COMMUNICABLE DISEASE GUIDELINES FOR SCHOOLS AND CHILD CARE FACILITIES
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>How Illness, Infections and Infestations Spread</td>
<td>5</td>
</tr>
<tr>
<td>Infection Prevention and Control</td>
<td>8</td>
</tr>
<tr>
<td><strong>Reportable Diseases</strong></td>
<td></td>
</tr>
<tr>
<td>Amebiasis</td>
<td>12</td>
</tr>
<tr>
<td>Animal Bite (Rabies)</td>
<td>13</td>
</tr>
<tr>
<td>Campylobacter Enteritis</td>
<td>14</td>
</tr>
<tr>
<td>Escherichia coli (E. coli)</td>
<td>15</td>
</tr>
<tr>
<td>Food Poisoning (All causes)</td>
<td>16</td>
</tr>
<tr>
<td>Gastrointestinal Outbreak</td>
<td>17</td>
</tr>
<tr>
<td>Giardiasis (Beaver Fever)</td>
<td>18</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>19</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>20</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>21</td>
</tr>
<tr>
<td>Influenza</td>
<td>22</td>
</tr>
<tr>
<td>Invasive Group A Streptococcus</td>
<td>23</td>
</tr>
<tr>
<td>Measles</td>
<td>24</td>
</tr>
<tr>
<td>Meningitis</td>
<td>25</td>
</tr>
<tr>
<td>Mumps</td>
<td>26</td>
</tr>
<tr>
<td>Pertussis (Whooping Cough)</td>
<td>27</td>
</tr>
<tr>
<td>Rubella (German Measles)</td>
<td>28</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>29</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>30</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>31</td>
</tr>
<tr>
<td>Typhoid Fever</td>
<td>32</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>33</td>
</tr>
<tr>
<td>Yersiniosis</td>
<td>34</td>
</tr>
</tbody>
</table>
Non-Reportable Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold Sores (Herpes Simplex)</td>
<td>36</td>
</tr>
<tr>
<td>Common Cold</td>
<td>37</td>
</tr>
<tr>
<td>Ear Infection (Otitis Media)</td>
<td>38</td>
</tr>
<tr>
<td>Fifth Disease (Parvovirus B19)</td>
<td>39</td>
</tr>
<tr>
<td>Hand, Foot and Mouth Disease</td>
<td>40</td>
</tr>
<tr>
<td>Head Lice (Pediculosis)</td>
<td>41</td>
</tr>
<tr>
<td>Impetigo</td>
<td>42</td>
</tr>
<tr>
<td>Pink Eye (Conjunctivitis)</td>
<td>43</td>
</tr>
<tr>
<td>Ringworm</td>
<td>44</td>
</tr>
<tr>
<td>Respiratory Syncytial Virus</td>
<td>45</td>
</tr>
<tr>
<td>Roseola (Sixth Disease)</td>
<td>46</td>
</tr>
<tr>
<td>Scabies</td>
<td>47</td>
</tr>
<tr>
<td>Strep Throat/Scarlet Fever</td>
<td>48</td>
</tr>
</tbody>
</table>

References                                                   | 49   |
INTRODUCTION

The following guide is intended to provide general information about communicable diseases commonly experienced by children. It is a quick information guide intended for use by schools and childcare providers, helping them identify and take action to limit the spread of illness, infection or infestation.

The information for each communicable disease outlined in this guide will provide information on:

What is it?: Basic facts about the infectious disease and a list of some of the signs and symptoms.

How is it spread? Description of how the illness is passed between children and/or staff.

Incubation Period: Length of time from when the child is first exposed to the onset of symptoms.

Period of Communicability: Length of time that the person is able to spread the illness, infection or infestation to others.

Prevention: Information regarding exclusion and infection control strategies to decrease the spread of the illness, infection or infestation.

This guide is not a comprehensive source of information. If parents, care givers or teachers require more information please contact the Renfrew County and District Health Unit at 613-735-8666 or 1-800-267-1097 ext. 666.
HOW ILLNESS, INFECTIONS AND INFESTATIONS SPREAD

Children enrolled in childcare programs and school tend to have more infections in early childhood than those children cared for at home. Some of the common ways children are exposed to illness, infection and infestations in the childcare setting are:

a) Large numbers of children from different families spend many hours throughout the week together. A child who might be infectious (carrying the germs) interacts with other children who are susceptible hosts (likely to become ill because the germs are new). The more children you have in a group, the more potential contact there is between infectious and susceptible children.

b) Children touch each other often when playing. Babies and toddlers who are crawling or walking have more opportunity to transmit infection than infants who are not yet mobile.

c) Young children often explore by putting things in their mouths and other children share or touch those objects.

d) Young children, especially those under 2 years of age, are just beginning to develop good hygiene. They may or may not be ready for toilet learning, may drool, can’t always cover their mouth when coughing or sneezing and may not be able to wash their hands on their own or remember to do so.

e) Children who are still in diapers can spread certain infections much more readily than those who are toilet trained.

f) Young children often require much more hands-on care by staff, and may inadvertently transmit an infection if they don’t wash their hands properly before turning their attention to other children.
Germs are viruses, bacteria, parasites or fungi that may produce an illness, infection or infestation; they are visible only under a microscope, except certain parasites such as head lice. Some germs can survive for hours or even days under the right conditions. The influenza virus can survive 5 minutes on human skin, 12 hours on a cloth and up to 48 hours on a smooth surface such as a countertop or a plastic toy.

Reservoir (infected child or caregiver, animal, insect or food) is the person or object carrying the illness, infection or infestation. This person may or may not show signs of illness. In general, people who are visibly ill are more infectious; they carry more germs and will have more opportunity to spread them by coughing or sneezing for example. However, it is common for children to be infectious before they show any symptoms, for example with chickenpox it is contagious up to 5 days before the rash appears.
Portal of exit refers to how the germs leave their reservoir or the infected persons’ body. Often illnesses and infections in schools and childcare settings are spread by respiratory secretions or through infected stool.

Route of transmission means the way germs spread from one person or source to another. This can be through direct contact when a person carrying the germs in their nose, mouth, throat, eyes, stool, or skin lesions contaminates their own hands then spreads the germs by touching or being touched by others. Indirect contact is where an infected person transfers germs by touching an object – toy, doorknob, etc. - that is then touched by another person. Once the germs are on the hands of the other person they can cause infection or illness when that person touches their eyes, nose or mouth. Droplet transmission can occur when germs living in the nose, throat or mouth are expelled as droplets when a cough or sneeze is not covered. They can transfer to another person up to 1 m or 3 ft. away. These germs don’t stay in the air long but can be deposited on objects and surfaces where others may become exposed to them. Vehicle transmission refers to the contamination of food products or water either at the source (by the manufacturer) or by an infected person when preparing/handling the food. Finally, Vector transmission occurs when an insect acts as a carrier of an infectious agent. A common infectious disease spread by vector transmission is West Nile Virus.

Portal of entry is very similar to the portal of exit; it refers to point of entry of the germ. This is commonly the nose, eyes, mouth or an open wound.

Susceptible host (uninfected child or caregiver) is somebody who has not been previously exposed to the germs being carried by the reservoir. A person’s overall health, age, previous exposure and immunization status will affect their likelihood of infection if exposed.
INFECTION PREVENTION AND CONTROL

Practice and promote good hand hygiene and cough etiquette

Hand hygiene is either washing with plain soap and water or using an alcohol based hand sanitizer. Hand hygiene is considered to be the single most important infection prevention and control strategy you can implement.

