

**INCUBATION PERIODS OF THE COMMONER COMMUNICABLE DISEASES**

(References Communicable Disease Control Handbook – Dr J Hawker, Dr N Begg, Dr Iain Blair, Dr R Reintjes & Prof J Weinberg)

Disease	Normal Incubation Period	Method of Spread	Period of infectivity	Normal Period of Exclusion	Management of Contacts
<p><b>Chickenpox</b> Varicella-zoster virus</p> <p><b>Vaccine preventable</b></p>	<p>1 – 3 weeks Usually 15 – 18 days</p>	<p>Direct contact with lesions and Inhalation</p> <p><b>NB</b> Shingles (herpes zoster) is caused by a re-activation of the chicken pox virus</p>	<p>From 48 hours prior to the onset of the rash appears until the scabs are dry</p>	<p>Until scabs are dry – usually 5 – 7 days after appearance of last crop of lesions</p>	<p>If a pregnant woman is in contact with a case of chickenpox and her own history is unclear. Urgent advice must be sought from a medical microbiologist as VZIG may be appropriate</p>
<p><b>Conjunctivitis</b></p>	<p>24 – 72 hours</p>	<p>Direct or Indirect contact</p>	<p>During the course of active infection (could be up to 14 days)</p>	<p>Exclusion is not necessary unless an outbreak occurs</p>	
<p><b>Cytomegalovirus</b></p>	<p>Uncertain</p>	<p>Contact with saliva, blood, urine, breast milk, semen, vaginal secretions of an infected person</p>	<p>From months to years</p>	<p>Until clinically well</p>	<p><b>NB</b> Infection is generally asymptomatic, but primary infection during pregnancy may result in foetal infection and congenital abnormality</p>

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<b>Diarrhoea and Vomiting Campylobacter</b> (bacteria)	Up to 10 days (Usually 2 – 5 days)	Ingestion/faecal/oral (undercooked meat)	Whilst diarrhoea is present	Until 48 hours after first normal stool	Report Cases to Infection Prevention & Control Team.
<b>Clostridium Difficile</b> (bacteria)	Spore forming bacterial that can live in the environment for indefinite periods	Usually pre disposing factor of history of antibiotics. Person to Person	Whilst Diarrhoea is present	Until 72 hours after first normal stool	
<b>Cryptosporidium</b> (Protozoan)	1 – 28 days usually 7 – 10 days	Ingestion/faecal/oral (contaminated water)	As long as organism is present	Until 48 hours after first normal stool	

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<p><b>E. Coli 0157 (VTEC)</b> (bacteria)</p>	<p>1 – 9 days (Usually 3 - 4 days)</p>	<p>Contaminated livestock/food Ingestion/faecal/oral (can cause haemorrhagic colitis and HUS)</p>	<p>As long as organism is present</p>	<p>For food handlers: Until organism is cleared for 2 consecutive negative faecal specimens <b>Exclusions</b> 48 hours after the first normal stool for cases not in risk groups. Cases and contacts in risk groups A to D until microbiological clearance is obtained <b>Group A:</b> Any person of doubtful personal hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school. <b>Group B:</b> Children who attend pre-school groups or nursery. <b>Group C:</b> People whose work involves preparing or serving unwrapped foods not subjected to further heating. <b>Group D:</b> Clinical and social care staff who have direct contact with highly susceptible patients or persons in whom a gastrointestinal infection would have particularly serious consequences</p>	<p>Contacts in risk groups A to D should be screened microbiologically, initially to identify excretes and subsequently for microbiological clearance.</p>

