes</li> <li>No, unless infected area cannot be completely covered by clothing or a bandage</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> </ul></td><td><ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Completion of five consecutive days of appropriate antibiotic therapy</li> <li>Fever-free<sup>6</sup></li> <li>Not applicable</li> <li>Effective antibiotic treatment for 24-hours and Fever-free<sup>6</sup></li> <li>Infected area can be completely covered by clothing or a bandage or treatment has begun</li> <li>Fever-free<sup>6</sup></li> <li>Seven days after onset of rash and in unimmunized children for 21 days after last exposure</li> </ul></td><td>No, except for pediatric         influenza deaths, novel         influenza, or outbreaks<sup>9</sup>         Yes, call immediately         Yes, for certain         pathogens<sup>3</sup> and         outbreaks<sup>9</sup>         Yes, cor certain         pathogens<sup>3</sup> and         outbreaks<sup>9</sup>         Yes, call immediately         No         Yes         Yes, within one work day         No         Yes, within one work day</td><td><ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningotoccid disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic ambinotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Smitize sports without healthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Vaccine and/or antibiotics might be recommended for contacts</li> <li>Non-streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Trathent recommended</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibiotics are indicated only for acute otins media</li> <li>Ringworm is caused by a fungus</li> <li>Streptococcal sore throat can only be dingnosed with a</li></ul></td></li<></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 4- 21 days Commonly: 4- 6 weeksRange: 4- 21 days Range: 4- 21 daysRange: 2- 8 days Commonly: 4- 6 daysRange: 1- 23 day Commonly: 14- 18 daysRange: 6- 72 hours	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausen, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Suelling beneath the jaw in front of one ear or both ears</li> <li>May have low-grade fever, myalgia, and/or orchitis</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever-producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, arp ain</li> <li>Slowly spreading, flat, scaly, ring-shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May cause bald patches</li> <li>Mostly seen in children younger than 2 years of age</li> <li>Cold-like symptoms, swollen and tender glands at the back of the neck, fever, changeable pink rash on face and chest</li> </ul>	<ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No</li> <li>No</li> <li>Yes</li> <li>No, unless infected area cannot be completely covered by clothing or a bandage</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Completion of five consecutive days of appropriate antibiotic therapy</li> <li>Fever-free<sup>6</sup></li> <li>Not applicable</li> <li>Effective antibiotic treatment for 24-hours and Fever-free<sup>6</sup></li> <li>Infected area can be completely covered by clothing or a bandage or treatment has begun</li> <li>Fever-free<sup>6</sup></li> <li>Seven days after onset of rash and in unimmunized children for 21 days after last exposure</li> </ul>	No, except for pediatric         influenza deaths, novel         influenza, or outbreaks <sup>9</sup> Yes, call immediately         Yes, for certain         pathogens <sup>3</sup> and         outbreaks <sup>9</sup> Yes, cor certain         pathogens <sup>3</sup> and         outbreaks <sup>9</sup> Yes, call immediately         No         Yes         Yes, within one work day         No         Yes, within one work day	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Haemophilus influenza</i> type B, meningotoccid disease</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophylactic ambinotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nasal discharges</li> <li>Teach effective handwashing*</li> <li>Smitize sports without healthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Vaccine and/or antibiotics might be recommended for contacts</li> <li>Non-streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Trathent recommended</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibiotics are indicated only for acute otins media</li> <li>Ringworm is caused by a fungus</li> <li>Streptococcal sore throat can only be dingnosed with a</li></ul>
Tissue)Influenza (Flu)Measles (Rubeola)Meningitis, BacterialMeningitis, Viral (Aseptic Meningitis)Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)Mononucleosis Infections (Epstein Barr Virus)MumpsPertussis (Whooping Cough)Pharyngitis, Non- Streptococcal (Sore Throat)PinwormsPneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by Streptococcus pneumoniae)Ringworm (Body or Scalp)Rubella (German Measles)Salmonellosis	Security of the security secretions from an infected person exhales, success, or coughs     Security of the security decess containing the security of the security secretions from an infected person exhales, success, or coughs     Security of the security secretions from an infected person exhales, success, or coughs     Security of the security of the security secretions from an infected person exhales, success, or coughs     Security of the security secretions from an infected person exhales, success, or coughs     Security of the security secretions from an infected person exhales, success, or coughs     Security of the security secretions from an infected person exhales, success, or coughs     Security in respiratory droplets containing the pathogen after an infected person exhales, success, or coughs     Security in the security secretions	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 1- 3 days Commonly: 4- 6 weeksRange: 2- 8 days Commonly: 4- 6 daysRange: 12- 23 day Commonly: 4- 6 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 1- 7 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and yore urboat</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low- grade fever, myalgia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooning sound followed on inspiration, and often vomiting after coughing.</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Sarlet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, ear pain</li> <li>Slowly spreading, flat, sealy, ring-shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May cause bald patches</li> <li>Mostly seen in children younger than 2 years of age</li> <li>Cold like signs or symptoms, irribability, and poor feeding</li> <li>May present with wheezing and episodes of turning blue when coghing</li> <li>Cold like signs or symptoms, irribability, and poor feeding</li> <li>May present with wheezing and episodes of turning blue when coghing</li> <li>Cold like symptoms,</li></ul>	cannot be contained and maintained in a clean dry bandageYesYesYesYesYesYesYesYesYesYesYesYesYesNo, unless feverNo, unless feverNoYesNo, unless feverNoYesNo, unless feverNoYesNo, unless infected area cannot be completely covered by clothing or a bandageNo, unless feverYesYesYesYesYesYes	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Five days from the onset of swelling</li> <li>Completion of five consecutive days of appropriate antibiotic therapy</li> <li>Fever-free<sup>6</sup></li> <li>Not applicable</li> <li>Effective antibiotic treatment for 24-hours and Fever-free<sup>6</sup></li> <li>Infected area can be completely covered by clothing or a bandage or treatment has begun</li> <li>Fever-free<sup>6</sup></li> <li>Seven days after onset of rash and in unimunized children for 21 days after last exposure</li> <li>Diarrhea-free<sup>5</sup> and Fever-free<sup>6</sup></li> </ul>	No, except for pediatric influenza deaths, novel influenza, or outbreaks9Yes, call immediatelyYes, for certain pathogens3 and outbreaks9Yes, call immediatelyNoYes, call immediatelyNoYesYes, within one work dayNoNoNoNoNoNoYes, within one work dayYes, within one work dayYes	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended" annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>7</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>7</sup> for <i>Hacomphilus influenzy</i> type B, meningococcal disease.