COMMUNICABLE DISEASE CHART – 2025

Ohio Department of Health | Department of Children & Youth

DISEASE	INCUBATION AND SYMPTOMS	METHOD OF TRANSMISSION	REQUIRED ACTIONS AND ADDITIONAL INFORMATION
Chickenpox (Varicella)	**INCUBATION:** 10 to 21 days; usually 14 to 16 days. **SYMPTOMS:** Skin rash that progresses to blisters, then scabs. Eruptions usually appear first on the head, chest, and back, and then spread to other parts of the body. Because eruptions occur in clusters, all three stages may be present at the same time. Covered body areas are often most affected. Slight fevers are also typical. Reactivation of the virus results in shingles.	Direct contact with blisters or uncovered lesions (sores) of persons with chickenpox or shingles. Airborne – transmission occurs when the disease-causing germ exits the infected person through coughing or sneezing, or when fluid from the blister becomes aerosolized. The germ can stay suspended in the air for a long time and can be spread over great distances. Scabs are not infective.	**COMMUNICABLE PERIOD:** 1–2 days before the rash appears, until the lesions have crusted, usually 6 days after the appearance of fluid-filled sores. **EXCLUSION:** A person with chickenpox shall be isolated, including exclusion from school, child care program, and public places, until the sixth day after onset of rash, or until all lesions are dry. Contagiousness may be prolonged in patients with altered immunity. Persons with chickenpox shall avoid contact with susceptible persons. **CONTROL:** Emphasize handwashing before and after touching lesions (sores or blisters). Encourage vaccination of all persons 12 months of age and older, unless contraindicated. Keep sores of persons with shingles (herpes zoster) covered by clothing or a bandage until sores have crusted. Highly contagious. Children with weakened immune systems or some chronic diseases are at the highest risk for complications if they get chickenpox. Do not give a child aspirin products because aspirin has been strongly linked with Reye's syndrome. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: https://www.ohsaa.org/communicablediseases. **REPORTING:** Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. **Vaccine available.**
Common Cold	**INCUBATION:** 2 to 14 days. **SYMPTOMS:** Sore throat, watery eyes, runny or stuffy nose, sneezing, fever, chills, cough, generalized discomfort.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces.	**COMMUNICABLE PERIOD:** 24 hours before symptoms develop through 5 days after the first symptom (may vary). **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, or the child meets other exclusion criteria. However, because symptoms can be similar to COVID-19, during periods of high COVID-19 transmission, referral to public health guidance is recommended. (i.e., use COVID-19 recommendations, adhere to general respiratory hygiene best practices). **CONTROL:** Avoid touching or rubbing eyes. Increase ventilation. Colds are caused by viruses – antibiotics are NOT appropriate and are not effective against viruses. **REPORTING:** None.
COVID-19 (SARS-CoV-2)	**INCUBATION:** 2 to 14 days; usually 4-5 days. **SYMPTOMS:** Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. This list does not include all possible symptoms. A small percentage of children may develop multi-system inflammatory syndrome (MIS-C), a serious condition associated with COVID-19, in which different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs.	Person to person through close contact (within 6 feet) though airborne transmission is possible at greater distances; direct contact with droplets from an infected person that are spread by sneezing, coughing, talking, singing, or breathing; contact by touching items contaminated with respiratory secretions.	**COMMUNICABLE PERIOD:** Begins two days prior to symptom onset (or, for persons who tested positive for COVID-19 but have not had any symptoms, the two days before the date the first positive viral test was collected). Persons with mild to moderate COVID-19 remain infectious for no longer than 10 days after symptom onset. Persons with more severe to critical illness or severe immunocompromise likely remain infectious no longer than 20 days after symptom onset. **EXCLUSION:** Exclude until fever-free for 24 hours without fever-reducing medication and respiratory virus symptoms are getting better overall for at least 24 hours. The child returning to the school or child care setting should be well enough to participate in activities (e.g., can adequately manage improving cough and congestion on own, not overly fatigued), and care of the returning child should not interfere with the staff's ability to teach or care for other children. **CONTROL:** Encourage age-appropriate vaccination according to CDC and FDA guidelines. If an outbreak is suspected, work with your local health department to determine next steps. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day. **Vaccine available.**
