

# Communicable Disease Chart for Alabama's Schools and Childcare Facilities

Exclusions contained in this chart pertain to children and students only.



## Notifiable Disease Reporters

All physicians, dentists, nurses, medical examiners, hospital administrators, nursing home administrators, lab directors, school principals, and childcare directors are responsible for reporting Notifiable Diseases in Alabama. Notifiable Disease reporters must also report "Outbreaks of any kind" to the Infectious Diseases & Outbreaks Division within 24 hours.

Communicable diseases noted in **red** are reportable. Communicable diseases noted in black are not reportable unless associated with an outbreak.

Please visit: [alabamapublichealth.gov/infectiousdiseases](http://alabamapublichealth.gov/infectiousdiseases) or call 1-800-338-8374 for more information.

Symptomatic contacts should follow the case exclusion and readmission criteria.

<sup>1</sup>An outbreak is defined as two or more similarly ill persons who live in different households and have a common exposure. All outbreaks must be reported, and public health will be involved in investigating and providing control measures.







<sup>2</sup>All unvaccinated persons should be excluded until vaccination is received or the risk of transmission is over.

<sup>3</sup>Invasive disease means that germs invade parts of the body that are normally free from germs. When this happens, disease is usually very severe, requiring care in a hospital and even causing death in some cases.

Please visit: [alabamapublichealth.gov/immunization](http://alabamapublichealth.gov/immunization) or call 1-800-469-4599 for more information.

Vaccination is highly encouraged to prevent or mitigate disease.

