

Childhood Illnesses

Reference Guide for Schools and Child Care Centres



This guide has been designed to provide information to staff on common infectious diseases and to help with preventing further spread of illness in school and child care settings. It is divided into the following five sections:

1. Preventing the Spread of Illness
2. Unusual Increases in Illness
3. Common Childhood Illnesses—Not Reportable to Public Health
- 4. Diseases of Public Health Significance—Reportable to Public Health**
5. Infectious Diseases of Concern During Pregnancy

To report a disease or unusual increase in illness contact Public Health:

Monday–Friday, 8:30 a.m.–4:30 p.m.

1-800-265-7293 ext. 4752

After hours and holidays

1-877-884-8653

Reportable Disease Fax Line

1-855-934-5463 (1-855-WDG-LINE)

For additional information or printable resources, refer to:

Wellington-Dufferin-Guelph Public Health

www.wdgpublichealth.ca

Caring for Kids (Canadian Paediatric Society)

www.caringforkids.cps.ca

1. Preventing the Spread of Illness

Hand Hygiene for Staff and Children

Hand washing is the best way to prevent the spread of illness. Ensure there is an adequate supply of liquid soap and paper towels or a hot air hand dryer in every washroom that is accessible for use. Wash hands:

- Before and after eating
- After using the toilet
- When hands are visibly dirty
- After sneezing, coughing or wiping noses
- After playing outdoors
- Before and after playing at a water table
- Before giving medication
- After handling animals or animal waste

Use plain liquid soap (not antibacterial) and water to wash hands; dry with disposable paper towels.

Teach children to wash hands for 20 seconds by singing *Twinkle, Twinkle Little Star*, then rinse well.

When soap and water are not available, use an alcohol-based hand sanitizer. It is recommended that a minimum concentration of 70 percent alcohol be chosen for use because of its effectiveness against norovirus. Use enough sanitizer to keep hands wet for 15–30 seconds.

- Supervise children while using a hand sanitizer. They should avoid touching their eyes, nose or mouth until hands are dry.
- If hands are visibly soiled, soap and warm water should be used instead of hand sanitizer.

Cough and Sneeze Etiquette

Always cover your mouth and nose with a tissue when you cough or sneeze.

- Throw the used tissue into a garbage can, then wash your hands with soap and water or hand sanitizer.
- If you do not have a tissue, cough or sneeze into your sleeve (not your hand).
- Keep your hands away from your eyes and nose.
- The germs on your hands can enter your body through the mucous membranes of your eyes and nose.

Preventing Blood and/or Body Fluid Exposure

Treat all blood and body fluids (e.g., blood, saliva, stool, mucus) as potentially infectious.

Wear single use non-latex gloves when there may be contact with another person's body fluids such as when cleaning cuts or scrapes, and cleaning up blood, vomit and/or stool from surfaces or contaminated linens.

- In addition to gloves, staff should wear a mask when cleaning up stool or vomit from a contaminated surface.
- An apron, gown or separate set of clothes may be used if direct contact with body fluids is likely to occur.

Clean up spills promptly using a disposable absorbent cloth first (e.g., paper towel), then clean the area with soap and water, and then disinfect the area. When cleaning up vomit and feces ensure the disinfectant has proven effectiveness against non-enveloped viruses (e.g., norovirus).

Refer to the manufacturer's label on cleaning and disinfection products to ensure the disinfectant is left on the contaminated surface for the correct contact time (the amount of time the surface stays wet) and is not expired. Do not use expired products.

Discard contaminated paper towels, gloves and gowns in a plastic-lined garbage bin. Immediately tie and place with regular trash. Be careful that other surfaces do not get contaminated during this process. Contaminated clothing can be wrapped in a plastic bag and sent home for cleaning. Normal detergent and laundry cycles are effective.

Always perform hand hygiene after removing gloves.

Routine Cleaning and Disinfection or Environmental Cleaning

Prevent the spread of infections in the classroom and school through regular routine and thorough cleaning followed by disinfection. Cleaning involves manually/physically removing all visible dirt from a surface or object. Cleaning is accomplished with water, detergents and wiping of the surfaces.

Disinfection is a process that reduces the number of germs on a surface. Most disinfectants are designed for application to surfaces that have been pre-cleaned. Some products combine a cleaner with a disinfectant. Review and follow the manufacturer's instructions found on the label of all disinfectants and cleaners used.

- For disinfectants, ensure you verify the concentration and contact times (amount of time the surface must remain wet) and choose products based on the type of surface the product will disinfect.
- Check the expiry date of disinfectants before use.
- Products for kitchen use must be safe for food-contact surfaces.

Clean and disinfect commonly touched surfaces frequently (e.g., door handles, hand rails, desktops, light switches, shared computer keyboards, tabletops, water fountains, bathroom faucets).

