Prevention and Control of Communicable Childhood Illnesses: A Quick Reference Guide for Schools

Prepared by the Infectious Diseases Team
Wellington-Dufferin-Guelph Public Health
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PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

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Quick Access Contact Information

Guelph Location:

160 Chancellors Way

Guelph, Ontario N1G 0E1

Monday-Friday: 8:30 a.m. – 4:30 p.m.

Phone: 1-800-265-7293 ext. 7006

Fergus Location:

490 Charles Allan Way

Fergus, Ontario N1M 2W3

Monday-Friday: 8:30 a.m. – 4:30 p.m.

Phone: 1-800-265-7293 ext. 7006

Orangeville Location:

180 Broadway

Orangeville, Ontario L9W 1K3

Monday - Friday 8:30 a.m. – 4:30 p.m.

Phone: 1-800-265-7293 ext. 7006

During WDGPH's regular business hours call 1-800-265-7293, ext. 4752 to report a Disease of Public Health Significance. To speak with WDGPH after hours and on holidays, call 1-877-884-8653. Documents can be confidentially faxed to 1-855-934-5463 (1-855-WDGLINE).

Land Acknowledgement

We acknowledge that the work of Wellington-Dufferin-Guelph Public Health operates on the traditional lands and home of the Hodinöhsö:ni', Anishinaabek, Tionontati and Attawandaron People, and is steeped in the tradition of many First Nations, Inuit and Metis People.

As an Agency, we encourage our staff, partners, and clients to support the work of reconciliation and promote healing with our Indigenous neighbours. We are also committed to reducing social inequities and will strive to make our services culturally appropriate and safe for all Indigenous people, their families, and their community.

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Introduction

Students and staff in school settings have a greater risk for infection due to their close contact to individuals from other households, sharing of toys or objects, and because young students are still developing their immune systems. This reference guide was created to provide school staff with the tools they need to prevent the spread of infections, manage infections, and report infections to Wellington-Dufferin-Guelph Public Health (WDGPH). It should be used in combination with the school's infection prevention and control (IPAC) policies and procedures, and any additional advice provided by a WDGPH representative.

Refer to the following documents for legislative information:

Immunization of School Pupils Act, R.S.O. 1990, c. I.1

Health Protection and Promotion Act, R.S.O., 1990, c. H.7, s. 5, and s. 22

Ontario Regulation 559/91

Ontario Public Health Standards, 2021

Infectious Disease Protocol, 2023

What causes infections?

Infections are illnesses caused by germs or microorganisms like viruses, bacteria, fungi, and parasites. These microorganisms can be shared between people, animals, and insects; and can be found on surfaces and in food, soil, water, and the air. To cause an infection, the microorganisms must enter the body and multiply.

How are infections spread?

For microorganisms (the agent) to spread, they must be carried by people, pets, food, or water. The microorganisms are passed to another person by direct contact with infectious blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, and urine; indirect contact with a contaminated object or surface; or ingestion or inhalation of contaminated particles. This is known as the mode of transmission. Refer to Table 1 for more details. It is important to note that someone without symptoms can still spread microorganisms. For an infection to occur, the microorganisms must enter another person's body through cuts in the skin, their mouth, eyes, and nose. Infants, children, and elderly adults are more susceptible to infections. Individuals who are pregnant, unimmunized, or immunocompromised are also at higher risk of experiencing an infection.

How infections are spread is best represented by the "Chain of Infection" – refer to Appendix A. All the links in the chain must be present for an infection to occur. However, breaking any link in the chain can help reduce the risk of infection. Refer to pages 7-11 for more information on routine practices that break the chain of the infection (prevent the spread of infection).

Table 1: Modes of Transmission

Mode of Transmission	Definition	Examples	Prevention* (as applicable)	Infections**
Contact Transmission	**Direct** contact transmission occurs when an individual encounters blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine from an infected host (person or animal).	Handshake, kissing, hugging, changing diapers or assisting with the washroom, first-aid for a cut or scrape, bites or scratches from animals, petting animals	Hand hygiene, PPE (gloves, gown), physical distancing, cleaning and disinfection, immunization, exclusion	Norovirus, Rotavirus, Hepatitis B, head lice, scabies, Rabies
	Indirect contact transmission occurs when an individual touches an object or surface that has been contaminated by infected blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine.	Sharing toys, eating utensils, pacifiers, or teething toys; using high-touched areas (e.g., keyboards, railings, doorknobs); flushing the toilet	Hand hygiene, PPE (gloves, gown), cleaning and disinfection, immunization, exclusion	COVID-19, Influenza, RSV, Ringworm, Pinworm
Droplet Transmission	Droplet transmission occurs when large respiratory droplets are propelled up to 2 metres from the nose or mouth of a person who is unwell and land on another person or surface.	Sneezing, coughing, talking loudly, singing	Hand hygiene, physical distancing, PPE (mask, eye protection), cleaning and disinfection, immunization, exclusion	COVID-19, Influenza, RSV, Mumps, Rubella, Pertussis
Airborne Transmission	Airborne transmission occurs when small particles in dust or droplets are suspended in the air for long period of time and are inhaled by others.	Sneezing, coughing, talking loudly, singing, caring for open wounds	PPE (N95 respirator), immunization, exclusion	Chickenpox, Measles, Tuberculosis

Mode of Transmission	Definition	Examples	Prevention* (as applicable)	Infections**
Vector-borne Transmission	Vector-borne transmission occurs when an insect bites and ingests the blood of an already infected host (person or animal) and then bites a healthy individual.	Bites from ticks or insects like flies, mosquitos, or fleas	Using insect repellents; staying indoors; wearing light coloured, long-sleeved shirts, and pants	Lyme disease, West Nile Virus, Zika virus,
Vehicle Transmission	**Food-borne** transmission occurs when a susceptible individual ingests food or beverages that have been contaminated by blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine from an infected host (person or animal).	Consuming raw milk, undercooked meat and eggs, or unwashed vegetables and fruit	Thoroughly cooking meat and eggs; washing fruits and vegetables; washing hands after handing raw meat, eggs, and fruits and vegetables	Hepatitis A, Salmonella, E. coli, Campylobacter, Infant Botulism,
	Water-borne transmission occurs when a susceptible individual ingests or inhales water that has been contaminated by blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine from an infected host (person or animal).	Swallowing recreational water (e.g., rivers, lakes, pools), drinking untreated water	Regular testing of water, only consuming water known to be safe for drinking	Typhoid fever, Legionella, Cryptosporidium, Poliomyelitis, Giardia

*Prevention and control strategies required to manage each infection may vary based on the agent. For agent-specific prevention and control information, refer to the Caring for Kids website or BC Centre for Disease Control Quick Guide to Common Childhood Diseases printable fact sheets. Exclusion information can be found in Tables 3 and 4.