You should wash your hands when:

a) They are visibly dirty;
b) When arriving for work;
c) After using the toilet, changing a diaper or helping a child use the toilet;
d) Before and after preparing food, before feeding a child and before eating;
e) After sneezing, coughing or blowing your nose or after helping children clean their nose;
f) After caring for a child with an infection;
g) Before and after giving medication, applying an ointment, cream or sunscreen;
h) Before and after applying a bandage or performing first aid;
i) After cleaning up ANY body fluid (blood, mucus, urine, drool, vomitus etc.);
j) After environmental cleaning and/or disinfecting;
k) After handling soiled or contaminated clothing or linens;
l) Before putting on disposable gloves (vinyl or plastic) and after taking them off;
m) After handling or caring for pets;

Alcohol based hand rub (ABHR) is often the method of choice for hand hygiene in health care settings but is generally not recommended for routine use in child care. However, ABHRs are very useful when a sink and running water are unavailable such as with outings or picnics. It is important that children are supervised when using ABHRs as they can be harmful if swallowed and are also flammable substances.
Cough or respiratory etiquette is a personal practice that helps to prevent the spread of respiratory infections caused by viruses and bacteria. Teaching children to cough and sneeze into their sleeves or a tissue, taking care to dispose of the tissue and washing their hands before moving to another activity is an easy way to help stop the spread of germs and educate them on the importance of personal hygiene.

**Have a written illness policy for children and staff**

- a) Rules for hand hygiene and cough etiquette, diapering and toileting, cleaning and disinfecting and food handling;
- b) Requirements for up-to-date immunization and health records;
- c) Understanding of the circumstances in which a parent will be called early to pick-up a child;
- d) Requirements for current parent and emergency contact information for each child;
- e) A general description of when a sick child or caregiver should stay home;
- f) Consent, permission and special instructions for administering medications or using specialized medical devices (e.g. insulin pump);
- g) Circumstances where the local Public Health Authorities need to be notified.

**Observe children daily for signs and symptoms of illness, infection or infestation**

Every day, as children arrive, make it part of the routine to observe their behaviour and appearance for signs of illness. Take a minute to ask the child about their well-being at drop-off time and invite parents to share information about a restless night or loss of appetite. Share your concerns and information with parents and let families know when a child is to be kept at home (excluded).

**Require children and staff to be adequately immunized according to the Ontario Publicly Funded Immunization Schedule**

Immunization is the most effective way to prevent serious childhood illnesses. When you know a parent has decided not to immunize their child, or a staff member has declined to be vaccinated, advise them of the risk of developing infection. Also inform them that Public Health Authorities, in the event of an outbreak within the facility or community, may need to exclude them longer from work or childcare.
Institute routine practices to prevent infection

This is a system of infection prevention and control practices to be used with all clients during all care to prevent and control the transmission of microorganisms in all care settings. Routine practices are based on the principle that any person may be carrying an infection and that their bodily excretions potentially contain illness causing microorganisms.

Essential Steps for preventing infection in child care settings:

a) Keep any cut or sore covered with a dry, clean bandage;
b) Wipe or blow runny noses promptly;
c) Immediately dispose of used tissues in a plastic lined and covered garbage container. Wash your hands and the child’s hands immediately after;
d) Cover your mouth and nose with a tissue whenever you cough or sneeze. If a tissue isn’t within reach, cough or sneeze into your sleeve – on your upper arm or in your elbow – not onto your hands. Wash your hands immediately after;
e) Use disposable non-latex gloves if touching a child’s open skin lesion or when cleaning up any spilled blood or bodily fluids;
f) Keep diapering and toileting areas separate from the area where food is being prepared. The diapering area should not be used for any other purpose;
g) Keep the physical environment clean. There should be enforceable cleaning guidelines and schedule;
h) Teach children not to share combs, hairbrushes, toothbrushes, utensils and straws or any other personal care items. Require that all personal care items be labeled with the owners name to avoid mix-ups.
REPORTABLE DISEASES
## Amebiasis

### What is it?
Amebiasis is an intestinal disease caused by a parasite called *Entamoeba histolytica*. It is found worldwide but is more common in areas of poor sanitation. Amebiasis is a common infection in Ontario, occurring year round with only a slight increase in summer months.

Most Amebiasis infections are asymptomatic. Signs and symptoms of invasive disease are:

- 1-3 weeks of increasingly severe diarrhea;
- Lower abdominal pain;
- Feeling the need to pass stool often;
- Weight loss and fever may be present.

### How is it spread?
Amebiasis is transmitted through the fecal-oral route. Mainly through the ingestion of contaminated food or water.

### Incubation period
Usually 2-4 weeks. The incubation period may last as little as a few days or last as long as several months.

### Period of communicability
During the period that cysts continue to be passed in the stool, which may continue for years if left untreated.

### Prevention
Exclude symptomatic cases (children and staff) until symptom free for 24 hours or until 48 hours after the completion of appropriate antibiotic therapy.

- Wash your hands and help children to wash theirs after using the toilet to avoid spreading the infection;
- Wash fruits and vegetables well before preparing.

### Reporting
Report to the Renfrew County and District Health Unit within **1 business day**. Reports can be made by telephone 613-732-3629.
# Animal Bite (Rabies)

| What is it?                                      | Rabies is an acute viral infection causing progressive viral encephalomyelitis that is almost always fatal in animals. Rabies is primarily a disease of animals, but can be passed to humans through the saliva of infected animals. When a person is infected with Rabies there are often no initial signs of infection. Signs and symptoms of rabies are:  
|                                                 | a) Headache, fever and malaise;  
|                                                 | b) Pain at the bite location;  
|                                                 | c) Increased salivation, difficulty swallowing;  
|                                                 | d) Generalized paralysis. |
| How is it spread?                               | Rabies can be transmitted to humans when the saliva of an infected animal is introduced by a bite, in a scratch, through contact with mucosal membranes or open skin. |
| Incubation period                               | Usually 3-8 weeks. |
| Period of communicability                       | Rabid animals are infectious from the time the virus reaches the saliva glands up until death. |
| Prevention                                      | The child can continue to attend school or daycare, unless they feel too ill to participate in activities.  
|                                                 | a) Avoid wild, stray, sick or dead animals as well as those whose behaviour is abnormal;  
|                                                 | b) Wash animal bite wounds immediately with soap and clean running water and seek medical attention promptly. |
| Reporting                                       | Report to the Renfrew County and District Health Unit immediately. Reports can be made by telephone to 613-732-3629 or after hours to 613-735-9926. |
Campylobacter Enteritis

| What is it? | *Campylobacter* bacteria are one of the leading causes of gastrointestinal illness in Ontario, occurring mostly in the summer months. Campylobacter enteritis is a common infection in both children and adults alike. Signs and symptoms of Campylobacter Enteritis may include:

   a) Abdominal pain and cramping;
   b) Diarrhea (may contain blood);
   c) Nausea and vomiting;
   d) Fever and malaise (generalized feeling of unwell).

   Illness usually lasts 2-5 days and is confirmed with a stool specimen. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How is it spread?</td>
<td>Most cases of Campylobacter Enteritis are caused by eating raw or undercooked poultry meat or by cross contamination of other foods by these items. Infected puppies and kittens may transmit the disease to humans.</td>
</tr>
<tr>
<td>Incubation period</td>
<td>Usually 2-5 days, may be as few as 1 day and up to 10 days.</td>
</tr>
<tr>
<td>Period of communicability</td>
<td>Campylobacter Enteritis is communicable for approximately 2-7 weeks after onset of symptoms or until treated.</td>
</tr>
</tbody>
</table>
| Prevention | **Exclude** symptomatic cases (children and staff) until symptom free for 24 hours.

   a) Wash your hands and help any children wash theirs after using the toilet to avoid spreading the infection;
   b) Use separate cutting boards and utensils for meat and fruits or vegetables. |
| Reporting | Report to the Renfrew County and District Health Unit within **1 business day**. Reports can be made by telephone 613-732-3629. |
## Escherichia coli (E. coli)

### What is it?

*Escherichia coli* is a bacteria that can cause self-limiting enteric disease in infants and adults.