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<b>Norovirus</b> (Norwalk like virus and small round structured virus)	1 – 2 days	Person to person, Air borne	As long as organism is present	Until 48 hours after first normal stool	
<b>Giardia</b> (Protozoan)	5 - 25 days	Ingestion/faecal	Whilst cysts are present in stools but mainly whilst Diarrhoea is present	Until 48 hours after first normal stool	Report Cases to Infection Prevention & Control Team.
<b>Salmonella</b> (bacteria)	12 – 72 hours	Ingestion/faecal (reptiles and birds reservoir)	As long as organism is present	Until 48 hours after first normal stool	
<b>Shigella</b> (Dysentery)	1 – 7 days	Faecal/oral and food contamination	As long as organism is present	Until 48 hours after first normal stool <b>Exclusions</b> <i>S. sonnei</i> : 48 hours after first normal stool. <i>S. dysenteriae</i> , <i>S. flexneri</i> , <i>S. boydii</i> (microbiological clearance). <b>Microbiological clearance</b> Cases and contacts of <i>S. dysenteriae</i> , <i>S. flexneri</i> , <i>S. boydii</i> in risk groups A to D – two negative faecal specimens taken at intervals of not less than 48 hours.	

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<b>All possible incidences of food poisoning MUST be notified to the Public Health England on 0300 303 8537</b>					
<b>Glandular Fever</b> (Epstein Barr Virus)	4 – 6 weeks	Saliva	Prolonged May persist for a year after infection	Until clinically well	
<b>Hand, foot and Mouth Disease</b> (virus)	3 -5 days	Direct contact with nasal and throat secretions and droplet. Contact with faeces of infected person	Immediately before and during acute stage of illness, perhaps longer as the virus may be present in faeces for weeks	Until clinically well	
<b>Head lice</b> (insect)	Eggs hatch and become mature in 1 – 2 weeks	Head to Head contact of 1 minute or longer	Whilst lice or viable eggs are present	There is no need to exclude	Inspect all contacts and treat only those who have live head lice. Inform all close contacts so can be treated if live lice found.
<b>Hepatitis A</b> (virus)	2 – 6 weeks (commonly 28 days)	Faecal – oral spread. May also be spread by contaminated food or water. Occasionally through blood	A week before the onset of illness until 7 days after jaundice first appears.	Seven days from onset of jaundice and when clinically well	Consider vaccination of close contacts (within 7 days) HNIG if over 7 days and at risk of adverse outcome from Hep A. Vaccinate with HAV at same time.

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<b>Hepatitis B</b> (Blood Borne Virus) <b>Preventable by vaccination</b>	3 – 6 months	Predominantly blood, semen, and vaginal secretions, but also found in other body fluids	From many weeks before symptoms develop until shown to be serologically negative (indefinitely in the chronic carrier stages)	Exclusion not necessary, unless clinically unwell.	Vaccine, and in some circumstances HBIG may be required for contacts. Discuss with infection control team Urgent referral to GU Medicine clinic may be required for sexual contacts.
<b>Hepatitis C</b> (Blood borne virus)	1 –2 months	Predominately blood but also found in other bodily fluids	Whilst infection is present in blood it will remain infectious to others	Exclusion not necessary, unless clinically unwell.	Refer all cases to Genito-urinary medicine clinic to ensure appropriate contact tracing. treatment and follow-up.
<b>Herpes Simplex</b> (Cold sores and genital herpes) (virus)	2 – 12 days	Direct contact with lesions.	A person may remain infectious for life. Dormant virus may re-activate.	None	Refer to Genito-Urinary medicine clinic for genital herpes
<b>HIV</b> <b>Human Immunodeficiency Virus</b> (Blood Borne Virus)	Variable	Predominantly blood, semen, vaginal secretions and breast milk	Life long	None	Refer to Genito-urinary medicine clinic to ensure appropriate contact tracing
<b>Impetigo</b> (bacterial skin infection)	1 – 4 days	Direct contact with lesions	Until the lesions are healed or until 24 hours after the start of effective treatment	At least 24 hours after commencement of treatment	