**The infections listed in Table 1 are only a few examples of those that could exist in a classroom. Refer to Table 3 for a more complete list of common childhood illnesses and Table 4 for Diseases of Public Health Significance (DoPHS).

Preventing the Spread of Infection

Hand Hygiene

Hand hygiene is the best way to prevent the spread of illnesses and can be achieved by hand washing and using alcohol-based hand rub (ABHR), also known as hand sanitizer.[1] Hand washing is the preferred method of hand hygiene when hands are visibly soiled. Using plain liquid soap (not antibacterial) and water to wash hands removes organisms. Hands should be dried with disposable paper towels or a hot-air dryer. Teach students to wash hands for 20 seconds by singing *Twinkle, Twinkle Little Star* or their ABCs and then rinse well. When soap and water are not available, use an ABHR to kill microorganisms. It is recommended that a minimum concentration of 60 to 90% alcohol be used. Use enough ABHR to keep hands wet for at least 15 seconds. Supervise students while using ABHR. They should avoid touching their eyes, nose or mouth until hands are dry. Apply moisturizers or creams to clean hands to keep skin healthy and to prevent cracking. A hand hygiene poster for use in a school can be found on the WDGPH website.

Hand hygiene should occur:

- Before and after eating/drinking
- Before applying and after removing personal protective equipment (PPE) (e.g., gloves, mask)
- After using the washroom
- When hands are visibly dirty
- After blowing your nose
- After coughing or sneezing
- Before and after playing with shared or sensory toys
- After playing outdoors
- After handling animals or animal waste
- After handling garbage or waste

School staff should consider setting scheduled opportunities for hand hygiene (e.g., before a nutrition break, after outdoor play, before entering the classroom, etc.) especially during times of increased absenteeism due to illness. Hand hygiene supplies should be readily available in the classroom and throughout the school. Tools for providing hand hygiene education can be found on the Public Health Ontario website.

Respiratory Etiquette

All students and staff should cover their mouths and noses with a tissue when they cough or sneeze. Tissues should be available in all classrooms and throughout the school. Soiled tissues should be discarded in covered wastebaskets. If they do not have a tissue, they should cough or sneeze into their sleeve (not their hand). After coughing or sneezing, they should perform hand hygiene. All students and staff should avoid touching their face, nose, and mouth with unwashed hands.

Stay Home When Unwell

Students and staff should stay home if feeling unwell. If the student or staff member is experiencing gastrointestinal symptoms (e.g., vomiting and diarrhea), or is receiving antibiotic or anti-diarrheal treatment for gastrointestinal symptoms, they should stay home until symptom free for 48 hours. If the student or staff member is experiencing respiratory symptoms, they should stay home until 24 hours after symptoms have improved, or when symptoms have resolved – whichever occurs sooner. All students should be fever free when attending school. Students should always be well enough to participate in the class's activities before returning. If a student or staff member is unwell due to a DoPHS, there may be specific exclusion requirements. Refer to Table 4 for more information.

Personal Protective Equipment (PPE)

PPE is used to create a barrier between an infectious source, and the well student or staff member. PPE should be selected based on the interaction. PPE should be put on (donned) immediately before the interaction and removed (doffed) immediately after the interaction. Refer the how-to videos on the WDGPH website for the correct donning and doffing sequence. If you have question about donning and doffing, and PPE products or labelling, please contact WDGPH. Tips for donning and doffing can be found on the WDGPH website.

Gloves

Non-latex gloves are to be worn when staff are likely to encounter blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, urine, and surfaces contaminated with any of the above. Hand hygiene should be performed before donning and after doffing gloves. Gloves are not to be used instead of performing hand hygiene. Gloves are single-use and must never be re-used or washed. Gloves are task-specific and should be changed before moving to a different body site, surface, or individual. When the use of gloves is indicated, they should be donned immediately before the interaction and removed immediately after the interaction. After removing gloves, they should be discarded in a covered wastebasket.

Masks

When wearing a mask as PPE, it is used to prevent microorganisms from entering the nose and mouth and should be worn in addition to eye protection. A mask is to be worn when an interaction could produce splashes or sprays of blood, bodily fluids, vomit, respiratory secretions, stool, or urine. A mask is worn when closely interacting (less than 2 metres) with an individual who is experiencing respiratory symptoms (e.g., coughing, sneezing, etc.). Students and staff with respiratory symptoms should be encouraged to stay home. Hand hygiene should be performed before donning and after doffing a mask. Masks are single-use and must never be re-used or washed. While wearing a mask, ensure it covers the mouth and nose, and avoid touching it. While wearing the mask, the coloured side should face out. When the use of a mask is indicated, it should be donned immediately before the interaction and removed immediately after the interaction. After removing the mask, it should be discarded in a covered wastebasket.

Eye Protection

Eye protection is used to prevent microorganisms from entering the eyes and should be worn in addition to a mask. Eye protection is to be worn when an interaction could produce splashes or sprays of blood, bodily fluids, vomit, respiratory secretions, stool, or urine. Eye protection is worn when closely interacting (less than 2 metres) with an individual who is experiencing respiratory symptoms (e.g., coughing, sneezing, etc.). Appropriate eye protection includes goggles and face shields. Prescription eyeglasses are not considered PPE. Eye protection may be disposable or reusable. When the use of eye protection is indicated, it should be donned immediately before the interaction and removed immediately after the interaction. After removing the eye protection, it should be discarded in a covered wastebasket if disposable. If the eye protection is reusable, check the packaging for the manufacturer's cleaning and disinfection instructions.

Gowns

A gown must be worn when an interaction could produce splashes or sprays of blood, bodily fluids, vomit, respiratory secretions, stool, or urine. When the use of a gown is indicated, it should be donned immediately before the interaction and removed immediately after the interaction. Gowns should be removed slowly and rolled away from the body, preventing the contamination of the wearer and other surfaces. After removing the gown, it should be discarded in the appropriate receptacle.

Environmental Cleaning

Illnesses can spread when an individual touches an object or surface (e.g. doorknob, faucet handles, toys, diaper change pads, sensory tables, etc.) that has been contaminated by infected blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine, and then touches their mouth, nose, or eyes. Some microorganisms can live on these surfaces for long periods of time. To prevent transmission, routine cleaning and disinfection should occur. The school should have a routine environmental cleaning checklist that includes washrooms and high-touched surfaces. Common areas should be cleaned and disinfected daily.[2] If an increase in illness is evident in a classroom, increased cleaning and disinfection must occur.