	Communicable Disease / Condition	Signs and Symptoms	Case Exclusion and Readmission Criteria	Contacts Exclusions and Prevention/Management
Gastrointestinal	<b>Diarrhea</b>	Frequent loose or watery stools compared with a normal pattern, abdominal cramps, fever, generally not feeling well	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Reinforce safe feeding practices among mothers. Immediate environment should be cleaned and disinfected.
	<b>Vomiting</b>	Nausea, vomiting, or cramping	Exclude until symptoms have resolved unless vomiting is determined to be caused by a noncommunicable condition and child is able to remain hydrated and participate in activities.	Do not exclude.
	<b>Campylobacteriosis (Campylobacter)</b>	Mild to severe diarrhea; abdominal cramps, vomiting, fever, bloody stools, or nausea	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
	<b>Clostridioides difficile Infection (C. diff or Clostridium difficile)</b>	Mild to moderate diarrhea, possible nausea, abdominal cramps, low-grade fever	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
	<b>Cryptosporidiosis (Cryptosporidium)</b>	Acute non-bloody diarrhea; abdominal cramps, vomiting, fever, fatigue, or nausea	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Restrict recreational water activities (e.g., swimming, splash pad, water slide, etc.) for 2 weeks after symptom resolution. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
	<b>Cyclosporiasis (Cyclospora)</b>	Mild to severe diarrhea; abdominal cramps, vomiting, fever, bloody stools, or nausea	Do not exclude unless child is experiencing diarrhea. If child is experiencing diarrhea, exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Do not exclude. Encourage meticulous hand hygiene. Reinforce safe feeding practices among mothers. Immediate environment should be cleaned and disinfected.
	<b>Giardiasis (Giardia)</b>	Diarrhea, abdominal cramps, foul-smelling stools associated with anorexia, flatulence, malaise, weakness, nausea, vomiting, low-grade fever, and abdominal distention	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Restrict recreational water activities (e.g., swimming, splash pad, water slide, etc.) for 1 week after symptom resolution. Contact ADPH Infectious Diseases & Outbreaks Division for guidance at 1-800-338-8374. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
	<b>Hepatitis A<sup>2</sup> Infection</b>	Loss of appetite, fever, abdominal discomfort, nausea, fatigue, headache, dark brown urine, or yellowing of skin or eyes; young children less than 6 years of age may be symptom-free	Exclude for 7 days after onset of illness. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene and sanitation in food preparation areas and of water sources. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
	<b>Hepatitis E Infection</b>	Jaundice, fatigue, loss of appetite, nausea, fever, abdominal pain, and/or dark (tea-colored) urine	Do not exclude. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Utilize safe drinking water
	<b>Listeriosis (Listeria)</b>	Mild to severe diarrhea; abdominal cramps, vomiting, fever, bloody stools, or nausea	Do not exclude.	Do not exclude.
	<b>Norovirus</b>	Acute onset of vomiting and/or diarrhea, possible nausea, abdominal cramps, low-grade fever, headache, fatigue, and myalgia	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
	<b>Rotavirus</b>	Acute onset of vomiting and/or watery diarrhea, possible vomiting, fever, abdominal pain, loss of appetite, dehydration	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected.
	<b>Salmonellosis (Salmonella non-Typhi)</b>	Mild to severe diarrhea; abdominal cramps, vomiting, fever, bloody stools, or nausea	Exclude until stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected. Stool cultures and antimicrobial therapy is not recommended for asymptomatic infection.
	<b>Sapovirus Infection</b>	Acute onset of vomiting and/or diarrhea, nausea, abdominal cramps, low-grade fever, headache, fatigue, and myalgia	Exclude until symptom free for 48 hours. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Maintain cleanliness of surfaces and food preparation areas, using appropriate disinfectants.
	<b>Shiga toxin producing E. coli Infection (STEC or E. coli, Shiga toxin-producing)</b>	Acute diarrhea (often bloody); abdominal cramps, vomiting, fever, fatigue, or nausea	Exclude until diarrhea resolves. Follow up testing may be required. Contact ADPH Infectious Diseases & Outbreaks Division for guidance at 1-800-338-8374. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Stool cultures should be performed for any contacts. Center(s) with cases should be closed to new admissions during STEC outbreak.
	<b>Shigellosis (Shigella)</b>	Loose, watery stools with blood or mucus, fever, headache, convulsions, or abdominal pain	Exclude until treatment is complete, and 24 hours after stools are contained in the diaper or the child is continent, stool frequency is no more than 2 stools above child's normal frequency. Follow up testing may be required. Contact ADPH Infectious Diseases & Outbreaks Division for guidance at 1-800-338-8374. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Surfaces at risk of becoming contaminated with stool should be cleaned and disinfected. Stool cultures should be performed for any symptomatic contacts.
