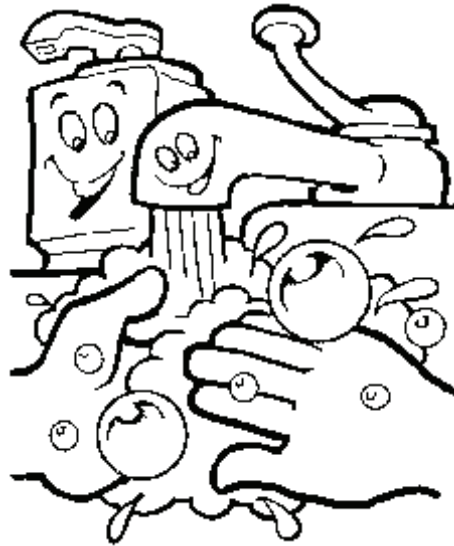


# COMMON COMMUNICABLE DISEASES IN SCHOOLS AND CHILDCARE SETTINGS



**Public Health**  
MADISON & DANE COUNTY

*Healthy people and places*

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210 Martin Luther King, Jr. Blvd., Rm. 507  
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Revised 03/08



*Healthy people and places*

**Public Health Madison and Dane County**

**Intake Nurse  
266-4821**

Please call the intake nurse if you have any questions or would like additional information about communicable disease.

Hours: 8:00 - 12:00 p.m. & 1:00 - 4:15 p.m. Weekdays

Public Health Madison and Dane County  
City-County Building, Room 507  
210 Martin Luther King Jr. Blvd.  
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**COMMON COMMUNICABLE DISEASES  
IN SCHOOLS AND CHILDCARE SETTINGS**

Communicable Disease Fact Sheets click on:  
<http://dhfs.wisconsin.gov/communicable/factsheets/>

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## Information for Completing ACUTE AND COMMUNICABLE DISEASE CASE REPORT

**WISCONSIN STATUTE CHAPTER 252.05 AND ADMINISTRATIVE RULE CHAPTER HFS 145 REQUIRE REPORTING OF COMMUNICABLE DISEASES.** Persons required to report include any person licensed under ch. 441 and 448, Wis. Stats., or any other person having knowledge that a person has a communicable disease such as:

- A person in charge of infection control at a health care facility
- Laboratory directors
- School nurses, principals of schools and day care center directors

For further information see Wisconsin Administrative Rule HFS 145.

Diseases listed under categories I and II are to be reported to the local city or county health officer located in the local public health department of the patient's place of residence. Category III conditions must be reported directly to the state epidemiologist. Complete the "Demographic Data", "Morbidity Data" and "Reporting Source" sections for ALL diseases. For diseases preceded by an asterisk (\*), provide immunization history. Follow-up epidemiologic information may be requested by local or state public health officials. Send copy "A" and copy "B" to the local health officer. Copy "C" may be retained with the patient's record.

### REPORT THE FOLLOWING DISEASES TO YOUR LOCAL HEALTH AGENCY

#### CATEGORY I:

The following diseases are of urgent public health importance and shall be reported IMMEDIATELY by telephone or fax to the patient's local health officer upon identification of a case or suspected case. In addition to the immediate report, within 24 hours complete and mail an Acute and Communicable Diseases Case Report (DPH 4151) or enter the report into the Wisconsin Electronic Disease Surveillance System. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (a).

Anthrax <sup>1,4,5</sup>	Pertussis (whooping cough) <sup>1,2,3,4,5</sup>	Tuberculosis <sup>1,2,3,4,5</sup>
Botulism <sup>1,4</sup>	Plague <sup>1,4,5</sup>	Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA) and Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) infection <sup>1,4,5</sup>
Botulism, infant <sup>1,2,4</sup>	*Poliovirus infection (paralytic or nonparalytic) <sup>1,4,5</sup>	Yellow Fever <sup>1,4</sup>
Cholera <sup>1,3,4</sup>	Rabies (human) <sup>1,4,5</sup>	
*Diphtheria <sup>1,3,4,5</sup>	Ricin toxin <sup>4,5</sup>	
*Haemophilus influenzae invasive disease (including epiglottitis) <sup>1,2,3,5</sup>	*Rubella <sup>1,2,4,5</sup>	
Hantavirus infection <sup>1,2,4,5</sup>	*Rubella (congenital syndrome) <sup>1,2,5</sup>	
*Hepatitis A <sup>1,2,3,4,5</sup>	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) <sup>1,2,3,4</sup>	Any illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications <sup>4</sup>
*Measles <sup>1,2,3,4,5</sup>	Smallpox <sup>4,5</sup>	
Meningococcal disease <sup>1,2,3,4,5</sup>		
Outbreaks, foodborne or waterborne <sup>1,2,3,4</sup>		
Outbreaks, suspected, of other acute or occupationally-related diseases		

*Division of Public Health 4151 (Revised 03/08)*

## CATEGORY II:

The following diseases shall be reported to the local health officer on an Acute and Communicable Disease Case Report (DPH 4151) or by other means or by entering the data into the Wisconsin Electronic Disease Surveillance System within 72 hours of the identification of a case or suspected case. See s. HFS 145.04 (3) (b).

Arboviral disease <sup>1,2,4</sup>	Kawasaki disease <sup>2</sup>	Streptococcus pneumoniae invasive disease (invasive pneumococcal) <sup>1</sup>
Babesiosis <sup>4,5</sup>	Legionellosis <sup>1,2,4</sup>	*Tetanus <sup>1,2,5</sup>
Blastomycosis <sup>5</sup>	Leprosy (Hansen Disease) <sup>1,2,3,4,5</sup>	Toxic shock syndrome <sup>1,2</sup>
Brucellosis <sup>1,4</sup>	Leptospirosis <sup>4</sup>	Toxic substance related diseases:
Campylobacteriosis (campylobacter infection) <sup>3,4</sup>	Listeriosis <sup>2,4</sup>	Infant methemoglobinemia
Chancroid <sup>1,2,4,5</sup>	Lyme disease <sup>1,2</sup>	Lead intoxication (specify Pb levels)
Chlamydia trachomatis infection <sup>1,2,4,5</sup>	Lymphocytic Choriomeningitis Virus (LCMV) infection <sup>4</sup>	Other metal and pesticide poisonings
Cryptosporidiosis <sup>1,2,3,4</sup>	Malaria <sup>1,2,4</sup>	Toxoplasmosis
Cyclosporiasis <sup>1,4,5</sup>	Meningitis, bacterial (other than Haemophilus influenzae, meningococcal or streptococcal, which are reportable as distinct diseases) <sup>2</sup>	Transmissible spongiform encephalopathy (TSE, human; CJD)
Ehrlichiosis (anaplasmosis) <sup>1,5</sup>	*Mumps <sup>1,2,4,5</sup>	Trichinosis <sup>1,2,4</sup>
E. coli 0157:H7, other Shiga toxinproducing E. coli (STEC), enteropathogenic E. coli, enteroinvasive E. coli, and enterotoxigenic E. coli. <sup>1,2,3,4</sup>	Mycobacterial disease (nontuberculous)	Tularemia <sup>4</sup>
Giardiasis <sup>3,4</sup>	Psittacosis <sup>1,2,4</sup>	Typhoid fever <sup>1,2,3,4</sup>
Gonorrhea <sup>1,2,4,5</sup>	Pelvic inflammatory disease <sup>2,5</sup>	*Varicella (chickenpox) <sup>1,3,5</sup>
Hemolytic uremic syndrome <sup>1,2,4</sup>	Q Fever <sup>4,5</sup>	Vibriosis <sup>1,3,4</sup>
*Hepatitis B <sup>1,2,3,4,5</sup>	Rheumatic fever (newly diagnosed and meeting the Jones criteria) <sup>5</sup>	Yersiniosis <sup>3,4</sup>
Hepatitis C <sup>1,2</sup>	Rocky Mountain spotted fever <sup>1,2,4,5</sup>	
Hepatitis D <sup>2,3,4,5</sup>	Salmonellosis <sup>1,3,4</sup>	
Hepatitis E <sup>3,4</sup>	Syphilis <sup>1,2,4,5</sup>	
Histoplasmosis <sup>5</sup>	Syphilis <sup>1,2,4,5</sup>	
Influenza-associated pediatric death <sup>1,2</sup>	Shigellosis <sup>1,3,4</sup>	
Influenza A virus infection, novel subtypes <sup>1,2</sup>	Streptococcal disease (all invasive disease caused by Groups A and B streptococci)	

## CATEGORY III:

The following diseases shall be reported to the state epidemiologist on an AIDS case report (DPH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DPH 4338) or by other means within 72 hours after identification of a case or suspected case. See s. 252.15 (7) (b), Stats., and s. HFS 145.04 (3) (b).