Step 1 – Cleaning

Cleaning is the physical removal of debris and microorganisms from an object or surface by scrubbing with soap or detergent and water. Soap or detergent used for cleaning should be labelled correctly, stored in a safe place away from children, and used according to the manufacturers' recommendations and product's safety data sheets. Staff should confirm what PPE is required for use.[3] Cleaning should occur as soon as possible after contamination and in a process from least soiled to most soiled, or lowest-touch to highest-touch objects and surfaces. If the staff member is not using disposable wipes or paper towels, cleaning cloths should be changed frequently when soiled and before moving to a new area. If the object or surface is contaminated with bodily fluids, vomit, respiratory secretions, stool, or urine, use a disposable paper towel to soak up the excess before cleaning. Hand hygiene is to be performed before and after cleaning. After cleaning an object or surface, it should be rinsed to remove the detergent film and loose debris or microorganisms.

When cleaning the floors, a detachable and machine washable mop head should be used and should be laundered between uses. The mop bucket should be cleaned and disinfected between uses. Fabric or porous furniture should be cleaned or vacuumed weekly and should be steam cleaned as soon as possible when visibly soiled.[2]

Step 2 – Disinfection

Disinfection is the process of killing microorganisms on objects or surfaces using a chemical solution (disinfectant). For use within the classroom, choose a disinfectant that is easy to use (i.e., premixed solutions, ready-to-use products, or premoistened wipes), broad spectrum and effective against norovirus, non-toxic or non-irritating, and compatible with the materials and furniture.[4] For more information, refer to WDGPH's Selecting Disinfectant for Child Care Centres fact sheet.

Avoid using spray bottles to prevent the inhalation of the disinfectant, or further dispersing of microorganisms. Disinfectants should be labelled correctly, stored in a safe place away from students, and used according to the manufacturers' instructions for use and product's safety data sheets. Staff should confirm what PPE is required for use.[3] Staff should also confirm the disinfectant has a Drug Identification Number (DIN) issued by Health Canada, and a short contact time (the amount of time the disinfectant needs to stay wet on a surface to kill microorganisms).[3] Always check the expiration date before use. For more information, refer to WDGPH's How to Read a Disinfectant Product Label fact sheet. Before disinfecting an area, it should be cleaned and not be visibly soiled. Hand hygiene is to be performed before and after disinfecting. Disinfection should occur in a process from lowest-touch to highest-touch objects and surfaces.

If the school uses bleach (chlorine) as a disinfectant, ensure it is diluted with water to the correct concentration. Never mix bleach with any other cleaners or disinfectants. Bleach solutions should be mixed daily, and test strips should be used to confirm the correct concentration of chlorine. Refer to the Public Health Ontario Chlorine Dilution Calculator to determine how much bleach is required to get the desired concentration of chlorine. Refer to Table 2 for recommended bleach solution concentrations.

Table 2: Recommended Disinfectant Concentrations Using Household Bleach (5.25%)

Concentration	Mixing Instructions	Indications for use	Contact time
500 ppm	Mix 10ml of bleach with 990ml of water	Routine disinfection and disinfection of high-touched objects and surfaces	2 minutes
1000 ppm	Mix 20ml of bleach with 980ml of water	Increased illness in classroom, and washrooms	2 minutes
5000 ppm	Mix 100ml of bleach with 900ml of water	Cleaning up blood, bodily fluids, vomit, respiratory secretions, stool, or urine on objects and surfaces	2 minutes

Immunization

Vaccines are a safe and effective way to ensure students and staff have immunity against serious illnesses, further preventing the spread of infections and increases in absenteeism from occurring. As per the *Immunization of School Pupils Act, R.S.O. 1990, c. I.1,* students are to be vaccinated against (or have immunity to) tetanus, diphtheria, polio, measles, mumps, rubella, meningococcal disease (meningitis), pertussis (whooping cough), and varicella zoster virus (chickenpox). It is strongly recommended that students and staff receive the COVID-19 and seasonal influenza vaccines. Exemption forms can be found on the WDGPH website. It is important to note that students with exemptions may be excluded from the school during an outbreak. For more information about routine immunizations, please refer to Ontario's Publicly Funded Vaccine Schedule. For reporting immunizations or exemptions, contact WDGPH. For staff immunization recommendations, refer to the WDGPH For Schools webpage.

Monitoring Student for Signs and Symptoms of an Infection (Surveillance)

Staff should monitor students for signs and symptoms of an infection, which may include:

- Fever
- Coughing or sneezing
- Runny nose and/or eyes
- Ear pain (child may pull on or rub ear)
- Abdominal pain or cramping (child may curl up)
- Sore throat or trouble swallowing (child may drool or avoid drinking/eating)
- Rash* or itchiness
- Unexplained diarrhea, nausea, or vomiting
- Lack or loss of appetite
- Unusual behavior (child may want to be left alone or may be clingy)
- Sleepiness, lethargy, or inability to sleep
- Irritability

If a student develops symptoms, separate them from their classmates, notify their parent(s) or guardian(s), and provide the appropriate care until they arrive. Staff should encourage the parent(s) or guardian(s) to have the student assessed by a health care provider. Staff should maintain records of signs and symptoms, onset date and time, any care that was provided, when the student was picked up from school, and any further absenteeism.

*For more information about rashes, please visit BC Health Link's website.

Reporting an Unusual Increase in Illness

Schools should monitor absenteeism rates closely. If the number of ill students or staff with similar symptoms exceeds the usual number (baseline) of ill students and staff expected, the school should notify WDGPH at 1-800-265-7293, ext. 4752. Staff should follow the school's policies and procedures for managing increased illness in addition to any advice provided by WDGPH at the time of notification. Refer to Tables 3 and 4 for disease-specific exclusion recommendations.

Common Childhood Illnesses Not Reportable to Public Health

There are many illnesses that can affect students and staff in a school setting. Although not reportable to WDGPH, the table below contains illnesses that may require additional infection control measures, such as exclusion. Refer to Table 1 for prevention measures for the modes of transmission identified for each illness. For more information about caring for children with common illnesses, visit the Caring for Kids website. For printable information sheets, visit BC Centre for Disease Control Quick Guide to Common Childhood Diseases.