Croup	**INCUBATION:** 2 to 7 days, depending on the causative agent. **SYMPTOMS:** Acute respiratory infection involving the epiglottis, larynx, trachea, and bronchi. May cause respiratory distress ranging from mild to severe. Cough has a harsh "barking" or "brassy" quality. May notice a high-pitched sound on inhalation.	Airborne-transmission occurs when the disease-causing germ exits the infected person through coughing or sneezing. The germ can stay suspended in the air for a long time and can be spread over great distances.	**COMMUNICABLE PERIOD:** For the duration of the cough (disease). **EXCLUSION:** Exclude until severe symptoms are gone. **CONTROL:** Avoid touching the eyes, nose, and mouth. Medical attention may be necessary. Major complications can occur. Upper respiratory infection often is seen before croup. Croup may be caused by a virus or bacteria. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Diarrheal Diseases	**INCUBATION:** Variable, depending on the causative agent. **SYMPTOMS:** Diarrhea defined as three or more loose stools (stools with increased water content and/or decreased form) in a 24-hour period. Persons with diarrhea may have additional symptoms, including nausea, vomiting, stomachache, headache and/or fever.	Fecal-oral transmission – the virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with microscopic amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with microscopic amounts of infected stool. Contact with raw or undercooked poultry. Contact with animals at home (e.g., puppies, reptiles, poultry) or when visiting places where there are animals (e.g., farms, pet stores, petting zoos, fairs).	**COMMUNICABLE PERIOD:** Varies with causative agent. **EXCLUSION:** A person with diarrhea, of infectious or unknown cause, who attends a child care program or works in a sensitive occupation, shall be excluded from the child care program or work in the sensitive occupation and may return only after diarrhea has ceased. A person with infectious diarrhea of known cause shall be isolated in accordance with the provisions of the rule set forth for the specified disease. 'Sensitive occupation' means direct food handling, direct patient care, the handling of food or provision of direct care to children in a child care program, or any other occupation that provides significant opportunity for an infected individual to transmit infectious disease agents. A person with any of the following diseases who attends a child care program or works in a sensitive occupation shall be excluded from the child care program or work in the sensitive occupation and may return when the following conditions are met: **Campylobacteriosis:** (1) A child may return to a child care program after diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided the person's duties do not include food handling. (3) A food handler may return to work only after diarrhea has ceased and one of the following conditions are met: (a) 48 hours of effective antimicrobial therapy; or (b) two consecutive follow-up stool specimens are negative for Campylobacter. **Cryptosporidiosis:** (1) The child may return to the child care program after diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided that their duties do not include food handling. (3) A food handler may return to work after diarrhea has ceased and after three consecutive follow-up stool specimens are negative for Cryptosporidium. ***E. coli* O157, or other Shiga Toxin-Producing *E. coli* (STEC):** Diarrhea has ceased and after two consecutive follow-up stool specimens are negative for *E. coli* O157:H7 or STEC. **Giardiasis:** Diarrhea has ceased and one of the following conditions have been met: (1) 72 hours of effective antimicrobial therapy; or (2) three consecutive follow-up stool specimens are negative for Giardia. **Salmonellosis:** (1) The child may return to the child care program after diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided that their duties do not include food handling. (3) A person who is a food handler may return to work after diarrhea has ceased and after two consecutive follow-up stool specimens are negative for Salmonella. **Shigellosis:** Diarrhea has ceased and after two consecutive follow-up stool specimens are negative for Shigella. **Yersiniosis:** (1) A child may return to the child care program after diarrhea has ceased. (2) A person may return to work in a sensitive occupation after diarrhea has ceased, provided that their duties do not include food handling. (3) A food handler may return to work after diarrhea has ceased and two consecutive follow-up stool specimens are negative for Yersinia. **CONTROL:** Wash hands using soap and water instead of hand sanitizer, and dry with disposable towels. Emphasize handwashing after toileting and before meals. Monitor food handlers' hygiene and health. Avoid swimming in public pools or lakes and preparing food for others if diarrhea is present. Refer to the ODH website for additional disease-specific infection control guidelines (https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section3). If two or more children or staff members in one classroom of a child care program experience diarrhea within a 48-hour period, an infectious agent should be suspected. Because disease spreads more easily among children in diapers and staff caring for them, stool testing may be necessary. Breastfed infants often have loose frequent stools; this normal condition should not be confused with diarrhea. Determine if there has been a change in frequency for the breastfed infant whose stools may normally be watery and frequent. **REPORTING:** Individual cases of campylobacteriosis, cryptosporidiosis, *E. coli* O157:H7, other Shiga toxin-producing *E. coli*, hemolytic uremic syndrome (HUS), giardiasis, salmonellosis, shigellosis, and yersiniosis should be reported to the local health department by the end of the next business day. Report an outbreak, usual incident, or epidemic to the local health department by the end of the next business day.
