

Table of Communicable Diseases

Disease	Signs & Symptoms	Incubation	Communicability	Prevention
Chicken pox – varicella zoster virus; viral disease	Esp seen winter & spring. Resp symptoms, malaise (not feeling well), low-grade fever followed by rash starting on face & trunk spreading to rest of body. Fluid filled vesicles rupture & scab over within 1 week.	10-21 days	Thru inhalation of airborne droplets & direct contact of weeping lesions & contaminated linens.	Mask patient. Provider should avoid contact if they've never had chicken pox. Vaccination now available (1995) and part of childhood immunizations. Pt isolated until all lesions crusted over and dry.
Common cold (viral rhinitis)	>200 strains of viruses cause the common cold. Course mild, often without fever and without muscle aching.	12 hours – 5 days (average 48 hours)	Direct contact, airborne droplet, contaminated hands and linens.	Handwashing
Conjunctivitis (pink eye)	The clinical syndrome begins with tearing, irritation & redness of eye(s) followed by edema of lids, photophobia (light sensitivity) & pus drainage. Course lasts from 2 days up to 2-3 weeks.	24-72 hours	Contact with discharge or upper respiratory tract of infected persons (fingers, clothing, eye make-up). Communicable during course of active infection.	Good personnel hygiene. Daily laundering of bed linens including pillowcase and towels. Use wash cloth on unaffected eye first and then launder after use. No school during acute stage. Tx with antibiotic eye medications.
Hepatitis – inflammation of the liver due to multiple causes (virus most common)	Signs & symptoms generally same for all forms: Headache; fever; weakness; joint pain; anorexia; nausea; vomiting; RUQ pain; jaundice; dark urine; claycolored stools			Most important is avoidance of contact with blood and body fluids of all persons.
Hepatitis A – infectious or viral	May have no symptoms. Adults may have abdominal pain, loss of appetite, nausea, diarrhea, light colored stools, dark urine, fatigue, fever & jaundice.	15-50 days; average 30 days. Disease follows mild course & lasts 2-6 weeks	Fecal-oral route. Virus lasts on hands about 4 hours. More comm. latter half of incubation & most during 1 st week of symptoms	Vaccines in active areas (active immunity). Good handwashing. There is no long term chronic infection.
Hepatitis B – serum hepatitis	It can take 1-9 months before symptoms develop. Some have mild flu-like symptoms. Dark urine, light colored stools, fatigue, fever & jaundice. Can develop acute hepatitis, cirrhosis, liver cancer.	4-25 weeks; average 8-12 weeks	Direct contact (blood, semen, vaginal fluid, saliva). Can become asymptomatic chronic carrier capable of transmitting disease to others.	Vaccination 90% effective. Virus stable on surfaces with dried blood for 7 days.
Hepatitis C Leading cause of cirrhosis & liver cancer.	Chronic condition in 85% of infected people. Liver fibrosis into cirrhosis in 20% of infected people.	2-25 weeks; avge 7-9 weeks. Disease may be dormant 10-20 years before symptoms.	Contact with infected blood primarily with IV drug use & sexual contact.	Since 1989 screen blood for HCV. No vaccine due to high mutation rate.
HIV – a virus that attacks the immune system & causes AIDS (a collection of signs & symptoms)	Mono-like syndrome, fatigue, fever, sore throat, lymphadenopathy, splenomegaly, rash, diarrhea. Skin lesions (Kaposi's sarcoma); opportunistic infection (Pneumocystis carinii pneumonia, Tb)	Variable. May develop Detectable antibodies 1-3 months. Variable time from HIV infection to diagnosis of AIDS.	Bloodborne through blood & body fluids	Universal standard precautions Death is usually from the opportunistic diseases that take advantage of the patient's weakened systems
Influenza (flu) Viral disease	Epidemics usually in winter. Sudden onset fever for 3-5 days, chills, tiredness, malaise (not feeling well), musculoskeletal aches, nasal discharge, dry cough, mild sore throat.	1-4 days Peak flu season is late December through March.	Direct contact especially in crowded areas via airborne. The virus can persist on surfaces for hours but indirect contact is less common. Contagious 1 day prior to being sick up to 3-7 days after 1st symptom	Vaccination available annually; most effective if received from September to mid-November. Treatment is symptomatic (rest, fluids, OTC med for fever & aches).