</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective and/vashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>7</sup></li> <li>Prophytica: ambiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for contacts</li> <li>Minimize contact with salva and/or nasal discharges</li> <li>Teach effective handwashing?</li> <li>Snatileic sports without healthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Non - streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Non - streptococcal pharyngitis is caused by a virus; antibiotics are not indicated</li> <li>Teach effective handwashing; good respiratory hygiene and cough etiquette*</li> <li>Antibioties are indicated only for acute otitis media</li> <li>Streptococcal sore throat can only be diagnosed with a laboratory test</li> <li>Teach effective handwas</li></ul>
Tissue)Influenza (Flu)Measles (Rubcola)Meningitis, BacterialMeningitis, Viral (Aseptic Meningitis)Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)Mononucleosis Infections (Epstein Barr Virus)MumpsPertussis (Whooping Cough)Pharyngitis, Non- Streptococcal (Sore Throat)PinwormsPneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by Streptococcus pneumoniae)Ringworm (Body or Scalp)Rubella (German Measles)SalmonellosisScabies	<ul> <li>Preathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness May include:</li> <li>Direct contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness May include:</li> <li>Direct contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness May include:</li> <li>Direct contact with respiratory secretions from an infected person infected person exhales, sneezes, or coughs</li> <li>Touching frees or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching frees or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by onal route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Spread by onal route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Reathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>Reathing in respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Not always contagious</li> <li>Touching fees or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching fees or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching fees or objects containing the pathogen after an infected person exhales, sneezes,</li></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 daysRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 2- 8 days Commonly: 4- 6 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 6- 72 hours Commonly: 12- 36 hoursFirst infection: Range: 1- 7 days Commonly: 2- 3 days Variable, often activated by	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausca, vomiting, or diarrhea</li> <li>Pever, followed by runny nose, watery eyes, and dry cough</li> <li>A blorchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausca, and often vomiting, stiff neck, and photophobia</li> <li>Sudden onset of fever, intense headache, nausca, and often vomiting, stiff neck, and photophobia</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausca, and often vomiting, stiff neck, and photophobia</li> <li>May have a reddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jav in front of one car or both ears</li> <li>May have low- grade fever, nugalia, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Seadie tover-producing strains of bacteria cause a fine, red rash that appears one to bree days after onset of sore throat</li> <li>Fever, ear pain</li> <li>Slowly spreading flat, scaly, ring- shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May cause bald patches</li> <li>Mostly seen in children younger than 2 years of age</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> <li>May rease baid pathes</li> <li>Small, raised and red bumps or blisters on skin with severe itching, often on thighs, arms, and weeks of fin</li></ul>	cannot be contained and maintained in a clean dry bandageYesYesYesYesYesYesYesYesYesYesYesYesNo, unless feverNo, unless feverNoYesNo, unless feverNoYesYesNo, unless infected area cannot be completely covered by clothing or a bandageNo, unless feverYes	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Five days from the onset of swelling</li> <li>Completion of five consecutive days of appropriate antibiotic therapy</li> <li>Fever-free<sup>6</sup></li> <li>Not applicable</li> <li>Effective antibiotic treatment for 24-hours and Fever-free<sup>6</sup></li> <li>Infected area can be completely covered by clothing or a bandage or treatment has begun</li> <li>Fever-free<sup>6</sup></li> <li>Seven days after onset of rash and in unimmunized children for 21 days after last exposure</li> <li>Diarrhea-free<sup>5</sup> and Fever-free<sup>6</sup></li> </ul>	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>No</li> <li>Yes</li> <li>Yes, within one work day</li> <li>No</li> <li< td=""><td><ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>a</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>1</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>1</sup> for <i>Hamphilia rifluarga</i> type B, meningocoreal disease, and pneumococcid disease.</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Vaccine available and required<sup>1</sup> for <i>Hamphilia</i> pilen and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>1</sup></li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>1</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for close contacts</li> <li>Samize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required<sup>1</sup></li> <li>Teach effective h</li></ul></td></li<></ul>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended<sup>a</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required<sup>1</sup></li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required<sup>1</sup> for <i>Hamphilia rifluarga</i> type B, meningocoreal disease, and pneumococcid disease.</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Vaccine available and required<sup>1</sup> for <i>Hamphilia</i> pilen and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>1</sup></li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required<sup>1</sup></li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for close contacts</li> <li>Samize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required<sup>1</sup></li> <li>Teach effective h</li></ul>