Fifth Disease (Erythema Infectiosum)	**INCUBATION:** 4 to 14 days, but as long as 21. **SYMPTOMS:** Bright red rash, usually beginning on the face, with a "slapped cheek" appearance. May spread to the trunk and extremities. As the rash clears (usually in 7-10 days), it may look lacy. Recurs for up to several weeks if a person gets warm, upset, etc. Brief, mild, nonspecific illness consisting of fever, runny nose, malaise, myalgia (muscle aches and pains), and headache often precedes the characteristic skin rash by approximately 7 to 10 days.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces. Can also spread through blood or blood products (very rare). A pregnant woman who is infected can pass the virus to her baby (rare).	**COMMUNICABLE PERIOD:** Up to 7 days before the appearance of the rash; no longer contagious once the rash appears. **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, or the child meets other exclusion criteria. **CONTROL:** Avoid touching the eyes, nose, and mouth. Pregnant women should notify their healthcare provider if exposed; most women will be immune, but those who are not have a very small chance of the disease affecting the fetus, particularly if exposure occurs in the first half of pregnancy. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Flu (Influenza)	**INCUBATION:** 1 to 4 days. **SYMPTOMS:** Abrupt onset of fever, chills, headache, sore muscles. Runny nose, sore throat and cough are also common.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces.	**COMMUNICABLE PERIOD:** 1 day before symptoms develop and up to 7 days after the first symptom; children and people with compromised immune systems may be contagious for longer than 7 days. **EXCLUSION:** Exclude until fever-free for 24 hours without fever-reducing medication and respiratory virus symptoms are getting better overall for at least 24 hours. The child returning to the school or child care setting should be well enough to participate in activities (e.g., can adequately manage improving cough and congestion on own, not overly fatigued), and care of the returning child should not interfere with the staff's ability to teach or care for other children. **CONTROL:** Encourage age-appropriate vaccination according to CDC and FDA guidelines. Reduce crowding. Do not give a child aspirin products because aspirin has been strongly linked with Reye's syndrome. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day. **Vaccine available.**
Hand, Foot and Mouth Disease (Coxsackie Virus)	**INCUBATION:** 3 to 6 days. **SYMPTOMS:** Raised rash commonly found on the hands, feet, and around the mouth. Progresses to blisters, then scabs. Sore throat, fever, or sores inside the mouth making swallowing difficult, and uncontrolled drooling.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces. Fecal-oral transmission – the virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with microscopic amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with microscopic amounts of infected stool. Contact with objects or surfaces contaminated by an infected person.	**COMMUNICABLE PERIOD:** Most contagious during the first week of illness; some people may be contagious for days or weeks after symptoms go away. **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, the child meets other exclusion criteria such as fever or uncontrolled drooling from mouth sores, or the child has an underlying blood disorder or a weakened immune system. **CONTROL:** Wash hands often. Avoid touching eyes, nose, and mouth. Clean and disinfect frequently touched surfaces and shared items, including toys and doorknobs. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Hepatitis A	**INCUBATION:** 2 to 7 weeks; usually 28 to 30 days. **SYMPTOMS:** Abrupt onset. Loss of appetite, fever, abdominal pain, nausea, fatigue, vomiting, dark urine, clay-colored stools. Jaundice (yellowish discoloration of skin and whites of eyes) may follow in a few days. Young children usually have no symptoms.	Fecal-oral transmission – the virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with microscopic amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with microscopic amounts of infected stool.	**COMMUNICABLE PERIOD:** 2 weeks before symptoms develop through 10 days after the first symptom. **EXCLUSION:** A person with hepatitis A who attends a child care program or works in a sensitive occupation shall be excluded from the child care program or work in the sensitive occupation until 10 days after initial onset of symptoms. **CONTROL:** Wash hands using soap and water instead of hand sanitizer, and dry with disposable towels. Emphasize handwashing after toileting and before meals. Monitor food handlers' hygiene and health. Contact the local health department to help with outbreaks and for guidance/recommendations for the use of immune globulin (IG) or vaccine. Encourage vaccination in all persons 12 months of age and older, unless contraindicated. Outbreaks occasionally occur, usually related to an ill food handler. Children play an important role in hepatitis A transmission because they often do not have symptoms when infected. **REPORTING:** Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. **Vaccine available.**
Herpes Simplex Virus (HSV)	**INCUBATION:** 2 to 14 days; neonatal HSV infection may be present at birth or as late as 4 to 6 weeks of age. **SYMPTOMS:** Blister-like sores on the mucous membranes, fever, irritability. HSV can persist without symptoms after the primary infection and can recur.	Direct contact with the sores or saliva of an infected person. Contact with items soiled with the saliva of an infected person (e.g., mouthed toys).	**COMMUNICABLE PERIOD:** Not well defined. First infection – at least 1 week and occasionally for several weeks after symptoms develop. Reactivation – most contagious for the first 3-4 days after symptoms develop. During periods where there are no signs or symptoms, the virus may be shed intermittently. **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, the child meets other exclusion criteria, or the child has blisters in the mouth and drools. **CONTROL:** Emphasize handwashing before and after contact with lesions (sores). Wear gloves when applying ointment to sores; avoid touching sores. Avoid contact with mouthed toys or objects. Avoid shared eating utensils, water, or drinks. Do not nuzzle or kiss children. Cover any lesions (sores) if practical. HSV can be transmitted when sores are or are not present. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: https://www.ohsaa.org/communicablediseases. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Impetigo	**INCUBATION:** Variable; skin colonization is common, and infection may result after minor trauma to the skin. **SYMPTOMS:** Blister-like, pus-filled bumps that progress to yellowish, crusted, painless sores with irregular outlines. Itching is common. Usually found on exposed skin areas and around the nose/mouth.	Direct contact with the draining sores of an infected person. Contact with objects or surfaces contaminated by an infected person.	**COMMUNICABLE PERIOD:** Until 12-24 hours after starting an effective antibiotic or until the crusting lesions are no longer present. **EXCLUSION:** Exclude until well appearing and at least 12 hours after initiating appropriate antimicrobial treatment. In an outbreak, exclusion for at least 24 hours after initiation of antimicrobial treatment should be considered and consulting with state or local public health department is recommended. Close contact with other children during this time should be avoided if possible. **CONTROL:** Avoid contact with newborns if lesions (sores) are present. Wear gloves when applying ointment to sores. Cover draining sores with a clean, dry bandage. Keep fingernails short. Impetigo is usually caused by one of two types of bacteria, group A. *Streptococcus* or *Staphylococcus aureus (staph)*. Methicillin-resistant *Staphylococcus aureus (MRSA)* is a potentially dangerous type of staph bacteria resistant to treatment with certain antibiotics. A healthcare provider should be consulted if MRSA is suspected. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Lice (Head Lice, Pediculosis)	**INCUBATION:** 4 to 6 weeks the first time a person is infested; 7 to 12 days for subsequent infestations. **SYMPTOMS:** Itching and irritation of the scalp. Can feel something moving in the hair. Sores on the head caused by scratching. White to yellow-brown nits (eggs) attached very firmly to the hair, most commonly at the nape of the neck, crown of the head, and above the ears.	Direct, head-to-head contact with an infested person. Although not as common, head lice may spread by wearing clothing, such as hats, scarves, coats, sports uniforms, or hair ribbons worn by an infested person, using infested combs, brushes, or towels, or lying on a bed, couch, pillow, carpet, or stuffed animal that has recently been in contact with an infested person.	**COMMUNICABLE PERIOD:** As long as live lice are present. **EXCLUSION:** A person with head lice should not be excluded or sent home early from school or child care. There is low transmission in these settings. Persons with head lice can return home at the end of the day, and return to class after appropriate treatment. **CONTROL:** Treat the infested person with a medication (pediculicide) that kills lice and nits; for children under 2 years of age, contact a physician for directions before treatment. Check the entire household and all close contacts for lice; treat all contacts to whom lice have spread. Machine wash in the hot water cycle all washable clothing, towels, bed linens, and other items that the infested person touched during the two days before treatment, and dry on the hot cycle for at least 20 minutes. Dry clean clothing that is not washable OR store items that cannot be washed in a closed container/bag for 14 days. Soak combs and brushes in hot water (at least 130°F) for 5 to 10 minutes. Small items can also be placed in a freezer overnight. Vacuum the floor and furniture. Do not use fumigant sprays. Encourage parents to inspect children's heads regularly. The life cycle of lice is composed of three stages: eggs, nymphs, and adults. Under ideal conditions, the eggs hatch in seven to10 days. The nymph stage lasts about seven to 13 days. The egg-to-egg cycle averages about three weeks. The hands of those who examine people for head lice have never been found to transmit them between people. Lice do not jump, fly, or swim; they cannot survive off a person for longer than 24–48 hours. Eggs can survive seven to10 days off a person but will not hatch below 72° Fahrenheit. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: https://www.ohsaa.org/communicablediseases. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Measles (Rubeola)	**INCUBATION:** Averages 11 to 12 days for symptom onset. The time from exposure to rash onset averages 14 days, with a range of 7 to 21 days. **SYMPTOMS:** Fever of 103–105° Fahrenheit, runny nose, reddened eyes, cough and severe intolerance to light for 2 to 4 days. A red-brown blotchy (maculopapular) rash appears at the hairline then involves the face then spreads downward to the neck, trunk, arms, legs, and feet. The rash and other symptoms usually subside in 7 to 9 days.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; airborne transmission via aerosolized droplet nuclei has been documented in closed areas for up to two hours after a person with measles occupied the area. Indirect contact by touching items contaminated with respiratory secretions.	**COMMUNICABLE PERIOD:** 4 days before symptoms develop through 4 days after the appearance of the rash. **EXCLUSION:** A person with measles shall be isolated, including exclusion from school or child care, for four days following the onset of rash. Contagiousness may be prolonged in patients with altered immunity. **CONTROL:** Encourage vaccination of all persons 12 months of age and older, unless contraindicated. Contact parents of children who have not been immunized; exposed children who have not been immunized, or who are not fully immunized, should be excluded. Students receiving their second dose and previously unvaccinated persons receiving their first dose, before or within 72 hours of exposure, may be readmitted to school. However, these individuals should be monitored for signs and symptoms of measles. Exclusion may be more than two weeks. Highly contagious. **REPORTING:** Report to the local health department **immediately** via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists. **Vaccine available.**