	Children can also experience GI symptoms of nausea, vomiting & diarrhea although this is uncommon in adults. "Stomach flu" with GI symptoms is caused by other viruses			
Measles (rubeola, hard measles)	Initially symptoms of severe cold with fever, conjunctivitis, swollen eyelids, photophobia, malaise, cough, nasopharyngeal congestion, red bumpy rash lasting about 6 days	7-14 days; average 10 days	Inhalation of infective droplets & direct contact. Highly communicable virus mostly before prodrome starts (early or impending disease time), to about 4 days after rash appears.	Handwashing critical. MMR vaccination part of childhood program.
Meningitis – inflammation of meninges caused by bacteria & viruses	Viral meningitis – most common type of meningitis; self-limited disease lasting 7-10 days. Bacterial – very serious infection; fever, chills, headache, nuchal rigidity (stiff neck) with flexion, arthralgia (achy joints), lethargy, malaise (ill feeling), altered mental status, vomiting, seizures.	2-4 days up to 10 days	Resp droplets; contact with oral secretions, crowding, close contact, smoking, lower socioeconomic status. Viral meningitis can also be spread via contact with feces of infected person.	Practice good handwashing. Mask for pt and self. Universal precautions. Post exposure antibiotics started within 24 hours. Vaccination now part of childhood series (Haemophilus influenza type B).
Monkeypox	Rare viral disease. 12 days after exposure get fever, headache, muscle aches, backache, swollen lymph nodes, tired. Rash 1-3 days after fever; often starts on face as fluid filled bumps & the spreads.	12 days	From an animal with monkeypox if bitten or touch the animal's blood, body fluids, or its rash. Person-to-person from large Respiratory droplets during long periods of face-to-face contact or touching body fluids or contaminated objects of infected persons.	No specific treatment. Possibly the smallpox vaccine to prevent against getting.
MRSA – Methicillin resistant staphylococcus aureus	Usually found in ill patients who are multidrug resistant. Often in open wounds, post-op wounds, around Ctube sites.		Usually spread from infected patients via hands of HCW & inanimate objects (B/P cuff, stethoscope).	Handwashing after any patient contact. Wear gloves when doing pt contact. Protective gowns when in contact with infected linens. Avoid sharing of equipment. HCW can be colonized with MRSA (not common) but often are not ill & are not at risk to other healthy persons (peers, family).
Mumps (Acute viral disease)	Painful enlargement of salivary glands. Feverish cold followed by swelling & stiffening of parotid salivary gland in front of ear. Often bilateral. Earache, difficulty chewing & swallowing. Glands tender to palpation.	12-25 day	Resp droplets & direct contact with saliva of infected pt. Communicable 3 days before to about 4 days after symptoms start. Risk of contracting disease is minimal.	Standard BSI. MMR vaccination is standard for childhood immunizations. Adults born after 1956 should get at least 1 dose of MMR.
Pertussis – whooping cough	1st phase – common cold symptoms lasts 1-2 weeks. 2nd phase lasts month or longer. No fever. Mild	6-20 days	Transmitted via respiratory secretions or in an aerosolized form. Highly Contagious except in 3rd	Mask pt. DPT vaccination in childhood series (not sure how long immunity lasts).

	cough that can become severe & violent, productive. 3rd phase – frequency and severity of coughing decreases.		phase. Communicability greatest before 2nd phase.	
Pneumonia	Chills, high fever, dyspnea, pleuritic chest pain worsened by deep inspiration, cough, crackles & wheezes heard on breath sounds		Highest risk are the non-healthy populations	Masks. Vaccination available esp for children <2 years old and adults >65 and for those postsplenectomy
Rubella – German measles; virus	Generally milder than measles. Sore throat, low grade fever. Fine pink rash on face, trunk & extremities lasting about 3 days.	12-19 days	Inhalation of infective droplets	Mask pt. MMR vaccination part of childhood program.