Signs and symptoms of E. coli infection may include:

- a) Loose, watery diarrhea (with or without the presence of blood);
- b) Abdominal cramping and vomiting;
- c) General feelings of unwell and fever may be present.

Most people with E. coli infections usually recover completely in fewer than 5 days.

### How is it spread?

E. coli is spread from person-to-person through the fecal-oral route, mainly through the ingestion of contaminated food:

- a) Eating raw or undercooked meat, commonly ground beef;
- b) Eating raw, unwashed fruits and vegetables;
- c) Drinking unpasteurized milk or juice;
- d) Contact with surfaces contaminated with the stool of an infected person.

### Incubation period

Usually 3-4 days, with a range of 2-10 days.

### Period of communicability

Typically 1 week, but communicability continues as long as organisms are excreted.

### Prevention

**Exclude** symptomatic cases (children and staff) until symptom free for 24 hours, or until 2 negative stool sample results.

- a) Wash your hands and help any children wash theirs after using the toilet to avoid spreading the infection;
- b) Thoroughly cook all meat products before eating

### Reporting

Report to the Renfrew County and District Health Unit **immediately**. Reports can be made by telephone to 613-732-3629 or after hours to 613-735-9926.
## Food Poisoning (All Causes)

| **What is it?** | Food poisoning refers to a category of enteric infections that are acquired through the consumption of contaminated food or water. Food poisoning includes foodborne infections and other agents such as: chemicals, heavy metals, toxins, parasites, fungi, and viruses.  
Symptoms vary depending on the causative agent.  
Foodborne outbreaks are recognized by the occurrence of illness within a variable but usually short period of time (a few hours to a few weeks) after a meal among individuals who have consumed common foods.  
**An outbreak is defined as the occurrence of 2 or more cases of illness linked by time, common exposure or source and most common location.** |
| **How is it spread?** | Food poisoning is spread through contaminated food or water. |
| **Incubation period** | Varies depending on the causative agent. |
| **Period of communicability** | Varies depending on the causative agent. |
| **Prevention** | a) Maintain good personal hygiene, including hand washing after using the washroom and before handling food;  
b) Prevent cross-contamination of ready-to-eat foods by storing raw and cooked foods separately;  
c) Cook foods thoroughly;  
d) Store foods at or below 4 degrees Celsius, or at or above 60 degrees Celsius;  
e) Use food from approved sources. |
<p>| <strong>Reporting</strong> | Report to the Renfrew County and District Health Unit within 1 business day. Reports can be made by telephone 613-732-3629. |</p>
<table>
<thead>
<tr>
<th><strong>Gastrointestinal Outbreak</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is it?</strong></td>
</tr>
<tr>
<td><strong>How is it spread?</strong></td>
</tr>
<tr>
<td><strong>Incubation period</strong></td>
</tr>
<tr>
<td><strong>Period of communicability</strong></td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
</tr>
</tbody>
</table>
# Giardiasis (Beaver Fever)

| **What is it?** | *Giardia lamblia* is a parasite that causes an intestinal infection. Once infected the parasite lives in the intestines and is passed in stool. Infection is common in Canada in childcare facilities where children are not yet toilet trained.  
When a person has Giardiasis you may see:  
- a) Diarrhea;  
- b) Loose pale greasy stools;  
- c) Abdominal cramps and bloating;  
- d) Fatigue and weight loss.  
Illness may last up to 4-6 weeks. The reservoirs for Giardiasis are humans and possibly beavers or other wild animals. |
| **How is it spread?** | Giardiasis is spread through the fecal-oral route. Most commonly through the ingestion of contaminated water or **direct** contact with an infected person. |
| **Incubation period** | Usually 7-10 days, may be as few as 3 days and up to 25 days. |
| **Period of communicability** | Giardiasis is communicable for the period that the infected person is excreting cysts in their stool. |
| **Prevention** | **Exclude** symptomatic cases (children and staff) until 24 hours after diarrhea resolves. The infected person should not use swimming pools, lakes and rivers for 2 weeks after diarrhea has resolved.  
a) Wash your hands and help any children wash theirs after using the toilet to avoid spreading the infection. |
| **Reporting** | Report to the Renfrew County and District Health Unit within **1 business day**. Reports can be made by telephone 613-732-3629. |
### Hepatitis A

| What is it? | Hepatitis A is an infection of the liver caused by the Hepatitis A Virus. The severity of the disease varies but is usually a mild self-limiting disease lasting 1-2 weeks.  
Symptoms of Hepatitis A may include:  
a) Abrupt fever and malaise (general feeling of unwell);  
b) Loss of appetite;  
c) Nausea;  
d) Abdominal pain;  
e) Jaundice (yellowing of the skin and whites of the eyes).  
Many infants are asymptomatic, while adults and school aged children usually develop symptoms. |
|---|---|
| How is it spread? | Hepatitis A virus is found in the stool of infected people. The virus spreads through:  
a) Direct contact with the stool of an infected person;  
b) Direct contact with a contaminated object;  
c) Eating food or drinking contaminated water. |
| Incubation period | Usually 28-30 days, but ranges from 15-50 days. |
| Period of communicability | From about 14 days before symptom onset until about 7 days after the onset of jaundice. |
| Prevention | Exclude cases, children and staff, for 14 days from the onset of symptoms or 7 days after onset of jaundice.  
a) Wash your hands and help any children wash theirs after using the toilet to avoid spreading the infection;  
b) Ensure there is adequate cleaning of diaper changing stations between users. |
| Reporting | Report to the Renfrew County and District Health Unit immediately.  
Reports can be made by telephone to 613-732-3629 or after hours to 613-735-9926. |
## Hepatitis B

### What is it?

Hepatitis B infections are recognized clinically, where symptoms are present, in less than 10% of children and 30-50% of adults.

Symptoms of Hepatitis B are slow to appear and may include:

- a) Gradual loss of appetite;
- b) Nausea and vomiting;
- c) Abdominal discomfort;
- d) Gradual progression to jaundice (yellowing of the skin and whites of the eyes).

A high number of infected persons (about 50-80%) will develop chronic hepatitis infection.

### How is it spread?

Hepatitis B is spread from person-to-person through **direct** contact with infected blood or bodily fluids.

### Incubation period

Usually 45-180 days, with an average of 60-90 days.

### Period of communicability

Blood is infective many weeks before the onset of symptoms. Communicability continues through the period of acute disease. Some people become carriers of the virus and remain contagious for life.

### Prevention

Children and staff should not be excluded from programming.

- a) The use of routine practices is the most effective way to prevent the spread of disease;
- b) Use appropriate protection and products following bodily fluid spills.

