

MANAGEMENT GUIDELINES FOR SELECTED COMMUNICABLE DISEASES

Persons with or in contact to a communicable disease may spread the disease through the community by virtue of their work duties or participation in group activities. Special restrictions, therefore, may apply. If necessary, persons in sensitive occupations or situations (SOS) shall be removed from these activities as long as they pose a danger of disease spread. The Disease Control Unit (DCU) of the County Health Department supervises the restriction and clearance of persons or contacts to persons in SOS.

Persons employed in *sensitive occupations* may include: health care providers, commercial food and milk handlers, teachers, child care workers, those treating, caring, or cooking for others, and other persons whose duties appreciably increase the rate of disease transmission.

Persons in *sensitive situations* may include: child care or nursery school children, patients in facilities for the developmentally disabled, frail elderly, immunosuppressed and institutionalized individuals.

DISEASE	REPORTING REQUIREMENT	INCUBATION PERIOD	CASE MANAGEMENT	CONTACT MANAGEMENT
Botulism (Infant, food-borne, wound)	Report immediately by telephone.	12-36 hours, sometimes several days.	Botulinum antitoxin, botulinum immune globulin available through county and state health departments.	No evidence of person-to-person transmission. If contact ate incriminated food, close medical observation.
Campylobacteriosis	Report within 1 working day.	1-10 days, average 3-5	Exclude from SOS while symptomatic. Requires clearance from DCU to return.	Exclude symptomatic contacts from SOS until negative specimen results obtained.
Chickenpox (Varicella)	Only reportable in cases of outbreak.	2-3 weeks, average 13-17 days.	Isolate until lesions heal and at least five days after rash onset.	No restrictions. Susceptible unless immunized or history of disease. Refer immunocompromised people and/or pregnant women to MD immediately.
Chlamydia	Report within 7 days.	Poorly defined, probably 7-14 days or longer.	Advise to refrain from sexual intercourse until treatment (of case and contacts) is completed.	Prophylax sexual partners.
Diphtheria	Report immediately by telephone.	2-5 days, occasionally longer.	Strict isolation until cleared by DCU. Immediate hospitalization.	Test all contacts. Exclude contacts in SOS until negative culture results obtained. Observe carefully for 7 days after last exposure.

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E. Coli 0157:H7	Report immediately by telephone.	Ranges from 3-8 days.	Exclude from SOS. Requires clearance from DCU to return.	Test all symptomatic contacts and asymptomatic contacts if in SOS. Exclude symptomatic contacts from SOS until negative specimen obtained.
Giardiasis	Report within 7 days.	6-22 days. average 7-10 days .	Exclude from SOS until 3 days of treatment completed and diarrhea resolved.	Exclude symptomatic contacts from SOS until negative specimen results obtained.
Gonorrhea	Report within 7 days.	2-7 days.	Advise to refrain from sexual intercourse until treatment (of case and contacts) is completed.	Examine, test and treat sexual partners. Treat all infants born to mothers with gonococcal infections. Prophylax all infants after birth with ophthalmic ointment.
Haemophilus Influenzae Type B, Invasive Disease; HIB meningitis	Report within 1 working day.	Unknown. Probably short, 2-4 days.	Isolate until 24 hours of anti-biotic therapy completed. Give Rifampin prior to hospital discharge to eliminate nasal carriage.	Prophylax household contacts in those households where there are 1 or more infants, age <12 months or inadequately immunized children 1-3 years of age. Consider Rifampin prophylaxis of staff and children in day care center classrooms. Observe all contacts under 6 years of age for signs of illness.
Hepatitis A	Report within 1 working day.	15-50 days, average 28-30 days.	Exclude from SOS for one week after onset of jaundice.	No restrictions. Susceptible unless immunized or history of disease. Susceptible household and/or other close contacts should receive immune globulin within 2 weeks of last exposure.
Hepatitis B, acute or chronic	Report within 7 days.	Variable, average 2-3 months.	No restrictions, use universal blood/body fluid precautions.	No restrictions. Susceptible unless immunized or history of disease. Vaccinate with HBV and HBIG: a) Infants born to HBsAg+ mothers within 12 hours of birth; b) Sexual contacts to acute cases/chronic carriers within two weeks of last exposure. (If more than 2 weeks since last exposure, give HBV only.) c) Other accidental/occupational exposure to known infectious blood within 24 hours.
Hepatitis C, Hepatitis Non-A, Non-B.	Report within 7 days.	Variable, average 6-9 weeks.	No restrictions, use universal blood/body fluid precautions.	No restrictions.