Acquired Immune Deficiency Syndrome (AIDS)<sup>1,2,4</sup>

Human immunodeficiency virus (HIV) infection<sup>2,4</sup>

CD4+ T-lymphocyte <200/uL, or CD4+ T-lymphocyte percentage of total lymphocytes <14

### KEY:

\* For diseases preceded by an (\*), indicate immunization history in the "Immunization data" box in the "Morbidity data" section.

<sup>1</sup> Infectious diseases designated as notifiable at the national level.

<sup>2</sup> Wisconsin or CDC follow-up form is required. Local health departments have templates of these forms in the Epinet manual.

<sup>3</sup> High-risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, day care or health care.

<sup>4</sup> Source investigation by local health department is needed.

<sup>5</sup> Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.

**GUIDELINES FOR THE EXCLUSION OF CHILDREN AND STAFF FROM A CHILDCARE CENTER**  
**Diarrhea and Diseases Spread Through Feces**

May be used in place of  
 Communicable Disease Wall Chart

**Definition of Diarrhea:** Stools that contain blood or mucous, or are watery or less formed, occur more often than usual, and are not contained by diapers or toilet use.

**Fever:** Persons over 4 months old: greater or equal to 101° F oral, 102° F rectal, 100° F under arm Children less than 4 months old: greater or equal to 101° F rectal, 100° F under arm

Child care center attendees and workers with diarrhea should be excluded from the center when experiencing diarrhea.

Child care workers and attendees may return to the center when diarrhea ends, without further lab tests, for the following infections or conditions:

Infection or Condition (For more information, contact Local Public Health Agency)	Are these Infections/Conditions Reported to the Local Health Department	Special Information
Diarrhea of unknown origin	No	Recommend medical evaluation and laboratory tests to determine the cause of diarrhea.
Amebiasis (Entamoeba histolytica)	Yes	No further information
Campylobacter	Yes	No further information
Clostridium difficile	No	No further information
Cryptosporidium	Yes	No further information
Giardia	Yes	No further information
Norwalk virus (calicivirus)	No	No further information
Pinworm	No	Itching in the rectal area, disturbed sleep and irritability are common Exclusion is usually not necessary unless the person had diarrhea.
Rotavirus	No	No further information
Salmonella (non-typhoid)	Yes	No further information
Yersinia	Yes	No further information

Child care workers and attendees may return to the center when diarrhea ends **and special requirements are fulfilled** for the following infections or conditions:

Infection or Condition	Are these Infections/Conditions Reported to the Local Health Department	Special Information
E. coli O157:H7	Yes	Child may return after 2 negative stool cultures OR at the discretion of the local health agency
Hepatitis A	Yes <b>Report immediately by phone</b>	Recommend the person receive a medical evaluation when the skin or the white part of the eyes has a yellow tint and the urine is darker than normal.  Exclude if diarrhea is present or blood test indicated current Hepatitis A infection Child may return 14 days after the onset of illness or 10 days after yellow tint is observed or at the discretion of the local health agency
Shigella	Yes	Child may return after 2 negative stool cultures OR at the discretion of the local health agency
Typhoid fever (Salmonella Typhi)	Yes	Child may return after 3 negative stool cultures OR at the discretion of the local health agency

**Division of Public Health, Bureau of Communicable Diseases, 7102**

**REMINDER:** Very good handwashing after using the bathroom, before each meal and after playing outside helps prevent these diseases!!

**Air-borne**

May be used in place of Communicable Disease Wall Chart

These diseases are spread through nose and throat discharges like sneezing and coughing or contact with saliva.

**Fever: Persons over 4 months old: greater or equal to 101° F oral, 102° F rectal, 100° F under arm Children less than 4 months old: greater or equal to 101° F rectal, 100° F under arm**

Child care workers and attendees should be excluded from the center following a medical diagnosis of these infections or conditions:

<b>Infection or Condition (For more information, contact Local Public Health Agency)</b>	<b>Are these Infections/Conditions Reported to the Local Health Department</b>	<b>Exclude When Common Signs are Evident</b>	<b>Special Information</b>
Chickenpox (varicella) Vaccination required by Division of Public Health	Yes (by number only)	Itchy fluid-filled blisters, rash, mild fever	Child may return when lesions have dried. Fluid in the blisters can spread the illness Clinical or laboratory diagnosis needed for exclusion.
"Cold sores" Herpes	No	Sores in and around the mouth result in drooling and fever.	Child may return when fever and drooling are gone and sores are drying. Children with "cold sores" need not be excluded.
Fifth disease (Parvovirus B-19)	No	"Slapped-cheek" appearance, fever	Child may return when fever is gone. Pregnant workers with health concerns should contact their local health department. May also be spread by blood.
Hand, foot and mouth disease (coxsackie virus)	No	Fluid-filled blisters in the mouth, on the palm of the hands or the sole of the feet, mild fever	Child may return when fever is gone and blisters improve. Pay special attention to infants who may stop suckling when infected. May also be spread in feces.
HiB (Haemophilus influenza type B) Vaccination required by Division of Public Health	Yes <b>Report immediately by phone</b>	HiB infection can cause many signs and illnesses, the most serious illness being meningitis (an inflammation of the lining of the brain and spinal cord). Meningitis causes headache, stiff neck and fever. HiB in blood or spinal fluid is reason for exclusion.	Child may return when physically able to participate in day care activities. Consult with the local health department for other recommendations. This disease can only be diagnosed by lab tests.
Influenza	No	Fever, muscles and body aches, cough, sore throat,	May return when fever is gone.
Measles Vaccination required by Division of Public Health	Yes <b>Report immediately by phone</b>	Rash that contains white/blue spots, eye irritation, fever, cough , sneezing and stuffy nose	Child may return 5 days after the rash appears. This disease can only be diagnosed by lab tests.

**Division of Public Health, Bureau of Communicable Diseases, 7/02**

## Air-borne cont'd

May be used in place of Communicable Disease Wall Chart

These diseases are spread through nose and throat discharges like sneezing or coughing

**Fever: Persons over 4 months old: greater or equal to 101° F oral, 102° F rectal, 100° F under arm Children less than 4 months old: greater or equal to 101° F rectal, 100° F under arm**

Child care workers and attendees should be excluded from the center following medical diagnosis of these infections or conditions:

Infection or Condition (For more information, contact Local Public Health Agency)	Are these Infections/Conditions Reported to the Local Health Department	Exclude When Common Signs are Evident	Special Information
Meningococcal disease (Neisseria meningitidis)	Yes <b>Report immediately by phone</b>	Meningitis (an inflammation of the lining of the brain and spinal cord) that results in headache, stiff neck, fever, and rash. N. meningitidis in the blood or spinal fluid is reason for exclusion	Child may return when physically able to participate in child care activities. Consult with the local health department for other recommendations.  This disease can only be diagnosed by lab tests.
Meningitis, bacterial or viral (non Hib or meningococcal)	Yes	Exclusion is usually not necessary if the person is able to participate in child care activities. Meningitis (an inflammation of the lining of the brain and spinal cord) results in headache, stiff neck and fever	Child may return when fever is gone and they are physically able to participate in child care activities.  This disease can only be diagnosed by lab tests.
Mumps	Yes	Fever, swelling of salivary glands.	Child may return 10 days after swelling appears.  This disease can only be diagnosed by lab tests.
Vaccination required by Division of Public Health			
Roseola (sixth disease)	No	High fever, rash	Child may return when fever is gone.  Possibly spread through saliva, however the exact means of spread are unknown.
RSV (Respiratory Syncytial Virus)	No	Fever, "rattley" cough, increased irritability, fatigue	Child may return when fever is gone.
Strep throat (Strep pyogenes)	No	Fever, sore throat	Child may return 24 hours after antibiotic therapy has started.
Tuberculosis (TB)	Yes	Weight loss, cough, and chills. Night sweats usually happens with adults	Child may return when the individual is not infectious. Consult with local public health.
Whooping cough (pertussis) Vaccination required by Division of Public Health	Yes <b>Report immediately by phone</b>	A cough that worsens and results in a characteristic "whoop", vomiting	This disease can only be diagnosed by lab tests. Child may return 6 days after antibiotic therapy is started or 3 weeks after the cough started.