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<b>Influenza</b> (seasonal flu – Virus) <b>Annual Vaccination available for “at risk groups”</b>	1 -3 days	Droplet and indirect spread from contaminated hands	Up to 7 days after the onset of symptoms	Until clinically well	Annual Vaccination for risk groups is recommended Anti-viral treatment may be prescribed for ‘at risk’ contacts.
<b>Legionella</b> (bacteria causes legionnaires disease a form of pneumonia)	2 – 10 days	Inhalation of air that is contaminated with water droplets containing legionella bacteria	Legionella is not passed person to person	None	All cases must be reported Public Health England to ensure appropriate environmental investigation
<b>Leptospirosis</b> (Weils Disease) (bacteria spread in animal urine)	7 – 13 days	Direct or indirect contact with Urine from infected wild animals or rats. Contaminated water (rivers etc) (including sewers/sewage)	Up to 2 weeks	None	No contact tracing but a notifiable disease
<b>Lyme Disease</b> (bacteria)	3 –32 days	Borrelia Burgdorferi bacteria transmitted to humans by bite from infected tick	Lyme disease is not passed from person to person	None	
<b>Measles</b> (Virus and Vaccine preventable MMR)	8 – 13 days (Usually 10 days)	Respiratory droplet, nose or throat secretions or articles soiled with these secretions.	From slightly before the onset of fever and 4 days before and 4 days after the appearance of rash	Until 4 days after the onset of rash	Vaccination of unimmunised contacts is urgent. HNIG may also be required. Salivary diagnostic kit available from PHE.

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<p><b>Meningitis:</b> - Inflammation of the lining of the brain and spinal cord, maybe caused by bacteria, viruses and fungi                      It is essential that if meningitis is suspected medical help is sought urgently as prompt treatment can be life saving.                      The cause will not be known until further investigations occur. (Please see section following this table).                      Bacterial causes include: -</p>					
<p><b>a) Meningococcal disease</b> (meningitis and/or septicaemia)                      Neisseria meningitidis (groups B &amp; C in UK)</p>	2 – 10 days (3-4 mean)	Spread by droplets, usually only to close contacts e.g. household or kissing contacts	Until 24 hours effective antibiotic therapy	Until clinically well	Inform PHE-Essex <b>Public Health England on 0300 303 8537</b> immediately suspected – for contact tracing. No reason to exclude close contacts from school etc.
<p><b>b) Haemophilus Influenzae type B</b> (rare since Hib vaccine introduced)</p>	2 – 4 days	Spread by droplets, usually only to close contacts e.g. household or kissing contacts	Until 24 hours effective antibiotic therapy	Until clinically well	Inform <b>Public Health England on 0300 303 8537</b> immediately suspected – for contact tracing. No reason to exclude close contacts from school etc
<p><b>c) Streptococcus Pneumoniae</b> (Pneumococcal) (2 vaccines available)</p>	No Public Health action required				Reassure and advice to Contacts
<b>Viral Meningitis</b>	Variable	Droplet spread of the virus is infectious but not the meningitis	Usually 7 days	Until well	No management of contacts required but reassure and advice

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<b>Molluscum Contagiosum</b>	Usually 9 – 50 days but can be anywhere from 7 days to 6 months	Direct contact with the lesions	Unknown but probably as long as the lesions persist	None	
<b>Mumps</b> (Vaccine preventable MMR)	2 – 3 weeks	Respiratory droplets or Saliva	From 7 days before to 9 days after parotid glands first swell	Until 9 days after parotid gland first swells	Consider vaccination of unimmunised contacts. Notify cases to PHE-Essex who will advise on need for salivary test Notifiable Disease
<b>Parvovirus B19</b> (Slapped cheek syndrome)	After 4 – 20 days (usually 13 – 18 days)	Droplet. Rarely from mother to unborn baby	7 days before the onset of rash, until the onset of rash	Until clinically well	In pregnancy, it must be ensured that the women's obstetrician is informed of their contact with Parvovirus so that the unborn foetus can be monitored
<b>Ringworm</b> (fungal infection of the skin)  <b>Tinea Capitis</b> (scalp infection) (Laboratory methods should be used to confirm diagnosis)	2 – 3 weeks	Skin to skin contact from infected lesions or indirect from equipment e.g. showers, toilet articles or clothing	As long as lesions persist or until medication is started	Not necessary	Close contacts i.e. household and school contacts should be checked and treated if required