Tissue)Influenza (Flu)Measles (Rubeola)Meningitis, BacterialMeningitis, Viral (Aseptic Meningitis)Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)Mononucleosis Infections (Epstein Barr Virus)MumpsPertussis (Whooping Cough)Pharyngitis, Non- Streptococcal Sore Throat caused by Streptococcal Sore Throat caused by Streptococcus pneumoniae)PinwormsPneumococcal Infections (Otitis Media and Streptococcus pneumoniae)Ringworm (Body or Scalp)Rubella (German Measles)SalmonellosisScabies	Security of the security secretions from an infected person exhales, success, or coughs     Security of the security decess containing the security of the security secretions from an infected person exhales, success, or coughs     Security of the security secretions from an infected person exhales, success, or coughs     Security of the security of the security secretions from an infected person exhales, success, or coughs     Security of the security secretions from an infected person exhales, success, or coughs     Security of the security secretions from an infected person exhales, success, or coughs     Security of the security secretions from an infected person exhales, success, or coughs     Security in respiratory droplets containing the pathogen after an infected person exhales, success, or coughs     Security in the security secretions	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 4- 21 days Commonly: 7- 10 daysRange: 4- 21 days Commonly: 7- 10 daysRange: 4- 21 days Commonly: 7- 10 daysRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 2- 8 days Commonly: 4- 6 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 12- 12 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 12- 12 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 12- 72 hours Commonly: 12- 36 hoursFirst infection: Range: 2- 6 weeksRange: 1- 7 days Commonly: 12- 36 hoursFirst infection: Range: 2- 6 weeksRange: 1- 7 days Commonly: 14- 18 days	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blotchy red rash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of figh fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>May have a teddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, fatigue, swollen lymph nodes, and yor cynatic fever, maylaja, and/or orchitis</li> <li>Low- grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooring sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever, producing strains of bacteria cause a fine, red rash that appeas one to three days after onset of sore throat</li> <li>Fever, ear pain</li> <li>Slowly spreading, flat, scaly, ring -shaped lesions on skin</li> <li>Margins can be reddish and slightly raised</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Cold-like symptoms, while no younger than 2 years of age</li> <li>Cold-like symptoms, swollen and tender glands at the back of the neck, fever, changeable pink rash on face and chest</li> <li>Fever, abdominal pain, diarrhea</li> <li>Small, raised and red bumps or blisters on skin with severe itching, often on thighs, arms, and webs of fingers</li> </ul>	cannot be contained and maintained in a clean dry bandageYesYesYesNo, unless feverYesYesYesYesYesNo, unless feverNo, unless feverYesYesNo, unless feverNo, unless feverNoYesYesNoYesNo, unless infected area cannot be completely covered by clothing or a bandageNo, unless feverYesYesYesYesYesYesYes	<ul> <li>clean dry bandage</li> <li>Fever-free<sup>6</sup></li> <li>Four days after onset of rash and unimmunized children for 21 days after last exposure</li> <li>Exclude until written permission and/or permit is issued by a physician or local health authority<sup>4</sup></li> <li>Fever-free<sup>6</sup></li> <li>Until effective treatment and approval by healthcare provider<sup>4</sup></li> <li>Exclude until physician decides or exclude until Fever-free<sup>6</sup></li> <li>Five days from the onset of swelling</li> <li>Completion of five consecutive days of appropriate antibiotic therapy</li> <li>Fever-free<sup>6</sup></li> <li>Not applicable</li> <li>Effective antibiotic treatment for 24-hours and Fever-free<sup>6</sup></li> <li>Infected area can be completely covered by clothing or a bandage or treatment has begun</li> <li>Fever-free<sup>6</sup></li> <li>Seven days after onset of rash and in unimmunized children for 21 days after last exposure</li> <li>Diarrhea-free<sup>5</sup> and Fever-free<sup>6</sup></li> </ul>	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks<sup>9</sup></li> <li>Yes, call immediately</li> <li>No</li> <li>Yes</li> <li>Yes, within one work day</li> <li>No</li> <li< td=""><td><ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended" annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required?</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required? for <i>Hamophilus influenzy</i> type B, meningococcil disease, and neuronoccical disease.</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required?</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Mirimize contact with salva and/or nasal discharges</li> <li>Teach effective handwashing?</li> <li>So athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Vaccine ava</li></ul></td></li<></ul>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended" annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Vaccine available and required?</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required? for <i>Hamophilus influenzy</i> type B, meningococcil disease, and neuronoccical disease.</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required?</li> <li>Prophylactic antibiotics might be recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Mirimize contact with salva and/or nasal discharges</li> <li>Teach effective handwashing?</li> <li>So athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Vaccine ava</li></ul>
Tissue)Influenza (Flu)Measles (Rubeola)Meningitis, BacterialMeningitis, Viral (Aseptic Meningitis)Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)Mononucleosis Infections (Epstein Barr Virus)MumpsPertussis (Whooping Cough)Pharyngitis, Non- Streptococcal (Sore Throat)PinwormsPneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by Streptococcus pneumoniae)Ringworm (Body or Scalp)Rubella (German Measles)SalmonellosisShingles	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>Maji indude:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>Maji indude:</li> <li>Direct contact with respiratory secretions from an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhalts, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhalts, sneezes, or coughs</li> <li>Sprend by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhalts, sneezes, or coughs</li> <li>Not always contagious</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhalts, sneezes, or coughs</li> <li>Not always contagious</li> <li>Contact with respiratory secretions from an infected person exhalts, sneezes, or coughs</li> <li>Not always contagious</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhalts, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhalts, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhalts, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhalts, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhalts, sneezes, or coughs</li> <li< td=""><td>Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 2- 8 days Commonly: 14- 18 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 6- 72 hours Commonly: 12- 36 hoursFirst infection: Range: 2- 6 weeksRange: 1- 7 days Commonly: 2- 3 daysVariable, often activated by aging, stress, or weakened minune system. Only occurs in people who have previously had chickenpox.</td><td><ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blorchy red nash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, aphotophobia</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>Nay have a teddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low-grade fever, myajaa, and/or orchins</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever, producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever, producing strains of bacteria cause a fine, red rash that appears one to three days after onse</li></ul></td><td><ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li></ul></td></li<><td>clean dry bandage         Fever-free<sup>6</sup>         Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local         health authority<sup>6</sup>         Fever-free<sup>6</sup>         Until effective treatment and approval by healthcare provider<sup>6</sup>         Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy         Not applicable         Effective antibiotic treatment for 24-hours and Fever-free<sup>6</sup>         Infected area can be completely covered by clothing or a bandage or treatment has begun         Fever-free<sup>6</sup>         Seven days after onset of rash and in unimmunized children for 21 days after last exposure         Diarrhea-free<sup>5</sup> and Fever-free<sup>6</sup>         Treatment has begun         Diarrhea-free<sup>5</sup> and Fever-free<sup>6</sup>         Lesions are dry or can be covered</td><td><ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks?</li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks?</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, within one work day</li> <li>No</li> &lt;</ul></td><td><ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hypiene and cough etiquette*</li> <li>Vaccine available and required'</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required' for <i>Humophilui rifluency</i> type Is, meningococcil disease, and pneumococcil disease.</li> <li>Teach effective handwashing, good respiratory hypiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hypiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required'</li> <li>Prophylactic antibioties might be recommended for close contacts</li> <li>In an outbrack, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nusal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Streptococcial pharyngitis is caused by a virus; antibiotics are not indicated indicated only for acute oitis media</li> <li>Streptococcial sore throat can only be diagnosed with a laboratory test</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibioties are indicated only for acute oitis media</li> <li>Ringworn is caused by a fungus</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibioties are indicated only for acute oitis media</li> <li>Teach effective handwashing, good respirato</li></ul></td></ul>	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 2- 8 days Commonly: 14- 18 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 6- 72 hours Commonly: 12- 36 hoursFirst infection: Range: 2- 6 weeksRange: 1- 7 days Commonly: 2- 3 daysVariable, often activated by aging, stress, or weakened minune system. Only occurs in people who have previously had chickenpox.	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blorchy red nash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, aphotophobia</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>Nay have a teddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low-grade fever, myajaa, and/or orchins</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever, producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever, producing strains of bacteria cause a fine, red rash that appears one to three days after onse</li></ul>	<ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li></ul>	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local         health authority <sup>6</sup> Fever-free <sup>6</sup> Until effective treatment and approval by healthcare provider <sup>6</sup> Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy         Not applicable         Effective antibiotic treatment for 24-hours and Fever-free <sup>6</sup> Infected area can be completely covered by clothing or a bandage or treatment has begun         Fever-free <sup>6</sup> Seven days after onset of rash and in unimmunized children for 21 days after last exposure         Diarrhea-free <sup>5</sup> and Fever-free <sup>6</sup> Treatment has begun         Diarrhea-free <sup>5</sup> and Fever-free <sup>6</sup> Lesions are dry or can be covered	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks?</li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks?</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, within one work day</li> <li>No</li> &lt;</ul>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hypiene and cough etiquette*</li> <li>Vaccine available and required'</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required' for <i>Humophilui rifluency</i> type Is, meningococcil disease, and pneumococcil disease.</li> <li>Teach effective handwashing, good respiratory hypiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hypiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required'</li> <li>Prophylactic antibioties might be recommended for close contacts</li> <li>In an outbrack, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nusal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Streptococcial pharyngitis is caused by a virus; antibiotics are not indicated indicated only for acute oitis media</li> <li>Streptococcial sore throat can only be diagnosed with a laboratory test</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibioties are indicated only for acute oitis media</li> <li>Ringworn is caused by a fungus</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibioties are indicated only for acute oitis media</li> <li>Teach effective handwashing, good respirato</li></ul>
Tissue)Influenza (Flu)Measles (Rubeola)Meningitis, BacterialMeningitis, Viral (Aseptic Meningitis)Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)Mononucleosis Infections (Epstein Barr Virus)MumpsPertussis (Whooping Cough)Pharyngitis, Non- Streptococcal (Sore Throat)PinwormsPinwormsPinwormsPinwormsRingworm (Body or Scalp)Rubella (German Measles)SalmonellosisShinglesSinus InfectionTuberculosis,	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Heathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Heathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneeze, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul> </li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagous</li> <li>For other with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Not always contagous</li> <li>For other with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Not always contagous</li> <li>For other contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sn</li></ul></li></ul>	Range: 1- 4 daysRange: 7- 21 daysCommonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 daysCommonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 daysCommonly: 16- 18 daysRange: 4- 21 daysCommonly: 7- 10 daysVariableRange: 1- 3 daysVariableRange: 1- 3 daysVariableRange: 2- 8 daysCommonly: 4- 6 weeksRange: 12- 23 dayCommonly: 4- 6 daysRange: 1- 3 daysVariableRange: 1- 3 daysVariableRange: 1- 3 daysVariableRange: 1- 3 daysVariableRange: 1- 3 daysVariable </td <td><ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiing, or diarrhea</li> <li>Pever, followed by runny nose, watery cyes, and dry cough</li> <li>A blotchy red nash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia.</li> <li>May have a reddish or purplish rash on the skin or nuccous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, futigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jaw in front of one car or both eas</li> <li>May have low-grade fever, mayin, and/or orchitis</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scafet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Pevier, and patches</li> <li>May present in children younger than 2 years of age</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Fever, abdominal pain, diarrhea</li> <li>Cold-like symptoms, swollen and tender glands at the back of the neck, regrepting</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Fever, abdominal pain, diarrhea</li> <li>Fever, not of highs, arms, and weels of fingers</li> <li>The basit seas or out on th</li></ul></td> <td><ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li></ul></td> <td>clean dry bandage         Fever-free<sup>6</sup>         Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local         health authority<sup>1</sup>         Fever-free<sup>6</sup>         Until effective treatment and approval by healthcare provider<sup>1</sup>         Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy         Not applicable         Effective antibiotic treatment for 24-hours and Fever-free<sup>6</sup>         Infected area can be completely covered by clothing or a bandage or treatment has begun         Fever-free<sup>6</sup>         Seven days after onset of rash and in unimmunized children for 21 days after last exposure         Diarrhea-free<sup>5</sup> and Fever-free<sup>6</sup>         Lesions are dry or can be covered         Fever-free<sup>6</sup></td> <td><ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks?</li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks?</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, within one work day</li> <li>No</li> &lt;</ul></td> <td><ul> <li>Disfict resultable and recommended<sup>1</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Vaccine available and required<sup>7</sup> for Hamphilit influenzy type Rymening coccid disease, and precumococcid disease.</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Statistic contact with saliva and/or nastl discharges</li> <li>Teach effective handwashing, good respiratory hygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Stanive artification and shore the recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimiz contact with saliva and/or nastl discharges</li> <li>Sanivie surfaces and shored items</li> <li>No athletic sports without bealthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Vaccine available and required<sup>7</sup></li> <li>Vaccine available and required<sup>7</sup></li> <li>Stath respiratory hygiene and cough eriquette<sup>8</sup></li> <li>Vaccine and/or antibiotics might be recommended for contacts</li> <li>Non streptococcal pharyngitis is caused by a virus; antibiotics are not midicated</li> <li>Teach effective handwashing, good respiratory hygiene and cough eriquette<sup>8</sup></li> <li>Antibiotis are inficated only for acute otitis media</li> <li>Streptococcal sports for infestations</li> <li>Streptococcal sports for infestations</li> <li>Streptococal sports of not sharing comils, brushes, hats, and</li></ul></td>	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiing, or diarrhea</li> <li>Pever, followed by runny nose, watery cyes, and dry cough</li> <li>A blotchy red nash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia.</li> <li>May have a reddish or purplish rash on the skin or nuccous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, futigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jaw in front of one car or both eas</li> <li>May have low-grade fever, mayin, and/or orchitis</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scafet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Pevier, and patches</li> <li>May present in children younger than 2 years of age</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Fever, abdominal pain, diarrhea</li> <li>Cold-like symptoms, swollen and tender glands at the back of the neck, regrepting</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Fever, abdominal pain, diarrhea</li> <li>Fever, not of highs, arms, and weels of fingers</li> <li>The basit seas or out on th</li></ul>	<ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li></ul>	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local         health authority <sup>1</sup> Fever-free <sup>6</sup> Until effective treatment and approval by healthcare provider <sup>1</sup> Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy         Not applicable         Effective antibiotic treatment for 24-hours and Fever-free <sup>6</sup> Infected area can be completely covered by clothing or a bandage or treatment has begun         Fever-free <sup>6</sup> Seven days after onset of rash and in unimmunized children for 21 days after last exposure         Diarrhea-free <sup>5</sup> and Fever-free <sup>6</sup> Lesions are dry or can be covered         Fever-free <sup>6</sup>	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks?</li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks?</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, within one work day</li> <li>No</li> &lt;</ul>	<ul> <li>Disfict resultable and recommended<sup>1</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Vaccine available and required<sup>7</sup> for Hamphilit influenzy type Rymening coccid disease, and precumococcid disease.</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Statistic contact with saliva and/or nastl discharges</li> <li>Teach effective handwashing, good respiratory hygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Stanive artification and shore the recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimiz contact with saliva and/or nastl discharges</li> <li>Sanivie surfaces and shored items</li> <li>No athletic sports without bealthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Vaccine available and required<sup>7</sup></li> <li>Vaccine available and required<sup>7</sup></li> <li>Stath respiratory hygiene and cough eriquette<sup>8</sup></li> <li>Vaccine and/or antibiotics might be recommended for contacts</li> <li>Non streptococcal pharyngitis is caused by a virus; antibiotics are not midicated</li> <li>Teach effective handwashing, good respiratory hygiene and cough eriquette<sup>8</sup></li> <li>Antibiotis are inficated only for acute otitis media</li> <li>Streptococcal sports for infestations</li> <li>Streptococcal sports for infestations</li> <li>Streptococal sports of not sharing comils, brushes, hats, and</li></ul>
Tissue)Influenza (Flu)Measles (Rubeola)Meningitis, BacterialMeningitis, Viral (Aseptic Meningitis)Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)Mononucleosis Infections (Epstein Barr Virus)MumpsPertussis (Whooping Cough)Pharyngitis, Non- Streptococcal (Sore Throat)PinwormsPneumococcal Infections (Otitis Media and Streptococcal Sore Throat caused by <i>Streptococcus pneumoniae</i> )Ringworm (Body or Scalp)Rubella (German Measles)SalmonellosisShinglesSinus Infection	Preathing in respiratory droplets containing the pathogen after an infected person exhibes, success, or coughs     Touching a contaminated surface then touching mouth, nose, or eyes     Preathing in respiratory secretions from an infected person exhibes, success, or coughs     Touching a contaminated surface then touching mouth, nose, or eyes     Preathing in respiratory droplets containing the pathogen after an infected person exhibes, success, or coughs     Touching a contaminated surface then touching mouth, nose, or eyes     Preathing in respiratory droplets containing the pathogen after an infected person exhibes, success, or coughs     Touching fects or objects containing the pathogen after an infected person exhibes, success, or coughs     Touching fects or objects containing the pathogen after an infected person exhibes, success, or coughs     Touching fects or objects containing the pathogen after an infected person exhibes, success, or coughs     Touching fects or objects containing the pathogen after an infected person exhibes, success, or coughs     Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)     Preathing in respiratory droplets containing the pathogen after an infected person exhibes, success, or coughs     Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)     Preathing in respiratory droplets containing the pathogen after an infected person exhibes, success, or coughs     Not always contations     Preathing in respiratory droplets containing the pathogen after an infected person exhibes, success, or coughs     Orts model.     