Clean and disinfect shared items and toys as often as possible.

Washrooms should be cleaned and disinfected daily or more often as needed.

2. Unusual Increases in Illness

Sudden or unusual increases in the number of children/students absent due to illness with similar symptoms should be reported to Public Health. For example, clusters of illness (e.g., several students in a classroom who are away with diarrhea, nausea or vomiting) should be reported. Public Health may conduct an investigation, issue an advisory, and/or recommend infection prevention and control measures to reduce the spread of illness within the school or child care centre. An ill child should be separated from well children and supervised until a parent arrives. Ensure all staff and children follow the exclusion criteria to prevent the continued spread of illness.

Increased Absenteeism Due to Diarrhea and/or Vomiting or Respiratory Infections

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
Gastroenteritis (diarrhea/vomiting)	<ul style="list-style-type: none"> • Caused by a bacteria, virus or parasite • Spread from person to person through the fecal-oral route by direct contact with an infected person • Consuming contaminated food or water • Touching contaminated surfaces then putting your unwashed hands in your mouth <p>A virus called norovirus is commonly responsible for this type of illness in the winter months.</p>	Depends on cause but includes vomiting and/or diarrhea, abdominal cramps, fever, chills.	Depends on cause.	Exclusions vary depending on cause. Exclude until the child is symptom-free for at least 24 hours after the last episode of vomiting and/or diarrhea.

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
<p>Viral Respiratory Infections:</p> <p>Respiratory syncytial virus (RSV)</p> <p>Parainfluenza virus</p> <p>Influenza (flu)</p> <p>Adenovirus</p> <p>Coronavirus</p> <p>Metapneumovirus</p>	<p>Viruses in the nose and throat spread person-to-person through:</p> <ul style="list-style-type: none"> • Direct contact with respiratory secretions or contaminated hands • Indirect contact with toys, tissues or other objects contaminated with respiratory secretions or droplets from coughs and sneezes 	<p>Common cold: Runny nose, cough, sneezing, sore throat, headache and possibly fever</p> <p>Bronchiolitis: Cough, laboured breathing, wheezing and fever</p> <p>Croup: Hoarseness, barking cough, fever, and breathing that is rapid, laboured or noisy</p> <p>Influenza: Fever, chills, cough, headache and muscle pains</p> <p>Pneumonia: Fever, rapid or laboured breathing and chest pain.</p>	<p>Depends on the virus but usually lasts 3 to 8 days (longer for children with a weakened immune system).</p> <p>Most infectious while symptoms are present.</p>	<p>No exclusion unless the child is too ill to participate in all program activities.</p>

3. Common Childhood Illnesses (Not Reportable to Public Health)

Individual cases of common childhood illnesses (infections) are not reportable to Public Health. **Public Health will no longer provide school advisories for common childhood illnesses.**

For more information and printable fact sheets that can be copied and shared as needed visit the Canadian Paediatric Society's Caring for Kids website: www.caringforkids.cps.ca.

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
Bacterial Pneumonia	Bacteria are usually present in the nose and throat and can cause disease if they get into the lungs.	Fever, cough, rapid or laboured breathing, chest pain.	Usually not considered contagious.	Exclude until the child is well enough to participate in all program activities.
Cold Sores (Herpes simplex type 1 virus)	Viruses spread from person to person by direct contact with mucous membranes (mouth, nose or eyes) with cold sores or saliva. Virus persists in the body for life and may recur.	Ranges from no symptoms to a simple cold sore or many painful ulcers in the mouth and a high fever.	Infectious for at least a week during the first infection.	No exclusion for a child with simple cold sores. Exclude a child with mouth ulcers who is drooling until well enough to eat and participate in all program activities.
Conjunctivitis (Pink eye)	Bacterial or viral. Germs spread easily by direct and indirect contact with eye secretions or droplets from coughs and sneezes when associated with a respiratory virus.	Scratchy, painful or itchy red eyes, light sensitivity and tearing with purulent (pus) or mucus discharge.	Bacterial: Infectious until 24 hours of appropriate antibiotic treatment received. Viral: Infectious as long as there is eye discharge.	Exclude until seen by a physician. Bacterial: May return to child care/school after child has received 24 hours of appropriate antibiotic treatment. Viral: May return with physician approval.