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Measles (Rubeola, 10 Day Measles, Hard Measles)	Report within 1 working day.	8-13 days, average 10 days from exposure to fever and 14 days to rash onset.	Isolate until 5 days after rash onset.	Susceptible unless immunized, history of disease or born before 1957. Vaccinate susceptibles within 72 hours or administer immune globulin within 6 days. Quarantine susceptible contacts for 2 weeks after onset of rash of last case.
Meningococcal Infections	Report immediately by telephone.	1-10 days, average 3-4 days	Isolate until 24 hours of antibiotic therapy completed. Give Rifampin prior to hospital discharge to eliminate nasal carriage.	Prophylax household, child care center and other intimate contacts preferably within 24 hours of diagnosis of primary case. Observe carefully for development of febrile illness.
Mumps	Report within 7 days.	2-3 weeks, average 18 days.	Isolate for 9 days after onset of swelling.	Susceptible unless immunized, history of disease or born before 1957. Quarantine susceptibles from SOS from 12 th to 25 th day after exposure.
Pertussis (Whooping cough)	Report within 1 working day.	1-3 weeks, usually 7-10 days	Isolate until 3 weeks after paroxysmal cough onset or 5 days of appropriate antibiotic treatment completed.	Prophylax household/close contacts regardless of immunization status. immunize if under 7 years and received less than 4 doses pertussis-containing vaccine or 4 th dose \geq 3 years ago. Carefully observe for respiratory symptoms for 14 days after last contact.
Plague	Report immediately by telephone.	1-7 days	Strict isolation until 48 hours of effective antibiotic therapy completed and clinical improvement.	Prophylax household (face to face) contacts close to case of pneumonic plague. Observe carefully for 7 days after last exposure. If contact refuses prophylaxis, strict isolation for 7 days.
Rabies, human or animal	Report immediately by telephone.	For humans, varies- 9 days to several years. Average 3-8 weeks.	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> See Rabies Post Exposure on this web site for post-exposure prophylaxis guidelines. </div>	
Rubella (German Measles)	Report within 7 days.	2-3 weeks, average 18 days.	Isolate for 7 days after rash onset.	No restrictions. Susceptible unless immunized or history of disease. Refer to MD if pregnant or immuno-compromised.

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Salmonellosis	Report within 1 working day.	6-72 hours, average 12-36 hours.	Exclude from SOS. Requires clearance from DCU to return.	Test all symptomatic contacts and asymptomatic contacts if in SOS. Exclude symptomatic contacts from SOS until negative specimens obtained.
Shigellosis	Report within 1 working day.	12-96 hours average 3 days	Exclude from SOS. Requires clearance from DCU to return.	Test all symptomatic contacts and asymptomatic contacts if in SOS. Exclude symptomatic contacts from SOS until negative specimens obtained.
Syphilis	Report within 1 working day.	10 days to 3 months, average 3 weeks.	Advise to refrain from sexual intercourse until treatment (of case and contacts) is complete. Use universal blood/body fluid precautions for infants with congenital syphilis until 24 hours of treatment completed.	Examine, test and treat sexual partners. Treat seronegative sexual contacts if last exposure within past 3 months. Treat all infants born to seroreactive mothers.
Tetanus	Report within 7 days.	3-21 days, average 10 days.	Not transmissible person to person.	Maintain active protection by administering booster doses of tetanus vaccine every 10 years.
Tuberculosis	Report confirmed or suspected cases of active disease within 1 working day. Report TB infection in converters and children age ≤6 years within seven days.	From infection to development of positive reaction to skin test 2-10 weeks. Months to years between infection and disease.	Respiratory isolation for cases of active pulmonary disease. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">For more information on management of TB, please contact the TB Control Program at 454-4114.</div>	Identify and skin test household and other close contacts.