

Office of State Epidemiology (OSE)

Prevention and Control of Communicable Diseases in Schools and Child Care Facilities - To Report, Please Call the Communicable Disease Program at (775) 400-0333 or email dpbhepi@health.nv.gov



Condition	Incubation Period	Early Signs of Illness	Exclude from Attendance*	Readmission Criteria	Report to Health District**	Notes for Prevention
Chickenpox (Varicella-Zoster)	10-21 days, average 14-16 days	Fever, fatigue, and rash consisting of blisters that appear in crops with greatest concentration on trunk. Crops of new blisters occur over days.	Yes	May return when 1) they have no fever for 24 hours after discontinuing the use of fever-reducing medications, AND 2) all lesions are dry and scabbed over (in immunized people without crusts), until no new lesions appear within a 24-hour period, AND 3) no new lesions have appeared for 24 hours	Yes	Highly contagious. Wash hands with soap and warm water. Consult with the Health District on post-exposure prophylaxis recommendations for household contacts, children, and staff exposed. Vaccine available.
Common Cold (Viral Rhinitis)	12 hours-5 days, average 2 days	Runny nose, watery eyes, cough, sore throat, sneezing, headache, earache, and fatigue. Fever is uncommon in children over 3 years of age.	No, unless fever is present.	May return when fever is gone for 24 hours. May still have cough.	No	Wash hands with soap and warm water. Cover mouth when coughing or sneezing.
COVID-19	2-14 days	Fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion, nausea or vomiting, diarrhea.	Yes	May return when symptoms subside and child has been without fever for 24 hours without the use of fever-reducing medication.	Yes	Wash hands, sanitize common areas regularly, practice social distancing.
Croup (Parainfluenza)	2-6 days	A hoarse and a deepening, non-productive cough similar to seal barking. May be accompanied by runny nose, fever, sore throat, sneezing, ear pain, or irritability. Rapid breathing, sitting forward in bed to cough, or making a noise when taking a breath may occur. Worse at night.	No, unless fever is present.	May return when fever is gone for 24 hours. May still have cough.	No	Wash hands with soap and warm water. Cover mouth when coughing or sneezing. Clean and sanitize mouthed toys, objects, and surfaces at least daily.
Diarrheal Diseases (Campylobacteriosis; Cryptosporidiosis; E. coli; Giardiasis; Salmonellosis, Shigellosis, etc.)	Campylobacteriosis: 2-5 days Cryptosporidiosis: 1-12 days E. coli: 1-8 days Giardiasis: 3-25 days Salmonellosis: 6-72 hours Shigellosis: 1-7 days	Range from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting, to cramps and bloody stools in severe cases of shigellosis and E. coli. May also have bloating, foul-smelling gas, decreased appetite and weight loss. Children may show mild symptoms or none at all in some diarrheal illnesses. Dangerous dehydration may occur in younger children.	Yes	E. coli and Shigellosis: Consult with Health District. Additional testing may be required prior to readmission. Campylobacteriosis, Cryptosporidiosis, Salmonellosis: May return when diarrhea has stopped for 24 hours. Giardiasis: May return when diarrhea has stopped for 48 hours	Yes Immediately	Report cases immediately to the Health District. Wash hands with soap and warm water. Diarrheal illness can spread quickly in child care facilities. Usually transmitted through contaminated food or water or person-to-person via the fecal-oral route. Disinfect diapering area after each use. Salmonella: Commonly transmitted from reptiles. Reptiles are not to be handled by children!
Fifth Disease (Parvovirus B19)	4-20 days	Blotchy red rash on cheeks ("slapped cheek"), fever, runny nose, headache, or joint pain and swelling. Lace-like rash (often itchy) may also appear on trunk, buttocks, arms, and legs.	No	N/A	No	Contagious for a few days before rash appears. Pregnant women should see a physician. Persons who are immunocompromised may be at risk for serious complications.
Gastroenteritis, Viral (Rotavirus, Norovirus)	Variable, average 1-3 days, but can be as short as 12 hours	Vomiting, watery diarrhea, stomach cramps, and nausea. May also have headache and fever.	Yes	May return when vomiting and/or diarrhea has stopped for 24 hours. Exclusions are 48 hours during an outbreak	No	Wash hands with soap and warm water. Supervise handwashing of pre-school children. Virus can remain infectious on surfaces for days to weeks; routine cleaning and sanitizing 25 feet surrounding public vomiting incident is important. Cleaning with bleach solution (1/2 cup bleach per gallon of water) is recommended. Rotavirus vaccine available for infants.
