

Illness	Rash Description	Other Symptoms	Agent	Period of Communicability	Exclusion/Attendance
Chickenpox	<ul style="list-style-type: none"> • Rash begins on face and trunk and progresses to extremities where it is most concentrated • Lesions progress from flat to raised and become a vesicle before crusting; several stages are present at the same time • Vesicles are very itchy • "Break-through" cases may have a mild flat and raised rash that may be itchy 	Low-grade fever and malaise	Herpes Zoster virus	Up to 5 days prior to onset of rash until lesions have crusted over (usually 7 days) or in cases of "break-through" disease until the lesions have faded	Exclude from school and public gatherings until vesicles become dry or lesions have faded
Fifth Disease (erythema infectiosum)	<ul style="list-style-type: none"> • Rash begins as a slapped-cheek appearance with warmth to the cheeks that may disappear before progresses to the trunk, extremities and feet • Flat and raised red rash that appears "lace-like" • Rash may be itchy 	Low-grade fever, malaise and mild cold symptoms	Human parvovirus (B-19)	7 days prior to onset of rash	<p>Recommend exclusion if fever is present, individual is no longer contagious after appearance of rash</p> <p>Pregnant women with illness or exposure need to seek medical advice</p>

Hand/Foot and Mouth Disease (vesicular stomatitis with exanthema)	<ul style="list-style-type: none"> Rash begins as small red spots that blister and become ulcers on the tongue, gums and inside of cheeks and progresses to a rash that is located on the palms of hands, soles of feet and appear on the buttocks and genitalia. Flat and raised red spots that may form blisters No itch – oral lesions can be very painful 	Low-grade fever, sore throat and malaise prior to onset of rash	Enteroviruses	Acute stage of illness and possibly longer – virus is shed in the stool	Recommend exclusion during first 2-3 days of acute illness. May consider exclusion for those with oral blisters who drool or have lesions on hands that are weeping.
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Measles	<ul style="list-style-type: none"> Rash begins at hairline and ears progressing to trunk, arms and legs <ul style="list-style-type: none"> Flat and raised, pinkish-red, color changes to reddish-brown and becomes confluent on trunk Slight itch (if any) 	High fever, malaise, cough, coryza conjunctivitis, runny nose, Koplik spots	Measles virus	4 days before onset of rash through 4 days after the rash appears	Index Case: Exclude from school and contact with individuals outside home for 4 days after appearance of rash Contacts: Contacts with no history of immunization excluded until 14 days after onset of last measles case.
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Pityriasis rosea	<ul style="list-style-type: none"> Rash begins as an initial (herald) patch in ½ of cases that is salmon-pink, scaly and enlarges in size to about 0.5" that is on the trunk or upper extremities. Within 21 days secondary lesions spread over the trunk and extremities Secondary lesions are red and scaly Rash is usually itchy 	None	Inflammatory skin disease	Not a communicable condition – treated with anti-pruritic therapy	Do not exclude
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Rubella	<ul style="list-style-type: none"> Rash begins on face and progresses to trunk within 24 hours Flat and raised pink, discrete, rash that may be absent and often fades or turns red without desquamation. Most evident after hot shower Slight to no itch 	Low-grade fever, joint pain (adolescents and adults), enlarged and tender lymph nodes at the back of the neck	Rubella virus	7 days prior to the onset of rash through 4 days after the rash appears	<p>Index Case: Exclude from school and contact with individuals outside the home for 7 days after the onset of rash</p> <p>Contacts: Students without proof of immunity are excluded until 23 days after the onset of last rubella case</p> <p>Pregnant women with illness or exposure need to seek medical advice</p>
Scabies	<ul style="list-style-type: none"> Rash is manifested as crusts, vesicles, pustules, blisters or tiny papules that are usually very itchy Most common in webs of fingers, hands, wrists, armpits, groin and elbows 	Scratching of rash can become infected with <i>Streptococcal</i> or <i>Staphylococcal</i> bacteria	<i>Sarcoptes scabiei</i>	From time of infection until 1 day after treatment	Exclude from school until 1 day after treatment.

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Scarlet Fever	<ul style="list-style-type: none"> Rash begins upper chest and progresses to trunk, neck and extremities within 24 hours Pinkish-red pinhead spots that blanch under pressure and feel similar to sandpaper (can often be felt easier than seen) 	<p>High fever, sore throat and nausea. The tongue is covered with white "fur" before peeling and developing into strawberry tongue.</p> <p>Diagnosis is made with positive throat cultures for strep</p>	Group A Strep	Onset of symptoms until 24-48 hours after treated with antibiotics	Exclude until at least 24 hours after beginning antibiotic therapy
Shingles	<ul style="list-style-type: none"> Unilateral rash in a line distribution of a sensory nerve Clusters of blisters on a red base that scab in 3-5 days No itch – can be painful 	<p>Pain, itching or tingling in the area where the rash develops (prior to the appearance of rash), fever, headache, chills and nausea</p>	Herpes Zoster virus	<p>From the time blisters appear until lesions have crusted over</p> <p>Susceptible persons who come in direct contact with lesions would acquire chickenpox, not shingles</p>	<p>Do not exclude if site of infection can be covered as the individuals are not considered to be highly contagious</p> <p>Individuals who are immunosuppressed are at the greatest risk for getting shingles</p>