SARS (severe acute respiratory syndrome)	Viral disease. Fever >100.4oF, chills, headache, body achiness, respiratory complaints (cough, SOB, dyspnea, pneumonia), pulse ox <94% room air, travel within 10 days of symptoms to Ontario, Canada, People’s Republic of China, Vietnam, Taiwan, &/or Singapore OR close contact with symptomatic person within 10 days of symptoms.	Typically 2-7 days up to 10 days	Respiratory droplets when coughing or sneezing droplets into air. Can touch infectious material on environmental surfaces and bring to your eyes, nose, mouth by unwashed hands	Fit tested N-95 respirators for caregivers within 6 feet of patient. Patient to also wear N95 mask. Caregivers to wear gloves, gowns, goggles, and face shields. Proper handwashing extremely important. Wear protective gear when cleaning equipment and rig. Avoid aerosolizing infectious material.
Scabies	A parasitic disease of skin caused by a mite. Penetration is visible as papules, vesicles, or tiny linear burrows containing mites & their eggs. Lesions prominent around finger webs, anterior surfaces of wrists & elbows, anterior axillary folds, belt line, thighs, external genitalia in men, nipples & abd & lower portion of buttocks in women. Itching intense esp at night. Complications limited to lesions that get infected from scratching.	2-6 weeks before onset of itching. Reexposure – symptoms develop in 1-4 days.	Transmitted skin to skin contact. Transfer from underwear & bedclothes only if immediate contact. Communicable until eggs & mites are destroyed by tx, ordinarily 1 or occasionally 2 courses of tx 1 week apart.	Educate on mode of transmission & need for early diagnosis & tx. No work or school until day after tx started. Contact isolation. Disinfection for clothes & bed sheets used 48 hours prior to start of tx. Tx is a topical solution.
Shingles (varicella- zoster virus) Second outbreak of the chicken pox virus.	Localized manifestation of vesicle with red base on skin areas. They follow a nerve tract most often on the chest wall & are usually unilateral & linear. Severe pain & paresthesia (tingling, prickling sensation) are common. Rash or blisters present 1-14 days.		Shingles itself is not contagious but contact with someone with shingles could lead to chicken pox in someone who never had it	After chickenpox, the virus is dormant in nerve tissue; as we age, the virus may reappear as shingles when the dormant virus becomes active. Most common in persons >50.
Smallpox – serious, contagious & sometimes fatal disease (30% mortality rate). Last case in USA in 1949 (in the world was 1977 in Somalia). Caused by variola virus. Humans only known natural hosts of variola. One confirmed case qualifies as a public health emergency.	1st symptoms last 2-4 days: high fever, malaise (not feeling well), head & body aches, sometimes vomiting. Best to isolate the patient at time of fever & not to wait for development of rash. Next 4 days (most contagious): rash emerges 1st as small red spots on tongue & in mouth. Spots turn into sores that break open & spread virus	12-14 days but can range 7-17 days. Not contagious until the rash emerges.	Stable in aerosol form. Spread directly from person to person primarily by droplet or aerosol. Could also be spread via contaminated clothing or bed linens. Those most at risk are those with close contact (live in the same home or have spent at least 3 hours in the same room with someone who has smallpox).	No treatment currently. Vaccinations stopped in 1972 in the USA. Autoclave clothing & linens. Contaminated surfaces should be washed with hypochlorite (bleach) & quaternary ammonia. Treatment is supportive in nature. Vaccination within 3 days will prevent or significantly modify smallpox for most. Vaccination 4-7 days post exposure may offer some protection or modify severity of

	<p>into mouth & throat. Then rash develops spreading on whole body within 24 hours. Rash becomes raised bumps that become liquid filled.</p> <p>Next 5 days (still contagious): bumps become pustules (sharply raised, round & firm bumps).</p> <p>Next 5 days (still contagious): pustules begin to form a crust & then scab.</p> <p>Next 6 days (still contagious): scabs begin to fall off leaving marks on skin that eventually turn into pitted scars.</p> <p>Contagious until all scabs fall off: (about 3 weeks after rash appears). Scabs must be properly disposed of as they fall off</p>			<p>disease. For those vaccinated, the site needs to be kept covered & dry. The bandage should be changed every 1-2 days keeping the site covered with clothing. Avoid spread of vaccinia virus to other parts of body with good handwashing especially after touching the bandage or vaccination site.</p>