Meningitis, Bacterial	**INCUBATION:** 1 to 10 days; usually less than 4 days. **SYMPTOMS:** Sudden onset. Fever, intense headache, nausea, vomiting, stiff neck, photophobia (painful, oversensitivity to light), behavioral changes, irritability, sluggishness.	Direct contact with respiratory and throat secretions (e.g., saliva or mucus) of an infected person through kissing or when there is close or prolonged contact with a sick person in the same household or child care program.	**COMMUNICABLE PERIOD:** Unknown; thought to be as long as the organism is present. Most, but not all, forms of bacterial meningitis are communicable until 24 hours after starting an effective antibiotic; consult a healthcare provider. **EXCLUSION:** Exclude until 24 hours after starting an effective antibiotic. **CONTROL:** Encourage vaccination against the bacteria that can cause bacterial meningitis for which vaccines are available (*Haemophilus influenzae* type b, *Neisseria meningitidis*, and *Streptococcus pneumonia*), unless contraindicated. Follow healthcare provider instructions if antibiotics are prescribed; antibiotics to prevent meningococcal disease are usually given to close contacts. Antibiotics to prevent bacterial meningitis caused by other germs are not usually indicated. Must be under the care of a healthcare provider. Bacterial meningitis is usually much more serious than viral meningitis, but initial symptoms are similar. Diagnosis by a healthcare provider is necessary to determine the cause of any meningitis, and to ensure the child receives proper care. **REPORTING:** Report meningococcal meningitis to the local health department **immediately** via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists. Report other bacterial meningitis to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. **Vaccine available.**
Meningitis, Viral/Aseptic	**INCUBATION:** 2 to 21 days, depending on the causative agent. **SYMPTOMS:** Sudden onset. Fever, intense headache, nausea, vomiting, stiff neck, behavioral changes, irritability, sluggishness.	Varies with the causative agent. Fecal-oral transmission – the virus leaves the infected person's body in the stool and enters the body of another person through the mouth. This can occur when objects, such as toys or fingers, become soiled with microscopic amounts of stool and are then placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with microscopic amounts of infected stool. Some forms are transmitted through contact with respiratory secretions or contact with objects or surfaces contaminated by an infected person, such as sharing soft drink cans and eating utensils.	**COMMUNICABLE PERIOD:** Up to 10 days before symptoms develop through 10 days following the first symptom (may excrete virus in the stool for 1-2 months). **EXCLUSION:** A person with aseptic meningitis or viral meningoencephalitis shall be excluded from school or child care until individual is fever free. **CONTROL:** Avoid shared eating utensils, water, or drinks. Must be under the care of a healthcare provider. Onset may be rapid or gradual. Infants less than 1 year of age are less likely to have signs of infection. Viral meningitis is usually less serious than bacterial meningitis, but initial symptoms are similar. Diagnosis by a healthcare provider is necessary to determine the cause of any meningitis and to ensure the child receives proper care. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Molluscum Contagiosum	**INCUBATION:** 2-7 weeks; as long as 6 months. **SYMPTOMS:** Small, smooth, dome-shaped, hard bumps on the skin, often with a tiny, indented center. The bumps may be flesh-colored, white, translucent, or yellow and often appear waxy. Bumps range from the size of a pinhead to as large as a pencil eraser. On children, bumps are most often on the face, trunk, upper arms, and legs. The bumps can be itchy.	Direct skin-to-skin contact with an infected person, including sexual contact. Contact with objects or surfaces contaminated by an infected person, including towels, clothing, toys, or swimming pool items, such as kick boards. A person with the virus can transmit it to other parts of their body by touching or scratching the bumps and then touching an unaffected area.	**COMMUNICABLE PERIOD:** Unknown, but probably as long as lesions (bumps) are present. **EXCLUSION:** None. **CONTROL:** If not covered by clothing, cover with a watertight bandage that is changed daily or more often, if bandage becomes dirty. Bumps in the underwear/diaper area should be covered with a bandage if assistance is needed for toileting or for diaper changes. Keep fingernails short. Discourage scratching of the bumps. (This may cause further spread to other sites of the body.) Avoid skin-to-skin contact or sharing bathtubs, bath towels, or sponges with affected people. When children will be entering swimming pools, a watertight bandage can be placed on visible lesions. Exclude children with visible bumps from close contact sports unless the bumps can be fully covered. Covering the bumps will protect other people from getting molluscum contagiosum and keep the infected child from touching and scratching the affected area. Touching and scratching can spread the lesions (bumps) to other parts of his/her body or cause secondary (bacterial) infections. Without treatment, molluscum contagiosum may persist for six months to four years. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Mononucleosis	**INCUBATION:** 4 to 7 weeks. **SYMPTOMS:** Fever, sore throat, swollen lymph nodes (glands) in the neck, fatigue, enlarged liver and spleen, rash.	Direct contact with the saliva of an infected person (e.g., kissing). Contact through sharing items contaminated with saliva from an infected person such as toothbrushes, cups, bottles, toys that are mouthed, etc.	**COMMUNICABLE PERIOD:** Unknown. After first being infected, many months. May shed virus intermittently throughout life without symptoms. **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for other children, or the child meets other exclusion criteria. **CONTROL:** Avoid kissing that involves contact with saliva. Avoid shared eating utensils, water, or drinks. Most people get better in two to four weeks; others may feel tired for months. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