Table 3: Common Childhood Illness [5,6,7]

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Exclusion*
Cold Sores Herpes Simplex Virus, Type 1	• Direct and indirect contact with the sores or infectious respiratory secretions	• The first infection is most severe. • A small blister or group of blisters on the lips and mouth that get bigger, leak fluid, then crust over. • Tingling, itching, and irritation of the lips and mouth. • Soreness of the lips and mouth that may last from 3 to 7 days.	Incubation Period: 2-12 days Infectious Period: Onset (sometimes before sore is visible) until the sore is healed.[8]	Exclude if it is their first infection, they are drooling, or the sore is open and weeping.[8]
Common Cold Rhinovirus, respiratory syncytial virus (RSV), parainfluenza virus, adenovirus, seasonal coronaviruses (not COVID-19), metapneumovirus	• Droplet • Direct and indirect contact with infectious respiratory secretions	• Nasal congestion • Coughing and sneezing • Headache • Sore throat • Loss of appetite • Fatigue • Mild fever • Illness can progress to an ear infection (painful ears), croup (horse, barking cough), bronchiolitis (wheezing), or pneumonia (rapid, laboured breathing).	Incubation Period: 2-7 days Infectious Period: 1 day before to 10 days after symptom onset (could be longer in children with weakened immune systems).	Exclude until 24-hours after symptom improvement, or when symptoms have resolved (whichever occurs sooner).

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Exclusion*
Conjunctivitis (Pink Eye) Viral – adenovirus, herpesviruses etc. Bacterial - *Haemophilus influenzae, Streptococcus pneumoniae,* etc.	• Droplet • Direct and indirect contact with infectious eye secretions (e.g. tears, discharge etc.).	• Fever • Pink or red color in the white of the eye(s) • Swollen eyelid(s) • Itchy, irritated, or burning eye(s) • Light sensitivity • Crusting on eyelid(s) or eyelashes • White or yellow discharge (bacterial) • Clear watery discharge (viral) • Cold and flu symptoms (viral)	<u>Incubation Period:</u> 1-3 days <u>Infectious Period:</u> Symptom onset until discharge resolves (viral), or 24-hours after starting antibiotic treatment (bacterial).	Exclude until assessed by a health care provider or pharmacist. If the infection is bacterial, exclude the student until 24-hours after starting antibiotic treatment.
CMV Cytomegalovirus	• Direct and indirect contact with infectious blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine.	• Generally, children will be asymptomatic. • Fatigue, cough, fever, sore throat, swollen lymph nodes, or rash may appear.[9]	<u>Incubation Period:</u> 3-12 weeks <u>Infectious Period:</u> Children can shed the virus in bodily fluids for many years.[10]	Exclusion not required.
Fifth Disease (Slapped Cheek) Parvovirus B19	• Droplet • Direct and indirect contact with infectious respiratory secretions	• A low-grade fever, cough or runny nose may be present 7 days before the rash onset. • The rash will initially be red and raised on the child's cheeks. • After the initial rash, a red, spotty lace-like rash may appear on the arms, chest, back and thighs.	<u>Incubation Period:</u> 4-20 days <u>Infectious Period:</u> 7-10 days before, and until rash onset.	Exclusion not required. Student should attend only if well enough to participate in the centre's activities.

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Exclusion*
Gastroenteritis (Stomach Bug) Norovirus, Rotavirus etc.	• Direct and indirect contact with infectious bodily fluids, vomit, or stool • Food-borne	• Fever or chills • Nausea, vomiting, and diarrhea • Abdominal pain or cramps • Headache • Loss of appetite	Incubation Period: 1-2 days Infectious Period: Symptoms onset to 2 days after recovery.	Exclude until 48-hours symptom free.
Hand, Foot, and Mouth Disease (HFMD) Coxsackie virus	• Direct and indirect contact with the blisters or infectious respiratory secretions, bodily fluids, or stool.	• May be asymptomatic • Fever and chills • Sore throat • Headache • Small painful blisters inside the mouth on the tongue and gums • Blisters that may appear on the palms of a child's hand, on their fingers and on the soles of their feet	Incubation Period: 3-6 days Infectious Period: 7 days from symptom onset. Children can shed the virus in respiratory secretions and stool for many weeks after onset.	Exclusion not required. Student should attend only if well enough to participate in the centre's activities.
Head Lice *Pediculus capitis*	• Direct hair to hair contact (most commonly) or indirect contact with contaminated hats, combs, brushes, tools etc.	• Some children may be asymptomatic. • Itchy scalp • Small red bite marks • Presence of lice or nits on head (typically found close to scalp or neck, or behind the ears)	Incubation Period: 14-23 days (period between laid eggs and adult lice) Infectious Period: Until treated.	Exclusion not required. Refer to the school's policies and procedures.
Impetigo *Group A Streptococcus or Staphylococcus aureus* bacteria	• Direct and indirect contact with the rash (or rash discharge) or infectious respiratory secretions	• Fluid-filled blisters (rash) usually around the mouth or nose but may occur elsewhere • Blisters break, ooze, and become covered by a honey-coloured crust	Incubation Period: 4-10 days Infectious Period: Onset until rash has crusted over, or until 24-hours after starting antibiotic treatment.	Exclude until 24-hours after starting antibiotic treatment. If rash oozing, ensure appropriately covered.

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Exclusion*
Molluscum Contagiosum (non-plantar warts) A poxvirus	• Direct and indirect contact with the lesions (warts)	• Small painless raised lesions that get larger over several weeks.[11] • Lesions are pinkish-white and have a small dimple or dip in the centre.[11]	Incubation Period: 7 days to 6 months Infectious Period: While the lesions are present.	Exclusion not required.
Mononucleosis (Mono) Epstein-Barr virus	• Direct and indirect contact with infectious respiratory secretions	• Fatigue and weakness • Fever • Sore throat • Swollen lymph nodes • Jaundice (yellowing of the skin and eyes) occurs occasionally	Incubation Period: 4-6 weeks Infectious Period: Unknown. Possible to be infectious up to 1 year after symptom onset.	Exclusion not required. Student should attend only if well enough to participate in the centre's activities.
Pinworms *Enterobius vermicularis*	• Direct and indirect contact with infected affected area	• Itchiness around anus and vagina • Loss of sleep • Irritability	Incubation Period: 1-2 months or longer Infectious Period: While worms are present and until treatment started.	Exclusion not required.
Ringworm Tinea or Dermatophytosis	• Direct contact with skin infected with fungus • Indirect contact with surfaces the fungus is on • Direct contact with pets infected with fungus	• Itchy, flat, reddish, circular rash with scaly or crusted border • Rash may blister and ooze. • Rash may be on scalp, body, groin, or foot	Incubation Period: 4-14 days Infectious Period: Rash onset until treatment started.	Exclude until the appropriate treatment has been started.