**Division of Public Health, Bureau of Communicable Diseases, 7/02**

May be used in place of Communicable Disease Wall Chart

**Contact**

These diseases are spread through contact with infected (infested) objects that may include; skin, eyes, or non-living objects such as toys, dishes, and clothing. Diseases spread by throat and nasal discharges are not included in this section.

**Fever: Persons over 4 months old: greater or equal to 101° F oral, 102° F rectal, 100° F under arm Children less than 4 months old: greater or equal to 101° F rectal, 100° F under arm**

Child care workers and attendees should be excluded from the center following medical diagnosis of these infections or conditions:

Infection or Condition (For more information, contact Local Public Health Agency)	Report to the Local Health Department	Exclude When Common Signs are Evident	Special Information
Impetigo (Staph or Strep)	No	Rash with blisters that may contain clear fluid or pus.	Child may return when lesions clear or 24 hours after antibiotic therapy has started. Over the counter medications are not acceptable.  May be spread by fluid or pus in blisters.
Lice; head or body (pediculosis)	No	Lice are observed on the scalp or on the body.  Center policy will determine the exclusion of children with nits.	<u>Head lice:</u> Child may return after first effective treatment and no lice are observed. <u>Body lice:</u> Child may return after changing and washing infested clothing  Machine wash clothing, bedding or cloth toys at 129° F water and dry at highest setting. Store clothes or toys that can't be washed in a sealed plastic bag for 10 days
Pink eye (conjunctivitis)	No	Redness of the inner lid of the eye with white/yellow discharge from the eye.	Child may return when white/yellow drainage stops.
Ringworm (tinea)	No	Scalp: Itchy patchy areas of dandruff-like scaling with possible hair loss and fluid-filled blisters  Body: Itchy, flat circular-shaped lesion  If lesions are covered there is no need for exclusion. If lesions cannot be covered there is no need for immediate exclusion. The child may remain in the center for the remainder of the day and then begin antifungal treatment	Child may return when anti-fungal treatment has been started and the lesions improve.  If infected lesions are covered and there is no risk of spread, the child may return.  It is <b>not</b> necessary to wear hats or caps for scalp ringworm after treatment has been started.  Over-the counter medication is <b>NOT</b> an acceptable treatment unless advised by a physician.
Scabies	No	Itchy raised areas, rash	Child may return after treatment is completed.  Machine wash clothing, bedding or cloth toys at 129° F water and dry at highest setting. Store clothes or toys that can't be washed in a sealed plastic bag for 10 days.

## Blood-Associated

May be used in place of Communicable Disease Wall Chart

These diseases are spread through contact with blood from an infected person. Other body fluids that may spread these diseases are listed.

Child care workers and attendees should be excluded from the center following clinical diagnosis of these infections or conditions:

Infection or Condition (For more information, contact Local Public Health Agency)	Report to the Local Health Department	Exclude When Common Signs are Evident	Special Information
AIDS or HIV Infection	Yes	Exclusion is usually <u>not</u> necessary.  Exclusion of infected children with certain behavior problems (biting, scratching, skin infections, or bleeding problems) should be decided on an individual basis.  Exclusion of persons who get other infections because he/she has AIDS/HIV should be based on the recommendations for those other infections.	May be spread by semen or vaginal fluid.  This disease can only be diagnosed by lab tests.
Hepatitis B  Vaccination required by Division of Public Health	Yes	When the skin or the white part of the eyes has a yellow tint.  Exclusion of children with certain behavior problems (biting, scratching, skin infections, or bleeding problems) that may increase the risk of the disease being spread should be decided on an individual basis.	Recommend a medical evaluation when yellow tint is observed.  Child may return when physically able to participate in child care activities.  May be spread by semen or vaginal fluid.  This disease can only be diagnosed by lab tests.
Hepatitis C	Yes	When the skin or the white part of the eyes has a yellow tint.  Exclusion of children with behavior problems (biting, scratching, skin infections, or bleeding problems) that may increase the risk of the disease being spread should be decided on an individual basis.	Recommend a medical evaluation when yellow tint is observed. Child may return when physically able to participate in child care activities.  May be spread by semen or vaginal fluid.  This disease can only be diagnosed by lab tests.

Division of Public Health, Bureau of Communicable Diseases 7/02

### Other reasons for exclusion from a Child Care Center

- Refer to current Family Child Care regulations (HFS-45) and Group Child Care regulations (HFS-46) for additional exclusion requirements**
- Any illness that prevents the child from participating comfortably in program activities.
- Illness that results in a greater need for care that staff can provide without compromising the health and safety of other children.
- The illness has conditions that may indicate a possible severe illness, e.g., persistent crying, lethargy difficulty breathing or increased irritability.
- Any illness with a fever.



# WISCONSIN COMMUNICABLE DISEASE CHART

These communicable diseases are reportable under Wisconsin law (Wisconsin Statute 252.05 and 252.21, Communicable Diseases, and Wisconsin Administrative Rule 145.04(d) and 145.06, Control of Communicable Diseases). In accordance with this statute and rule, individuals who must report these diseases include but are not limited to any physician, nurse, laboratory, and anyone else having knowledge of/or reason to believe that a person has a communicable disease. Those diseases preceded by a \* are reportable within 24 hours to the local health officer; the diseases preceded by a \*\* are reportable within 72 hours to the local health officer. Any teacher, principal or nurse serving a school may send home, for the purpose of diagnosis and treatment, any pupil suspected of having a communicable disease or of having any other disease or condition having the potential to affect the health of other students and staff including but not limited to pediculosis and scabies. This chart of selected communicable diseases information is meant only as a guide to answer questions frequently asked of persons who have responsibility for groups of children in day care centers, schools, summer camps or other similar situations. The chart is not meant to contain an all inclusive list of significant diseases, or to be a comprehensive guide to all the information about each disease. More specific information about these or other diseases may be obtained by contacting your local public health agency or the WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES, DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNICABLE DISEASES, 1 W. Wilson St., Rm 318, MADISON, WISCONSIN 53702 TELEPHONE 608/267-9003.

August 2001

PPH 4397 (01/03)

DISEASE	INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	MODES OF TRANSMISSION	SIGNS AND SYMPTOMS	CONTROL MEASURES/ PUBLIC HEALTH RESPONSE
AIDS (Acquired Immunodeficiency Syndrome) HIV (Human Immunodeficiency Virus) Infection	Time from infection to positive antibody test is 1-3 months. Time from infection to AIDS diagnosis is variable, less than one year to 15 years or more.	Infected persons are considered infectious for life even in absence of symptoms.	For HIV infection, person to person by 1) sexual contact, 2) exposure to infected blood (sharing needles in IV drug use or receiving a transfusion with HIV infected blood or blood products) 3) mother to infant during pregnancy or at the time of birth and through breast feeding.	Multiple clinical presentations. See most recent edition of <i>Control of Communicable Diseases Manual</i> by J. Chin for signs and symptoms.	Report directly to State Epidemiologist. Education with an emphasis on educating those at highest risk about how to prevent HIV transmission and encouraging persons at risk to be tested for HIV. Infection control procedures for handling of body fluids and human blood and blood products. Exclusion from school, daycare or workplace, <u>not</u> indicated. Notification and referral of sexual and needle sharing partners.
*Bacterial meningitis and/or invasive disease (majority of cases caused by * <i>Haemophilus influenzae</i> , * <i>Neisseria meningitidis</i> , ** <i>Streptococcus pneumoniae</i> and ** <i>Staphylococcus aureus</i> )	2-10 days, usually 2-4 days.	Variable, until organisms causing illness are no longer present in discharges from the nose or mouth (usually within 24 hours after appropriate antibiotic treatment begins).	Direct contact with droplets or contact with infected discharges from the nose or mouth.	Sudden onset of fever, headache, stiff neck, nausea and vomiting. Rash or photophobia also common with <i>N. meningitidis</i> .	For <i>N. meningitidis</i> and <i>H. influenzae</i> : Isolation; exclude from school, daycare; refer to physician for treatment. Immediate interview and contact investigation. Prophylactic antibiotic treatment of household contacts and individuals with direct contact to infectious nasal and oral secretions. No public health intervention required for other causes of bacterial meningitis.
Chickenpox (varicella)	13-21 days.	Usually 1-2 days prior to rash to 5 days after rash or until all lesions have crusted over.	Highly contagious; person-to-person by direct contact, droplet or airborne secretions.	Generalized itchy rash with small fluid filled vesicles; mild fever.	Exclude from school, daycare, workplace until vesicles become dry (usually 5 days in unimmunized persons and 1-4 days in immunized persons with breakthrough varicella). Routine immunization at 12-18 months of age.
Conjunctivitis (pink eye), bacterial or viral	1-12 days (varies with infectious agent), usually 1-3 days.	Usually while inflammation or drainage present.	Person-to-person through hand to eye contact; direct or indirect contact with discharge from infected eyes.	Redness of conjunctiva (lining of eye and eyelid); may have pus drainage from eye, sometimes swelling of eyelids.	Handwashing and improved personal hygiene. Refer to physician for diagnosis and treatment. Exclusion from school, daycare until non-communicable usually 24 hours after treatment is begun.

