

Wisconsin Communicable Disease Chart

DISEASE	INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	MODES OF TRANSMISSION	SIGNS AND SYMPTOMS	CONTROL MEASURES / PUBLIC HEALTH RESPONSE
*AIDS (Acquired Immunodeficiency Syndrome) (HIV Infection) (Human Immunodeficiency Virus)	To time of AIDS diagnosis; Variable, may occur months to years after infection with HIV.	Infected persons are considered infectious for the rest of life.	For HIV infection, person is person by (1) sexual contact, (2) exposure to infected blood (sharing needles, IV drug use or needle), (3) transfusion with HIV infected blood product, (4) mother to fetus during pregnancy or at time of birth.	Weakness, weight loss, fever, night sweats, swollen lymph nodes, opportunistic infections in U.S. A. B. S. (Kaposi's sarcoma, Pneumocystis carinii pneumonia, toxoplasmosis, cryptococcosis, etc.), for AIDS and symptoms.	Education with an emphasis on educating those at highest risk about how to prevent HIV Infection. A. Isolate, notify procedures for handling of body fluids and tissues. B. ISOLATION (HOSPITALS, SCHOOLS, DAYCARE OR NURSING HOMES) AND (E) ISOLATION (SCHOOL, DAYCARE). C. Education and counseling in connection with HIV testing. D. Vaccinate and inform of sexual and needle sharing practices.
*Bacterial meningitis (majority of cases caused by meningococcus, pneumococcus, meningitis, and Streptococcus pneumoniae).	2-10 days, 2-4 days usually.	Variable, as long as organisms causing meningitis are present in discharge from the nose or mouth.	Person to person by droplet spread or contact, with infected discharges from the nose or mouth.	Sudden onset of fever, headache, stiff neck, nausea and vomiting.	Isolate, exclude from school, daycare, refer to physician for treatment. A. Immediate home and contact investigation. B. Prophylactic antibiotic treatment of household and close contacts.
*Chickengpox (varicella zoster)	12-21 days.	Usually 1-2 days prior to rash to 8 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 7 days after onset of rash.
Conjunctivitis (Pink eye), bacterial or viral	1-12 days (viral with incubation period usually 1-3 days).	Usually with inflammation or discharge present.	Person to person through hands eye contact; direct or indirect contact with discharge from infected eye.	Redness of conjunctiva; itching of eye and eyelids; may have purr drainage from eye; sometimes swelling of eyelids.	Handwashing and improved personal hygiene. A. Refer to physician for diagnosis and treatment. B. Exclusion from school, daycare and non-communicable usually 24 hours after treatment is begun.
Diarrheal illnesses (acute); many different causative agents	8 hours to several days or more.	Throughout course of illness; for some infectious patients remain infectious after symptoms end.	Person to person by fecal-oral route or by ingestion of contaminated food or water.	Loose, watery stools, abdominal cramps, often vomiting and fever.	Handwashing and improved personal hygiene. A. Refer to physician for diagnosis and treatment.
*Campylobacter	1-10 days, usually 3-5 days.	Enteric period of infection.	Ingestion of organisms in contaminated food, water or unpasteurized milk; contact with infected animals or persons.	Diarrhea, fever, vomiting, abdominal pain.	Handwashing and improved personal hygiene. A. Exclude persons with diarrhea from daycare or food handling until asymptomatic.
E. coli O157:H7	5-25 days, usually 7-10 days.	Enteric 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. A. Exclude from daycare or food handling until asymptomatic.
*Giardia	5-25 days, usually 7-10 days.	Enteric period of infection.	Person to person by fecal-oral route; ingestion of contaminated food or water.	Diarrhea, abdominal cramps, bloating.	Handwashing. A. Exclude from daycare or food handling until diarrhea has ceased.