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Exclusion*
Roseola (Sixth Disease) Human herpesvirus 6 or Human herpesvirus 7	• Droplet • Direct and indirect contact with infectious respiratory secretions	• High fever that lasts 3-5 days • Cough • Nasal congestion or runny nose • Sore throat • Swollen lymph nodes in neck • Small flat pink spots or patches (rash) • Irritability • Nausea, vomiting, and diarrhea • Swollen eyelids	Incubation Period: 9-10 days Infectious Period: Symptom onset until 24-hours after fever has resolved (while symptoms are present).	Exclusion not required.
Scabies Sarcoptes scabiei var. hominis mite	• Prolonged direct and indirect contact with skin infected by mites	• Intense itching (especially at night) • Itchy red rash usually between fingers and toes with thread-like lines and scratch marks.	Incubation Period: 2-6 weeks Infectious Period: Symptom onset until treatment has killed mite eggs (may take multiple treatments).	Exclude until the appropriate treatment has been started.
Scarlet Fever Group A *Streptococcus pyogenes* bacteria*	• Droplet • Direct and indirect contact with infectious respiratory secretions	• Fever • Nausea and vomiting • Loss of appetite • Red sandpaper-like rash covering the entire body. • Tongue is red and bumpy with swollen lips (Strawberry tongue). • Red cheeks and whiteness around mouth.	Incubation Period: 1-3 days Infectious Period: 2-3 weeks from symptom onset or 24-hours after starting antibiotic treatment.	Exclude until 24-hours after starting antibiotic treatment and until the student is well enough to participate in the centre's activities.

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Exclusion*
Shingles or Herpes Zoster (a reactivation of the chickenpox virus) Varicella zoster virus (VZV)	• Direct contact with fluid from blisters Only transmissible to those who are not immune to chickenpox (i.e., by previous infection or immunization).	• Fever and chills • Painful, itchy, and tingling rash • Fluid-filled blisters develop in same area as pain and tingling that crust over. • Headache • Nausea	Incubation Period: 10-21 days for someone without immunity to develop chickenpox. Infectious Period: 7-10 days after rash onset or until the rash crusts over.	Exclusion not required. Blisters should be covered while at school.
Strep Throat Group A *Streptococcus pyogenes* bacteria**	• Droplet • Direct and indirect contact with infectious respiratory secretions	• Very sore throat • Pain when swallowing • Headache • Swollen and tender lymph nodes • Swollen, red tonsils with white patches	Incubation Period: 1-3 days Infectious Period: 2-3 weeks from symptom onset or 24-hours after starting antibiotic treatment.	Exclude until 24-hours after starting antibiotic treatment and until the child is well enough to participate in the centre's activities.

*Some illnesses have specific exclusion requirements for younger children (e.g., kindergarteners) due to their higher risk of infection. These exclusion requirements are highlighted in pale blue.

It is important to note that invasive Group A Streptococcus (iGAS) infections require **immediate reporting to WDGPH. Refer to Appendix B for the full list of DoPHS. Invasive infections are determined by a health care provider and WDGPH. Scarlet Fever and Strep Throat are not considered invasive infections and do not require reporting to WDGPH.

Reportable Diseases of Public Health Significance (DoPHS)

Some infections have severe implications for the school/classroom and broader community or can cause serious illness, requiring mandatory and timely reporting to WDGPH under the *Health Protection and Promotion Act R.S.O. 1990, c.H.7*. A full list of diseases of public health significance (DoPHS) can be found in Appendix B and on the WDGPH website. **Note, some DoPHS require immediate reporting to WDGPH,** and the rest should be reported within one business day. If there has been a DoPHS exposure within a school, WDGPH may consider distributing an advisory. Refer to Table 1 for the modes of transmission and associated prevention measures for each DoPHS. For more information about caring for children with a DoPHS, visit the Caring for Kids website. For printable information sheets, visit the BC Centre for Disease Control Quick Guide to Common Childhood Diseases.

To report a DoPHS from Monday to Friday, between 8:30 a.m. and 4:30 p.m., call **1-800-265-7293, ext. 4752**. To speak with WDGPH after hours and on holidays, call 1-877-884-8653. Documents can be confidentially faxed to 1-855-934-5463 (1-855-WDGLINE).

When reporting a DoPHS, please provide as much of the following information as possible:

- First and last name of child
- Student's date of birth
- Student's gender
- Student's contact number and address
- Parent(s) or guardian(s) name(s) and contact information (if different from the student's)
- The DoPHS of concern
- The name of the physician or location where the DoPHS was diagnosed (emergency department)
- Symptoms and date of onset
- Name, contact number, and address of the school
- First and last name of staff member reporting DoPHS

Refer to Table 4 for a list of DoPHS that are more likely to be present in a school or have implications for the classroom. Table 4 should be used in combination with advice from a WDGPH representative at the time of reporting.

Table 4: DoPHS with implications in the classroom [12]

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Reporting and Exclusion*
Amebiasis *Entamoeba histolytica* parasite	• Food-borne • Water-borne	• Can be asymptomatic • Abdominal pain or cramps • Fever • Nausea and diarrhea • Bloody diarrhea • Loss of appetite	Incubation Period: 2-4 weeks (but could be months) Infectious Period: During the period cysts are passed (can be years).	Report to WDGPH: Within 1 business day Exclusion: Exclude until 24-hours after diarrhea resolves or 48-hours after treatment has been completed.
Campylobacter enteritis *Campylobacter spp.*	• Food-borne • Water-borne • Direct contact with infectious stool	• Nausea, vomiting, and diarrhea • Bloody diarrhea • Fever • Abdominal pain	Incubation Period: 1-10 days Infectious Period: Several days to weeks (as long as bacteria is excreted in stool).	Report to WDGPH: Within 1 business day Exclusion: Exclude until 24-hours symptom free or 48-hours after treatment has been completed.
Chickenpox Varicella zoster virus	• Airborne • Droplet • Direct and indirect contact with fluid from chickenpox blisters, and infectious respiratory secretions • Direct contact with fluid from Shingles blisters (if not immune to chickenpox)	• Fever • Fatigue • Headache • Loss of appetite • A rash with small red slat spots that develop into itchy fluid-filled blisters that crust over.	Incubation Period: 10-21 days Infectious Period: 1-2 days before rash onset until blisters crust over (usually 5 days after rash onset).	Report to WDGPH: **IMMEDIATELY** Exclusion: Exclusion not required. Student should attend only if well enough to participate in the centre's activities.

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Reporting and Exclusion*
COVID-19 SARS-CoV-2 virus	• Droplet • Direct and indirect contact with infectious respiratory secretions	• Cough • Fever or chills • Shortness of breath • Headache • Muscle or body aches • Sore throat • New loss of taste or smell • Nausea, vomiting, and diarrhea • Fatigue • Nasal congestion or runny nose	Incubation Period: 2-14 days Infectious Period: 2 days before and 10 days after symptom onset.	Report to WDGPH: Not required at this time. Exclusion: Exclude until 24-hours after symptom improvement, or when symptoms have resolved (whichever occurs sooner).
Cryptosporidiosis *Cryptosporidium* parasite	• Food-borne • Water-borne • Direct contact with infectious stool	• Nausea, vomiting, and diarrhea • Fever • Abdominal pain • Loss of appetite • Dehydration	Incubation Period: 1-12 days Infectious Period: Symptom onset to several weeks or months (as long as cysts are excreted in stool).	Report to WDGPH: Within 1 business day Exclusion: Exclude until 24-hours after symptoms have resolved.