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<b>Rubella</b> (Vaccine preventable MMR)	2 –3 weeks	Droplet-coughing or direct contact with secretions from nose and throat	A week before to 4 days after appearance of rash	For at least 4 days after the appearance of the rash	<b>Notify</b> to PHE-Essex, who will advise on need to test saliva. Consider vaccination of unimmunised contacts. In pregnant women, who have been in contact with a case, and their immune status is unknown-consult the local microbiologist.
<b>SARS COV-2 (Covid 19)</b>	Up to 14 days	Droplet and indirect spread from contaminated hands	10-14 days, see specific covid 19 guidance	14 days isolation in hospital settings, 10 days in home settings. Ensure afebrile for 48 hours before ending isolation and improvement in respiratory symptoms	All close contacts to isolate for 14 days
<b>Scabies</b>	Up to 8 weeks before the onset of itching in persons not previously exposed. Possibly straight away if previously exposed.	Prolonged direct skin to skin contact, sexual contact or rarely transferred from clothes or bed linen	Until after effective treatment with scabicial cream	Until after the first application of effective treatment	All close contacts to be treated in the same 24 hours. For outbreaks in residential establishments (e.g. care homes) contact PHE-Essex

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<b>Scarlet Fever</b> (Group A Streptococcus)	1 – 4 days	Droplet	Until 48 hours after antibiotic medication is started	Until 48 hours after medication is started	
<b>Shingles</b> (Re-activation of virus which is caused by previous chicken pox infection)		Shingles cannot be caught from a person infected with shingles, but if not immune to chickenpox, chickenpox can be caught through contact with fluid from the shingles lesions and throat secretions	As long as the lesions remain wet	Until the rash has crusted/dried	In pregnant women, who have been in contact with a case, and their immune status to chicken pox is unknown-consult the local microbiologist
<b>Threadworms</b>	Infective embryos develop within 5 – 6 hours of ingestion of eggs	Faecal – oral. Spread of eggs from scratching anal area	Until after effective treatment	Not necessary just ensure good hand hygiene	Treat whole family at the same time and repeat one week later

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<b>Toxoplasmosis</b> (parasite)	10 – 25 days	Ingesting water, food or soil contaminated with faeces from infected cats or meat infected with cyst form of parasite. Mother to foetus spread.	Cysts from parasite may remain for life	No exclusion, treatment only required for those at greater risk of severe Toxoplasmosis e.g. immuno-compromised	Risk if women catches during pregnancy of congenital Toxoplasmosis – seek expert guidance on treatment.
<b>Tuberculosis of lung (PTB)</b> (bacteria – mycobacterium tuberculosis complex) Targeted BCG vaccination programme Extra pulmonary TB (other parts of the body)	Usually 3 – 8 weeks (sometimes as long as 12 weeks)	Droplet (Spread usually requires close and prolonged contact)	Until 2 weeks after start of effective treatment	Until 2 weeks of effective treatment	Contact tracing in household and household equivalent contacts must take place. This is usually arranged via the hospital consultant caring for the patient
<b>Verrucas</b> (warts) (Virus)	2 – 3 months	Direct contact	Unknown but at least as long as visible lesions persist	Not necessary but cover when taking part in communal activities	None
<b>Whooping cough</b> (Pertussis)  (bacteria)  (vaccine preventable)	6 - 20 days	Direct contact with discharges from respiratory tract of inhalation or airborne droplets	From 6 days after exposure to 21 days after onset of typical paroxysms	Until cough subsides and clinically well (at least completing 5 days of a 7day course of antibiotics) Must start treatment within 21	All household contacts should be offered a 7 day course of erythromycin or Clarithromycin if children who have not received a full course of vaccine

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				days of onset. Exclude for at least three weeks if untreated	(including the preschool booster)

SAMPLE ONLY