*Salmonella	6-72 hours, 12-36 hours usually.	As long as organisms are excreted.	Ingestion of contaminated food or water; contact with infected person by fecal-oral route.	Sudden onset of diarrhea, fever, headache, abdominal pain, nausea, vomiting.	Handwashing. A. Exclude from daycare, and food handling until diarrhea has ceased. Daycare and staff and attendees, and food handling employees excluded until 2 consecutive negative stool cultures have been obtained.
*Shigella	1-7 days, average 1-3 days usually.	As long as organism is excreted.	Contact with infected person by fecal-oral route; ingestion of contaminated food or water.	Diarrhea, fever, cramps, vomiting; stools may be bloody.	Handwashing. A. Exclude from school and daycare until fever subsides. B. Pregnant women who have been exposed to a case should consult their physician.
Flu (Influenza) (Influenza B19 Infection, erythema infectiosum)	4-20 days.	Shortly before onset of illness to 1-2 days after.	Unknown; may involve blood and respiratory secretions.	Red, itchy rash; low-grade fever; characteristic slapped cheek appearance.	Handwashing. A. Exclude from school, daycare, food handling until one week after onset of symptoms. B. Salary disposal of feces. C. Notify contacts, search, remove protein in household for daycare contacts, but not normally indicated for school contacts.
*Hemophilus influenzae Type B (Hib) meningitis and other invasive disease	Unknown; probably within 2-4 days.	Unknown, but may be for as long as organisms are present in the upper respiratory tract.	Contact with respiratory secretions containing organisms.	Headache, fever, vomiting, lethargy, stiffness in neck and back. A. Other invasive diseases caused by H. influenzae type B also occur.	Graded risk of spread in children under four; exclude children with fever from school, daycare; refer to physician for diagnosis and treatment; Hib vaccine routinely recommended through 18th year (until age 60 months). A. Prophylactic antibiotic treatment of all household contacts in with children less than 1 year old. B. Prophylaxis of staff and children in day care classrooms may be considered when a case has occurred among the children.
Hepatitis (Viral); *Type 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 contaminated food or water.	Onset of fever, malaise, nausea, loss of appetite, abdominal discomfort followed by jaundice (often not present in children).	General handwashing. A. Exclude from school, daycare, food handling until one week after jaundice or 10 days after onset of symptoms. B. Salary disposal of feces. C. Notify contacts, search, remove protein in household for household or daycare contacts, but not normally indicated for school contacts.
*Type B	45-180 days, usually 60-120 days.	From many weeks before onset through several weeks and a few days after onset (chronically infected persons remain infectious).	By person-to-person contact (blood, blood products or blood plasma); contact with respiratory secretions; contact with contact of mucous membranes to infected blood or secretions. A. Sexual transmission.	Loss of appetite, malaise, nausea, vomiting, fatigue abdominal discomfort, progressive jaundice. Chronic carriers are at increased risk of cirrhosis and liver cancer.	Exclude from school, daycare, workplace until acute illness is over. Blood and urine of infected persons should be disposed of in a safe manner. A. Notify and advise contacts to determine vaccine and HBIG risk.
*Non-A, Non-B (NANB)	At least 2 different viruses; incubation period variable (NANB: 2-6 weeks, usually 6-8 weeks).	The period of communicability is unknown.	In U.S.A., mainly through administration of blood or blood products; sexual transmission.	Infectious onset, malaise, abdominal discomfort, nausea, vomiting, possible jaundice; chronic disease can occur.	Same as for Hepatitis B. A. The value of prophylactic IG is not clear.
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 carrier is most common for type 1 infection.	Single lesion or group of lesions; cold sores typically on upper lip. Can also cause eye lesions, shingles, genital lesions, and other symptoms.	Good hygiene; handwashing; antiviral treatment may modify acute illness.