<b>Diarrheal illness (acute): many different agents</b>	6 hours to several days or more.	Throughout course of illness: for many infections, patients remain infectious after symptoms end.	Ingestion of fecally contaminated food or water or from person-to-person by fecal-oral route.	Loose, watery stools, abdominal cramps, often vomiting and fever.	Handwashing and improved personal hygiene. Refer to physician for diagnosis and treatment.
<b>**Campylo bacter</b>	1-10 days, usually 3-5 days.	Entire period of infection.	Ingestion of organisms in fecally contaminated food, water or unpasteurized milk; contact with infected animals or person.	Diarrhea (sometimes bloody), fever, vomiting, abdominal pain.	Handwashing and improved personal hygiene. Refer to physician for treatment. Exclude from daycare or food handling until asymptomatic. Control of illness in pets.
<b>**Cryptosporidiosis</b>	1-12 days with an average of 7 days.	While symptomatic and up to 3 weeks after symptoms resolve.	Person-to-person by fecal-oral route; ingestion of contaminated food or water; contact with animal manure.	Diarrhea, abdominal pain, stools may be watery.	Handwashing and improved personal hygiene. Exclude personnel with diarrhea from daycare or food handling until asymptomatic.
<b>**E. coli 0157:H7 and other toxigenic E. coli</b>	Variable; 9 hours to 8 days.	Entire period of infection.	Person-to-person by fecal-oral route; ingestion of contaminated food or water.	Diarrhea, abdominal cramps, stools may be bloody.	Handwashing and improved personal hygiene. Exclude from daycare and food handling until 2 consecutive negative stool cultures or at the discretion of the local health department.
<b>**Giardia</b>	5-25 days, usually 7-10 days.	Entire period of infection.	Ingestion of fecally contaminated foods or water or from person-to-person by fecal-oral route.	Diarrhea, abdominal cramps, greasy stools, bloating, gas.	Handwashing and improved personal hygiene. Exclude from daycare or food handling until asymptomatic.
<b>**Salmonella</b>	6-72 hours, usually 12-36 hours.	Throughout the course of infection; extremely variable; usually several days to several weeks.	Ingestion of fecally contaminated food or water or from person-to-person by fecal-oral route.	Nausea, vomiting, diarrhea, abdominal cramps, headache.	Handwashing and improved personal hygiene. Exclude from daycare or food handling until asymptomatic.
<b>**Shigella</b>	1-7 days, average	As long as organism is	Ingestion of fecally contaminated food or	Nausea, vomiting, diarrhea	Handwashing and improved personal hygiene. Exclude from daycare and food

	2-3 days.	excreted in the stool.	water or from person-to-person by fecal-oral route.	(occasionally bloody), abdominal cramps, tenesmus.	handling until 2 consecutive negative stool cultures or at the discretion of the local health department.
Fifth Disease (parvovirus B19 infection, erythema infectiosum)	9-20 days.	Shortly before onset of illness to 1-2 days after.	Unknown; may involve blood and respiratory secretions.	Mild illness and rash; facial rash characterized by "slapped cheek" appearance.	Handwashing. Exclude from school and daycare until fever subsides. Pregnant women who have been exposed to a case should consult their physician.

*Hepatitis A	15-50 days, usually 25-30 days.	Most infectious in the 2 weeks before and one week after onset of jaundice.	Person-to-person spread by fecal-oral route; ingestion of fecally contaminated food or water.	Onset acute; fever, malaise, nausea, loss of appetite, abdominal discomfort followed by jaundice (often not present in children).	Handwashing. Exclude from school, daycare, food handling until 10 days after jaundice or 14 days after onset of symptoms. Sanitary disposal of feces. Identify contacts and source of infection. Administer immune globulin (IG) to household or daycare contacts, but not normally indicated for school contacts. Routine immunization of children living in communities with increased rates of disease. Immunization of high risk adults.
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**Hepatitis B	45-180 days, usually 60-90 days.	From weeks before onset through clinical illness and a variable period afterwards (chronically infected persons remain infectious).	By percutaneous introduction of blood, blood products or blood contaminated secretions containing hepatitis B virus; direct contact of mucous membranes to infected blood or secretions. Sexual transmission.	Loss of appetite, malaise, nausea, vomiting, abdominal pain, jaundice. Chronic carriers are at risk of cirrhosis and liver cancer.	Exclude from school, daycare, workplace until acute illness is over. Blood and wound drainage precautions until disappearance of virus from blood. Proper disposal of blood contaminated equipment and material. Routine immunization of all children 0-18 years of age and high risk adults. Identify and evaluate contacts to determine need for vaccine and HBIG.
**Hepatitis C	6-7 weeks after exposure.	One or more weeks before onset of first symptoms. Some persons remain contagious for years. A chronic carrier state may occur in 75-85% of persons.	In U.S.A., mainly through injection drug use. Less often through sexual contact, transfusion, hemodialysis, perinatal transmission from an infected mother to her infant.	Insidious onset; malaise, abdominal discomfort, nausea, vomiting, possible jaundice. Most HCV infections are not symptomatic.	Provide education on preventing spread to others and protecting the liver from further harm. Vaccinate with hepatitis A and hepatitis B vaccines. Identify and screen needle-sharing and sexual partners. Refer to a medical provider for assessment of liver function and need for treatment.
Herpes simplex (cold sores)	2-12 days; may remain latent; local recurrences are common.	Should be considered infectious whenever lesions are present.	(Usually herpes simplex type 1) contact with saliva of carriers is most common for type 1 infection.	Single lesion or group of lesions; cold sores typically on or in mouth. Can also cause eye lesions, severe generalized illness, and other symptoms.	Handwashing and improved personal hygiene. Antiviral treatment may modify acute illness.
Lice (pediculosis)	Varies with stage of louse/lice at exposure; eggs hatch in one week; lice reach maturity 10 days after hatching.	As long as lice or eggs remain alive on the infested person or on clothing.	Person-to-person through direct contact or through contact with contaminated personal articles.	Itching of scalp (head lice) or body (body lice).	Refer to physician or nurse for treatment. Exclude persons with lice or nymphs from school, daycare until treatment with an effective pediculicide. Avoid sharing and storing together personal items such as headgear, combs, clothing. Examine contacts for evidence of infestation. Health education regarding laundering of clothing and dry cleaning to destroy nits and lice (129°F for 5 minutes).

<p>*Measles (Rubeola)</p>	<p>8-13 days from exposure to onset of fever; average of 14 days from exposure to rash onset.</p>	<p>From onset of respiratory symptoms until four days after rash appears.</p>	<p>Person-to-person by droplet spread; less commonly by airborne spread or contact with articles freshly soiled.</p>	<p>Cough, fever, runny nose, red watery eyes, generalized red blotchy rash that begins on the face and then becomes generalized. May appear very sick.</p>	<p>Exclude from school, daycare, workplace until five days after rash appears. Confirm diagnosis by blood test. Contact investigation; immunize susceptible contacts or exclude as soon as directed by health department. Routine immunization at 12-15 months of age and again just before admission to elementary school.</p>
<p>**Mumps</p>	<p>12-25 days; usually 15-18 days.</p>	<p>Most infectious from 48 hours prior to onset of swelling, until 9 days after onset.</p>	<p>Person-to-person by droplet spread; also by contact with saliva of infected person.</p>	<p>Generalized illness characterized by swelling of the salivary glands, inflammation of testicles in 15-25% of males, central nervous system involvement often occurs.</p>	<p>Exclude from school, daycare, workplace until swelling has subsided. Confirm diagnosis by blood test. Contact investigation; immunize susceptible contacts or exclude as soon as directed by health department. Routine immunization at 12-15 months of age and again just before admission to elementary school.</p>
<p>Mononucleosis due to Epstein-Barr Virus (EBV)</p>	<p>30-50 days.</p>	<p>Prolonged; excretion of virus may persist for a year or longer, many carriers of EBV.</p>	<p>Person-to-person contact with saliva of infected persons; can less commonly be spread through blood transfusion.</p>	<p>Fever, sore throat, swollen lymph nodes ("swollen glands") and other manifestations.</p>	<p>Patients should rest at home under a physician's care until illness is over. Use good hygiene to avoid salivary contamination of contacts.</p>
<p>*Pertussis (whooping cough)</p>	<p>4-21 days; usually 7-10 days.</p>	<p>Early stages to 21 days after onset of explosive coughing spells in untreated patients; or 5-7 days after initiation of treatment with appropriate antibiotics.</p>	<p>Person-to-person by direct contact with discharges from respiratory mucous membranes of infected person, probably by airborne droplet spread.</p>	<p>Early mild upper respiratory symptoms with cough; usually progresses within 1-2 weeks to severe explosive coughing spells, often with "whoop," and followed by vomiting. Most severe during first year of life.</p>	<p>Exclude from school, daycare, workplace until 5 days after initiation of erythromycin or other appropriate therapy. Prophylactic erythromycin treatment of all household and close contacts. Confirm by nasopharyngeal culture. Contact investigation; immunize susceptible contacts 2 months to 7 years. Routine immunization at 2 months to 7 years of age.</p>