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
	May also be caused by an allergy or eye irritation (not contagious).			
Cytomegalovirus (CMV Infection)	Viruses in saliva and urine spread by direct contact. Virus persists in the body for life and infections may recur.	Children usually have no symptoms. Can infect a fetus if the mother is infected or re-exposed during pregnancy.	Infectious as long as the virus is in the urine and saliva, which may be months.	No exclusion criteria.
Fifth Disease	See Parvovirus B19.			
Hand, Foot and Mouth Disease (Coxsackie virus)	Intestinal viruses spread person-to-person by direct or indirect contact with stool, or nose and throat secretions.	Fever, headache, sore throat, small painful mouth ulcers and a rash (red spots often with small blisters on top), usually on the hands and feet.	Most infectious during the first week of illness. Virus can remain in stool for several weeks up to 11 weeks after onset of illness.	No exclusion criteria. Children can attend child care/school as long as they feel well enough to participate in all program activities.
Head Lice (Pediculosis)	Head lice are tiny, wingless bugs that live on the head. They spread by direct hair-to-hair contact or indirectly by sharing hats, combs, hairbrushes and headphones.	Presence of lice or nits (the eggs of mature lice) on the head. They are typically found on the hair close to the scalp, at the bottom of the neck or behind the ears. Head scratching may be present.	Transmissible as long as lice and nits are present in the hair.	No exclusion criteria. Public Health does not have a role in the management of head lice in child care centres or schools. Information on head lice can be accessed

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
				by calling Telehealth Ontario (1-866-797-0000), consulting with a pharmacist for appropriate treatment, and/or talking to your family physician.
Impetigo	<p>Bacterial infection of the skin caused by Group A <i>Streptococcus</i> or <i>Staphylococcus aureus</i> bacteria. Can occur after a scrape or insect bite.</p> <p>Spread person-to-person by direct contact (e.g., touching skin lesions) or indirect contact such as in contaminated bed linens or clothing.</p>	<p>Fluid-filled blisters usually around the mouth or nose but may occur elsewhere. Blisters break, ooze and become covered by a honey-coloured crust.</p>	<p>Infectious until lesions have dried up.</p> <p>If caused by Group A <i>Streptococcus</i>, infectious until 24 hours after the first dose of an appropriate antibiotic.</p>	<p>Exclude if draining lesions cannot be kept covered.</p> <p>For Group A <i>Streptococcus</i> infections, exclude until 24 hours of appropriate antibiotic treatment has been received.</p>
Mononucleosis (Mono)	<p>Caused by the Epstein-Barr virus (EBV). Virus is found in saliva and spread through direct contact (e.g., coughing, sneezing and kissing) and indirect contact such as sharing cups, drinking bottles and utensils.</p>	<p>Fatigue, weakness, fever, severe sore throat, large red tonsils covered in pus, swollen lymph nodes in the neck, armpits and groin, and enlarged spleen.</p>	<p>Infectious for a year or longer.</p>	<p>Exclude until well enough to participate in all program activities.</p>

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
Parvovirus B19 Infection / Fifth Disease (Erythema infectiosum, slapped-cheek syndrome)	Virus in respiratory secretions spreads by direct contact and (possibly) respiratory droplets. Can also be transmitted from mother to fetus before birth.	Intense red rash on the cheeks followed by a lace-like rash on the torso and arms that spreads to the rest of the body. Sometimes preceded by a low-grade fever or cold symptoms 7 to 10 days before rash appears.	Infectious for several days before the rash and non-infectious once rash appears. Pregnancy information is available on page 25.	No exclusion criteria. Once rash appears, child is no longer contagious.
Pinworms	Worm eggs are spread by direct contact (e.g., contaminated fingers) or indirect contact such as contaminated bed linens, clothing and toys; worm eggs are then ingested.	Itching around the anus, disturbed sleep and irritability.	Infectious as long as worm eggs are being laid on the skin. Worm eggs can live for several weeks outside the body.	No exclusion criteria. Children with pinworms should be treated with appropriate medication prescribed by a physician and can continue to attend child care/school.
Pink Eye	See Conjunctivitis.			
Pneumococcal Disease	Bacteria that are usually found in the nose and throat (and usually do not cause infection) can spread person-to-person by close, direct contact with mouth secretions (e.g., kissing or respiratory droplets).	Usually an ear or sinus infection following a cold. Invasive infections can occur and include fever, pneumonia and meningitis, in addition to blood, bone and	Unknown. Likely not transmissible after 24 hours of appropriate antibiotic therapy.	No exclusion for minor illness (e.g., ear infections and sinusitis). Exclude a child with serious illness until a doctor has determined the child is well enough

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
		joint infections. Symptoms develop rapidly.		to participate in all program activities.
Ringworm (Tinea)	Fungus spreads person-to-person by direct contact (e.g., skin-to-skin) and indirect contact (e.g., shared combs, unwashed clothes, and shower or pool surfaces). Also acquired from pets that carry the fungus; cats are common carriers.	Ring-shaped itchy, scaly lesions on the scalp, body, groin or foot (Athlete's foot). Bald spots on the head.	Transmissible as long as the rash is untreated and/or uncovered.	Exclude until the first treatment has been applied.
Scabies	Mites that burrow under the skin. Spread person-to-person by direct (prolonged, close and intimate) contact.	Itchy red rash usually between fingers and toes, or in the wrists or groin, with thread-like lines and scratch marks. Intense itching especially at night. May be elsewhere on the body in children under 2 years of age.	Transmissible as long as infestation is untreated.	Exclude until after the first treatment has been applied.
Scarlet Fever	See Streptococcal Infections (non-invasive).			
Shingles (A reactivation of the chickenpox virus)	Virus spreads easily through direct contact with fluid in the blister. A person who is exposed to someone with shingles	Painful patch of blisters on the skin which may appear in crops along nerve	Less infectious than chickenpox. Infectious until the rash has crusted over.	No exclusion criteria but blisters should be covered until crusted over.

