Communicable Diseases

Infection Control Assessment and Promotion Program

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Notify Local Health Department – Phone #( ) _____ - _____

** Report Immediately
* Report ASAP to Public Health

Nebraska DHHS Title 173 Communicable Diseases (ne.gov) for the complete list of reportable diseases or scan:
https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-173/Chapter-03.pdf

Disease/Condition	Incubation Period	Symptoms	How long it's Contagious	Minimum Isolation	Control Measures
* Chicken Pox	2-3 weeks	fever, skin eruptions that begin as red spot, blister, and scab over	5 days before eruption until all lesions are crusted	isolate until all lesions are crusted over	alert parents of immune-suppressed child(ren) of possible exposure
Conjunctivitis (pink eye)	24-72 hours	redness of white of eye, tearing, discharge of pus	during active phase of illness characterized by tearing and discharge	isolate while symptomatic - may return when eye is normal in appearance or with documentation from physician that child is no longer infectious	urge medical care – no isolation of contacts
Coryza (common cold)	12-72 hours	nasal discharge, sore throat	one day before symptoms and usually continuing for about 5 days	not necessary	no isolation of contacts
COVID-19 Resource: "How To Protect Yourself and Others" (cdc.gov)	2-10 days after exposure • wear a mask around others • do not go places where you are unable to wear a mask • take extra precautions if you will be around people who are more likely to get sick testing: recommended to test immediately if symptomatic but wait at least 5 days from exposure if asymptomatic	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	most individuals are most infectious during the first 5 days after symptom onset.	day 0 is the day of symptom onset no symptoms: may end isolation after day 5 (day 6) mild symptoms: end isolation after day 5 (day 6) if fever-free for 24 hours (w/o fever-reducing medications) moderate to severe illness: isolate for 10 days (end on day 11) continue to isolate if fever persist or symptoms do not improve if symptoms recur or worsen after isolation, restart isolation at day 0	vaccination recommendations: "stay up to date with COVID-19 vaccines including boosters" (cdc.gov) mask: if around others until after day 10 • if symptomatic, isolate till test results are back • if results are negative, end isolation avoid contact with those who are at risk of getting very sick refer to CDC Guide for more recommendations: "isolation and precautions for people with COVID-19" (cdc.gov)
** Diphtheria	2-5 days	fever, sore throat, often gray membranes in nose or throat	2 weeks or less	isolate cases – return with documentation of approval from physician	isolate inadequately immunized close contacts – notify local health department to determine exclusions
Enterobiasis (pinworm,threadworm)	life cycle 3-6 weeks	irritation around anal region, visible in stool	as long as eggs are being laid – usually, 2 weeks	isolate until treated as documented by a physician	no isolation of contacts – careful handwashing essential
Fifth Disease	estimated at 6-14 days	fever, malaise, intense red "slapped cheek" appearing rash – lace-like rash on body	unknown – no longer contagious when rash appears	isolate until fever and malaise are gone – may return with rash	alert any students or staff who may be pregnant, have chronic hemolytic anemia or Immunodeficiency to consult their physician
Hand, Foot and Mouth	3-5 days	Fever, sore throat, elevated blisters on hands, feet, or in the mouth	one week – during acute illness	isolate during acute phase and until 24 hours fever-free without use of fever-reducing medications	spreads through direct contact with nose and throat discharge and aerosol droplets
** Hepatitis A	15-50 days – average 28-30 days	fever, nausea, loss of appetite, abdominal discomfort, jaundice	2 weeks before jaundice until about 7 days after onset of jaundice	isolate minimum of 7 days after onset of jaundice – may return with documented physician approval	no isolation of contacts – immune globulin (IG) or hepatitis A vaccine prevents disease if given within 2 weeks of exposure – IG to family contacts only – careful handwashing essential
Herpes Simplex (type 1-cold sore)	2-12 days	onset as clear blister, later with yellow/green pus - following rupture, scabs and heals in 1-2 weeks – commonly about lips and in mouth	for a few weeks after appearance of blister	not necessary	no isolation of contacts - avoid contact with immunosuppressed or eczematous persons – good personal hygiene – avoid sharing toilet articles
Impetigo	4-10 days	running, open sores with slight/marginal redness	as long as lesions are draining, and case hasn't been treated	isolate until brought under treatment and acute symptoms resolved	no isolation of contacts – good personal hygiene – avoid sharing toilet articles
Influenza	24-72 hours	fever and chills, back or leg aches, sore throat, nasal discharge/cough, fatigue	a brief period before symptoms until about a week thereafter	isolate for duration of illness	no isolation of contacts – respiratory etiquette education for staff and students – encourage vaccine
