



The following chart contains information and public health recommendations for various communicable diseases in schools and other group activity settings. Exclude children and staff suspected of having a communicable disease until a qualified diagnosis has been made by a physician. Exclusion period given is a minimum amount of time and applies to uncomplicated cases of the diseases listed.

Note: Please notify the Jackson County Health Department Communicable Disease Department immediately at **517-788-4655** if you are aware of an unusual occurrence of a disease or an unusual number of cases of one type of disease on a given day. For more information, visit our website at www.mijackson.org

DISEASE	MODE OF TRANSMISSION AND INCUBATION PERIOD	CONTAGIOUS PERIOD	ACTIONS TO BE TAKEN AND/OR EXCLUSION PERIOD
ADENOVIRUS	Droplet; contact with respiratory secretions, contaminated surfaces, or stool-Respiratory: 2-14 days Intestinal: 3-10 days	Most contagious during the first few days of symptoms; can be shed for weeks	Exclude until 24hr with no fever and symptoms improving
RABIES (ANIMAL BITES)	5 days to over 1 year (2-8 weeks commonly)	Dependent on species.	Immediate medical attention required. Report to local animal control center.
CHICKENPOX	Person-to-person by direct contact, droplet or airborne spread of vesicle fluid or respiratory secretions. Average 14-16 days (range 10-21 days)	As long as 5 days, but usually 1-2 days before onset of rash and until all lesions have crusted	Until lesions crusted and no new lesions for 24hr (for non-crusting lesions: until lesions are fading and no new lesions appear)
CONJUNCTIVITIS (Pink Eye)	Discharge from eyes, respiratory secretions; from contaminated fingers, shared eye make-up applicators. Variable but often 1-3 days	During active infection (range: a few days to 2-3 weeks)	Exclude only if herpes simplex conjunctivitis and eye is watering; exclusion also may be necessary if 2 or more children have watery, red eyes; contact LHD
COVID-19	Airborne or contact with respiratory secretions; person-to-person or by touching contaminated surfaces Average 5 days (Range 2-14 days)	2 days prior to symptom onset and potentially after symptom resolution.	Exclude until 24hr with no fever and symptoms improving
FIFTH'S DISEASE (Hungarian Measles)	Contact with infected respiratory secretions. 4-20 days	Most infectious before 1-2 days prior to onset.	No exclusion if rash is diagnosed as Fifth Disease by a healthcare provider.
HAND, FOOT & MOUTH DISEASE	Contact with respiratory secretions or feces from an infected person. Average 3-5 days (range 2-14 days)	From 2-3 days before onset and several days after onset; shed in feces for weeks	If secretions from blisters can be contained, no exclusion required.
HEPATITIS A	Fecal-oral route Average 25-30 days (range 15-50 days)	2 weeks before onset of symptoms and 1 to 2 weeks after onset.	Exclude until at least 7 days after jaundice onset and medically cleared; exclude from food handling for 14 days after onset.
HEPATITIS B	Contact with blood or body fluids. 45-180 days (average 60-90 days)	Several weeks prior to onset of symptoms until laboratory tests prove no longer infective.	Upon recovery and recommendation from physician. No exclusion unless open wounds or biting behavior.
HEPATITIS C	Contact with blood and less commonly sexual. 14-180 days	Indefinite. Infections are usually chronic.	No exclusion necessary except for open wounds which cannot be well covered

