

Incubation and Isolation Periods in Common Infections

| Infection | Incubation Period | Isolation of Patient |
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| AIDS 🇺🇸 | Unclear; antibodies appear within 1-3 months of infection | Protective isolation if T-cell count is very low; private room necessary only with severe diarrhea, bleeding, copious blood-tinged sputum if patient has poor personal hygiene habits |
| Bloodstream (bacteremia, fungemia) 🇺🇸 | Variable; usually 2-5 days | Contact: private room; gloves and masks; gowns as needed for dealing with drainage or body fluids |
| Brucellosis | Highly variable, usually 5-21 days; may be months | None |
| Chickenpox 🇺🇸 | 2-3 weeks | 1 week after vesicles appear or until vesicles become dry |
| Cholera | A few hours to 5 days | Enteric precautions |
| Common cold | 12 hr-5 days | None |
| Diphtheria 🇺🇸 | Usually 2-5 days | Until two cultures from nose and throat, taken at least 24 hr apart, are negative; cultures to be taken after cessation of antibiotic therapy |
| Dysentery, amebic | From a few days to several months, commonly 2-4 weeks | None |
| Dysentery, bacillary (shigellosis) | 12-96 hr | As long as stools remain positive |
| Encephalitis, mosquitoborne 🇺🇸 | 5-15 days | None |
| Giardiasis 🇺🇸 | 3-25 days or longer; median 7-10 days | Enteric precautions |
| Gonorrhea | 2-7 days; may be longer | No sexual contact until cured |
| Hepatitis A 🇺🇸 | 15-50 days | Enteric (gloves with infected material; gowns as needed to protect clothing) |
| Hepatitis B | 45-180 days | Blood and body fluid precautions (gloves and plastic gowns for contact with infective materials; mask if risk of coughing or sneezing exists) |
| Hepatitis C | 14-180 days | As for hepatitis B |
| Hepatitis D | 2-8 weeks | As for hepatitis B |
| Hepatitis E | 15-64 days | Enteric precautions |
| Influenza 🇺🇸 | 1-3 days | As practical |
| Legionella 🇺🇸 | 2-10 days | None |
| Lyme disease | 3-32 days after tick bite | None |
| Malaria 🇺🇸 | 7-10 days for <i>Plasmodium falciparum</i> ; 8-14 days for <i>vivax</i> , <i>ovale</i> ; 7-30 days for <i>malariae</i> | Protection from mosquitoes |
| Measles (rubeola) | 8-13 days from exposure to onset of fever; 14 days until rash appears | From diagnosis to 7 days after appearance of rash; strict isolation from children under 3 years |
| Meningitis, meningococcal | 2-10 days | Until 24 hr after start of chemotherapy |
| Mononucleosis, | 4-6 weeks | None; disinfection of articles soiled with nose and |

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| infectious | | throat discharges |
| Mumps | 12-25 days | Until the glands recede |
| Paratyphoid fevers  | 3 days-3 months; usually 1-3 weeks; 1-10 days for gastroenteritis | Until 3 stools are negative |
| Plague | 2-8 days | Strict; danger of airborne spread (pneumonic plague) |
| Pneumonia, pneumococcal | Believed to be 1-3 days | Enteric precautions in hospital. Respiratory isolation may be required. |
| Poliomyelitis | 3-35 days | 1 week from onset |
| Puerperal fever, streptococcal | 1-3 days | Transfer from maternity ward |
| Rabies  | Usually 2-8 weeks; rarely as short as 9 days or as long as 7 years | Strict for duration of illness; danger to attendants |
| Rubella (German measles) | 16-18 days with range of 14-23 days | None; no contact with nonimmune pregnant women |
| Salmonellosis  | 6-72 hr, usually 12-36 hr | Until stool cultures are <i>Salmonella</i> free on two consecutive specimens collected in 24-hr period |
| Scabies | 2-6 weeks before onset of itching in patients without previous infections; 1-4 days after re-exposed | Patient is excused from school or work until day after treatment |
| Scarlet fever | 1-3 days | 7 days; may be ended in 24 hr |
| Syphilis | 10 days-10 weeks; usually 3 weeks | None; but for hospitalized patients, universal precautions for body secretions |
| Tetanus  | 4 days-3 weeks | None |
| Toxic shock syndrome | Unknown but may be as brief as several hours | None |
| Trachoma | 5-12 days | Until lesions disappear, but usually not practical |
| Tuberculosis | 4-12 weeks to demonstrable primary lesion or significant tuberculin reactions | Variable, depending on conversion of sputum to negative after specific therapy and on ability of patient to understand and carry out personal hygiene methods |
| Tularemia | 2-14 days | None |
| Typhoid fever | Usually 1-3 weeks | Until 3 cultures of feces and urine are negative. These should be taken not earlier than 1 month after onset. |
| Typhus fever | 7-14 days | None |
| Whooping cough  | Usually 6-20 days | Respiratory isolation for known cases; for suspected cases, removal from contact with infants and young children |

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