**Hepatitis B is a vaccine preventable disease. In Ontario it is publically funded for students in grade 7.**

### Reporting

Report to the Renfrew County and District Health Unit within **1 business day**. Reports can be made by telephone 613-732-3629.
### Hepatitis C

| What is it? | Hepatitis C, like Hepatitis A and B is a virus that infects the liver. Young children almost always have no symptoms while older children and adults may experience:  
|-------------|------------------------------------------------------------------------------------------|
|             | a) Gradual loss of appetite;  
|             | b) Nausea and vomiting;  
|             | c) Abdominal discomfort;  
|             | d) Fatigue.  
|             | A high number of infected persons (about 50-80%) will develop chronic hepatitis infection. |
| How is it spread? | Hepatitis C is spread from person-to-person through direct contact with infected blood or bodily fluids. |
| Incubation period | Usually 42-63 days, ranges from 14-168 days. |
| Period of communicability | Hepatitis C is contagious from about 7 days before the onset of symptoms and most people are contagious for life. |
| Prevention | Children and staff should not be excluded from programming.  
|             | a) The use of routine practices is the most effective way to prevent the spread of disease;  
|             | b) Use appropriate protection and products following bodily fluid spills;  
|             | c) Avoid sharing personal care items such as toothbrushes or nail clippers. |
| Reporting | Report to the Renfrew County and District Health Unit within 1 business day. Reports can be made by telephone 613-732-3629. |
# Influenza

## What is it?
Influenza is a respiratory infection caused by the Influenza virus. Influenza is different from a cold; children with a cold will be able to go on with their day and children with Influenza will be noticeably ill and sick.

Symptoms of Influenza are:
- a) Sudden fever;
- b) Chills and shakes;
- c) Headache;
- d) Muscle aches;
- e) Extreme fatigue;
- f) Dry cough and sore throat;
- g) Loss of appetite.

## How is it spread?
When a person is infected with Influenza the virus lives in their nose and throat. Influenza spreads by: **Direct** contact with respiratory secretions, when someone coughs or sneezes close to you, and **Indirect** contact with respiratory secretions, when you touch a contaminated surface (toy, door knob or countertop).

## Incubation period
Usually 1-3 days.

## Period of communicability
From 24 hours before onset of symptoms to 7 days after onset of symptoms.

## Prevention
**Exclude** children and staff until 5 days after onset of symptoms or until symptoms have resolved, whichever is **shorter**.

1. a) Wash your hands often and help children wash theirs to avoid spreading the infection;
2. b) Teach children good respiratory hygiene;
3. c) Get your flu shot!

Influenza is a vaccine preventable disease. The vaccine is publically funded for ALL Ontario residents 6 months of age or older.

## Reporting
Report to the Renfrew County and District Health Unit within **1 business day**. Reports can be made by telephone 613-732-3629.
## Invasive Group A Streptococcus

### What is it?
Invasive Group A Streptococcal (IGAS) infections present most commonly as skin or soft tissue infections, blood infections, Pneumonia, Necrotizing Fasciitis and Streptococcal Toxic Shock syndrome.

Symptoms of an IGAS infection may be vague, but include:

- a) Pain of unusual severity;
- b) Swelling;
- c) Fever and chills;
- d) Influenza-like symptoms;
- e) Generalized rash and/or muscle aches;
- f) Nausea and/or vomiting and/or diarrhea;

IGAS follows seasonal patterns and is more commonly seen in children less than 1 year of age.

### How is it spread?
When a person is infected with the IGAS bacteria it lives in their nose and throat or a wound. It is spread by: Direct and Indirect contact with respiratory secretions, and Direct contact with infected wounds or secretions from wounds.

### Incubation period
Usually 1-3 days.

### Period of communicability
With appropriate treatment, the bacteria are no longer transmissible after 24 hours. If left untreated the infection can be spread from 10-21 days.

### Prevention
Exclude children and staff until appropriate antibiotic treatment has been given for 24 hours. Children should not attend school or daycare if they are unable to participate in program activities.

- a) Wash your hands often and help children wash theirs to avoid spreading the infection;
- b) Teach children good respiratory hygiene.

### Reporting
Report to the Renfrew County and District Health Unit immediately. Reports can be made by telephone to 613-732-3629 or after hours to 613-735-9926.
# Measles

## What is it?
Measles is a highly contagious respiratory virus, and should not be confused with “German Measles” which is known as Rubella.

Early symptoms of Measles are:
- a) Fever, runny nose, cough and drowsiness;
- b) Irritable, red eyes (conjunctivitis);
- c) Small white spots on the inside of the mouth.

A red blotchy rash appears on the face and spreads down the body usually 3 to 7 days after early symptom onset.

Since 1998, Canada has been free of endemic (cases originating in Canada) Measles.

## How is it spread?
The Measles virus is highly contagious. It spreads from person-to-person through the air and through direct or indirect contact with respiratory secretions from the infected person.

## Incubation period
Usually 10 days with a range of 7-18 days.

## Period of communicability
Measles are contagious from 1 day before the start of the early symptoms until 4 days after the onset of the rash.

## Prevention
Exclude children and staff until 4 days after the onset of the rash.

- a) Wash your hands often and help children wash theirs to avoid spreading the infection;
- b) Teach children good respiratory hygiene;
- c) Avoid sharing items such as drinking glasses, straws and utensils.

Measles is a vaccine preventable disease and is given as part of the Measles-Mumps-Rubella 2 dose series. In Ontario children 1 year of age are eligible to receive the vaccine.

## Reporting
Report to the Renfrew County and District Health Unit immediately. Reports can be made by telephone to 613-732-3629 or after hours to 613-735-9926.
# Meningitis

## What is it?
Meningitis is the inflammation of the lining surrounding the brain and spinal cord. Meningitis can be caused by bacteria, viruses and sometimes fungi.

Meningitis usually has a very quick onset and symptoms include:

- a) High fever;
- b) Severe headache;
- c) Vomiting;
- d) Confusion;
- e) Seizures;
- f) Drowsiness;
- g) Stiff neck;
- h) Rash, appearing on the hands and feet.

Both **bacterial** and **viral** meningitis are more common in the late summer and early autumn months.

## How is it spread?
Varies depending on causative agent. Usually by **Droplet** or **Direct** contact with respiratory secretions.

## Incubation period
Varies depending on causative agent.

## Period of communicability
Varies depending on causative agent.

## Prevention
Children and staff should:

- a) Wash your hands often and help children wash theirs to avoid spreading the infection;
- b) Teach children good respiratory hygiene;
- c) Avoid sharing items such as drinking glasses, straws and utensils.

There are vaccines available to protect against certain strains of meningitis. In Ontario children 1 year of age are eligible to receive a **Meninjugate** vaccine and children in grades 7-12 are eligible to receive a **Menactra** vaccine.