German Measles (Rubella)	14-21 days, average 14-17 days	Mild fever, runny nose, mild pink eye, headache, and swollen tender glands at back of neck. Fine pink rash begins on the face and spreads rapidly (within 24 hours) to the trunk.	Yes	Consult with the Health District. May return on the 8th day after onset of rash.	Yes Immediately	Report suspect cases immediately to the Health District. Refer pregnant women exposed to rubella to a physician. Vaccine available.
Hand, Foot, & Mouth Disease (Coxsackie Virus)	3-5 days	Sudden onset of fever, sore throat, runny nose, fatigue, and small blisters in mouth or on palms of hands, fingers, buttocks, and soles of feet	Yes	May return when 1) they have no fever for 24 hours after discontinuing the use of fever-reducing medication, AND 2) all lesions are dry or scabbed over AND 3) no new lesions have appeared for 24 hours.	No	Wash hands with soap and warm water. Virus persists in stool for several weeks. Wash and sanitize mouthed toys, bottles, etc. that have come in contact with infected saliva.
Hepatitis A	15-50 days, average 28-30 days	Sudden onset of fever, tiredness, stomach ache, nausea, or vomiting followed by yellowing of the eyes or skin (jaundice), dark urine and light-colored stools. Young children often have a mild case without jaundice or no symptoms at all.	Yes	Consult with the Health District. May return on the 8th day after onset of jaundice. If no jaundice, may return on the 15th day after onset of first symptoms.	Yes	Consult with the Health District on post-exposure prophylaxis recommendations for household contacts, children, and caregivers exposed. Wash hands with soap and warm water. Vaccine available.
Herpes, Oral (Cold Sores)	First infection: 2-12 days	Blisters on or near lips that open and become covered with dark crust. Fever and irritability may also occur. Recurrences are common.	No, unless drooling	No, unless drooling Exclude children who do not have control of oral secretions as long as active sores are present.	No	Wash hands with soap and warm water. Avoid direct contact with sores. Wash and sanitize mouthed toys, bottles, etc. that have come in contact with infected saliva.
Impetigo	1-10 days	Sores on skin (usually face) that open and become covered with yellow discharge that dries and crusts. No fever.	Yes	May return 24 hours after treatment has been started. Sores are drying and improving.	No	Wash hands thoroughly with soap and warm water. Cover sores if possible. Clean and sanitize mouthed toys after each use.
Influenza ("flu")	1-4 days, average 2 days	Rapid onset of fever, headache, sore throat, cough, muscle aches, and runny or stuffy nose. May also have vomiting and/or diarrhea.	Yes	May return when fever and/or vomiting has resolved for 24 hours without the use of fever-reducing medication.	Yes	Yearly vaccine available in the fall and winter. Wash hands with soap and water. Avoid touching eyes, nose and mouth.
Lice (Head) (Pediculosis)	Eggs hatch in 7-10 days	Itching or tickling sensation of the head and neck. Nits (brownish-white eggs) on hair shafts do not flick off. Observation of live lice crawling in hair. Scratch marks may be noted on the head or back of the neck at the hairline.	Yes, at end of day	May return when first hair treatment is completed and no live lice are seen. No exclusion recommended for persons for whom live lice have not been observed (e.g., nits only). Follow Washoe County School District policy for cases in a school setting.	No	Teach importance of not sharing combs, hats, coats. Launder clothing, bedding, etc. in hot water and hot dryer at time of treatment. Vacuum carpet and furniture. Items unable to be laundered can be sealed in a bag for at least 14 days. "No-nit" policies are not recommended. Close contacts should be examined and treated if infested. ***Lice can't spread disease. Head lice infestation is not a sign of poor hygiene.
Measles (Rubeola)	7-21 days, average 10 days to first symptom and 14 days to rash	Fever, runny nose, watery eyes, and cough. Blotchy red rash appears on 3rd to 7th day. Rash begins on face, spreads down the trunk and body. Small white spots in mouth.	Yes	Consult with the Health District. May return on the 5th day after appearance of rash.	Yes Immediately	Highly contagious. Report suspect cases immediately to the Health District. Vaccine available. Consult with Health District regarding post-exposure prophylaxis and/or exclusion for unvaccinated children and/or staff.
Meningitis, Bacterial (Meningococcal)	2-10 days, average 3-4 days	Sudden onset of fever, intense headache, stiff neck, irritability, confusion, drowsiness, sensitivity to light, and vomiting. Rash may be present.	Yes	Consult with the Health District. May return 24 hours after appropriate antibiotic treatment has been started.	Yes Immediately	Report suspect cases immediately to the Health District. Prophylactic antibiotics may be recommended for household contacts, staff, and children that came in contact with the infected child. Vaccine available for children 11 years and older and high risk children. Do not allow sharing of utensils and drink containers.