Pinworms ( <i>Enterobias vermicularis</i> )	2-6 weeks for the life cycle to be completed.	As long as gravid females are discharging eggs on perianal skin. Eggs remain infective about 2 weeks.	Person-to-person by fecal-oral route or ingestion of fecally contaminated food or water.	Rectal itching, disturbed sleep, irritability. May be asymptomatic.	Handwashing. Refer to physician for treatment. Cleansing of contaminated articles. May return to school or daycare after treatment. Examination of household or close contacts. Physician will determine the need for treatment of family contacts.
Respiratory illnesses including influenza	1-3 days.	Probably no more than 3 days after onset.	By direct contact with respiratory droplets or from recently contaminated articles; airborne spread among crowded populations in enclosed spaces.	Sudden onset chills, fever, headache, muscle aches followed by respiratory signs and symptoms.	Handwashing. Exclude from school, daycare, workplace until noninfectious; refer to physician for treatment. Prophylactic antiviral treatment may be indicated for some contacts with chronic underlying conditions.
Roseola ( <i>Exanthum subitum</i> )	Estimated to be about 5-15 days.	Unknown.	Unknown.	High fever for 3-5 days followed by appearance of generalized red rash starting on the trunk; usually in children under 4 years.	Exclude from school, daycare, workplace until fever subsides.
*Rubella (German measles)	14-21 days.	From a few days before until 5-7 days after the onset of rash.	Person-to-person through direct or droplet contact with secretions from nose and throat.	May be asymptomatic; mild illness characterized by discrete red, generalized rash, swollen lymph nodes, slight fever.	Exclude from school, daycare, workplace until 7 days after rash onset. Pregnant women who are exposed should immediately contact physician. Confirm diagnosis by blood test. Contact investigation; immunize susceptible contacts or exclude as directed by health department. Routine immunization at 12-15 months of age and again just before admission to elementary school.
Scabies	2-6 weeks without previous exposure; 1-4 days if previously exposed.	Until mites and eggs are destroyed by treatment.	Person-to-person by direct transfer of mites from skin to skin.	Tiny linear burrows under skin, vesicles, or papules containing mites and their eggs; intense itching.	Exclude from school, daycare, workplace until day after treatment is initiated. Contact investigation. Prophylactic treatment of those having skin to skin contact.

<b>Skin Infections:</b> Impetigo (usually caused by Staphylococcus or Streptococcus)	Variable; usually 2-5 days.	Until lesions have crusted.	Direct contact with lesions.	Lesions on skin may contain pus which should be considered infectious.	Handwashing. Exclude from school or daycare until lesions have crusted or until 24 hours after antibiotic treatment has been initiated. Avoid common use of articles. Refer to physician for treatment.
Staphylococcal infections	Variable; usually 4-10 days.	Duration of acute illness or as long as wound drainage persists.	Person-to-person through direct contact with lesions.	May be local as in an infected wound or sore.	Refer to physician for treatment. Handwashing. May need to exclude from school or daycare until 24 hours after antibiotic treatment has been initiated.

<b>Sexually transmitted diseases including:</b> **Chlamydia	Poorly defined incubation period. 7-14 days or longer.	Unknown.	Sexual contact with infected person.	Multiple clinical presentations. Refer to most recent printing of the <i>Sexually Transmitted Diseases Summary Chart</i> produced by the Centers for Disease Control (CDC) & the <i>Control of Communicable Diseases Manual</i> by J. Chin	Prevention education. Routine screening of sexually active women aged 25 years or younger recommended by the Third U.S. Preventive Services Task Force. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.
**Chancroid	3-5 days, up to 14 days.	As long as the patient is symptomatic.	Direct contact with secretions from open lesions.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual</i> by J. Chin.	Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.
**Genital Warts	Usually about 2-3 months.	As long as lesions persist.	Sexual contact with infected persons.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual</i> by J. Chin.	Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.

**Gonorrhea	2-7 days.	Prolonged if untreated.	Sexual contact with infected persons.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual</i> by J. Chin.	Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.
**Granuloma inguinale	Unknown, probably 8-80 days.	Unknown, probably for the duration of lesions.	Direct contact with lesions.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual</i> by J. Chin.	Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.
**Herpes Genitalis	2-12 days.	Primary lesions infectious 7-12 days; recurrent lesions 4-7 days.	Sexual contact with infected person.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual</i> by J. Chin.	Prevention education. Early diagnosis and treatment. Provide education to individuals diagnosed with their FIRST clinical episode of genital herpes.
**Lympho-granuloma venereum	Variable, 3 days to several months.	Variable, weeks to years, during presence of active lesions.	Direct contact with open lesions.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual</i> by J. Chin.	Prevention education. Early diagnosis and treatment. Interview case and refer sex partners for examination and treatment.
**Syphilis	10-90 days; usually 3 weeks.	Variable; indefinite if untreated.	Direct contact with infectious lesions or secretions.	Refer to CDC STD Summary Chart & <i>Control of Communicable Diseases Manual</i> by J. Chin.	Prevention education. All identified sex partners of confirmed cases of early syphilis should be tested and receive therapy. Interview case and refer sex partners for examination and treatment.
<b>Streptococcal infections including:</b> Scarlet fever	1-3 days.	10-21 days in untreated cases; 24-48 hours after beginning treatment with appropriate antibiotics.	Direct or intimate contact with infected persons, objects or food.	General skin rash; sore throat, circumoral pallor, strawberry tongue.	Refer to physician for treatment. Exclude from school, daycare, workplace until 24 hours after antibiotic therapy is instituted.
Strep throat	1-3 days.	10-21 days in untreated cases; 24-48 hours after beginning treatment with appropriate antibiotics.	Direct or intimate contact with infected persons, objects or food.	Sudden onset of sore throat and fever.	Refer to physician for treatment. Exclude from school, daycare, workplace until 24 hours after antibiotic therapy is instituted.

*Tuberculosis	2-10 weeks, may persist as a latent infection.	As long as bacteria are discharged in sputum.	Person-to-person by droplet spread.	Fatigue, fever, weight loss, cough.	Refer for diagnosis and treatment; exclude from school, daycare, workplace until sputum is negative about 2-4 weeks after initiation of treatment. Routine TB skin testing of high risk populations. Investigations and TB testing of all household and close contacts.
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### AIRBORNE (RESPIRATORY) INFECTIONS

<u>Body System</u>	<u>How Spread</u>	<u>What Infections</u>
Respiratory (lungs)	<ul style="list-style-type: none"><li>• Airborne droplets</li><li>• Discharges from nose or throat</li></ul>	Chickenpox Colds Strep throat Mononucleosis Fifth disease H.I. meningitis (Hib disease) Coxsackie virus (includes hand, foot and mouth) Measles Mumps Rubella Pertussis (whooping cough) Tuberculosis Influenza Respiratory syncytial virus Polio Bacterial meningitis Viral meningitis

### DIRECT CONTACT INFECTIONS

<u>Body System</u>	<u>How Spread</u>	<u>What Infections</u>
Skin	<ul style="list-style-type: none"><li>• Direct contact with the agent that causes the disease (skin to skin contact with infected person)</li><li>• Indirect contact with items that have become contaminated with agent</li></ul>	Head lice Ringworm Scabies Staph/Strep Impetigo Conjunctivitis (pink eye) Pinworm

## Why is handwashing important?

Handwashing, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Good handwashing technique is easy to learn and can significantly reduce the spread of infectious diseases among both children and adults.