Touching fects or objects containing the pathogen after an infected person exhibes, success, or coughs     Orts model.     Touching fects or objects containing the pathogen after an infected person exhibes, success, or coughs     Orts model. Contact with respiratory secretions from an infected person exhibes, success, or coughs     Outris model. Contact with respiratory secretions from an infected person exhibes, succe	Range: 1- 4 daysRange: 7- 21 days Commonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 days Commonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 days Commonly: 16- 18 daysRange: 4- 21 days Commonly: 7- 10 daysVariableRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 4- 21 days Commonly: 4- 6 weeksRange: 1- 3 days VariableRange: 1- 3 days VariableRange: 2- 8 days Commonly: 14- 18 daysRange: 12- 23 day Commonly: 14- 18 daysRange: 6- 72 hours Commonly: 12- 36 hoursFirst infection: Range: 2- 6 weeksRange: 1- 7 days Commonly: 2- 3 daysVariable, often activated by aging, stress, or weakened minune system. Only occurs in people who have previously had chickenpox.	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiting, or diarrhea</li> <li>Fever, followed by runny nose, watery eyes, and dry cough</li> <li>A blorchy red nash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, aphotophobia</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia</li> <li>Nay have a teddish or purplish rash on the skin or mucous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Swelling beneath the jaw in front of one ear or both ears</li> <li>May have low-grade fever, myajaa, and/or orchins</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever, producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scarlet fever, producing strains of bacteria cause a fine, red rash that appears one to three days after onse</li></ul>	<ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li></ul>	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local         health authority <sup>4</sup> Fever-free <sup>6</sup> Until effective treatment and approval by healthcare provider <sup>4</sup> Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy         Not applicable         Effective antibiotic treatment for 24-hours and Fever-free <sup>6</sup> Infected area can be completely covered by clothing or a bandage or treatment has begun         Fever-free <sup>6</sup> Seven days after onset of rash and in unimmunized children for 21 days after last exposure         Diarrhea-free <sup>5</sup> and Fever-free <sup>6</sup> Lesions are dry or can be covered         Fever-free <sup>6</sup>	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks?</li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks?</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, within one work day</li> <li>No</li> &lt;</ul>	<ul> <li>Disinfect reusable items</li> <li>Use proper procedures for disposal of contaminated items</li> <li>Vaccine available and recommended' annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory hypiene and cough etiquette*</li> <li>Vaccine available and required'</li> <li>Pregnant women who have been exposed should consult their physician</li> <li>Vaccine available and required' for <i>Humophilui rifluency</i> type Is, meningococcil disease, and pneumococcil disease.</li> <li>Teach effective handwashing, good respiratory hypiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory hypiene and cough etiquette*</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Vaccine available and required'</li> <li>Prophylactic antibioties might be recommended for close contacts</li> <li>In an outbrack, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimize contact with saliva and/or nusal discharges</li> <li>Teach effective handwashing*</li> <li>Sanitize surfaces and shared items</li> <li>No athletic sports without healthcare provider approval</li> <li>Vaccine available and required?</li> <li>Streptococcial pharyngitis is caused by a virus; antibiotics are not indicated indicated only for acute oitis media</li> <li>Streptococcial sore throat can only be diagnosed with a laboratory test</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibioties are indicated only for acute oitis media</li> <li>Ringworn is caused by a fungus</li> <li>Teach effective handwashing, good respiratory hygiene and cough etiquette*</li> <li>Antibioties are indicated only for acute oitis media</li> <li>Teach effective handwashing, good respirato</li></ul>
Tissue)Influenza (Flu)Measles (Rubeola)Meningitis, BacterialMeningitis, Viral (Aseptic Meningitis)Meningococcal Infections (Meningitis and Blood Stream Infections Caused by Neisseria meningitidis)Mononucleosis Infections (Epstein Barr Virus)MumpsPertussis (Whooping Cough)Pharyngitis, Non- Streptococcal (Sore Throat)PinwormsPinwormsPinwormsPinwormsRingworm (Body or Scalp)Rubella (German Measles)SalmonellosisShinglesSinus InfectionTuberculosis,	<ul> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Direct contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Heathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Varies by virus causing illness</li> <li>May include: <ul> <li>Direct contact with respiratory secretions from an infected person</li> <li>Heathing in respiratory droplets containing the pathogen after an infected person</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneeze, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> </ul> </li> <li>Spread by oral route through saliva (e.g., kissing, mouthing toys, etc.)</li> <li>Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Not always contagous</li> <li>For other with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Not always contagous</li> <li>For other with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Not always contagous</li> <li>For other contact with respiratory secretions from an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sneezes, or coughs</li> <li>Touching feces or objects containing the pathogen after an infected person exhales, sn</li></ul></li></ul>	Range: 1- 4 daysRange: 7- 21 daysCommonly: 10- 12 daysVariable, commonly: 2- 10 daysVariable, commonly: 2- 10 daysRange: 1- 10 daysCommonly: 3- 4 daysCommonly: 30- 50 daysRange: 12- 25 daysCommonly: 16- 18 daysRange: 4- 21 daysCommonly: 7- 10 daysVariableRange: 1- 3 daysVariableRange: 1- 3 daysVariableRange: 2- 8 daysCommonly: 4- 6 weeksRange: 12- 23 dayCommonly: 4- 6 daysRange: 1- 3 daysVariableRange: 1- 3 daysVariableRange: 1- 3 daysVariableRange: 1- 3 daysVariableRange: 1- 3 daysVariable </td <td><ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiing, or diarrhea</li> <li>Pever, followed by runny nose, watery cyes, and dry cough</li> <li>A blotchy red nash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia.</li> <li>May have a reddish or purplish rash on the skin or nuccous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, futigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jaw in front of one car or both eas</li> <li>May have low-grade fever, mayin, and/or orchitis</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scafet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Pevier, and patches</li> <li>May present in children younger than 2 years of age</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Fever, abdominal pain, diarrhea</li> <li>Cold-like symptoms, swollen and tender glands at the back of the neck, regrepting</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Fever, abdominal pain, diarrhea</li> <li>Fever, not of highs, arms, and weels of fingers</li> <li>The basit seas or out on th</li></ul></td> <td><ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li></ul></td> <td>clean dry bandage         Fever-free<sup>6</sup>         Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local         health authority<sup>1</sup>         Fever-free<sup>6</sup>         Until effective treatment and approval by healthcare provider<sup>1</sup>         Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy         Not applicable         Effective antibiotic treatment for 24-hours and Fever-free<sup>6</sup>         Infected area can be completely covered by clothing or a bandage or treatment has begun         Fever-free<sup>6</sup>         Seven days after onset of rash and in unimmunized children for 21 days after last exposure         Diarrhea-free<sup>5</sup> and Fever-free<sup>6</sup>         Lesions are dry or can be covered         Fever-free<sup>6</sup></td> <td><ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks?</li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks?</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, within one work day</li> <li>No</li> &lt;</ul></td> <td><ul> <li>Disfict resultable and recommended<sup>1</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Vaccine available and required<sup>7</sup> for Hamphilit influenzy type Rymening coccid disease, and precumococcid disease.</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Statistic contact with saliva and/or nastl discharges</li> <li>Teach effective handwashing, good respiratory hygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Stanive artification and shore the recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimiz contact with saliva and/or nastl discharges</li> <li>Sanivie surfaces and shored items</li> <li>No athletic sports without bealthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Vaccine available and required<sup>7</sup></li> <li>Vaccine available and required<sup>7</sup></li> <li>Stath respiratory hygiene and cough eriquette<sup>8</sup></li> <li>Vaccine and/or antibiotics might be recommended for contacts</li> <li>Non streptococcal pharyngitis is caused by a virus; antibiotics are not midicated</li> <li>Teach effective handwashing, good respiratory hygiene and cough eriquette<sup>8</sup></li> <li>Antibiotis are inficated only for acute otitis media</li> <li>Streptococcal sports for infestations</li> <li>Streptococcal sports for infestations</li> <li>Streptococal sports of not sharing comils, brushes, hats, and</li></ul></td>	<ul> <li>Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy and muscle aches</li> <li>Children can also have nausea, vomiing, or diarrhea</li> <li>Pever, followed by runny nose, watery cyes, and dry cough</li> <li>A blotchy red nash, which usually begins on the face, appears between the third and seventh day</li> <li>Sudden onset of high fever and headache</li> <li>May have stiff neck, photophobia, and/or vomiting</li> <li>Sudden onset of fever, intense headache, nausea, and often vomiting, stiff neck, and photophobia.</li> <li>May have a reddish or purplish rash on the skin or nuccous membranes</li> <li>Variable</li> <li>Infants and young children are generally asymptomatic</li> <li>Symptoms, when present, include fever, futigue, swollen lymph nodes, and sore throat</li> <li>Swelling beneath the jaw in front of one car or both eas</li> <li>May have low-grade fever, mayin, and/or orchitis</li> <li>Low-grade fever, runny nose, and mild cough lasting one to two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing</li> <li>Fever, sore throat, often with large, tender lymph nodes in neck</li> <li>Scafet fever- producing strains of bacteria cause a fine, red rash that appears one to three days after onset of sore throat</li> <li>Pevier, and patches</li> <li>May present in children younger than 2 years of age</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Cold-like signs or symptoms, irritability, and poor feeding</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Fever, abdominal pain, diarrhea</li> <li>Cold-like symptoms, swollen and tender glands at the back of the neck, regrepting</li> <li>May present with wheezing and episodes of turning blue when coughing</li> <li>Fever, abdominal pain, diarrhea</li> <li>Fever, not of highs, arms, and weels of fingers</li> <li>The basit seas or out on th</li></ul>	<ul> <li>cannot be contained and maintained in a clean dry bandage</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No</li> <li>Yes</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>No, unless fever</li> <li>Yes</li> <li>No, unless fever</li> <li>Yes</li> <li>Yes</li></ul>	clean dry bandage         Fever-free <sup>6</sup> Four days after onset of rash and unimmunized         children for 21 days after last exposure         Exclude until written permission and/or permit is issued by a physician or local         health authority <sup>1</sup> Fever-free <sup>6</sup> Until effective treatment and approval by healthcare provider <sup>1</sup> Five days from the onset of swelling         Completion of five consecutive days of appropriate antibiotic therapy         Not applicable         Effective antibiotic treatment for 24-hours and Fever-free <sup>6</sup> Infected area can be completely covered by clothing or a bandage or treatment has begun         Fever-free <sup>6</sup> Seven days after onset of rash and in unimmunized children for 21 days after last exposure         Diarrhea-free <sup>5</sup> and Fever-free <sup>6</sup> Lesions are dry or can be covered         Fever-free <sup>6</sup>	<ul> <li>No, except for pediatric influenza deaths, novel influenza, or outbreaks?</li> <li>Yes, call immediately</li> <li>Yes, for certain pathogens<sup>3</sup> and outbreaks?</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, call immediately</li> <li>No</li> <li>Yes, within one work day</li> <li>No</li> &lt;</ul>	<ul> <li>Disfict resultable and recommended<sup>1</sup> annually for all persons aged six months and older</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Vaccine available and required<sup>7</sup> for Hamphilit influenzy type Rymening coccid disease, and precumococcid disease.</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is bacterial</li> <li>Teach effective handwashing, good respiratory bygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Statistic contact with saliva and/or nastl discharges</li> <li>Teach effective handwashing, good respiratory hygiene and cough eriquette<sup>4</sup></li> <li>Only a laboratory test can determine if meningitis is viral</li> <li>Stanive artification and shore the recommended for close contacts</li> <li>In an outbreak, vaccine might be recommended for persons likely to have been exposed</li> <li>Minimiz contact with saliva and/or nastl discharges</li> <li>Sanivie surfaces and shored items</li> <li>No athletic sports without bealthcare provider approval</li> <li>Vaccine available and required<sup>7</sup></li> <li>Vaccine available and required<sup>7</sup></li> <li>Vaccine available and required<sup>7</sup></li> <li>Stath respiratory hygiene and cough eriquette<sup>8</sup></li> <li>Vaccine and/or antibiotics might be recommended for contacts</li> <li>Non streptococcal pharyngitis is caused by a virus; antibiotics are not midicated</li> <li>Teach effective handwashing, good respiratory hygiene and cough eriquette<sup>8</sup></li> <li>Antibiotis are inficated only for acute otitis media</li> <li>Streptococcal sports for infestations</li> <li>Streptococcal sports for infestations</li> <li>Streptococal sports of not sharing comils, brushes, hats, and</li></ul>