Meningitis, Viral	2-21 days	Sudden onset of fever, intense headache, stiff neck, and fatigue. Rash, sore throat, nausea, vomiting, and diarrhea may also occur	No, unless fever is present	Consult with the Health District. May return when fever, vomiting, and/or diarrhea has resolved for 24 hours.	Yes Immediately	Report suspect cases immediately to the Health District. Wash hands with soap and warm water. Do not allow sharing of utensils and drink containers. Disinfect diapering area after each use.
Monkeypox	3-17 days	Lesions on genital or anorectal region, tongue or mouth, fever, sore throat, cough.	Yes	May return when scabs from lesions have fallen off and a new layer of skin has formed.	Yes	Wash hands, sanitize common areas regularly, use PPE when interacting with someone with monkeypox.
Mumps	12-25 days	Mumps 12-25 days Swelling in front of and below one or both ears, low-grade fever, muscle aches, earache, and loss of appetite. Pain in cheeks made worse by chewing. May have no symptoms	Yes	Consult with the Health District. May return on the 6th day after the onset of swelling.	Yes Immediately	Report suspect cases immediately to the Health District. Vaccine available. Consult with Health District regarding exclusion for unvaccinated children and/or staff.
Pertussis (Whooping Cough)	4-21 days, average 7-10 days	Runny nose, sneezing, low-grade fever, and a mild cough that progresses to paroxysmal (explosive) coughing spells ending in a high-pitched whoop and vomiting. Whoop may be absent in older children and adults.	Yes	Consult with the Health District. May return on 6th day after appropriate antibiotic treatment has been started. Exclusions can last up to 21 days in certain circumstances, as in unvaccinated children.	Yes Immediately	Report suspect cases immediately to the Health District. Contacts may require immunization and/or prophylactic antibiotics.
Pink Eye (Conjunctivitis)	1-12 days, average 1-3 days	Red, swollen, itchy, painful eyes. May have thick yellow/white discharge or crust on eyelids.	Yes	If bacterial infection is diagnosed, may return 24 hours after treatment has started.	No	Wash hands with soap and warm water. Allergic conjunctivitis is not communicable. Encourage children not to their rub eyes.
Ringworm	Body: 7-21 days Scalp: 10-14 days	Body: Scaly, flat, ring-shaped patches on skin. Center may be clear. May be dry and scaly or moist and crusted. Scalp: Small scaly patch. Mild redness, swelling, itching, and pus-filled bumps may occur	Yes	May return 24 hours after treatment has started.	No	Body: Exclude from gym, swimming, and other close contact activities. Scalp: Teach importance of not sharing combs, hats, and coats.
RSV (Respiratory Syncytial Virus)	2-8 days, average 4-6 days	Low grade or no fever, cough, watery eyes, runny nose, and sneezing. Very young infants may only have tiredness, crankiness, difficulty breathing, and poor feeding.	Yes	May return when symptoms subside and child has been without fever for 24 hours without the use of fever-reducing medication.	Yes	Most serious infection in infants and young children. Wash hands with soap and warm water. Cover nose and mouth with a tissue when sneezing and coughing.
Scabies	1st infestation: 2-6 weeks 2nd infestation: 1-4 days	Pink bumps, blisters, or tiny linear burrows with intense itching. Areas for infestation in infants and young children are the head, neck, palms, and soles of feet.	Yes	May return 24 hours after treatment has been completed.	No	Careful examination of close contacts is required to identify early infection. Launder clothing, bedding, etc. in hot water and hot dryer at time of treatment. Items unable to be laundered can be sealed in a bag for at least 14 days. Vacuum upholstered furniture and carpet. Do not use insecticidal sprays.
Streptococcal Sore Throat or Scarlet Fever (Strep Throat)	1-3 days	Fever, sore throat, enlarged, tender lymph nodes in neck. Scarlet fever is a fine red sandpaper-like rash that typically does not involve the face, but cheeks can become flush. May appear after onset of sore throat.	Yes	May return 24 hours after antibiotic treatment has started and the child is without fever for 24 hours without the use of fever-reducing medication.	No	Cover mouth when coughing or sneezing. Wash hands with soap and warm water after contact with nose and mouth secretions or handling tissues.
Tuberculosis Disease ("TB")	2-12 weeks to detect TB infection 2 weeks to many years for disease	Low energy, loss of appetite, fever, cough, weight loss, or poor weight gain. Signs/symptoms may be subtle or absent. Latent TB has no symptoms.	Yes, if disease is suspected	Consult with the local health district.	Yes w/in 24 hours	Antibiotic treatment is recommended.