Disease	Incubation Period	Onset	Transmission	Signs and Symptoms	Diagnosis	Management
Influenza (usually caused by <i>Staphylococcus</i> or <i>Streptococcus</i>)	Variable, usually 2-5 days	Until lesions have crusted.	Direct contact with lesions.	Lesions on skin may contain pus which should be cultured and histologic.	Handwashing. A. Exclude from school or daycare until lesions have crusted. A. Avoid common use of masks. A. Refer to physician for treatment.	
Influenza	1-3 days	Probably no more than 3 days after onset.	By direct contact through droplet infection 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.	Exclude from school, daycare, workplaces until recrudescence; refer to physician for treatment. A. Handwashing. A. Prophylactic antibiotic treatment may be indicated for some contacts with chronic underlying conditions.	
Lice (Phthiriasis)	Varies with stage of lice; lice of the head may be present for up to 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 effects.	Itching of scalp (head lice) or body (body lice).	Refer to physician for treatment. A. Exclude infested persons from school, daycare until treatment with an effective pediculicide. A. Wash hats and clothing before reuse. A. Avoid sharing hats and clothing. A. Exclude contacts for evidence of head-to-head contact. A. Health education regarding laundering of clothing and dry cleaning of laundry (see ICF for 20 minutes).	
*Lyme Disease	3-32 days after tick exposure.	Onset during spring and summer months.	NOT transmitted from person to person; transmitted to people and animals by tick (see ICF) bite.	Early: headache, chills, spreading rash, fatigue. Late: arthritis, heart abnormalities, nervous system abnormalities.	Education with emphasis on protective clothing, appropriate use of insect repellents when outdoors and in wooded areas followed by careful tick checks.	
*Measles (Rubeola)	9-13 days from exposure to onset of rash; average of 14 days from exposure to onset of fever.	From onset of respiratory symptoms until four days after rash appears.	Person to person by droplet spread; less commonly by airborne spread or contact with articles heavily soiled.	Cough, fever, conjunctivitis, Koplik spots, generalized red blotchy rash that begins on the face and then becomes generalized. May appear very sick.	Isolate and exclude suspected cases from school, daycare, workplaces until five days after rash appears. A. Routine immunization of persons over 12 months old according to schedule.	
*Meningococcal disease	2 to 16 days, usually 3-4 days	Until symptoms are no longer present; discharge from nose or mouth usually within 24 hours after appropriate treatment begins.	Direct contact with infectious droplets and discharges from nose and throat.	meningitis: sudden onset of fever, headache, nausea, vomiting, stiff neck, and frequently a rash.	Exclude from school, daycare, workplaces until 24 hours after treatment begins (minimum) and until fever has subsided without delay. A. Clean soiled articles and surfaces. A. Which classrooms for signs of illness, especially fever. A. Refer to physician for antibiotic treatment for persons with intimate contact with infectious droplets (persons sharing same lodging, very close friends, etc.)	
Mononucleosis due to Epstein-Barr Virus (EBV)	30-50 days	Prodromal symptoms of virus may persist for a year or longer.	Person to person contact with saliva of infected persons; can also commonly be spread through blood transfusion.	Fever, sore throat, swollen lymph nodes (Tonsilladenitis) and other manifestations.	Patients should rest at home under a physician's care until illness is over.	
*Mumps	14-21 days, usually 16-18 days	Most infectious from 48 hours prior to 9 days after onset of swelling.	Person to person by droplet spread; also by contact with saliva of infected persons.	Generalized illness characterized by swelling of the submandibular, parotid, and sublingual salivary glands and testicles in 5% of females; central nervous system involvement often occurs.	Exclude from school, daycare, workplaces until swelling has subsided. A. Routine immunization of those over 15 months. A. Contact investigation; immediate susceptible contacts or exclude as directed.	
*Pertussis (Whooping cough)	5-20 days, usually 7-10 days	Early stages to 21 days after onset of paroxysms in untreated patients; 6-7 days after initiation of treatment with appropriate antibiotics.	Person to person by direct contact with discharges from respiratory mucous membranes of infected person, probably by airborne droplet spread.	Early mild upper respiratory symptoms with cough; usually progresses within 1-2 weeks to severe paroxysms of coughing, often with "whoop," and followed by vomiting. Mild fever during last year of life.	Isolate, exclude from school, daycare, workplaces until 5-7 days after initiation of erythromycin or other appropriate therapy. Observe contacts for signs of illness. Routine immunization of contacts over 12 months of age with pertussis vaccine. Exclude contacts 2 months to 15 years. Prophylactic erythromycin treatment of all household and close contacts.	
Pinworms (Enteroblasts)	4 to 6 week life cycle.	About 2 weeks as long as pinworms are discharging eggs on personal skin.	Direct transfer by hand from areas to mouth or indirectly from contaminated food, clothing, or other articles.	Rascal itching, disturbed sleep, irritability.	Handwashing. A. Refer to physician for treatment. A. Changing of contaminated articles. A. May return to school or daycare after treatment. A. Examination of household or close contacts, treatment if necessary.	
Roseola (Exanthem subitum)	Estimated to be about 6-15 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, workplaces until fever subsides.	
*Rubella (German measles)	14-21 days	From a few days before until 5-7 days after rash onset.	Person to person through direct or droplet contact with secretions from nose and throat.	May be asymptomatic; mild illness characterized by fever and generalized rash, swollen lymph nodes, slight fever.	Routine immunization of persons over 15 months. Exclude from school, daycare, workplaces until 7 days after rash onset. Persons with immunodeficiency should immediately contact physician. A. Contact investigation; immediate susceptible contacts from school, daycare as directed.	
Scabies	2-6 weeks without previous exposure; 1-4 days after re-exposure.	Until mites and eggs are destroyed by treatment.	Person to person by direct transfer or transfer of mites from skin to skin.	Typical burrows under skin, vesicles, or papules containing mites and their eggs; intense itching.	Exclude from school, daycare, workplaces until day after treatment is initiated. A. Contact investigation. Prophylactic treatment of those having skin to skin contact.	