** Measles (rubeola)	10-14 days	begins like a cold, fever, blotchy rash, red eyes, hacking, frequent cough	5 days before rash until 4 days after rash	isolate for duration of illness and for no less than 4 days after onset of rash	isolate unimmunized students from campus from date of diagnosis of first case until 14 days after rash onset of last known case or until measles immunization received or lab proof of immunity is presented or until history of previous measles infection is verified as directed by Local Health Department
** Meningitis (bacterial)	3-4 days with a range of 2-10 days	sudden onset of fever, headache, stiff neck, nausea, vomiting, sensitivity to light, sleepiness, altered mental status	infectious until 24 hours into antibiotic course	isolate from school until antibiotic course has been initiated and symptoms have fully resolved – may return with medical clearance	local health department will determine appropriate follow-up and investigation on a case-by-case basis - may require chemoprophylaxis- advise contacts to notify physician of exposure
Meningitis (viral)	3-7 days	sudden onset of fever, headache, stiff neck, nausea, vomiting, sensitivity to light, sleepiness, altered mental status, rubella-like rash may be present	infectious until symptoms have fully resolved	isolate from onset of symptoms until full resolution and with medical clearance	active illness seldom exceeds 10 days
MRSA (staph bacterial infection)	variable and indefinite	skin lesion, can take on different forms	as long as yellow/green pus lesions drain, or the carrier state persists	no isolation necessary unless directed by a physician	good handwashing and sanitation practices – no sharing of personal items – keep lesions covered
* Mumps (epidemic parotitis)	2-3 weeks	20-40% of those infected do not appear ill or have swelling, 60-70% have swelling with pain above angle of lower jaw on one or both sides	7 days before gland swelling until 9 days after onset of swelling or until swelling has subsided	isolate 5 days from onset of swelling in the neck	no isolation of contacts needed – inform parents of unimmunized students on campus of possible exposure and encourage immunization
Pediculosis (infestation with head or body lice)	eggs of lice hatch in about a week – maturity in about 2-3 weeks	itching, infestation of hair and/or clothing with insects and nits (lice eggs)	while lice remain alive and until eggs in hair and clothing have been destroyed – direct and indirect contact with infested person and/or clothing required	nits are not a cause for isolation from school – child should be treated prior to return to school	notify parents of students with live lice – only persons with active infestation need to be treated – avoid head-to-head contact
** Pertussis (whooping cough)	7 days – usually within 10 days	irritating cough, symptoms of common cold followed by typical whooping cough in 2-3 weeks	about 7 days after exposure to 3 weeks after typical cough – when treated with erythromycin, 5-7 days after onset of therapy	isolate until physician approves return per written documentation	isolate inadequately immunized close contacts as deemed appropriate by school officials following investigation by local health department – may require chemoprophylaxis- advise contacts to notify physician of exposure
** Poliomyelitis (infantile paralysis)	3-35 days or 7-14 days for paralytic cases	fever, sore throat, malaise, headache, stiffness of back or back, muscle soreness	may be as early as 36 hours after infection – most infectious during first few days after onset of symptoms	isolate until physician approves return	report immediately to local health department
Ringworm (tinea infections)	10-14 days	scaly oval patches of baldness on scalp, brittle and falling hair, scaly oval lesions of skin	as long as infectious lesions are present – especially when untreated	if affected areas cannot be covered with clothing/dressing during school, then isolate until treatment started	no isolation of contacts – good sanitation practices and no sharing of toilet articles
** Rubella (German measles)	14-21 days	low-grade fever, slight general malaise, scattered measles-like rash with duration of approximately 3 days	one week before rash until 7 days after onset of rash	isolate for duration of illness and for minimum of 4 days after onset of rash	isolate unimmunized students on same campus from date of diagnosis of first case until 23 days after rash onset of last known case or until rubella immunization received or lab proof of immunity
Scabies	infection caused by almost invisible mite – lesions symptomatic after 4-6 weeks	severe itching – lesions around loose fleshy tissue (e.g., finger webs, elbows, crotch)	until mites and eggs are destroyed	isolate until the day after treatment is started	no isolation of contacts
Shingles / Herpes Zoster	latent form after primary infection with chicken pox	grouped small blisters often accompanied by pain localized to area	physical contact with blisters until they become dry	isolate children with shingles/zoster if the blisters cannot be covered until after the blisters have dried	individuals with shingles/zoster should be instructed to wash their hands if they touch the potentially infected blisters
Streptococcal Infection (scarlet fever, scarlatina, strep throat)	1-3 days	sore throat, fever, headache, rough rash 12-48 hours later	until 24-48 hours after treatment began	isolate until afebrile and under treatment for 24 hours	no isolation for contacts – early medical care is important – usually requires 10 days of antibiotics
** Tuberculosis pulmonary	variable – depends on age, lifestyle, immune status – primary: 4-12 weeks – latent: 1-2 years after infection – lifelong risk	Weakness, cough, production of darker sputum with a green or yellow tinge, loss of weight, fever	until sputum is free from tuberculosis bacteria – generally, a few weeks after effective treatment	isolate – may return with physician documentation of approval	no isolation of contacts – isolation of non-pulmonary tuberculosis unnecessary