<p>Tuberculosis (Tb) – bacterial disease</p>	<p>Primarily affects resp system. May spread to other organ systems. Development of disease about 6-12 months after infection. Chills, fever, fatigue, productive or non-productive chronic cough, weight loss, night sweats, hemoptysis. TB infection – person has the bacteria but are not sick & not capable of spreading the disease. May become ill if health status changes. May be treated prophylactically for now.</p> <p><u>TB disease</u> – person ill, is capable of spreading the disease. Needs meds.</p>	<p>4-12-weeks</p> <p>Persons most susceptible: HIV, close contact with TB pt, immunocompromised, foreign borne in country with high TB rate, Some HCW & prison guards, malnourished, ETOH & drug users.</p>	<p>Most commonly through airborne resp droplets. Repeated exposure is generally necessary to become infected so prolonged exposure increases risk.</p>	<p>Universal precautions. Mask pt and self. The TB organism dies when exposed to light & air. Skin test annually. If the TB skin test is positive, will still need to be evaluated to determine if the TB is active. Incidence of TB rose in 1985, started to decline in 1992 to date probably due to improved control programs. TB can be cured with meds.</p>
<p>VRE – Vancomycin resistant enterococcus.</p>	<p>Most susceptible are those with weak immune systems or those treated with many antibiotics. Most often found in stool. Also in urine, blood, infected wounds, other body fluids (or wherever it can be carried by the bloodstream)</p>		<p>Highly communicable with direct & indirect contact</p>	<p>Hardy germ; can survive on hard surfaces 5-7 days & on hands for hours. Easy to kill with good handwashing. Protective gowns and gloves to be worn.</p>
<p>West Niles Virus</p> <p>(West Nile fever – mild disease with flu-like symptoms that last few days, no long term health effects).</p> <p>(West Nile Encephalitis or Meningitis– Less than 1% of those infected. The most severe form of infection. Encephalitis is inflammation of the brain and meningitis is inflammation of the membranes of the brain.</p>	<p>Most victims asymptomatic. Mild infection (20% of those infected): fever, headache, body aches, occ ras on trunk, swollen lymph glands. Symptoms generally last 3-6 days.</p> <p>Severe infection (less than 1%): headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, paralysis. Encephalitis reported more commonly than meningitis.</p>	<p>Usually 3-14 days</p> <p>Infection is suspected based on clinical symptoms and history and confirmed with a laboratory test measuring the antibodies that are produced early.</p>	<p>The disease is spread by a bite of an infected mosquito or blood transfusion of contaminated blood. The virus is in the blood a very short time; people develop an antibody for further protection.</p> <p>The disease is not transmitted from person to person.</p>	<p>Avoid activities that expose you to mosquito bites; use insect repellent sparingly and one that contains DEET. Use netting over infant carriers. Try to avoid the outdoors at dawn, dusk & early evening. There is no specific treatment, but supportive care for symptoms. Infections do not last very long.</p>

<p>Avian or Bird Flu</p> <p>A contagious disease of animals caused by viruses that normally affect only birds and occasionally pigs. Wild birds carry the disease but rarely get sick. Domesticated birds get sick & die. Concern is mutation to humans</p>	<p>Typical influenza-like symptoms: Fever, cough, sore throat, muscle aches, eye infections (conjunctivitis), acute respiratory distress, viral pneumonia.</p>	<p>Be cautious of patients with recent travel within last 10 days to countries with the bird flu activity:</p> <ul style="list-style-type: none"> • 9 Asian countries • Russia • Kazakhstan • Mongolia • Turkey • Romania <p>Now considered free of disease: Japan, the Republic of Korea, and Malaysia</p>	<p>Direct contact with infected poultry, contaminated surfaces and objects contaminated with animal feces. Human exposure is most likely during slaughter, defeathering, butchering and preparation for cooking. The bird flu is not transmitted through fully and properly cooked food.</p>	<p>Good handwashing before and after food preparation. Practice good hygiene during food preparation. Avoid contact with juices from raw poultry mixing with other items to be eaten. Properly and fully cook poultry. Fully cook eggs – no runny yolks. Normal cooking temperatures kill the virus. Thorough cleaning and disinfecting of surfaces in contact with raw poultry (soap and water is adequate).</p> <p>Patient treatment: treat patients with severe febrile respiratory illness with standard precautions (good handwashing) including gloves, gowns, eye protection if within 3 feet of patient, and airborne precautions (N95 mask). Continue precautions for 14 days after onset of symptoms. Recommended that healthcare workers get vaccinated with the current "flu" vaccine.</p>
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