## What types of disease can good handwashing prevent?

1. Diseases spread through **fecal-oral transmission**. Infections which may be transmitted through this route include salmonellosis, shigellosis, hepatitis A, giardiasis, enterovirus, amebiasis, and campylobacteriosis. Because these diseases are spread through the ingestion of even the tiniest particles of fecal material, handwashing after using the toilet cannot be over-emphasized.
2. Diseases spread through **indirect contact with respiratory secretions**. Microorganisms which may be transmitted through this route include influenza, *Streptococcus*, respiratory syncytial virus (RSV) and the common cold. Because these diseases may be spread indirectly by hands contaminated by respiratory discharges of infected people, illness may be avoided by washing hands after coughing or sneezing and after shaking hands with an individual who has been coughing and sneezing.
3. Diseases may also be spread when **hands are contaminated with urine, saliva or other moist body substances**. Microorganisms which may be transmitted by one or more of these body substances include cytomegalovirus, typhoid, staphylococcal organisms, and Epstein-barr virus. These germs may be transmitted from person to person or indirectly by contamination of food or inanimate objects such as toys.

## What is good handwashing technique?

There is more to handwashing than you think! By rubbing your hands vigorously with soapy water, you pull the dirt and the oily soils free from your skin. The soap lather suspends both the dirt and germs trapped inside and are then quickly washed away.

## Follow these four simple steps to keeping hands clean:

1. Wet your hands with warm running water.
2. Add soap, then rub your hands together, making a soapy lather. Do this away from the running water for at least 15 seconds, being careful not to wash the lather away. Wash the front and back of your hands, as well as between your fingers and under your nails.
3. Rinse your hands well under warm running water. Let the water run back into the sink, not down to your elbows. Turn off the water with a paper towel and dispose in a proper receptacle.
4. Dry hands thoroughly with a clean towel. Then turn off the water with a clean paper towel and dispose in a proper receptacle.

## What type of soap should be used?

Any type of soap may be used. However, bar soap should be kept in a self draining holder that is cleaned thoroughly before new bars are put out and liquid soap containers (which must be used in day care centers) should be used until empty and cleaned before refilling.

To prevent chapping use a mild soap with warm water; pat rather than rub hands dry; and apply lotion liberally and frequently.

### **What are some mistakes I should avoid regarding handwashing?**

- DON'T use a single damp cloth to wash a group of children's hands.
- DON'T use a standing basin of water to rinse hands.
- DON'T use a common hand towel. Always use disposable towels in day care or food preparation settings.
- DON'T use sponges or non-disposable cleaning cloths unless you launder them on a regular basis, adding chlorine bleach to the wash water. Remember that germs thrive on moist surfaces!

### **What are some ways to help children with good handwashing technique?**

It is important to encourage and help children to wash hands before eating, after playing outdoors or playing with pets, after using the bathroom, and after blowing their noses. Even though hands may appear to be clean, they may carry germs or microorganisms that are capable of causing disease.

Don't assume that children know how to wash their hands properly. Supervision, especially in a day care setting, is an essential element in forming good handwashing habits in children.

Finally, children learn by example! Let them observe good handwashing technique from the adults who care for them.

### **May I use the over-the-counter alcohol gels for washing my hands instead of using soap and water?**

These products, which can be found wherever soap is sold, are very effective at killing germs on the hands as long as your hands are not visibly dirty. They should be used when soap and water are not readily available.

To use correctly, apply about a teaspoon of the alcohol gel on the palm of one hand. Then rub all over both hands, making sure you rub the front, back, and fingernail areas of both hands. Let the alcohol dry, which should take about 30 seconds.

If your hands look dirty but you have no other way to wash your hands, use the gel but wash with soap and water as soon as you can.

### **Hand washing signs:**

- <http://dhfs.wisconsin.gov/communicable/factsheets/signs/hands.pdf>

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DEVELOPED BY THE DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNICABLE DISEASE  
COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION.  
PPH 42052 (Rev. 09/06)

For questions, call (608) 266-4821 / FAX (608) 266-4858  
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## **Correct Way to Wash Your Hands**

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### THE CORRECT WAY TO WASH YOUR HANDS

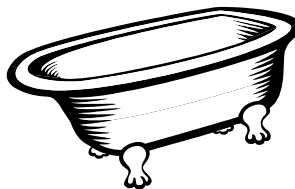
- WET your hands with warm water and apply liquid or clean bar SOAP. Place the bar soap on a rack and allow it to drain.
- SCRUB your hands vigorously together and scrub all surfaces – paying special attention to your fingernails where germs can hide.
- Continue for about 20 seconds or about the length of a little tune. It is the soap combined with the scrubbing action that helps dislodge and remove germs.
- Try this tune (sung to Row, Row, Row Your Boat):

Wash, Wash, Wash Your Hands

Wash, wash, wash your hands.  
Wash them well today.  
Soap and water does the trick.  
It keeps the germs away.

Wash, wash, wash your hands,  
Wash them day and night.  
Scrub with soap and water, too,  
And illness it will fight!

- RINSE well with warm water and DRY your hands off with a paper towel.
- Use the paper towel to turn the WATER OFF.
- Throw away the paper towel.



Adapted from the Tacoma-Pierce County Health Department's Handwashing Safety program

## Lavarse las Manos



### La Forma Correcta de Lavarse las Manos

- **MOJE** sus manos con agua tibia y aplique **JABÓN** líquido o de una barra limpia. Ponga la barra de jabón sobre un escurridor para que se seque.
- **RESTREGUE** sus manos una contra otra vigorosamente y talle todas las superficies -- ponga atención especial a sus uñas porque ahí se pueden esconder los gérmenes.
- Continúe por aproximadamente 20 segundos o lo que tarda un cantito. La combinación del jabón y la acción de tallar produce la eliminación de los gérmenes.
- Cante este cantito (con la tonada de Remar, Remar, Remar Tu Barco):

#### Lava, Lava, Lava Tus Manos

Lava, lava, lava tus manos.  
Hoy lávalas bien.  
Jabón y agua hacen el truco.  
A los gérmenes repelen.

Lava, lava, lava tus manos,  
Lávalas de día y de noche.  
Tállalas con jabón y agua, también,  
Y a la enfermedad pelearán!

#### **Wash, Wash, Wash Your Hands** (sung to Row, Row, Row Your Boat)

Wash, wash, wash your hands.  
Wash them well today.  
Soap and water does the trick.  
It keeps the germs away.

Wash, wash, wash your hands,  
Wash them day and night.  
Scrub with soap and water, too,  
And illness it will fight!

- **ENJUÁGUESE** con agua tibia y **SEQUE** sus manos con una toalla de papel.
- Use la toalla de papel para **CERRAR LA LLAVE DE AGUA**.
- Tire la toalla de papel a la basura.





## **Handwashing Guide on Field Trips**

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Handwashing is important on field trips, especially trips to petting zoos, farms, animal exhibits, orchards, and pumpkin patches.

Farm animals can transmit infections to humans. The most common infections that farm animals transmit are E. Coli 0157:H7, Cryptosporidium, Campylobacter, and Salmonella. Drinking unpasteurized milk and cider can also transmit some of these diseases.

Children get these diseases by eating the organism in the following manner. The organism gets on the hands when a child touches the animal or touches a contaminated object with animal feces on it. The child then puts his/her hands or the object in his/her mouth or touches food that is then eaten.

### **When should children and adults wash their hands?**

- Before eating
- After any contact with animals or anything in or around where they live
- Upon leaving the contact area

### **What alternative handwashing supplies should children and adults take along on a field trip?**

- Hand wipes
- Sanitizing gel

### **If no running water is available, how should I use these alternative handwashing supplies?**

- First, wipe loose dirt off the hands with a wipe (this allows for the gel to get to the skin)
- Next, apply sanitizing gel to the skin surface
- Follow up by washing hands with soap and water when handwashing facilities are available

Reference: CDC Healthy Pets Healthy People- Search by Animal  
[http://www.cdc.gov/healthypets/browse\\_by\\_animal.htm](http://www.cdc.gov/healthypets/browse_by_animal.htm)

04/02, Reviewed 11/07

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## Disinfecting Procedure

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Disinfecting is a process of killing all microorganisms (germs) that could cause illness. To chemically disinfect things, store-bought, household liquid bleach mixed in water and prepared daily is simple and effective for disinfecting. A household bleach solution should be made up daily, because it can be weakened over a day's time and will not be strong enough to kill all germs. A spray bottle of disinfectant is easy to use and handy for storage.<sup>1</sup>

### Recipe for Bleach Disinfecting Solution:

¼ cup (2 ounces) household liquid bleach mixed with 1 gallon water  
or  
1 tablespoon household liquid bleach mixed with 1 quart water

### Steps for Disinfecting

1. Wash the object to be disinfected with soap and water, using a sponge or cloth used only in this solution. (This removes dirt and soil, and allows the disinfectant to reach the entire surface.)
2. Rinse with clean water.
3. Dry with a paper towel.
4. Spray or wipe the object with the household bleach solution.
5. Dry in the air or sun.
6. Remember, even if you use gloves, wash your hands afterwards.