## Reporting
Report to the Renfrew County and District Health Unit immediately. Reports can be made by telephone to 613-732-3629 or **after hours** to 613-735-9926.
# Mumps

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Mumps is a viral infection of the salivary glands. The illness is not severe in most children. Children with mumps may have:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) Swollen glands at the jaw line on one or both sides of the face;</td>
</tr>
<tr>
<td></td>
<td>b) Mild effect on the lining of the brain (meningitis), testicles (orchitis), and pancreas;</td>
</tr>
<tr>
<td></td>
<td>c) Deafness (very rare).</td>
</tr>
<tr>
<td></td>
<td>Mumps occurs most commonly in children aged 5 to 9 years, and peak seasons include winter and spring.</td>
</tr>
<tr>
<td>How is it spread?</td>
<td>Mumps spreads easily from person to person through saliva or respiratory secretions.</td>
</tr>
<tr>
<td>Incubation period</td>
<td>Usually 16-18 days, with a range of 12-25 days.</td>
</tr>
<tr>
<td>Period of communicability</td>
<td>Mumps are contagious from 7 days before and up to 5 days after onset of symptoms.</td>
</tr>
<tr>
<td>Prevention</td>
<td>Exclude children for 5 days after the onset of symptoms.</td>
</tr>
<tr>
<td></td>
<td>a) Wash your hands often and help children wash theirs to avoid spreading the infection;</td>
</tr>
<tr>
<td></td>
<td>b) Teach children good respiratory hygiene;</td>
</tr>
<tr>
<td></td>
<td>c) Avoid sharing items such as drinking glasses, straws and utensils.</td>
</tr>
<tr>
<td></td>
<td><strong>Mumps is a vaccine preventable disease and is given as part of the Measles-Mumps-Rubella 2 dose series. In Ontario children 1 year of age are eligible to receive the vaccine.</strong></td>
</tr>
<tr>
<td>Reporting</td>
<td>Report to the Renfrew County and District Health Unit within 1 business day. Reports can be made by telephone 613-732-3629.</td>
</tr>
</tbody>
</table>
# Pertussis (Whooping Cough)

| **What is it?** | Pertussis (whooping cough) is caused by the bacteria called *Bordetella pertussis*. The infection is divided into 3 stages:  
|---|---|
| a) | Catarrhal Stage: mild, occasional cough that can last 1-2 weeks;  
| b) | Paroxysmal Stage: repeated violent coughs, followed by a high pitched inspiratory “whoop” may occur and is commonly followed by vomiting. This stage can last for 1-2 months;  
| c) | Convalescent Stage: gradual recovery period where cough becomes less paroxysmal and eventually disappears. This stage can last weeks to months.  
| | Pertussis is a particularly severe infection for babies. |
| **How is it spread?** | Pertussis is **highly** contagious. It spreads from person to person via droplets from respiratory secretions. |
| **Incubation period** | Usually 7-10 days, with a range of 5-21 days. |
| **Period of communicability** | From the onset of symptoms (1-2 weeks before severe coughing starts) until about 3 weeks after start of cough. With appropriate treatment the bacteria are no longer transmissable after 5 days. |
| **Prevention** | **Exclude** until 5 days after beginning antibiotic treatment, or until 21 days after onset of symptoms.  
| | a) Wash your hands often and help children wash theirs to avoid spreading the infection;  
| | b) Teach children who are old enough to cover their cough with a tissue or their elbow.  
| | Pertussis is a vaccine preventable disease and is given as part of the routine childhood immunizations. In Ontario children 2 months of age are eligible to receive the vaccine. |
| **Reporting** | Report to the Renfrew County and District Health Unit **immediately**. Reports can be made by telephone to 613-732-3629 or **after hours** to 613-735-9926. |
# Rubella (German Measles)

## What is it?
Rubella (German Measles) is a viral infection that is now very uncommon in Canada. It isn’t usually serious in children. Symptoms may include:

- a) Low grade fever, headache, malaise, runny nose, and red eyes;
- b) Swelling of neck glands and behind ears;
- c) Rash that starts on face and becomes generalized in 24 hours and lasts for 3 days.

Rubella is much more serious for susceptible pregnant women. If a mother is infected during the first 3 months of pregnancy, the unborn child may die or develop serious birth defects, including malformations of the brain, eyes, heart and/or other organs, and deafness.

## How is it spread?
Rubella is **highly** contagious and spreads from person to person via droplets or **direct** contact with respiratory secretions of an infected person.

## Incubation period
From 14-21 days.

## Period of communicability
Transmission can occur from 1 week before to 4 days after the onset of rash.

## Prevention
Exclude until at least 7 days after the rash is first noticed.

- a) Wash your hands often and help children wash theirs to avoid spreading the infection;
- b) Teach children good respiratory hygiene.

**Rubella is a vaccine preventable disease and is given as part of the Measles-Mumps-Rubella 2 dose series. In Ontario children 1 year of age are eligible to receive the vaccine.**

## Reporting
Report to the Renfrew County and District Health Unit immediately. Reports can be made by telephone to 613-732-3629 or after hours to 613-735-9926.
# Salmonellosis

## What is it?
Salmonellosis is caused by the bacteria *Salmonella enterica*.

Symptoms often include:

- a) Sudden onset of headache;
- b) Fever;
- c) Abdominal pain and diarrhea;
- d) Nausea and sometimes vomiting.

Symptoms usually appear 12-36 hours after eating or drinking a contaminated food or beverage. Dehydration especially among the young, elderly, and those with impaired immune systems can be severe, resulting in hospitalization.

## How is it spread?
Salmonellosis is spread via the fecal-oral route, through ingestion of food contaminated by the stool of an infected animal or person.

The most common affected foods are: poultry, raw milk, contaminated water, raw eggs, meat, and raw fruits and vegetables.

## Incubation period
Usually 12-36 hours, with a range of 6-72 hours.

## Period of communicability
Throughout the course of infection, usually several days to several weeks.

## Prevention
**Exclude** children and staff until symptom free for 24 hours.

- a) Avoid cross-contamination by washing and sanitizing cutting boards and utensils with warm soapy water between uses;
- b) Wash hands after using the washroom and after handling raw foods and animals;
- c) Thoroughly cook all food, especially poultry, eggs and meat;
- d) Avoid preparing or serving food while ill;
- e) Consume only pasteurized milk and dairy products.

## Reporting
Report to the Renfrew County and District Health Unit within 1 business day. Reports can be made by telephone 613-732-3629.
# Shigellosis

## What is it?
Shigellosis is caused by the bacteria *Shigella*. It is an acute infection involving the small intestine, characterized by:

a) Watery loose stools;  
b) Fever;  
c) Nausea and vomiting.

In severe cases symptoms involve abdominal cramps and mucoid stools with or without blood present. The illness lasts an average of 4-7 days.

## How is it spread?
Through the fecal-oral route. **Direct** transmission is common in children and from infected persons who do not thoroughly clean their hands after using the washroom. **Indirect** transmission is usually via contaminated food or water.

## Incubation period
Usually 1-3 days, with a range of 12-96 hours.

## Period of communicability
During acute infection and, until the bacteria is no longer present in feces, usually for 4 weeks after illness.

## Prevention
**Exclude** children and staff until 48 hours after appropriate antibiotic treatment, or until 2 negative stool sample results.

a) Practice good hand washing, especially before handling food and after using the washroom;  
b) Use proper food handling techniques, e.g., refrigeration, avoiding cross-contamination, washing fresh fruits and vegetables prior to consumption;  
c) Follow proper diapering procedures.