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Reporting and Exclusion*
E. coli O157:H7 or Verotoxin-producing E. coli (VTEC) *Escherichia coli O157:H7* bacteria	• Food-borne • Water-borne • Direct contact with infectious stool	• Nausea, vomiting, and diarrhea • Bloody diarrhea • Abdominal pain • Loss of appetite • Dehydration Can lead to Hemolytic Uremic Syndrome (HUS). Signs and symptoms include: • Pale skin • Decreased urine output • Fatigue	Incubation Period: 2-10 days Infectious Period: While diarrhea present. Children can shed the bacteria in their stool for up to 3 weeks.	Report to WDGPH: **IMMEDIATELY** Exclusion: Exclude until WDGPH has confirmed they have provided 2 consecutive negative stool samples or rectal swabs.
Giardiasis (Beaver Fever) *Giardia duodenali* parasite	• Food-borne • Water-borne • Direct contact with infectious stool	• Can be asymptomatic. • Nausea and frequent diarrhea • “Greasy” pale stool • Fever • Abdominal pain • Weight loss • Bloating and gas • Fatigue	Incubation Period: 3-25 days but can be longer. Infectious Period: Several weeks or months (as long as cysts are excreted in stool).	Report to WDGPH: Within 1 business day Exclusion: Exclude until 24-hours symptom free or 48-hours after treatment has been completed.

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Reporting and Exclusion*
Haemophilus Influenzae type B (Hib) *Haemophilus influenzae* bacteria	• Droplet • Direct and indirect contact with infectious respiratory secretions	• Fever • Vomiting • Confusion • Headache • Stiff neck or back • Severe sore throat • Difficulty swallowing • Cough • Difficulty breathing • Bulging fontanelle (infants)	Incubation Period: Unknown but likely 2-4 days Infectious Period: Until 24-48 hours of antibiotic treatment.	Report to WDGPH: **IMMEDIATELY** All types of Haemophilus Influenzae (not just type B) should be reported to WDGPH immediately. Exclusion: Exclude until 24-48 hours of antibiotic treatment and a health care provider has concluded child is well enough to participate in the centre's activities.
Hepatitis A (Hep A) Hepatitis A virus	• Food-borne • Water-borne • Direct and indirect contact with infectious stool	• Can be asymptomatic. • Fever • Nausea and vomiting • Jaundice • Loss of appetite • Abdominal pain • Dark urine	Incubation Period: 15-50 days Infectious Period: 2 weeks before symptom onset to 7 days after jaundice onset. Virus can be excreted up to 6 months in children.	Report to WDGPH: **IMMEDIATELY** Exclusion: Exclude for 14 days after symptom onset or 7 days after jaundice onset – whichever occurs sooner.

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Reporting and Exclusion*
Infant Botulism *Clostridium botulinum* bacteria	• Food-borne • Water-borne • Direct contact with the soil or dust that has been contaminated with spores	• Constipation • Muscle weakness • Weak arms and legs • Neck weakness leading to a wobbly head. • Weak cry • Flattened facial expression • Difficulty breathing • Difficulty swallowing	Incubation Period: 13-26 hours but can be several days. Infectious Period: N/A	Report to WDGPH: **IMMEDIATELY** Exclusion: Exclusion not required.
Influenza (Flu) Influenza A and B viruses	• Droplet • Direct and indirect contact with infectious respiratory secretions	• Fever • Cough or sneezing • Nasal congestion or runny nose • Headache, muscle, or body aches • Sore throat • Fatigue and weakness • Nausea, vomiting, and diarrhea	Incubation Period: 1-4 days Infectious Period: 1 day before to 7 days after symptom onset.	Report to WDGPH: Not required at this time. Exclusion: Exclude until 24-hours after symptom improvement, or when symptoms have resolved (whichever occurs sooner).
Invasive Meningococcal Disease *Neisseria meningitidis* bacteria	• Droplet • Direct contact with infectious respiratory secretions	• Fever • Headache • Stiff neck • Nausea and vomiting • Photophobia • Irritability • Loss of appetite • Drowsiness • A purple-red splotchy rash • Bulging fontanelle (infants)	Incubation Period: 2-10 days Infectious Period: 7 days before symptom onset to 24-hours after starting antibiotic treatment.	Report to WDGPH: **IMMEDIATELY** Exclusion: Exclude until 24-hours after starting antibiotic treatment, and a health care provider has concluded child is well enough to participate in the centre's activities.

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Reporting and Exclusion*
Lyme Disease *Borrelia burgdorferi* bacteria	• Vector-borne (tick)	• Bullseye like rash • Fever • Fatigue • Headache • Muscle aches • Joint pain	Incubation Period: 3-32 days Infectious Period: N/A	Report to WDGPH: Within 1 business day Exclusion: Exclusion not required.
Measles Measles virus	• Airborne • Droplet • Direct and indirect contact with infectious respiratory secretions	• Fever • Cough • Runny nose • Red eyes • Drowsiness • Irritable • Small white spots inside mouth • Red blotchy rash that starts on face and moves down body	Incubation Period: 7-21 days Infectious Period: 4 days before rash onset to 4 days after rash onset.	Report to WDGPH: **IMMEDIATELY** Exclusion: Exclude until 4 days after rash onset.
Mumps Mumps virus	• Droplet • Direct and indirect contact with infectious respiratory secretions	• Fever • Headache • Painful and swollen salivary glands • Parotitis (inflammation of the parotid gland)	Incubation Period: 12-25 days Infectious Period: 7 days before to 5 days after onset of parotitis.	Report to WDGPH: **IMMEDIATELY** Exclusion: Exclude until 5 days after onset of parotitis (or symptom onset if no parotitis present).