MRSA (Methicillin-resistant *Staphylococcus aureus*)	**INCUBATION:** Variable. **SYMPTOMS:** Most staph skin infections, including MRSA, appear as a bump or infected area on the skin (may look like a spider bite) that might be red, swollen, painful, warm to the touch, full of pus or other drainage, accompanied by a fever.	Direct contact with an infected wound or skin-to-skin contact with an infected person. Contact with objects or surfaces contaminated by an infected person, including towels or razors that have touched infected skin; a carrier who picks their nose can contaminate an object or surface.	**COMMUNICABLE PERIOD:** As long as lesions (sores) drain, or the person remains a carrier. **EXCLUSION:** Exclusion is not recommended unless the child is too ill to participate in daily activities, staff members cannot care for the child without compromising their ability to appropriately care for the other children, the child meets other exclusion criteria, or the lesions (sores) cannot be covered by clean, dry bandages at all times. **CONTROL:** Emphasize handwashing before and after changing the bandage or touching the infected wound. Keep wounds covered with clean, dry bandages until healed. Follow healthcare provider instructions about proper care of the wound. Do not share personal items such as towels, washcloths, razors, clothing, and uniforms. Wash used sheets, towels, and clothes with water and laundry detergent according to manufacturer's instructions on the label; use a dryer to dry them completely. Bandages and tape used on people with MRSA infections can be thrown away with the regular trash. Do not attempt to drain the sores – doing so could make the infection worse or spread it to others. Antibiotics should be taken if prescribed and until gone (even if the infection is getting better) unless a healthcare provider says differently. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: https://www.ohsaa.org/communicablediseases. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Mumps	**INCUBATION:** 12 to 25 days; usually 16 to 18 days. **SYMPTOMS:** Fever, painful parotid gland (salivary gland located at the base of each ear), swelling under jaw and in front of ear, headache, chills, lack of appetite, abdominal pain.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces.	**COMMUNICABLE PERIOD:** Most infectious in the several days before and after swelling under jaw (parotitis) onset. Most transmission likely occurs 2 days before to 5 days after overt parotitis. **EXCLUSION:** A person with mumps shall be isolated, including exclusion from school or child care, for five days after the onset of parotid swelling. **CONTROL:** Encourage vaccination of all persons 12 months of age and older, unless contraindicated. Contact parents of children who have not been immunized; for outbreaks, exposed children who have not been immunized, or who are not fully immunized, should be excluded. Students receiving their second dose and previously unvaccinated persons receiving their first dose may be readmitted to school. While mumps vaccine is not known to prevent infection or decrease severity of symptoms if administered after exposure, vaccination will provide protection against subsequent exposure. All individuals readmitted should be closely monitored for signs and symptoms of mumps. **REPORTING:** Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. **Vaccine available.**
Pink-eye (Conjunctivitis, Bacterial or Viral)	**INCUBATION:** Bacterial, 1 to 3 days; viral, 12 hours to 12 days. **SYMPTOMS:** Redness or swelling of the white(s) of the eye(s) or inside the eyelid(s), discharge from the eye(s), itchy or scratchy eye(s), crusting of eyelid(s) or lashes.	Direct contact with discharge from an infected eye or upper respiratory tract of an infected person. Contact with objects or surfaces contaminated by an infected person and then touching one's eye(s).	**COMMUNICABLE PERIOD:** Bacterial – until 24 hours after effective antibiotic treatment is started or symptoms no longer present. Viral – until symptoms are no longer present. **EXCLUSION:** Exclude those with purulent (pus) eye discharge until after 24 hours of treatment with an effective antibiotic. **CONTROL:** Emphasize handwashing before and after touching the eyes, nose, and mouth. Avoid touching or rubbing eyes. Conjunctivitis can also occur when a person has contact with something that causes an allergic reaction. This type of conjunctivitis is not contagious and may be confused with bacterial and viral conjunctivitis. **REPORTING:** Report an outbreak, unusual incident, or epidemic, to the local health department by the end of the next business day.
Pinworms	**INCUBATION:** 2 to 6 weeks or longer; from ingestion of the pinworm egg until an adult pinworm migrates to around the rectum (perianal area). **SYMPTOMS:** Anal itching with disturbed sleep, irritability, anal irritation due to scratching.	Direct transfer of eggs from the anus to the mouth by contaminated fingers. Indirect transmission occurs from articles freshly, contaminated with pinworm eggs, such as toys, clothing or bedding, toilet seats, other bathroom fixtures, and sandboxes. Pinworm eggs sometimes become airborne (for example, when shaking bedsheets) and can be ingested while breathing. Fecal-oral transmission – contact with stool of an infected person. This can occur when objects such as toys or fingers become soiled with microscopic amounts of stool and are placed in the mouth. Fecal-oral transmission can also occur if a person eats or drinks food or water that is contaminated with microscopic amounts of infected stool.	**COMMUNICABLE PERIOD:** As long as there is a female pinworm depositing eggs on the perianal skin. **EXCLUSION:** Exclude until adequately treated. **CONTROL:** Wash hands using soap and water instead of hand sanitizer; give special attention to fingernails. Emphasize handwashing after each toilet use and before meals. Keep fingernails short. Avoid biting nails and scratching around the anus. Wash hands after using a sand table or playing in the sand. Refer the child for medical attention. Ensure the child is treated with an effective medication; treatment must be repeated after two weeks. Consult the local health department for help in controlling outbreaks. Do not allow sharing of bed clothing. Pinworm eggs remain infective for two to three weeks in indoor environments. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
RSV (Respiratory Syncytial Virus)	**INCUBATION:** 2 to 8 days; usually 4 to 6 days. **SYMPTOMS:** Runny nose, congestion, cough, bronchiolitis (inflammation of the small airways of the lungs), pneumonia, wheezing. Very young infants may have irritability, lethargy, poor feeding, cyanosis (blueness of skin) with cough or brief episodes of apnea (temporary suspension of breathing) instead of the typical respiratory signs.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces.	**COMMUNICABLE PERIOD:** 3-8 days. Some infants and people with weakened immune systems can be contagious for weeks. **EXCLUSION:** Exclude until fever-free for 24 hours without fever-reducing medication and respiratory virus symptoms are getting better overall for at least 24 hours. The child returning to the school or child care setting should be well enough to participate in activities (e.g., can adequately manage improving cough and congestion on own, not overly fatigued), and care of the returning child should not interfere with the staff's ability to teach or care for other children. **CONTROL:** Encourage age-appropriate vaccination according to CDC and FDA guidelines. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day. **Vaccine available.**