Toys which are dishwasher safe may be disinfected by running through the complete dishwasher cycle. Objects such as toys can also be disinfected by following the above steps, except one should dip them into the household bleach solution and allow them to soak in the solution for 10-20 minutes, followed by a cool water rinse and air dry. Cloth toys and play clothes can be disinfected in the washing machine with detergent and hot soapy water (use hot cycle).

A suggested disinfecting schedule follows on the next page.

<sup>1</sup>**Important Note:** All cleaning solutions are poisonous and must be kept out of children's reach or locked up. Keep labels on cleaning products and read directions before use. Store cleaning products away from foods. Never mix bleach with anything but fresh tap water. Other chemicals may react with bleach causing the release of dangerous fumes (chlorine gas). When spraying the solution, be especially careful to avoid the eyes, mouth and skin.

## SUGGESTED DISINFECTING SCHEDULE

Materials to be Disinfected	How Often?
Hard surface toys	Daily
Toys mouthed by a child	Before the next child handles it
Potty chairs	After each use
Sinks	Daily or immediately if used to rinse potty chairs
Bathroom fixtures	Daily
Diapering table, diapering equipment and other supplies touched while diapering	After each infant is diapered
Cribs, rails, cots	Daily or after being soiled
Floors, low shelves, door knobs, light switches and other surfaces touched by diapered children	Daily or after being soiled
Food preparation work surfaces	Before and after each use
Water tables	After each day's use
Cloth toys and dress-up clothing	Weekly

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Adapted from the Madison Department of Public Health, Healthy Children Manual, 1995

03/02, Reviewed 11/07

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## **Foods Brought from Home**

### **Guidelines for Childcare Settings**

You should develop a written policy about food brought from home. Parents should be given a copy of this policy when they enroll their child in your child care facility. Foodborne illness and poisoning can result from food that is improperly prepared or stored. You can ensure that the food the children in your care eat is nutritious and safe by planning menus and buying and making the food yourself. Many child care providers provide two snacks and one meal a day to the children in their care. (See sections on Foodborne Illnesses and Nutrition, website listed below.)

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However, if parents provide the food their child is to eat each day, you should make sure that:

- Each individual child's lunch brought from home is clearly labeled with the child's name, the date, and the type of food.
- The food is stored at an appropriate temperature until eaten.
- The food brought from one child's home is not fed to another child.
- Children do not share their food.
- Food brought from home meets the child's nutritional requirements. If you notice that the meal provided by the parents for a child is not nutritionally complete, you should supplement it with food you have on hand. If the food provided for a child consistently does not meet the nutritional requirements of the child, you will need to explain to the parents what foods they need to provide for their child. You can also refer them to their health care professional for nutrition information and meal planning advice.

Sometimes, particularly for birthdays or other special occasions, parents may want to bring a food treat, such as a cake, cupcakes, or other "party" food, to share with all the children at your facility. Tell the parents that food brought into the child-care setting to celebrate these special occasions should be bought at a store or restaurant approved and inspected by the local health authority. Many institutional outbreaks of gastrointestinal illness, including infectious hepatitis, have been linked to eating home-prepared foods. Tell parents that your policy will protect all the children in your care from such foodborne illnesses.

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For more information about Safe Food Handling and Preparation see *The Partnership for Food Safety Education* Web Site: <http://www.fightbac.org>

01/97, Reviewed 11/07

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## **Breast Milk Guidelines in Childcare Settings**

### **Breast Milk Guidelines in Childcare Settings**

Childcare settings should encourage and support breastfeeding. It is also helpful to have a designated place for mothers who want to breastfeed their children at the childcare setting. Mother's milk is an exclusive food and is the best possible nutrition for the first 6 months of a baby's life. Breast milk is a natural substance with antibodies that fight infection. It is the best source of milk for infants for at least the first 12 months of age or as long as the mother and her infant/child mutually desire.

Advantages for children include reduction of some of the risks that occur more often to children in day care. Some of these advantages include a decreased incidence of diarrhea, respiratory disease, ear infections, bacterial meningitis, urinary tract infections, SIDS, insulin dependent diabetes, lymphoma, allergic disease, ulcerative colitis, and other chronic digestive diseases. Some evidence suggests that breastfeeding enhances cognitive development.

### **How to Bring Breast Milk to the Childcare Center**

- Breast milk should be labeled with the child's full name and date. This will help prevent giving the wrong breast milk to the wrong child.
- The labels for containers should be resistant to loss of name and date when washing and handling.
- Encourage caretakers to bring single ready-to-feed bottles/bags in a small cooler using refreezable ice packs.
- Refrigerate or freeze the milk as soon as it arrives at your setting (see storage guidelines).
- Consider having a separate place to store breast milk in your refrigerator and/or freezer.

### **What Breast Milk Should Look Like**

- Breast milk may appear thinner, more pale or even bluish in color compared to formula.
- There may be a thickened layer of cream at the top of the milk. Swirl gently before feeding.
- Frozen breast milk may have layers of different colors.

### **How to Store Breast Milk at the Childcare Center**

- Freshly expressed breast milk – cool quickly in a refrigerator or cooler with ice pack.
- Refrigerator storage – 3 days in the coldest part of the refrigerator. Place in freezer if breast milk will not be used within 24 hours.
- Freezer – 1 month limit in a freezer with a separate door from the refrigerator or 3-6 months limit in a separate freezer (0 degrees Fahrenheit).

## Preparing to Give the Breast Milk

- Wash hands before and after feeding all children (breast milk and formula).
- Gloves are not necessary for handling breast milk or cleaning up spills. Any risk to caregivers is extremely low, however caretakers with open cuts on their hands should avoid spilling breast milk onto them.
- Frozen breast milk should be thawed under running water, first cold then gradually warmer until the milk has liquefied and warmed to room temperature.
- Refrigerated breast milk should be warmed under warm running water to the correct temperature.
- Do not let breast milk sit out to thaw at room temperature.
- Do not thaw or heat in the microwave or with very hot water. This may change the nutritional value and antibodies in the milk. Microwaving may cause uneven heating and burn the child's mouth.

## Feeding the Child

- Most importantly, be sure that the breast milk is properly labeled and the right child gets the right breast milk.
- Excessive shaking of breast milk may damage the nutritional value. It can also cause the child to swallow air bubbles and have stomach discomfort.
- Because this is a childcare setting and not a home, it's important that expressed milk be discarded if it takes longer than 1 hour to feed the child. When a child feeds, a very small amount of the child's saliva goes into the bottle. The saliva could have bacteria which may overwhelm the antibodies in the breast milk, spoiling the breast milk.

In the rare event that a breastfeeding error occurs (wrong child given expressed breast milk), follow-up is necessary. Call your local health department listed below, for assistance. The risk of communicable disease transmission from breast milk to another child is **extremely** low, but possible. Please handle breast milk with great care.

## References:

American Academy of Pediatrics

<http://www.aap.org/healthtopics/breastfeeding.cfm>

Mary Pesik RD, CLE, CD, Wisconsin WIC Breastfeeding Coordinator and Nutritionist

07/02, Reviewed 11/07

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## **Alternative Treatments for Head Lice**

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*Based on information from Phil Peliteri, State of Wisconsin Entomologist*

Head lice are becoming resistant to the treatment medications available. This is a worldwide problem.

### 1. Oil Treatment

Oil treatment is effective, and is also safe and nontoxic to children and adults.

Oils kill the live lice and the eggs (or nits) by suffocation. Many different types of oil will accomplish this, such as olive oil, coconut oil, tub margarine, mayonnaise, Crisco, Vaseline, or any cooking oil. (Avoid light or fat free varieties of these oils).

Olive Oil is recommended because chemically it has long-chain fatty acids and seems to be more effective.