<b>Typhoid/Paratyphoid Fever (Salmonella Typhi/Paratyphi A/B/C)</b>	Sustained fever, weakness, stomach pain, headache, diarrhea or constipation, cough, and loss of appetite	Contact ADPH Infectious Diseases & Outbreaks Division for guidance at 1-800-338-8374. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Contact ADPH Infectious Diseases and Outbreaks Division for guidance at 1-800-338-8374.	
Ears, Nose, and Throat	<b>Cold Sores (Gingivostomatitis)</b>	Fever, irritability, sores in mouth, gums, or lips	Do not exclude for recurrent infections. Exclude until no drooling or open sores (on the outside of the lips) for first or primary infection. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Do not share food or drink. Avoid contact with saliva from mouthed toys or objects. Clean toys regularly.
	<b>Common Cold (Multiple viruses)</b>	Sore throat, runny nose, coughing, sneezing, headaches, and body aches	Do not exclude. Enforce meticulous hand hygiene and proper cough/sneeze etiquette.	Encourage meticulous hand hygiene. Promote cough/sneeze etiquette. Sanitize or disinfect surfaces that are touched by hands frequently. Ventilate the facility with fresh outdoor air and maintain temperature and humidity as described in Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs.
	<b>Mononucleosis (Mono, Epstein-Barr Virus)</b>	Fever, sore throat, swollen lymph nodes, fatigue	Do not exclude. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Avoid transfer or contact with saliva.
	<b>Mumps<sup>2</sup></b>	Swelling of one or more of the salivary glands, headache, low-grade fever, and myalgia, anorexia, and fatigue	Exclude for 5 days after onset of swelling. Individuals who continue to be unimmunized should be excluded for 26 days after the onset of swelling in last case.	Individuals without documentation of immunity should be immunized or excluded. Immediate readmission may occur following immunization. Unimmunized people should be excluded for 26 or more days following onset of swelling in last case. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
	<b>Pink Eye (Bacterial or viral conjunctivitis)</b>	Red/pink itchy, swollen eyes; eye discharge; possible light sensitivity; and/or eye pain	Do not exclude unless child has fever or there is a recommendation from the child's health professional. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Sanitation of objects that are touched by hands or face.
<b>Strep throat and Scarlet fever (Streptococcal pharyngitis, Group A Streptococcus, or Streptococcus pyogenes)</b>	Strep throat: Fever, red sore throat, swollen glands, strawberry tongue (occurs following peeling of a white coating from the tongue) Scarlet Fever: Fine raised rash (feels like sandpaper), on the neck, chest, elbow, and groin	Exclude until fever free and antibiotic treatment has been initiated for at least 12 to 24 hours. Ask the doctor how long you should stay home after beginning antibiotics. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Symptomatic contacts of documented cases of group A streptococcal infection should be tested and treated if test results are positive.	
Respiratory	<b>COVID-19 (SARS-CoV-2)</b>	Fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea	Exclude infected persons per CDC guidelines. ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html</a> )	Exclude close contacts per CDC guidelines. ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/your-health/if-you-were-exposed.html">https://www.cdc.gov/coronavirus/2019-ncov/your-health/if-you-were-exposed.html</a> )
	<b>Influenza<sup>2</sup> (Flu, seasonal)</b>	Fever, chills, body aches, cough, runny or stuffy nose, sore throat, headache, and/or myalgia	Exclude until fever free for 24 hours and child is well enough for routine activities. Enforce meticulous hand hygiene and proper cough/sneeze etiquette.	Encourage meticulous hand hygiene. Promote cough/sneeze etiquette. Promote annual immunization.
	<b>Pertussis<sup>2</sup> (Whooping cough)</b>	Runny nose, sneezing, low-grade fever, and mild to occasional cough; a pause in breathing may be noted in infants with coughing spasms; Uncontrollable, violent coughing which often makes it hard to breathe	Exclude until 5 days after appropriate antibiotic treatment completed or 21 days from onset of cough for those who do not take antibiotics. Enforce meticulous hand hygiene and proper cough/sneeze etiquette.	Encourage meticulous hand hygiene and proper cough/sneeze etiquette. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
	<b>Respiratory Syncytial Virus (RSV)</b>	Cold-like signs or symptoms, wheezing, irritability, and poor feeding	Do not exclude unless child exhibits rapid or labored breathing. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Promote cough/sneeze etiquette.
	<b>Tuberculosis (Pulmonary)</b>	Fatigue, significant weight loss, fever, night sweats, cough that may produce blood, and chest pain; children may have no symptoms	For active disease, exclude until determined to be noninfectious by physician or health department authority. May return to activities after therapy is instituted, symptoms have diminished, and adherence to therapy is documented. No exclusion for latent TB infection.	Local health department personnel should be informed for contact investigation.