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Reporting and Exclusion*
Paratyphoid Fever *Salmonella paratyphi* bacteria	• Food-borne • Water-borne • Vector-borne (flies)	• Fever • Headache • Loss of appetite • Diarrhea or constipation • Cough • Abdominal pain	Incubation Period: 1-10 days Infectious Period: Symptom onset to 2-3 weeks after onset (as long as bacteria is excreted in stool and urine).	Report to WDGPH: Within 1 business day Exclusion: Exclusion criteria is dependant on antibiotic prescribed and will be provided by WDGPH at time of reporting.
Pertussis (Whooping Cough, 100-day Cough) *Bordetella pertussis* bacteria	• Droplet • Direct contact with infectious respiratory secretions	• Fever • Runny nose • Sneezing • Cough that worsens after 1-2 weeks • Coughing with “whoop” sound • Vomiting after coughing • Coughing fits with shortness of breath	Incubation Period: 6-20 days Infectious Period: Symptom onset to 3 weeks after onset or until 5 days after starting antibiotic treatment.	Report to WDGPH: **IMMEDIATELY** Exclusion: Exclude until 5 days after starting antibiotic treatment, or 21 days after cough onset with a negative laboratory test if not treated.
Rubella (German Measles) Rubella virus	• Droplet • Direct contact with infectious respiratory secretions	• Fever • Headache • Runny nose • Red eyes • A rash that starts on faces and moves downward • Painful and swollen lymph nodes	Incubation Period: 14-21 days Infectious Period: 1 week before to 4 days after rash onset.	Report to WDGPH: **IMMEDIATELY** Exclusion: Exclude until 7 days from rash onset.

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Reporting and Exclusion*
Salmonellosis *Salmonella spp.* bacteria	• Food-borne • Water-borne • Direct and indirect contact with infectious stool • Direct and indirect contact with infected animals and their environment	• Fever • Nausea, vomiting, and diarrhea • Headache • Abdominal pain	Incubation Period: From 6 hours to 7 days, usually about 12-36 hours. Infectious Period: Throughout the course of infection and as long as bacteria is excreted in stool (usually persists for 3-4 weeks).	Report to WDGPH: Within 1 business day Exclusion: Exclude until symptom free for 24-hours, or symptom free for 48-hours after discontinuing the use of anti-diarrheal medication.
Shigellosis *Shigella spp.* bacteria	• Food-borne • Water-borne • Direct and indirect contact with infectious stool	• Fever • Nausea, vomiting, and diarrhea • Bloody diarrhea • Abdominal pain or cramps	Incubation Period: 1-7 days Infectious Period: Symptom onset until 4 weeks after onset (as long as bacteria excreted in stool).	Report to WDGPH: **IMMEDIATELY** Exclusion: Exclude until WDGPH has confirmed they have provided a negative stool sample or rectal swab.

Illness and Agent	Mode of Transmission (Refer to Table 1)	Signs and Symptoms	Incubation and Infectious Period	Reporting and Exclusion*
Typhoid Fever *Salmonella typhi* bacteria	• Food-borne • Water-borne • Direct and indirect contact with infectious stool or urine	• Fever • Headache • Loss of appetite • Diarrhea or constipation • Fatigue • Abdominal pain	Incubation Period: 3-60 days Infectious Period: 1 week after symptom onset until a variable time after recovery (as long as bacteria excreted in stool and urine).	Report to WDGPH: **IMMEDIATELY** Exclusion: Exclusion criteria is dependant on antibiotic prescribed and will be provided by WDGPH at time of reporting.
West Nile West Nile Virus	• Vector-borne (mosquito)	• May be asymptomatic • Fever • Headache • Rash • Swollen lymph nodes • Nausea, vomiting, and diarrhea • Photophobia	Incubation Period: 2-21 days Infectious Period: N/A	Report to WDGPH: Within 1 business day Exclusion: Exclusion not required.
Yersiniosis *Yersinia spp.* bacteria	• Food-borne • Water-borne • Direct and indirect contact with infectious stool • Direct and indirect contact with infected animals and their environment	• Fever • Nausea, vomiting, and diarrhea • Diarrhea with blood or mucous • Abdominal pain or cramps	Incubation Period: 3-10 days Infectious Period: While symptoms present, generally 2-3 weeks (as long as bacteria excreted in stool).	Report to WDGPH: Within 1 business day Exclusion: Exclude until symptom free for 24-hours, or symptom free for 48-hours after completing treatment.

*Some DoPHS have specific exclusion requirements for younger children (e.g., kindergarteners) due to their higher risk of infection. These exclusion requirements are highlighted in pale blue and will be provided by a WDGPH representative at the time of reporting.

Managing Bites

Biting is a normal behaviour for young children, especially when they cannot yet understand that it hurts others and are still learning how to express their emotions.[13] Most bites are harmless and do not break the skin. If a bite does break the skin, it is very rare that the bite is deep enough to draw enough blood to cause a blood born infection, such as hepatitis B. Refer to Table 5 for managing bites in a school setting. These steps should be used in combination with the school's first aid and biting policies and procedures.

Table 5: Managing bites at school

Bite that <u>does not</u> break the skin	**Bite that breaks the skin and bleeds**
1. Clean wound with soap and water 2. Apply a cold compress. 3. Notify the parent(s) or guardian(s) of both students. 4. Complete documentation as per the school's policies and procedures.	1. Allow wound to bleed without squeezing it. 2. Carefully clean the wound with soap and water. 3. Notify the parent(s) or guardian(s) of both students. 4. Advise parents(s) or guardian(s) to have a health care provider assess the bite. 5. Complete documentation as per the school's policies and procedures.

It is not necessary to report human biting incidents to WDGPH. Hepatitis B, Hepatitis C, and HIV (Table 6) are viruses that are spread person to person through direct blood to blood contact, however the general risk of getting these diseases from a bite is low. **If there is a break in the skin after a bite, parent(s) or guardian(s) should always be advised to have their child assessed by a health care provider.**

Table 6: DoPHS requiring direct blood to blood contact for exposure [11]

Illness and Agent	Mode of Transmission Refer to Table 1	Signs and Symptoms	Incubation and Infectious Period	Reporting and Exclusion
Hepatitis B (Hep B) Hepatitis B virus	• Direct contact with infectious blood or bodily fluids containing blood	• Fever • Loss of appetite • Nausea and vomiting • Fatigue • Jaundice • Dark urine • Pale stools • Abdominal pain	Incubation Period: 45-180 days Infectious Period: Several weeks before symptom onset through course of disease.	Report to WDGPH: Within 1 business day Exclusion: Exclusion not required.
Hepatitis C (Hep C) Hepatitis C virus	• Direct contact with infectious blood or bodily fluids containing blood	• Fever • Loss of appetite • Nausea and vomiting • Fatigue • Jaundice • Dark urine • Pale stools • Abdominal pain	Incubation Period: 2 weeks to 6 months Infectious Period: 1 or more weeks before symptom onset until treated or cleared.	Report to WDGPH: Within 1 business day Exclusion: Exclusion not required.
Human Immunodeficiency Virus (HIV/AIDS) Human Immunodeficiency virus	• Direct contact with infectious blood or bodily fluids containing blood	• Delayed physical and developmental growth • Swollen lymph nodes • Intermittent diarrhea • Oral thrush • Reoccurring infections • Pneumonia	Incubation Period: 15-90 days Infectious Period: Symptom onset until treatment started and maintained.	Report to WDGPH: Within 1 business day Exclusion: Exclusion not required.