Ringworm (Tinea)	**INCUBATION:** 4 to 21 days. **SYMPTOMS:** Scalp – scaly, itchy, red, circular bald spot. Skin – red, itchy, ring-like rash. Feet (athlete's foot) – red, swollen, peeling, itchy skin between the toes; sole and heel may also be affected. Blisters may be present, filled with watery fluid.	Direct contact with lesions of an infected person or animal. Contact with objects or surfaces contaminated by an infected person, such as clothing, towels, bedding, combs or other personal items.	**COMMUNICABLE PERIOD:** As long as lesions are present and live fungus persists on contaminated materials. **EXCLUSION:** Exclude at the end of the day and until 24 hours after effective antifungal. **CONTROL:** Wash hands using soap and water instead of hand sanitizer; give special attention to fingernails. Keep fingernails short. Keep skin clean and dry. Avoid swimming and contact sports until lesions are gone. Do not share personal items such as brushes, combs, ribbon, hats, clothing, towels, or bedding. Examine, and treat if infected, all household contacts, pets, and farm animals. Adults rarely have ringworm of the scalp. The Ohio High School Athletic Association (OHSAA) may have different guidelines/rules for exclusion from sports activities. See: https://www.ohsaa.org/communicablediseases. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Scabies	**INCUBATION:** 4 to 6 weeks the first time a person is infested; 1 to 4 days for subsequent infestations. **SYMPTOMS:** Papules (bumps), vesicles, or tiny linear burrows resulting from a mite that has penetrated into the skin. Lesions are often found in the spaces between fingers, on or inside the wrist, elbows, or armpits, around the beltline, and in the genital area. A patchy red rash is often present. Intense itching, especially at night. Manifestations may mimic other dermatological (skin) diseases. Itching can persist for several weeks, even after proper treatment.	Direct skin-to-skin contact with an infested person. Indirectly by sharing clothing, towels, or bedding used by an infested person. Pets do not transmit the mite.	**COMMUNICABLE PERIOD:** From the beginning of the infestation (even before symptoms have occurred) through completion of treatment. **EXCLUSION:** A person with scabies should not be excluded or sent home early from school or child care. Persons with scabies can return home at the end of the day, and return to class after appropriate treatment. **CONTROL:** Treat the infested child with a medication that kills scabies mites. Check the entire household and all close contacts for scabies; treat all contacts to whom scabies have spread and treat those who have had skin-to-skin contact with an infested person, even if it is unclear whether they have scabies. Machine wash in the hot water cycle all washable clothing, towels, bed linens, and other items that the infested person touched during the three days before treatment and dry on the hot cycle for at least 20 minutes. Dry clean clothing that is not washable OR store items that cannot be washed in a closed container/bag for three to four days. Vacuum the floor and furniture. Do not use fumigant sprays. Transmission can occur even if there are no signs or symptoms. The scabies mite cannot live off the skin for more than two to three days. No over-the-counter products have been tested or approved to treat human scabies; prescription medications are available. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Scarlet Fever/ Strep Throat (Streptococcal Infections)	**INCUBATION:** 2 to 5 days; may be longer. **SYMPTOMS:** Strep throat – fever, red throat with pus spots, tender and swollen lymph nodes (glands). Symptoms are variable. Scarlet fever – all of the above, plus sandpaper-like rash on skin and inside of mouth, "strawberry tongue." High fever, nausea, and vomiting may occur.	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking; the direct spray is less than 3 feet. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces. Also, contact with sores from a group A *Streptococcus* skin infection.	**COMMUNICABLE PERIOD:** Until 12-24 hours after starting an effective antibiotic. **EXCLUSION:** Exclude until well appearing and at least 12 hours after initiating appropriate antimicrobial treatment. In an outbreak, exclusion for at least 24 hours after initiation of antimicrobial treatment should be considered and consulting with state or local public health department is recommended. Close contact with other children during this time should be avoided if possible. **CONTROL:** Must be under the care of a healthcare provider. Early diagnosis and treatment are critical in preventing serious complications such as rheumatic fever, kidney disease, and wound infection. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Thrush (Candidiasis)	**INCUBATION:** Variable; 2 to 5 days in infants. **SYMPTOMS:** White spots on the skin, mouth, or tongue that cannot be scraped off without bleeding. May also occur in folds of the skin in diapered areas and is a common cause of diaper rash.	Contact with secretions from the mouth, skin, vagina, and stool of an infected person. Candida yeasts, which cause thrush, normally live on the skin or mucous membranes and in the intestinal tract in microscopic amounts. Warm, moist environments, such as the inside of the mouth, can cause the yeasts to multiply and cause symptoms. A mother can infect her newborn if she has a yeast infection in her vagina during childbirth, and a breastfeeding baby with thrush can transmit it to their mother's nipples.	**COMMUNICABLE PERIOD:** Not applicable – normally lives on the skin and mucous membranes without causing infection; however, overgrowth can cause symptoms to develop. **EXCLUSION:** None. **CONTROL:** Treatment may shorten the duration of symptoms. Do not allow sharing of mouthed objects between children without washing and sanitizing them. Persons who have been on long-term antibiotics or who have weakened immune systems are at increased risk. **REPORTING:** Report an outbreak, unusual incident, or epidemic to the local health department by the end of the next business day.