	Communicable Disease / Condition	Signs and Symptoms	Case Exclusion and Readmission Criteria	Contacts Exclusions and Prevention/Management
Skin and Rash	<b>Chickenpox<sup>2</sup></b> (Varicella, varicella zoster virus) 	Itchy fluid-filled blisters that begin on the face, chest, and back then spread to the rest of the body	Exclude until all lesions have dried and crusted. Breakthrough cases are modified and may be maculopapular only and may not crust. In these cases, isolate for 24 hours following appearance of last lesions. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Sanitize or disinfect surfaces that are touched by hands frequently. For people without evidence of immunity, varicella vaccine should be administered within 3 days but up to 5 days after exposure, or when infected, Varicella-Zoster Immune Globulin should be administered up to 10 days after exposure.
	<b>Fifth disease</b> (Human Parvovirus, erythema infectiosum)	Facial rash that can be intensely red with a "slapped cheek" appearance, fever, fatigue, myalgia, headache, a systemic macular-lace like and often pruritic rash on trunk that moves peripherally to arms, buttocks, and thighs	Do not exclude. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene.
	<b>Hand, foot, and mouth disease</b> (Coxsackie virus)	Fever, sore throat, poor appetite, vague feeling of illness, skin rash, flat or raised red spots usually on the palms of hands, soles of feet and may appear on knees, elbows, bottom, or genital area; may experience diarrhea and vomiting	Do not exclude. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Sanitize or disinfect surfaces that are touched by hands frequently. Promote cough/sneeze etiquette.
	<b>Head Lice</b> (Pediculosis)	Itching of the head and neck; visible crawling lice in the hair	Exclude until first head lice treatment is completed.	Do not exclude.
	<b>Impetigo</b> (Staphylococcus aureus or Group A Streptococcus)	Rash anywhere on the skin but most often on the face, lips, arms, or legs; that spread to other areas; itchy blisters filled with yellow or honey-colored fluid that oozes then dries and crusts over	Exclude until treatment has been initiated. Lesions should be kept covered until they are dry. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Sanitize or disinfect surfaces that are touched by hands frequently.
	<b>Measles<sup>1,2</sup></b> (Rubeola) 	High fever, red eyes, runny nose, and cough; a rash appears 3 to 5 days after initial symptoms	Exclude until 4 days after rash appears. Without vaccine history, one should be excluded for 21 days, after rash appears of a most recent case. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Immunize exposed children without evidence of immunity within 72 hours of exposure. Children who do not receive vaccine within 72 hours or who remain unimmunized after exposure should be excluded until at least 2 weeks after onset of rash in the last case. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
	<b>MRSA</b> (Methicillin-resistant Staphylococcus aureus)	Bump or infected area that is red, swollen, painful, warm to the touch with or without pus and drainage; common sites are legs, buttocks, groin, back of the neck, sites of skin trauma, such as cuts or abrasions	Do not exclude unless skin lesions are draining and cannot be completely covered with a watertight bandage. If skin lesions are draining and cannot be completely covered with a watertight bandage, exclude until lesions dry or can be completely covered with a watertight bandage. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Cultures of contacts are not recommended. Avoid sharing personal items.
	<b>Ringworm</b> (Fungal infection, tinea dermatophytosis)	Fungus that may affect skin on almost any part of the body as well as finger and toenails; ring shaped, itchy, red, scaly, rash, may develop; there may also be cracked skin and hair loss if the infection develops on the scalp	Exclude until after treatment begins. Cover skin lesions.	Inspect the skin for infection. Do not share personal items.
	<b>Roseola</b> (Human herpes virus 6)	High fever, red raised rash which appears once fever has resolved	Do not exclude. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene.
	<b>Rubella<sup>2</sup></b> (Rubella virus, German Measles) 	Low grade fever (less than 101) and rash that starts on the face and spreads to the rest of the body	Exclude until 7 days after the rash appears. Without vaccine history, one should be excluded for 21 days after rash appears of the last case in the outbreak.	Pregnant contacts should be evaluated. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
	<b>Scabies</b> (Sarcoptes scabiei)	Intense itching especially at night, pimple or tiny blister-like scaly rash which may affect much of the body, common in between fingers, and around wrists, elbows, armpits, and knees	Exclude until prescribed treatment has been completed.	Close contacts with prolonged skin-to-skin contact should receive prophylactic therapy. Bedding and clothing in contact with skin of infected people should be laundered.
<b>Shingles</b> (Herpes zoster, varicella zoster virus)	Painful rash on one side of the face or body; blisters form and typically scab over in 7-10 days; fever, headache, chills, and upset stomach	Do not exclude unless rash cannot be completely covered. If rash cannot be completely covered, exclude until rash can be covered or when all lesions have crusted. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene.	
Invasive <sup>3</sup>	<b>Haemophilus influenzae Disease</b> (Hib) 	Fatigue, fever, stiff neck, lack of appetite, chill, headache, nausea, vomiting, and irritability	Exclude until child is cleared to return by a health professional. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Sanitize or disinfect surfaces and toys that are touched by hands frequently. When 2 or more cases of invasive Hib disease have occurred within 60 days and unimmunized or incompletely immunized children attend the childcare facility, rifampin prophylaxis for all attendees (irrespective of their age and vaccine status) and childcare providers should be considered. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
	<b>Meningococcal Disease</b> (Neisseria meningitidis) 	Fever, chills, confusion, stiff neck, lack of appetite, fatigue, myalgia, limb pain, and sometimes a rash	Exclude until child is cleared to return by a health professional. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Chemoprophylaxis indicated for close contacts (household members, childcare facility staff and students, anyone in contact with index case at any time during 7 days before onset of illness, anyone with direct exposure to index-case's oral secretions). All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.
	<b>Pneumococcal Disease</b> (Streptococcus pneumoniae) 	Ear infection, fever, ear pain, chills, behavior or appetite changes, ear redness or drainage	Exclude until child is cleared to return by a health professional. Enforce meticulous hand hygiene.	Encourage meticulous hand hygiene. Prophylaxis for contacts after an occurrence of one or more case of invasive S. pneumoniae disease is not recommended. All contacts should have their immunization status verified and brought up to date. Contact ADPH for additional guidance.

References:  
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Control of Communicable Diseases Manual, 20th Edition. 2015. American Public Health Association  
Managing Infectious Diseases in Childcare and Schools: A Quick Reference Guide, 4th edition. 2017. American Academy of Pediatrics  
The Pink Book: Course Textbook - 14th Edition (2021) (<https://www.cdc.gov/vaccines/pubs/pinkbook/>)  
Centers for Disease Control and Prevention, <https://www.cdc.gov/>