

## HEALTH AND WELLNESS INSIGHT – INFECTIOUS DISEASES

DISEASE	Symptoms	Transmission Mode	Period of Communicability	Incubation Period	Susceptibility	Control/Prevention/ (Diagnosis)
AIDS / HIV	Bacterial pneumonia most common; otherwise varies	Humans – Contact of abraded skin or mucosa with blood CSF or semen; infected sharps	Variable. Antibodies within 3 months.	Not known precisely.	General	Universal precautions
Conjunctivitis (Bacterial)	Inflammations, tears, redness	Humans – contact with discharges from eyes or upper respiratory tract of infected persons. Also, contaminated fingers, clothing, etc.	Any time a host is infectious.	24 – 72 hours	0-5 years most susceptible; risk declines with age.	Good hygiene, isolation and disinfection of items patient had contact with.  (Cultures and ELISA testing)
Conjunctivitis (Viral)	Inflammation, swelling of eyelids and pain	Humans – contact with eye secretions, and contaminated surfaces, tools and fingers.	Late in incubation period until 14 days after onset.	5 - 12 hours	Minor or major eye trauma increase risk	Minimize hand to eye contact. Good hygiene. Secretion precautions. Disinfect surfaces.
Hepatitis A	Sudden fever; loss of appetite; nausea, abdominal discomfort and then jaundice.	Humans – Person to person, fecal oral route. Sources include contaminated water; contaminated food handlers; Contaminated produce (lettuce, strawberry); drug use	Latter half of incubation period through few days after onset of jaundice.	28 – 30 days avg. (range 15 – 50 days)	General. Low incidence in infants.	Good hygiene; water treatment and sewage. Hepatitis A vaccine.  (IgG and IgM)

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Hepatitis B	Sudden fever; loss of appetite; nausea, abdominal discomfort and then jaundice and sometimes a rash.	Humans – Body fluids and unfixed body tissue. IV, IM, SC and intradermal. Stable on surfaces for 7 days.	All persons HBsAg positive are considered infectious.	48 – 180 days	General	Hepatitis B vaccine. Universal precautions; disinfect surfaces.  (Anti – HBc)
Herpes Simplex (HSV-1)	Varies; fever, malaise; conjunctivitis, skin eruptions	Humans – Saliva. Pt shedding on hands of personnel will result in Herpetic whitlow	2 – 7 weeks after lesions.	2 – 12 days	Universally susceptible; Higher risk for eczematous persons.	Personal hygiene; universal precaution advisable.  (Herpes – Simplex Antibody)
Measles	Fever, conjunctivitis, cough, small spots with white or blue centers, Red blotchy rash appears 3 – 7 day on face first, lasting 7 days	Humans – Airborne by droplet; direct contact with nasal/throat secretions of infected; infected articles.	4 days prior to rash until 4 days after rash.	Average 10 days, possibly for 21 days.	Those who didn't have disease or immunized.	Vaccine; (measles specific IgM antibody)
Meningitis (Bacterial)	Sudden fever; intense headache, nausea/vomiting; stiff neck and photophobia. Rash is possible.	Human – Direct contact, airborne droplets.	Until live bacteria no longer discharge.	2 – 10 days.	Low, decreases with age.	Reduce direct contact; reduce overcrowding in living area; Disinfect surfaces.  (recovery of meningococcal from CSF)
Meningitis (Pneumococcal)	High fatality rate. Sudden high fever, lethargy, coma.	Human – droplet spread; contact with lung secretions.	As long as organism present.	1 – 4 days.	Universal.	Vaccine. Disinfection.

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Mumps	Fever, swelling and tenderness of salivary glands.	Humans – Airborne or droplet spread; also direct contact with infected person.	2 days before onset until 4 days after onset.	16 – 18 days.	General.	Vaccine. Isolation. Disinfect surfaces and clothing. (Mumps specific IgM antibody)
Rubella	Mild fever and rash similar to measles.	Humans – contact with throat/nose secretions of infected person. Also some threat from urine.	Highly communicable. 1 week before onset rash until 4 days after onset of rash.	14 – 21 days.	General; high concern for those pregnant.	Vaccine;  (IgM ELISA test on blood)
Staphylococcus Aures (to include non invasive MRSA)	Impetigo, rash, skin eruptions, abscesses and infected lacerations. Also scalded skin syndrome. Localized and discrete. If lesions are widespread; fever, malaise, headache. Seeding of bloodstream could lead to invasive for of S. Aureus.	Humans – Nose major site of colonization. Draining lesions most common source of spread. Hands most important method of transmission.	As long as lesions continue to drain.	Variable and indefinite.	Chronically ill; elderly; drug abusers; diabetics; cystic fibrosis; kidney failure; burns. Also, use of steroids and antimetabolites increases risk.	Good hygiene; no sharing of articles. Infected person avoid contact, especially with infants and debilitated persons. Cover wounds. Search for draining wounds.
Tuberculosis Disease	Pulmonary disease most common.	Humans – Airborne droplet from coughing, sneezing or singing. Direct invasion.	As long as bacilli located in sputum.	2 – 10 weeks.	12 – 24 months after infection is most critical time frame.	Hand washing, control of infected persons.