## Reporting
Report to the Renfrew County and District Health Unit within **1 business day**. Reports can be made by telephone 613-732-3629.
**Tuberculosis**

| **What is it?** | Tuberculosis (TB) is caused by the bacteria *Mycobacterium tuberculosis*. Most TB infections don’t cause symptoms. TB bacteria can infect the lungs or other parts of the body including the brain, bones and joints, abdominal lymph nodes, and kidneys. In about 10% of people, infection develops into active disease.  
Symptoms of lung disease are:  
a) Persistent cough of more than 3 weeks;  
b) Sputum production, sometimes with blood present;  
c) Chest pain and shortness of breath;  
a) Fever, chills, and night sweats;  
b) Loss of appetite;  
c) Weight loss;  
d) Fatigue. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How is it spread?</strong></td>
<td>Transmission occurs when respiratory droplets are present in the air and inhaled by others. This usually requires close and prolonged contact with an infected person. TB outside of the lungs is generally not communicable.</td>
</tr>
<tr>
<td><strong>Incubation period</strong></td>
<td>Variable, may be years before symptoms develop.</td>
</tr>
<tr>
<td><strong>Period of communicability</strong></td>
<td>Theoretically, as long as viable bacteria is present in sputum. The degree of communicability depends on the number of bacteria discharged, the virulence of bacteria, adequacy of ventilation, exposure of bacteria to sun and UV light, and opportunities of aerosolization through coughing, sneezing, talking, singing, or during procedures involving the respiratory tract.</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td><strong>Exclude</strong> until the treating physician or local public health authorities confirm that the person is not infectious, usually at least 2 weeks after starting appropriate antibiotic treatment.</td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
<td>Report to the Renfrew County and District Health Unit within 1 business day. Reports can be made by telephone 613-732-3629.</td>
</tr>
<tr>
<td><strong>Typhoid Fever</strong></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>What is it?</strong></td>
<td></td>
</tr>
<tr>
<td>Typhoid fever is a systemic bacterial infection caused by <em>Salmonella typhi</em>. Typhoid fever is characterized by:</td>
<td></td>
</tr>
</tbody>
</table>
| a) Prolonged low-grade fever;  
| b) Headache, malaise, muscle aches;  
| c) Anorexia;  
| d) Cough;  
| e) Nausea;  
| f) Abdominal discomfort. |
| Typhoid fever is almost always associated with travel to endemic regions of the world and does not carry any seasonality patterns in Ontario. |
| **How is it spread?** |
| Humans are the known reservoir for *S. typhi*. It is spread via the fecal-oral route, commonly through contaminated water, shellfish, milk, and unwashed raw fruit and vegetables. |
| **Incubation period** |
| Usually 8-14 days, with a range of 3 days to over 60 days. |
| **Period of communicability** |
| Typhoid fever is communicable as long as bacteria are being excreted in stools or urine, usually 1 week after symptom onset and for a variable period after. |
| **Prevention** |
| **Exclude** all cases from food handling or daycare activities until 3 consecutive stool specimens are negative.  
| a) Proper hand hygiene, especially hand washing before food preparation and eating, and after using the washroom;  
| b) Practice food and water precautions while travelling to endemic areas;  
| c) Vaccination should be considered for household members of known carriers and those travelling to endemic areas. |
| **Reporting** |
| Report to the Renfrew County and District Health Unit **immediately**. Reports can be made by telephone to 613-732-3629 or after hours to 613-735-9926 within **5 business days**. Reports can be made by telephone 613-732-3629. |
# Varicella (Chickenpox)

## What is it?
Chickenpox is a very common childhood infection caused by the *Varicella zoster* virus. Signs and symptoms of Chickenpox may include:

a) Slight fever may be present before a rash develops;
b) Rash, appearing first on the body and head and spreading to the limbs;
c) Rash begins as small, red, flat spots that develop into itchy fluid filled blisters;
d) Blisters will break and crust over to form dry, brown scabs.

## How is it spread?
Chickenpox is spread from person-to-person by:

- **Direct** contact with an infected person’s blisters or fluid from blisters.
- **Droplet** or airborne transmission of vesicle fluid or respiratory secretions.
- **Direct** contact with freshly contaminated objects or surfaces.

## Incubation period
Usually 14-16 days.

## Period of communicability
Up to 5 days before the rash appears, until all blisters are crusted.

## Prevention
The child can continue to attend school or daycare, unless they feel too ill to participate in activities.

a) Avoid contact with susceptible pregnant women and newborns;
b) Parents and staff should be notified of varicella in the classroom.

**Chickenpox is a vaccine preventable disease. In Ontario it is available for all children born on or after 2000/Jan/01 and over 1 year of age.**

## Reporting
Report to the Renfrew County and District Health Unit within 1 business day. Reports can be made by telephone 613-732-3629.
## Yersiniosis

| **What is it?**                                                                 | Yersiniosis is a gastrointestinal infection caused by the bacteria called *Yersinia*.  
The infection typically presents as:  
  a) Fever;  
  b) Diarrhea (in young children);  
  c) Abdominal pain and tenderness in the right lower quadrant (in older children);  
  d) Stool often contains blood and mucous.  
  Yersiniosis infections occur most commonly in the cold months of temperate regions, such as North America. |
|**How is it spread?**                                                            | Yersiniosis is spread by fecal-oral transmission through consumption of contaminated food (e.g., raw pork, oysters, fish and unpasteurized milk) and water and by contact with infected people or animals, such as puppies and kittens. |
|**Incubation period**                                                           | 3-7 days, but generally less than 11 days. |
|**Period of communicability**                                                    | *Yersinia* bacteria are able to cause infection for as long as symptoms are present, usually 2-3 weeks. Untreated cases may excrete the organism for 2-3 months. |
|**Prevention**                                                                  | **Exclude** until symptom free for 24 hours, or 48 hours after the completion of antibiotic or antidiarrheal medications.  
  a) Ensure thorough cooking and safe handling of meat, especially pork;  
  b) Use proper hand hygiene after using the washroom, toileting and diapering, handling pets, and before and after handling food;  
  c) Consume only pasteurized milk products;  
  d) Separate food preparation and child care responsibilities. |
|**Reporting**                                                                   | Report to the Renfrew County and District Health Unit within **1 business day**. Reports can be made by telephone 613-732-3629. |
NON-REPORTABLE DISEASES
# Cold Sores (Herpes Simplex)

| What is it? | Cold Sores are blisters on the lips or in the mouth, caused by the *Herpes Simplex* virus type 1.  
Symptoms range from none to a simple blister or many painful ulcers in the mouth and high fever. The illness usually lasts for a week or more.  
*Herpes simplex* virus remains in the body and infections can recur over a lifetime, although recurrences are usually brief and mild. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How is it spread?</td>
<td>Cold Sores are spread from person to person by <strong>direct</strong> contact of mucous membranes with saliva.</td>
</tr>
<tr>
<td>Incubation period</td>
<td>Usually 2-12 days.</td>
</tr>
<tr>
<td>Period of communicability</td>
<td><em>Herpes simplex</em> virus may be shed intermittently from mucous membranes for years and possibly for life, whether symptoms are present or not.</td>
</tr>
</tbody>
</table>
| Prevention | Children with Cold Sores can continue to attend child care as long as they are well enough to participate in program activities.  
   a) Wash your hands often and help children wash theirs to avoid spreading the infection;  
   b) Avoid sharing items such as cups and toys that have come in contact with the mouth. |
## Common Cold

### What is it?
Young children get lots of Colds, some as many as 8-10 per year before turning 2 years of age. Children attending child care or living with older siblings catch many Colds because they are exposed frequently to Cold viruses to which they haven’t yet built immunity.

Children with a Cold usually have:

- a) Runny nose;
- b) Cough;
- c) Sneezing;
- d) Fever;
- e) Headache;
- f) Sore throat.

Colds usually aren’t serious and symptoms will last about 7-10 days. Children with a Cold will usually have enough energy to play and keep up with their daily routines.

### How is it spread?
Cold viruses are found in the nose and throat of infected people. They are spread by direct contact with respiratory secretions and droplets caused by coughing or sneezing.

### Incubation period
Varies depending on causative agent, usually 1-3 days.

### Period of communicability
Varies depending on causative agent, usually 3-8 days.

### Prevention
Children with a Cold can continue to attend child care as long as they are well enough to participate in program activities.