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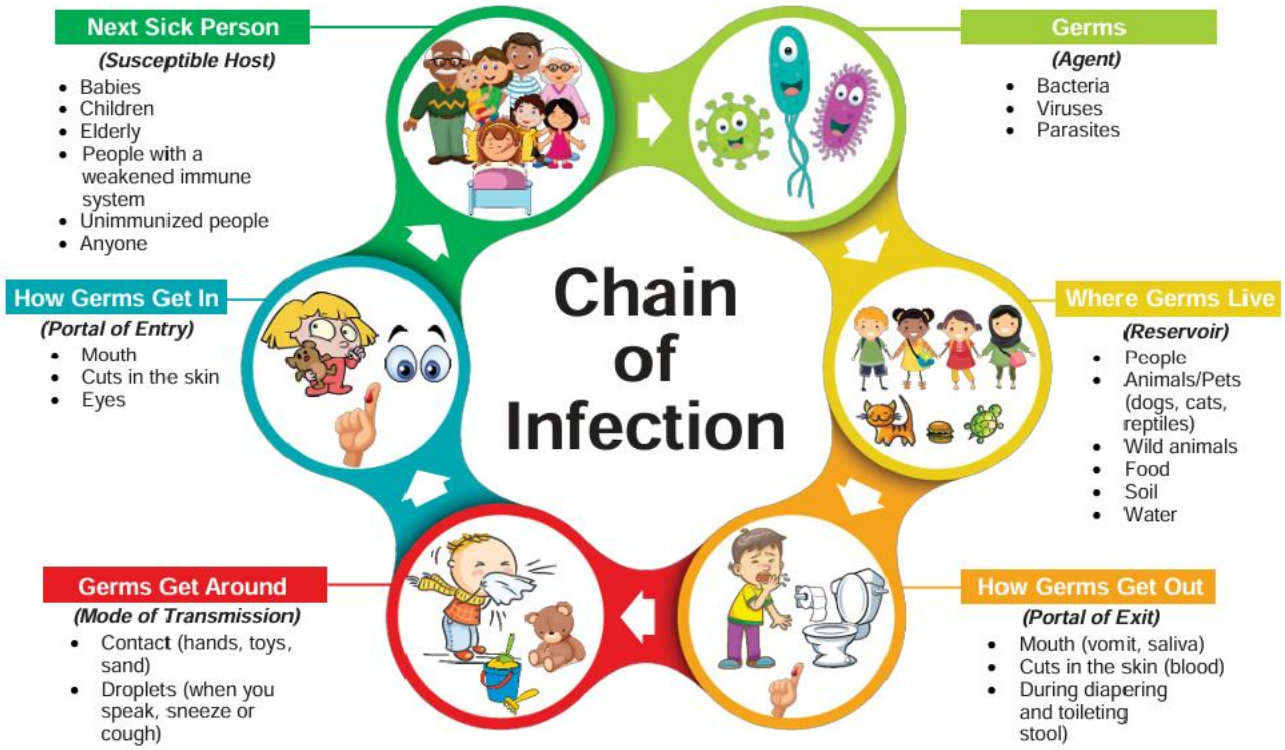
Appendices

Appendix A – Chain of Infection



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Appendix B – List of DoPHS

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

Diseases of Public Health Significance

Under the *Health Protection and Promotion Act*, certain diseases are of public health significance and must be reported to Public Health to help control the spread of disease.

Report any suspect, probable, or confirmed cases of disease listed below to Public Health:

- **By Telephone**: Monday-Friday, 8:30 a.m. – 4:30 p.m. 1-800-265-7293, ext. 4752
  After hours and holidays: 1-877-884-8653
- **By Fax:** 1-855-934-5463 (1-855-WDGLINE)

REPORT IMMEDIATELY BY PHONE (followed by fax)

- Acute Flaccid Paralysis (under age 15)
- Anthrax
- Botulism
- Brucellosis
- *Candida auris*
- Carbapenamase-producing Enterobacteriaceae (CPE)
- Chickenpox (Varicella)
- Cholera
- *Clostridium difficile* infection (CDI) outbreaks in public hospitals
- Creutzfeldt-Jakob Disease (all types)
- Diphtheria
- Encephalitis (including primary, viral; post-infectious; vaccine-related)
- Gastroenteritis outbreaks in institutions and public hospitals
- Group A Streptococcal disease, invasive
- *Haemophilus influenzae* disease (all types), invasive
- Hantavirus Pulmonary Syndrome
- Hemorrhagic fevers
- Hepatitis A
- Influenza (novel, non-seasonal)
- Legionellosis (institutional)
- Listeriosis
- Measles
- Meningitis, acute (bacterial, viral, other)
- Meningococcal disease, invasive
- Mumps
- Novel Coronaviruses, including SARS, MERS
- Ophthalmia neonatorum
- Paralytic Shellfish Poisoning (PSP)
- Pertussis
- Plague (*Yersinia pestis)*
- Poliomyelitis, actue
- Psittacosis/Ornithosis
- Q Fever
- Rabies
- Respiratory infection outbreaks in institutions and public hospitals
- Rubella
- Shigellosis
- Smallpox and other Orthopoxviruses, including Mpox
- Tetanus
- Tuberculosis, active human cases (also report positive skin tests in mm)
- Tularemia
- Typhoid Fever
- Verotoxin-producing *E. coli* infection indicator conditions, including Haemolytic Uraemic Syndrome (HUS)

Please report any clusters of illnesses immediately, as they may be suggestive of an outbreak.

REPORT WITHIN 1 WORKING DAY BY EITHER PHONE OR FAX

- Acquired Immunodeficiency Syndrome (AIDS)
- Amebiasis
- Anaplasmosis
- Babesiosis
- Blastomycosis
- *Campylobacter* enteritis
- Chancroid
- *Chlamydia trachomatis* infections
- *Cryptosporidiosis*
- Cyclosporiasis
- *Echinococcus multilocularis* infection
- Food poisoning, all causes
- Giardiasis (except asymptomatic cases)
- Gonorrhea
- Group B Streptococcal disease, neonatal
- Hepatitis B
- Hepatitis C
- Influenza, seasonal
- Leprosy
- Lyme Disease
- Novel Coronavirus (COVID-19)
- Paratyphoid Fever
- Pneumococcal disease (*Streptococcus pneumoniae)*, invasive
- Powassan Virus Infection
- Rubella, congenital syndrome
- Salmonellosis
- Syphilis
- Trichinosis
- Tuberculosis, animal cases
- West Nile Virus illness
- Yersiniosis

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