# Footnotes

- 1. Criteria includes exclusions for conditions specified in the Texas Administrative Code (TAC), Rule §97.7, Diseases Requiring Exclusion from Schools. A school or childcare facility administrator might require a note from a parent or healthcare provider for readmission regardless of the reason for the absence. Parents in schools must follow school or district policies and contact them if there are questions. For daycare facilities, follow your facility's policies, contact your local Childcare Licensing inspector or contact your local Licensing office. A list of the offices can be obtained at hhs.texas.gov/services/safety/child-care/contact-child-care-regulation#licensing, or refer to TAC Chapters §744, 746, and 747.
- 2. Report confirmed and suspected cases to your local or regional health department. Reports within one week unless required to report earlier as noted in this chart. You can call (800) 705-8868 or locate appropriate reporting fax and phone numbers for your county at dshs.texas.gov/idps-investigation-forms/disease-reporting-contacts.
- 3. An up-to-date list of Texas reportable conditions and reporting forms can be obtained at dshs.texas.gov/idps-investigation-forms/notifiable-rare-conditions.
- 4. Healthcare provider physician, local health authority, advance practice nurse, physician's assistant.
- 5. Diarrhea free for 24 hours without the use of diarrhea suppressing medications. Diarrhea is three or more episodes of loose stools in a 24-hour period.
- 6. Fever-free for 24 hours without the use of fever suppressing medications. Fever is a temperature of 100° Fahrenheit (37.8° Celsius) or higher.
- 7. Many diseases are preventable by vaccination, which might be required for school or daycare attendance. The current vaccine requirements can be found at: dshs.texas.gov/immunization-unit/texas-school-child-care-facility-immunization, or call (800) 252-9152.
- 8. Local Health Authority: A physician designated to administer state and local laws relating to public health:
- (A) A local health authority appointed by the local government jurisdiction; or
- (B) A regional director of the Department of State Health Services if no physician has been appointed by the local government.
- 9. Outbreak/epidemic: The occurrence in a community or region of a group of illnesses of similar nature, clearly in excess of normal expectancy, and derived from a common or a propagating source. 10. Day 0 is the first day of symptoms. Day 1 is the first full day after symptoms develop. Isolation can end after five full days.
- 11. Day 0 is the day the student took the positive viral test. Day 1 is the first full day after the test was performed. Isolation can end after five full days.

#### **Communicable Disease Notes**

#### When a Communicable Disease is Suspected

- Separate the ill child from well children at the facility until the ill child can be taken home.
- Inform parents immediately so that medical advice can be sought.
- Adhere to the exclusion and readmission requirements provided on this chart.
- Observe the appearance and behavior of exposed children and be alert to the onset of disease.
- Pregnant women should avoid contact with individuals suspected of having chickenpox, cytomegalovirus, fifth disease, influenza, measles, and rubella. Seek medical advice if exposure occurs.
- In addition to the conditions described in this chart, the following symptoms might indicate an infectious condition; consider excluding or isolating the child:
- Irritability
- Difficulty breathing
- Crying that doesn't stop with the usual comforting
- Extreme sleepiness
- Vomiting two or more times in 24 hours
- Mouth sores

# \*Minimizing the Spread of Communicable Disease

# Handwashing (cdc.gov/handwashing/)

- Encourage children and adults to wash their hands frequently, especially before handling or preparing foods and after wiping noses, diapering, using toilets, or handling animals.
- Wash hands with soap and water long enough to sing the "Happy Birthday" song twice.

#### Diapering

- Keep handwashing areas near diapering areas.
- Keep diapering and food preparation areas physically separate. Keep both surface areas clean, uncluttered, and dry.
- The same staff member should not change diapers and prepare food.
- Cover diapering surfaces with intact (no cracked or torn) plastic pads.
- If the diapering surface cannot be easily cleaned after each use, use a disposable material such as paper on the changing area and discard the paper after each diaper change.
- Sanitize the diapering surface after each use and at the end of the day.
- Wash hands with soap and water or clean with alcohol-based hand cleaner after diapering.

#### Environmental surfaces and personal items

- Regularly clean and sanitize all food service utensils, toys, and other items used by children.
- Discourage the use of stuffed toys or other toys that cannot be easily sanitized.
- Discourage children and adults from sharing items such as combs, brushes, jackets, and hats.
- Maintain a separate container to store clothing and other personal items.
- Keep changes of clothing on hand and store soiled items in a non-absorbent container that can be sanitized or discarded after use.
- Provide a separate sleeping area and bedding for each child, and wash bedding frequently.

#### **Respiratory Hygiene and Cough Etiquette** (cdc.gov/oralhealth/infectioncontrol/faqs/respiratory-hygiene.html)

- Provide facial tissue throughout the facility.
- Cover mouth and nose with a tissue when coughing or sneezing.
- If tissue is not available, cough or sneeze into upper sleeve, not hands.
- Put used tissue in the waste basket.
- Wash hands with soap and water or clean with alcohol-based hand cleaner after coughing or sneezing.

# **Standard Precautions**

Because we do not always know if a person has an infectious disease, apply standard precautions to every person every time to assure that transmission of disease does not occur.

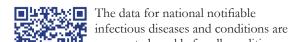
- Wear gloves for touching blood, body fluids, secretions, excretions, and contaminated items, and for touching mucous membranes and non-intact skin.
- Use appropriate handwashing procedures after touching blood, body fluids, secretions, excretions, contaminated items, and immediately after removing gloves.
- Develop procedures for routine care, cleaning, and disinfection of environmental surfaces.

# Immunizations

Childcare facilities and schools are required to have an immunization record on file for each child enrolled to ensure that each child has received age-appropriate immunizations. For immunization information contact your local health department, call (800) 252-9152, or visit dshs.texas.gov/immunization-unit/texas-school-child-care-facility-immunization.

# Antibiotic Use

Antibiotics are not effective against viral infections. Because common colds and many coughs, runny noses, and sore throats are caused by viruses, not bacteria, they should not be treated with antibiotics. Even bacterial illnesses might not require antibiotic treatment. Except for conditions indicated in the readmission criteria, do not require proof of antibiotic treatment for readmission to school or daycare. Unnecessary or inappropriate antibiotic use can lead to the development of drug-resistant bacteria.





Stock No. 6-30

Rev. 08/24/2023