- a) Teach children who are old enough to cover their cough with a tissue or their elbow;
- b) Use disposable tissues to blow or wipe a child’s nose and throw them out right away after being used;
- c) Wash your hands often and help children wash theirs, especially after contact with respiratory and nasal secretions.
### Ear Infection (Otitis Media)

| What is it? | Ear Infections are very common and are usually not serious. Most children will have one or more before they are 3 years of age. Middle Ear Infections are caused by viruses and bacteria and usually occur with a common cold. Children attending child care have more Ear Infections than those who don’t, probably because they have more colds.
| Signs of an Ear Infection include: |
| a) High fever; |
| b) Lack of energy; |
| c) Loss of appetite; |
| d) Earache (older children); |
| e) Irritable (younger children); |
| f) Trouble sleeping (younger children); |
| g) Ear pulling (younger children). |

| How is it spread? | Ear Infections are usually a complication of a cold and do not spread from child to child. |

| Incubation period | Varies depending on causative agent. |

| Period of communicability | Ear Infections are not communicable. |

| Prevention | Children with an Ear Infection can continue to attend child care as long as they are well enough to participate comfortably in all program activities, including going outside. Since Ear Infections are a complication of the common cold, use the same precautions as you would with the common cold:
| a) Teach children who are old enough to cover their cough with a tissue or their elbow; |
| b) Use disposable tissues to blow or wipe a child’s nose and throw them out right away after being used; |
| c) Wash your hands often and help children wash theirs, especially after contact with respiratory and nasal secretions. |
### Fifth Disease (Parvovirus B19)

| What is it?               | Fifth Disease is caused by a virus, *Human parvovirus B19*. It is sometimes called “slapped cheek” disease because of the appearance of the rash.  
|                          | Signs and symptoms of Fifth Disease may include:  
|                          | a) Flu-like symptoms (e.g., runny nose, sore throat, fever, mild body weakness) may be present before the rash develops;  
|                          | b) Raised red rash, appearing first on the child’s cheeks;  
|                          | c) Red lace-like rash then develops on the torso and arms before spreading to the rest of the body.  
|                          | Most outbreaks of Fifth Disease occur in school-aged children rather than preschoolers.  
| How is it spread?        | Fifth Disease is spread by **direct** contact with an infected person’s respiratory secretions.  
| Incubation period        | Usually 4-20 days.  
| Period of communicability| Usually 7-10 days before the onset of rash. Once the rash appears the person is no longer contagious.  
| Prevention              | Children with Fifth Disease can continue to attend child care as long as they are well enough to participate comfortably in all program activities.  
|                          | a) Wash your hands and help children to wash theirs, especially after contact with respiratory and nasal secretions;  
|                          | b) Avoid sharing items such as cups, and toys that have come in contact with the mouth.  

## Hand Foot and Mouth Disease

### What is it?
Hand Foot and Mouth Disease is a viral infection caused by the *Coxsackie* virus, which most often affects younger children, but can cause infection at any age. Outbreaks occur mostly in the fall and winter months. Hand Foot and Mouth Disease doesn’t usually cause severe illness, symptoms of infection may be:

- a) Fever;
- b) Headache;
- c) Sore throat;
- d) Loss of appetite;
- e) Lack of energy;
- f) Vomiting and diarrhea;
- g) Small, painful ulcers in the mouth;
- h) Skin rash that looks like red spots, with blisters on top that appear on the palms of the hands and the soles of the feet.

### How is it spread?
Hand Foot and Mouth Disease spreads through direct contact with an infected person’s saliva or stool. Hand Foot and Mouth Disease is not spread through the fluid in the blisters or from animals.

### Incubation period
Usually 3-5 days.

### Period of communicability
During the acute stage of illness, and perhaps longer as the virus may persist in stool for up to 4 weeks.

### Prevention
Children with Hand Foot and Mouth Disease can continue to attend child care as long as they are well enough to participate comfortably in all program activities.

- a) Wash your hands and help any children wash theirs after using the toilet to avoid spreading the infection;
- b) Ensure diaper changing stations are cleaned between each use;
- c) Clean and disinfect items soiled with nasal and/or throat discharges.
# Head Lice (Pediculosis)

| **What is it?** | Head Lice are tiny insects that live on the scalp, where they lay their eggs or “nits”. Head lice spread easily in groups of children and are very common in child care settings. For many children the only symptom of Head Lice is an itchy scalp. Head Lice have 3 stages; the nit, the nymph and the adult.  

a) The nits are whitish-grey, tan or yellow ovals, approximately the size of a grain of sand. They stick to the hair, close to the scalp and hatch in about 9-10 days;  

b) The nymphs are baby lice that look like adult lice only smaller;  

c) Adult lice are approximately the size of sesame seed, black in colour, and are hard to see. Adult lice can live for 30 days on a person’s head but will die within 3 days away from the scalp.  

Head Lice do not spread disease nor does this mean the infested person is unclean. |
| **How is it spread?** | Head Lice are spread easily between people in close or **direct** contact. |
| **Incubation period** | Does not apply. |
| **Period of communicability** | As long as lice or eggs remain viable on the infested person or their clothing and bedding. |
| **Prevention** | Children with Head Lice can continue to attend childcare as usual.  

a) Teach children to avoid head-to-head contact until the lice are gone;  

b) Avoid sharing items such as combs, hairbrushes, caps, hats and hair ornaments;  

c) Watch for signs of lice (itchy scalp) in other children and staff. |
### Impetigo

| What is it? | Impetigo is a common childhood skin infection that is usually caused by bacteria called *Group A Streptococcus* or *Staphylococcus aureus*. Infection happens when the bacteria get into scrapes and insect bites and occurs most often in the summer months. Impetigo is also common after a chicken pox infection. Impetigo usually appears around a child’s mouth or nose, or on exposed skin of the face or limbs as a cluster of red bumps or blisters which may ooze clear fluid or become covered by an itchy honey-coloured crust. Occasionally severe infection develops. Signs of severe infection are:  
| a) Fever;  
b) Pain;  
c) General weakness;  
d) Swelling. |
|---|---|
| How is it spread? | **Direct contact:** Impetigo can spread when someone touches an impetigo rash.  
**Indirect contact:** The germs can get on bed sheets, towels or clothing that has been in contact with someone’s skin. Then a person can pick up the germs from touching those objects. |
| Incubation period | Varies depending on causative agent. |
| Period of communicability | Varies depending on causative agent. |
| Prevention | **Exclude** children with Impetigo caused by *Group A Streptococcus* until antibiotic treatment has been given for 24 hours. For other skin infections, children should be **excluded** only if they have a draining wound or lesions that can’t be kept covered.  
| a) Wash your hands and help any children wash theirs after contact with skin lesions;  
b) Cover any draining lesions with a dressing. |
# Pink Eye (Conjunctivitis)

| **What is it?** | Conjunctivitis, known as Pink Eye, is an infection of the covering of the eyeball and the inside of the eyelid. It is usually caused by a virus, but may also be caused by bacteria. **Purulent** Pink eye with a pink or red eyeball, white or yellow discharge, matted or red eyelids and eye pain is usually caused by bacteria. **Non-purulent** Pink eye where the eyeball is pink or red, discharge is clear or watery and there is mild or no pain may be caused by a virus. A child with Pink eye may experience:  
  a) Itchiness or pain in the eye;  
  b) Tearing;  
  c) The whites of the eyes are pink or red in appearance;  
  d) Pus or discharge from the eyes. |
|---|---|
| **How is it spread?** | **Direct contact:** when a child with Pink eye touches the discharge from his eye and then touches another child.  
**Indirect contact:** when an object that is contaminated with the virus, such as a tissue, is touched or touches another person’s eyes.  
When Pink eye is caused by a cold, the droplets from a sneeze or cough can also spread it. |
| **Incubation period** | Varies depending on causative agent. |
| **Period of communicability** | Varies depending on causative agent. |
| **Prevention** | **Exclude** children or staff until assessed by a physician or nurse practitioner and until antibiotics have been given for 24 hours (if indicated for treatment).  
a) Wash your hands and help children wash theirs after contact with their eyes;  
b) When cleaning a child’s eyes, use a disposable cloth and wipe from the inside out, do not reuse cloth or share amongst others. |
## Ringworm

### What is it?

Ringworm is a skin infection caused by mold-like fungi called *dermatophytes*, that live on dead tissues of the skin, hair, and nails. The term “Ringworm” doesn’t mean the infection is caused by worms.