To minimize the spread of communicable diseases:

- Encourage children and adults to wash their hands with soap and warm water, especially after wiping noses, diapering, or using toilets, and before and after touching food. Sinks, liquid soap, and disposable towels should be easy for children to use.
- Have plenty of facial tissue readily available. Dispose of soiled tissues in covered containers and immediately wash hands.
- Clean and sanitize as required all food service utensils, toys, and other items used by children.
- Diapering and food preparation areas should be physically separate from one another and their surfaces should be kept clean, uncluttered, and dry.
- Discourage children and adults from sharing items such as combs, brushes, jackets, hats, and bedding. Maintain a separate container for clothing and other personal items. Provide a separate sleeping area for each child.
- Wash bedding at least weekly. Keep changes of clothing on hand. Store soiled items in a non-absorbent container that can be sanitized or discarded after use. Soiled linens and clothing must be sent home with parents for laundering.
- Diapering children and preparing food contributes to the spread of illness, especially diarrheal illnesses. Therefore, it is recommended that the same staff members do not perform both tasks. Handwashing after diapering is essential to prevent disease.
- Isolate the ill child from well children at the facility until he/she can be taken home.
- Any staff member with one or more incidences of vomiting or diarrhea who touches food or oral medication belonging to another person, even if they are not classified as a food service worker, MUST be excluded from work for 48 hours after vomiting or diarrhea resolves.
- Longer exclusion periods may be required if directed by the Health District.
- ALL suspected or confirmed outbreaks (higher than normal numbers of illnesses) of any disease or ANY single "extraordinary" illness in a child or staff member must be reported immediately to the local health district.

When a communicable disease is diagnosed or suspected:

Follow the exclusion and readmission recommendations provided on the enclosed chart.

Children should be excluded from the child care setting for the following reasons:

- Fever: Axillary (armpit):** 100°F or higher, **Oral:** 101°F or higher
- Ear or Temporal:** Follow manufacturer's recommendations.
- 1. When behavior changes, stiff neck, difficulty breathing, rash, sore throat, and/or other signs or symptoms of illness are present; or if the child is unable to participate in normal activities. Use temperature measurement before fever reducing medications are given.
- 2. **Signs/symptoms of possible severe illness:** Unusually tired, uncontrolled coughing, irritability, persistent crying, difficulty breathing, or wheezing should be evaluated by a health care provider to rule out severe illness.
- 3. **Diarrhea:** Until diarrhea stops for 24 hours or a medical exam indicates that it is not contagious. Diarrhea is defined as having 6 or more loose stools in a 24-hour period, one uncontained stool, or one bout of bloody diarrhea.
- 4. **Vomiting:** • Until vomiting stops, in no danger of dehydration, and determined not to be contagious. Vomiting is two or more episodes in the previous 24 hours or one projectile episode.
- 5. **Rash with fever or behavior change:**
 - Until a medical exam indicates these symptoms are not contagious. Exclude until 24 hours after treatment if contagious skin infection. Children or staff with fever should not be allowed to return until fever has been gone for 24 hours (without the use of fever-reducing medication).
 - These requirements are the minimum standards recommended for exclusion.
 - Schools and daycares may be more restrictive than these guidelines if they believe it is needed for the health and safety of their staff and children.
 - Communicating with parents and reporting: • Inform all parents of exposed children about the illness; ask parents to watch their children for signs and symptoms of the disease. • Observe the appearance and behavior of exposed children and be alert to the onset of the disease. Let parents know immediately so that medical advice and treatment can be sought. • If the disease is reportable contact the local health district.

*** The major criterion for exclusion from attendance is the condition's probability of spread from person-to-person. A child may have a non-excludable illness, yet require care at home or in a hospital for the child's own well-being.**

**** All diseases of extraordinary or outbreak/epidemic occurrence (in higher numbers than usually expected) are reportable.**