#### Oil Treatment Procedure

- saturate the infested person's hair and scalp with olive oil or another oil listed above, and leave it on for 8 hours (a child's head can be covered with a stocking hat or a scarf for sleep or play)
- shampoo the oil out with a shampoo or a detergent like dish liquid or Dawn
- carefully check the person's head every day and remove any nits (eggs) –this is important as the oil may not kill all the nits
- in 7 to 10 days repeat the oil treatment
- continue checking the head and removing any nits for a full week after the second treatment
- do appropriate cleaning of the environment, clothing, bedding, etc. as soon as you do the treatment ( Note: Insecticide sprays in school or home are ineffective and expose children and adults to other toxic ingredients.



## **Conjunctivitis (Pink Eye)**

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Conjunctivitis is an infection of the eyes commonly known as “pink eye.” It is most often caused by a virus but can also be caused by bacteria.

Anyone can catch conjunctivitis. Preschoolers and school-age children get it most often because of crowding and lack of hygiene.

The tears or the discharges from the eye are infectious. People can get conjunctivitis by coming into contact with the tears or discharges from the eyes of an infected person and then touching their own eyes. Also, conjunctivitis, when associated with an upper respiratory infection, can be spread by droplets (e.g., coughing, sneezing).

Symptoms of the eye include:

- Redness, irritation
  - Itchiness; may produce lots of tears and discharge (clear, white or yellow)
  - Discharge may make the eyelids and eyelashes stick together, especially in the morning
- Symptoms usually occur one to three days after exposure to the virus or bacteria.

Conjunctivitis is usually a mild illness. Viral conjunctivitis will go away by itself in one to six weeks. Yellow or white pus may be a sign of infection by bacteria in addition to a viral infection. Intense foreign body sensation and blurred vision are signs of a more severe disease.

Children should be excluded from their childcare setting if they have white or yellow eye drainage. They may return after a doctor's evaluation and after 24 hours of antibiotic treatment or if the drainage is no longer present. If their eye drainage is clear, they may remain in their childcare setting.

An eye medication is available. Doctors may give an antibiotic eye medication in case the cause is bacterial. There is no curative treatment for common viral conjunctivitis. Supportive therapy with lid hygiene and lubricating eye drops sometimes helps.

People with conjunctivitis should:

- Wash their hands after touching or wiping their eyes
- Avoid touching other people's eyes
- Throw away or carefully wash items that touch their eyes
- Do not share eye makeup or other items used on their eyes (for example, towels, or tissues)
- See a doctor in case you need medication
- Cover mouth when coughing and sneezing

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Adapted from Maryland Department of Health & Mental Hygiene – Epidemiology & Disease Control Program

03/02, Reviewed 11/07

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## **Pinworm Infection**

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### **What is pinworm infection?**

This infection is caused by a small, white intestinal worm called *Enterobius vermicularis* (*EN-ter-O-be-us ver-MIK-u-lar-is*). Pinworms are about the length of a staple and live in the rectum of humans. While an infected person sleeps, female pinworms leave the intestines through the anus and deposit eggs on the surrounding skin.

### **What are the symptoms of a pinworm infection?**

Itching around the anus, disturbed sleep, and irritability are common symptoms. If the infection is heavy, symptoms may also include loss of appetite, restlessness, and difficulty sleeping. Symptoms are caused by the female pinworm laying her eggs. Most symptoms of pinworm infection are mild; many infected people have no symptoms.

### **Who is at risk for pinworm infection?**

Pinworm is the most common worm infection in the United States. School-age children, followed by preschoolers, have the highest rates of infection. In some groups nearly 50% of children are infected. Infection often occurs in more than one family member. Adults are less likely to have pinworm infection, except mothers of infected children. Childcare centers and other institutional settings often have cases of pinworm infection.

### **How is pinworm infection spread?**

Pinworm eggs are infective within a few hours after being deposited on the skin. They can survive up to two weeks on clothing, bedding, or other objects. You or your children can become infected after accidentally ingesting (swallowing) infective pinworm eggs from contaminated surfaces or fingers.

### **How is pinworm infection diagnosed?**

If pinworms are suspected, transparent adhesive tape (often called the “scotch tape test”) or a pinworm paddle (supplied by your health care provider) are applied to the anal region. The eggs become glued to the sticky tape or paddle and are identified by examination under a microscope. Because bathing or having a bowel movement may remove eggs, the test should be done as soon as you wake up in the morning. You may have to provide several samples to your health care provider for examination. Since scratching of the anal area is common, samples taken from under the fingernails may also contain eggs. Eggs are rarely found during lab examinations of stool or urine. At night the adult worms can sometimes be seen directly in bedclothes or around the anal area.

## **How is pinworm infection treated?**

With either prescription or over-the-counter drugs. You should consult your health care provider before treating a suspected case of pinworm. Treatment involves a two-dose course. The second dose should be given two weeks after the first.

## **What if the pinworm infection occurs again?**

The infected person should be treated with the same two-dose treatment. Close family contacts should also be treated. If the infection occurs again, you should search for the source of the infection. Playmates, schoolmates, close contacts outside the house, and household members should be considered. Each infected person should receive the usual two-dose treatment. In some cases it may be necessary to treat with more than two doses. One option is four to six treatments spaced two weeks apart.

## **How can I prevent the spread of infection and reinfection?**

- Bathe when you wake up to help reduce the egg contamination.
- Change and wash your underwear each day. Frequent changing of night clothes are recommended.
- Change underwear, night clothes, and sheets after each treatment. Because the eggs are sensitive to sunlight, open blinds or curtains in bedrooms during the day.
- Personal hygiene should include washing hands after going to the toilet, before eating and after changing diapers.
- Trim fingernails short.
- Discourage nail-biting and scratching bare anal areas. These practices help reduce the risk of continuous self reinfection.

Cleaning and vacuuming the entire house or washing sheets every day are probably not necessary or effective. Screening for pinworm infection in schools or institutions is rarely recommended. Children may return to day care after the first treatment dose, after bathing, and after trimming and scrubbing nails.

*This fact sheet is for information only and is not meant to be used for self-diagnosis or as a substitute for consultation with a health care provider. If you have any questions about the disease described above or think that you may have a parasitic infection, consult a health care provider.*

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Adapted from the Center for Diseases Control and Prevention Website  
<http://www.cdc.gov/ncidod/dpd/parasites/pinworm/default.htm>

08/15/99, Reviewed 11/07

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Common Communicable Diseases in Schools and Childcare Settings  
Web Site Resources

The Centers for Disease Control and Prevention (CDC)  
Health Topics A-Z: <http://www.cdc.gov/health/diseases.htm>  
Healthy Swimming Guidelines (in English and Spanish):  
<http://www.cdc.gov/healthyswimming>  
Communicable Disease Information (in Spanish): <http://www.cdc.gov/spanish/default.htm>

WI Department of Health and Family Services (DHFS):  
Communicable Disease Fact Sheets:  
<http://dhfs.wisconsin.gov/communicable/factsheets/>  
Environmental Health Resource Directory: <http://www.dhfs.state.wi.us/eh/>

Managing Infectious diseases in Child Care and Schools (a book for purchase)  
Edited by Susan S. Aronson MD, FAAP, AAP, and Timothy R. Shape, MD, MPH, FAAP  
2004  
Contains content from the American Academy of Pediatrics (AAP) 2003 Red Book  
[http://www.aap.org/bst/showdetl.cfm?&DID=15&Product\\_ID=3934&CatID=132](http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=3934&CatID=132)

University of Wisconsin  
Diseases Shared by Humans & Animals (our pets)::  
<http://www.vetmed.wisc.edu/pbs/zoonoses/titlepg.html#anchor287736>

A "how to" handwashing poster (English/Spanish) from King County Public Health  
Department in Seattle, Washington:  
<http://www.metrokc.gov/health/stopgerms/posters/>

Learn about Microbes and a Handwashing Quiz: American Society for Microbiology (English  
and Spanish):  
<http://www.microbe.org/index.html>  
Link to: <http://www.washup.org>.

Tacoma Pierce County Health Department, WA-Handwashing resources  
<http://www.tpchd.org/page.php?id=19>

Food Safety & Children's Games: Partnership for Food Safety Education:  
<http://www.fightbac.org/>

Immunization Information (English and Spanish): [www.immunization.org](http://www.immunization.org)

The National Safe Kids Coalition by the Children's National Medical Center:  
[www.safekids.org](http://www.safekids.org)

03/07, Revised 11/07

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