Symptoms of Ringworm are:

- a) A rash that may have a ring shape with a raised edge;
- b) The rash can have scaly patches that are quite itchy and flaky, and can happen on the scalp, body, groin or feet;
- c) When the scalp is infected, there is often an area of baldness;
- d) Fungal infections on the feet are also known as “athlete’s foot”, and are usually very itchy and cause skin to crack between the toes.

### How is it spread?

Fungus spreads from person to person by *direct* contact (skin to skin), and *indirect* contact (e.g. shared combs, unwashed clothes, or shower or pool surfaces).

### Incubation period

Usually 4-10 days.

### Period of communicability

As long as rash is untreated and or uncovered.

### Prevention

Exclude until treatment has been initiated.

- a) Avoid sharing personal care items such as a comb, hairbrush, face cloths or towels;
- b) Have children wear flip-flops in the locker room shower or at the pool;
- c) Wash sports clothing regularly. Because the fungi are on your skin, it's important to shower after contact sports;
- d) Wash your hands often, especially after touching pets and after touching infected skin. It’s also a good idea to avoid touching pets with bald spots.
## Respiratory Syncytial Virus

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Respiratory syncytial virus (RSV) is the most common virus that can infect the lungs and respiratory tract. It is very common in babies. Almost all children get the virus at least once before they are 2 years old. Children with RSV have the same symptoms as a common cold, including some or all of:  a) Coughing;  b) Runny nose;  c) Fever;  d) Decrease in appetite and energy;  e) Irritability. Some children (most often infants) have difficulty breathing/and or wheezing. The virus is most common between late fall and early spring. Usually RSV is mild and doesn’t need any treatment. Most children get better within a week or two.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How is it spread?</td>
<td>RSV is found in the nose and throat of infected people. It is spread by direct contact with respiratory secretions and droplets caused by coughing or sneezing.</td>
</tr>
<tr>
<td>Incubation period</td>
<td>Usually 4-6 days, ranges 2-8 days.</td>
</tr>
<tr>
<td>Period of communicability</td>
<td>Usually 3-8 days, may be as long as 4 weeks.</td>
</tr>
<tr>
<td>Prevention</td>
<td>Children with RSV can continue to attend child care as long as they are well enough to participate comfortably in all program activities.  a) Wash your hands often and help children wash theirs, especially after contact with respiratory and nasal secretions;  b) Keep children less than 6 months old away from people with colds or other respiratory infections.</td>
</tr>
</tbody>
</table>
### Roseola (Sixth Disease)

| What is it? | Roseola or Sixth Disease is a common infection in young children caused by *human herpes virus 6*. It occurs most commonly in children between 6 and 24 months of age.  
Symptoms of Sixth Disease are:  
   a) High fever that lasts 3-5 days;  
   b) Crankiness over several days;  
   c) When the fever ends, a rash of small pinkish-red spots develops on your child’s face and body. The spots will turn white when you touch them and they might have a lighter ring around them. The rash usually spreads to the neck, face, arms, and legs. It can last from a couple of hours to up to 2 days. It is usually not itchy. |
|---|---|
| How is it spread? | **Direct contact**: When someone comes into contact with an infected person’s saliva, on their hands and by rubbing their eyes or nose.  
**Indirect contact**: When germs in the nose and throat of an infected person spread through the air—as droplets from a cough or sneeze. |
| Incubation period | Usually 10 days from contact with an infected person (range is 5 – 15 days). |
| Period of communicability | Roseola is contagious even if there’s no rash. It spreads from person to person through close contact with saliva, as the virus can be found in the saliva of many people even when there are no symptoms present. |
| Prevention | Children with Roseola can continue to attend child care as long as they are well enough to participate comfortably in all program activities.  
   a) Teach children who are old enough to cover their cough with a tissue or their elbow;  
   b) Use disposable tissues to blow or wipe a child’s nose and throw them out right away after being used;  
   c) Wash your hands often and help children wash theirs, especially after contact with respiratory and nasal secretions. |
<table>
<thead>
<tr>
<th><strong>Scabies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is it?</strong></td>
</tr>
<tr>
<td>Scabies is a common skin condition caused by tiny insects called mites. Mites burrow under the skin and lay their eggs, causing a rash that is very itchy and red. Itchiness is usually worse at night. The rash usually appears between the fingers, in the groin area, between the toes or around the wrists and elbows. Scabies can be unpleasant but they do not cause disease. Having Scabies doesn’t mean you are not clean.</td>
</tr>
<tr>
<td><strong>How is it spread?</strong></td>
</tr>
<tr>
<td>Mites spread from person to person by direct prolonged, close contact. Short contact, like shaking hands or a hug, usually will not spread Scabies. Scabies can live off skin for 3 days, and therefore can spread from someone’s clothes or personal items. Animals do not spread human scabies.</td>
</tr>
<tr>
<td><strong>Incubation period</strong></td>
</tr>
<tr>
<td>Usually 2-6 weeks, as short as 1-4 days after a re-exposure.</td>
</tr>
<tr>
<td><strong>Period of communicability</strong></td>
</tr>
<tr>
<td>Until mites and eggs are destroyed by treatment, itchiness may continue for a few weeks after treatment even if no Scabies are present.</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
</tr>
</tbody>
</table>
| Exclude children until treatment has been initiated.  
    a) Wash an infected child’s bed linen and the facilities towels and dress-up clothes in hot water and dry them on the hottest setting. Items that cannot be washed can be stored in an airtight plastic bag for 1 week to kill the mites;  
    b) Avoid sharing personal care items such as a comb, hairbrush, face cloths or towels. |
## Strep Throat/Scarlet Fever

### What is it?
Strep Throat and Scarlet Fever are infections caused by bacteria called *Group A Streptococcus*. It is more common in children than adults. Not all sore throats are Strep Throat.

Children with Strep Throat usually have:
- a) A very sore throat;
- b) Trouble swallowing;
- c) Swollen and tender neck nodes;
- d) Fever;
- e) Headache, nausea or a sore stomach.

Children with Scarlet Fever usually have a red rash all over the body – it looks like a sunburn and feels like sand paper.

### How is it spread?

**Direct contact:** When someone comes into contact with an infected person’s saliva, nose or sore on the skin.

**Indirect contact:** When germs in the nose and throat of an infected person spread through the air as droplets from a cough or sneeze.

### Incubation period
Usually 1-3 days.

### Period of communicability
With appropriate treatment communicability ends after 24 hours of antibiotic therapy, in untreated cases communicability extends from 10-21 days.

### Prevention
Exclude until antibiotic treatment has been given for 24 hours.

- a) Teach children who are old enough to cover their cough with tissue or their elbow;
- b) Use disposable tissues to blow or wipe a child’s nose and throw it out right away after being used;
- c) Wash your hands often and help children wash theirs, especially after contact with respiratory and nasal secretions.
REFERENCES