Sexually transmitted diseases including:	Incubation period	Signs and symptoms	Transmission	Diagnosis and treatment	Prevention
*Chlamydia	5-10 days or longer.	Unknown	Sexual contact with infected person.	Multiple clinical presentations. Refer to most recent part of the Sexually Transmitted Diseases Summary Chart produced by the Centers for Disease Control.	Early diagnosis and treatment. A. Prevention education. A. Interview case and refer sex partners for examination and treatment.
*Chancroid	3-5 days, up to 14 days.	As long as the patient is asymptomatic.	Direct contact with secretions from open lesions.	Same as for Chlamydia.	Early diagnosis and treatment. A. Prevention education. A. Interview case and refer sex partners for examination and treatment.
*Genital Warts	Usually about 4 months.	As long as lesions persist.	Sexual contact with infected persons.	Same as for Chlamydia.	Early diagnosis and treatment. A. Prevention education. A. Interview case and refer sex partners for examination and treatment.
*Gonorrhea	2-7 days.	Prolonged if untreated.	Sexual contact with infected persons.	Same as for Chlamydia.	Early diagnosis and treatment. A. Prevention education. A. Interview case and refer sex partners for examination and treatment.
*Granuloma Inguinale	Unknown, probably 8-90 days.	Unknown, probably for the duration of lesions.	Direct contact with lesions.	Same as for Chlamydia.	Early diagnosis and treatment. A. Prevention education. A. 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.	Same as for Chlamydia.	Early diagnosis and treatment. A. Prevention education. A. Interview case and refer sex partners for examination and treatment.
*Lympho-granuloma venereum	Variable, 3 days to several months.	Variable, weeks to years, during presence of active lesions.	Direct contact with open lesions.	Same as for Chlamydia.	Early diagnosis and treatment. A. Prevention education. A. Interview case and refer sex partners for examination and treatment.
*Syphilis	10-90 days; usually 3 weeks.	Variable; indolent if untreated.	Direct contact with infectious lesions or secretions.	Same as for Chlamydia.	All hospitalized sex partners of confirmed cases of early syphilis should be tested and receive therapy. A. Interview case and refer sex partners for examination and treatment.
Streptococcal infections	Variable; usually 4-10 days.	Duration of acute illness or as long as wound drainage persists.	Person to person through direct contact.	Refer to physician for treatment. A. Handwashing.	Refer to physician for treatment. A. Handwashing.
Streptococcal infections including: 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.	Guard skin with zinc oxide ointment, circumcised penis, streptococcal sore throat.	Refer to physician for treatment. A. Exclude from school, daycare, workplace until 24 hours after antibiotic therapy is initiated.
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.	Isolated sore throat.	Same as for Scarlet fever.
*Tuberculosis	2-10 weeks, may persist as a latent infection.	As long as bacteria is 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. A. Routine TB skin testing of high risk populations. A. Investigation and TB testing of all household and close contacts.

* * * These communicable diseases are reportable under Wisconsin law (Wisconsin Statutes 133.14 and 133.15). Communicable diseases are reportable to the local health officer. For more information, contact the County or Communicable Diseases Unit in accordance with the state and local health officer. For more information, contact the local health officer. For more information, contact the local health officer. For more information, contact the local health officer.

This chart of selected communicable diseases information is meant only as a guide. It is not intended to be used as a substitute for the Wisconsin Department of Health and Social Services, Division of Health Services, Bureau of Community Health and Prevention, P.O. Box 398, Madison, Wisconsin 53701, Telephone 608/261-9000.

February 1990