Tuberculosis (TB)	**INCUBATION:** 2 to 10 weeks for a person to test positive on the TB skin test or blood test; not all infected persons will develop symptoms (active disease), and the time from infection to symptoms can vary. **SYMPTOMS:** Latent TB infection (LTBI) – no symptoms. Active, pulmonary TB disease – productive cough, chest pain, coughing up blood (hemoptysis), fever, chills, night sweats, fatigue, loss of appetite, weight loss. Children may have different symptoms than adults and diagnosis of children frequently requires X-ray or other laboratory tests.	Airborne-transmission occurs when the disease-causing germ is spread into the air when an infected person coughs, sneezes, or talks. The germ can stay in the air for several hours and can be carried over great distances.	**COMMUNICABLE PERIOD:** As long as live organisms are present in respiratory secretions. **EXCLUSION:** A person with infectious TB shall be isolated according to Chapter 3701-15 of the Ohio Administrative Code until they are no longer infectious as approved by the local TB authority. **CONTROL:** In child care programs, TB screening is required before employment if an applicant meets the criteria outlined in the Ohio Administrative Code Chapter 5101:2-12 Licensing of Child Care Centers. If there has been an exposure to TB in the child care program or school, ensure all close contacts are tested and offered LTBI treatment (if they are infected but don't have active disease) under the direction of the local TB control authority. **REPORTING:** Report to the local health department by the end of the next business day after the existence of a case, suspected case, or positive laboratory result is known. **OTHER:** After the initial infection, the risk of developing active disease is greatest during the first two years. In infants, TB is much more likely to spread to other areas of the body and cause TB meningitis, so treatment should be started as soon as TB is suspected.
Whooping Cough (Pertussis)	**INCUBATION:** 7 to 10 days, but as long as 21 days. **SYMPTOMS:** Begins with mild upper respiratory symptoms and can progress to fits of abnormally severe coughing, often with a characteristic respiratory whoop, followed by vomiting. Fever is absent or minimal. Infants younger than 6 months, adolescents, adults, and partially immunized persons often do not have the typical whoop and have few paroxysms (sudden fits of violent coughing).	Direct contact with droplets from an infected person that are spread through sneezing, coughing, or talking. The droplets can be inhaled by a susceptible person or can be rubbed into the eyes, nose, and/or mouth after touching contaminated objects or surfaces.	**COMMUNICABLE PERIOD:** As soon as symptoms develop through 3 weeks after the cough begins, depending on age, immunization status, past infection, and antibiotic treatment, or until 5 days after starting an effective antibiotic. **EXCLUSION:** A person with pertussis, who is not treated with effective antimicrobial therapy, shall be isolated, including exclusion from school or child care, until three weeks after the onset of paroxysms. If effective antimicrobial therapy is given, the person shall be isolated for five days after initiation of antimicrobial therapy. **CONTROL:** Encourage vaccination of all persons 2 months of age and older, unless contraindicated. Encourage adults 19 years or older to get one dose of Tdap and a Tdap or Td booster every 10 years. Contact parents of children who have not been immunized; for outbreaks, exposed children who have not been immunized, or who are not fully immunized, may be excluded. Monitor contacts for coughs for 21 days after the last contact with the infected person. Consult the local health department for guidelines related to the use of antibiotics and immunization for prevention of pertussis in people who have been in contact with an infected person, regardless of whether they have been immunized. **REPORTING:** Report to the local health department by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known. **Vaccine available.**

Phone Contacts

For diseases not listed, for more information, or to report cases of disease, contact the local health department. To find your local health department, visit www.odh.ohio.gov. Hover over "Local Health Departments" at the top of the page and click on "Find My Local Health Department."
For questions about child care licensing rules, contact the Ohio Department of Children and Youth (DCY) at 1-844-234-5437 option 3.
For questions about disease reporting or control, contact the Ohio Department of Health (ODH) Bureau of Infectious Diseases at 614-995-5599.
For questions about immunizations, including the required immunization schedule, contact the ODH Immunization Program at 614-466-4643.

For questions about K-12 school institution rules relative to communicable diseases, contact the ODH School Nursing Program at 614-466-1930.
For questions about sexually transmitted diseases (STDs), contact the Ohio HIV/STD Hotline at 1-800-332-2437.
Poison Control: 1-800-222-1222
Rabies Information Line: 1-888-Rabies
Tuberculosis Information Line: 614-466-2381
This chart has been developed cooperatively between the Ohio Department of Health and the Ohio Department of Children and Youth. To reorder charts, visit this website using the form number at the bottom of the page: www.odjfs.state.oh.us/forms/inter.asp. We are an equal opportunity employer and service provider.

Handwashing: Follow proper handwashing techniques.
When sick, cover the mouth and nose with a tissue when coughing or sneezing.
Use EPA-registered products for sanitizing and disinfecting.
Vaccination available.