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HERPES SIMPLEX, TYPE I AND II	I-Saliva II- Sexual 2-14 days.	As long as lesions are present; may be intermittent shedding while asymptomatic.	No exclusion necessary
IMPETIGO	Direct or indirect contact with the lesions and their discharge. 4-10 days commonly but can be as short as 1-3 days	While sores are draining.	Cover lesions; can delay treat until day's end; no exclusion if treatment started before next day
INFLUENZA	Droplet; contact with respiratory secretions or contaminated surfaces. 1-4 days	1 day prior to onset of symptoms to 1 week or more after onset	Exclude until 24hrs with no fever (without fever-reducing medication) and cough has subsided
HEAD LICE (Pediculosis)	Head-to-head contact with an infected person and/or their personal items such as clothing or bedding. 1-2 weeks	Until lice and viable eggs are destroyed, which generally requires 1-2 shampoo treatments and nit combing	Students with live lice may stay in school until end of day; immediate treatment at home is advised.
MENINGITIS (Aseptic/Viral)	Varies with causative agent: droplet or fecal oral route; may result from another illness	Depends on type of infectious agent but generally 2-14 days.	Exclude until medically cleared
MENINGITIS (Bacterial) (<i>N. meningitis</i>) (<i>H. influenzae</i>) (<i>S. pneumoniae</i>)	Contact with respiratory secretions; spread by sneezing, coughing, and sharing beverages or utensils. Average 2-4 days (range 1-10 days)	Generally considered no longer contagious after 24hrs of antibiotic treatment	Medical clearance required; exclude until 24hrs after antimicrobial treatment
MONONUCLEOSIS	Person to person via saliva. 30-50 days.	Prolonged, possibly longer than 1 year	Exclude until able to tolerate activity; Exclude from contact sports until recovered.
MPOX Virus (MPV)	Close contact (e.g., skin-to-skin); respiratory secretions or surfaces. 21 days	From onset until the rash has completely healed	Exclude until scabs have fallen off, and a fresh layer of skin has formed (~2-4 weeks)
MEASLES (RUBEOLA) (Hard or 10-days Measles)	Airborne Average 10-12 days (range 7-21 days) from exposure to fever onset	From 4 days before to 4 days after onset of rash.	Exclude case until 4 days after rash onset. Exclude contacts lacking documentation of immunity until 21 days after last onset.
METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)	Transmitted by skin-to-skin contact and contact with surfaces that have contacted infection site drainage. Incubation time varies	As long as lesions are draining; found in the environment; good hand hygiene is the best way to avoid infection	No exclusion if covered and drainage contained; No swim exclusion if covered by waterproof bandage
MUMPS	Airborne or direct contact with saliva Average 16-18 days (range 12-25 days)	Up to 7 days prior to and 8 days after onset of swelling.	Exclude until 5 days after onset of salivary gland swelling.
PERTUSSIS (Whooping Cough)	Direct contact with respiratory droplets from an infected person. Average 7-10 days (range 5-21 days)	With onset of cold-like symptoms until 21 days from onset (or until 5 days of treatment)	Exclude until 21 days after onset or until 5 days after appropriate antibiotic treatment.
PINWORMS (Enterobiasis)	Fecal-oral route 2-6 weeks	As long as eggs are present.	Exclude until first treatment completed.
POLIO VIRUS	Contact with the feces of an infected person (or less often, from respiratory droplets) Non-paralytic: 3-6 days; Paralysis: usually 7- 21 days	Most risk 7-10 days before / following onset; possible while virus is excreted; Asymptomatic transmission possible.	At least 14 days from onset and until 2 stool samples taken 7 days apart are negative.

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RINGWORM	Direct or indirect contact 4-14 days	As long as lesions are present and fungal spores exist on materials	Can delay treatment until day's end; no exclusion if treatment started before next day; exclude from contact sports, swim until treatment started
RSV (Respiratory Syncytial Virus)	Direct or close contact with respiratory secretions. Average 4-6 days (commonly 2-8 days)	Usually 3-8 days, beginning ~ 1 day before onset; infants and immunocompromised people can spread the virus for 3-4 weeks	Exclude until fever free for 24hrs or as recommended by physician. Note: cough often lasts as long as 3 weeks.
RUBELLA (German or 3-day Measles)	Direct contact with respiratory secretions; Airborne - Average 16-18 days (range 14-21 days)	From 7 days before to 7 days after onset of rash.	Exclude case until 7 days after onset of rash. If pregnant, consult OB; Exclude contacts lacking documentation of immunity until 21 days after last onset.
SALMONELLA	Fecal-oral route 6-72 hours (commonly 12-36 hours)	During course of infection and until organism is no longer in feces.	Exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply.
SCABIES	Typically direct contact or to a limited extent, from undergarments or soiled bed linens. 2-6 weeks for first exposure; 1-4 days for re-exposure	Until mites are killed by appropriate treatment; prescription skin and oral medications are generally effective after one treatment.	Treatment may be delayed until end of the day; if treatment started before next day's return, no exclusion necessary.
SCARLET FEVER AND STREP THROAT	Respiratory droplet or direct contact; via contaminated food Average 2-5 days (range 1-7 days)	Until 12hrs after treatment; (10-21 days without treatment)	Exclude until 12hrs after antimicrobial therapy (2+ doses)
SHIGELLA	Fecal-oral route 12-96 hours (usually 1-3 days)	During active illness and until no longer detected; treatment can shorten duration.	Exclude until diarrhea has ceased for at least 2 days; Medical clearance required.
SHINGLES (Herpes Zoster)	Reactivation of a dormant virus. Direct contact with shingles lesions may cause chickenpox, if susceptible.	From 5 days before to 7 days after onset of lesions.	Cover lesions. If lesions cannot be covered, use same exclusion period as chickenpox.