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
	<p>and who has never had chickenpox will get chickenpox rather than shingles.</p> <p>You cannot get shingles from someone who has shingles.</p>	<p>pathways on one side of the body.</p> <p>Blisters may last 7 to 10 days and heal within 2 to 4 weeks. Residual nerve pain may last for months or years.</p>	<p>Non-immune children and staff may need to see a doctor right away; preventive treatment (vaccine or immune globulin) may be needed.</p> <p>Pregnancy information is available on page 25.</p>	
Strep Throat	See Streptococcal Infections (non-invasive).			
<p>Streptococcal Infections (non-invasive)</p> <p>Strep Throat</p> <p>Scarlet Fever</p>	Bacteria in the throat spread person-to-person by direct contact or indirect contact with saliva or respiratory droplets.	<p>Strep Throat: Sore throat, fever and swollen tender neck glands.</p> <p>Scarlet Fever: High fever, vomiting, red sandpaper-like rash covering the entire body, strawberry tongue, red cheeks and whiteness around mouth.</p>	Infectious from illness onset until 24 hours of appropriate antibiotic treatment has been received.	Exclude until at least 24 hours of appropriate antibiotic therapy has been received and a doctor has determined the child has recovered and is well enough to participate in all program activities.

4. Diseases of Public Health Significance

Report the following diseases to Public Health at 1-800-265-7293 ext. 4752 during regular business hours.

Diseases that require immediate reporting to Public Health are in red. An advisory may be issued.

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
<p>Chickenpox (Varicella)</p>	<p>Caused by a virus that can spread easily from person-to-person by:</p> <ul style="list-style-type: none"> • Tiny droplets of the virus released into the air when an infected person breathes, coughs, sneezes or talks • Contact with fluid from the blisters <p>The virus stays in the body for life and may recur as shingles; the virus can spread by direct contact with shingles if lesions are not covered.</p>	<p>Fever and itchy rash. Crops of small red spots turn into fluid-filled blisters that crust over within a few days and become itchy.</p>	<p>Infectious from 2 days before the rash starts until all the blisters have crusted over and dried (usually about 5 days after onset of rash).</p> <p>Immune-suppressed children such as those with leukemia or other cancers, or who have had an organ transplant, may need to see a doctor right away. Preventive treatment (vaccine or immune globulin) may be needed if there was a significant</p>	<p>No exclusion required.</p> <p>Children with mild chickenpox can attend child care/school regardless of the state of their rash as long as they feel well enough to participate in all program activities.</p> <p>Individual cases of chickenpox do not need to be reported. Use the <i>Chickenpox Monthly Case Report</i> (Appendix A) to keep track of the total number of chickenpox cases and fax the form to Public Health at the end of each month.</p>

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
			<p>exposure within their classroom.</p> <p>Pregnancy information is available on page 25.</p>	
<p>Escherichia Coli: O157 (E. coli, gastroenteritis)</p>	<p>Caused by ingesting bacteria in contaminated food (e.g., poultry, beef, raw/unpasteurized milk and dairy products, unpasteurized apple juice, raw vegetables), or water contaminated with animal or human feces.</p> <p>Also spread from person to person by direct or indirect contact with stool, and animal-to-person (e.g., farms, petting zoos).</p>	<p>Starts as non-bloody diarrhea, usually progressing to visibly bloody stools with severe abdominal pain. Fever is not present in most cases.</p> <p>Children under 5 years are most frequently diagnosed with infection and are at greatest risk for developing Hemolytic Uremic Syndrome (HUS).</p>	<p>Bacteria are excreted in stool for 2 to 3 weeks. Infectious as long as diarrhea lasts.</p>	<p>Children who require toileting assistance and/or diapering may be excluded until Public Health determines testing/treatment requirements are fulfilled.</p>
<p>Giardiasis (Beaver fever, gastroenteritis)</p>	<p>Parasites in the stool are spread from person to person by direct or indirect contact with stool or are ingested through contaminated food or water.</p>	<p>Watery diarrhea and recurrent abdominal pain. Some children have chronic diarrhea with foul-smelling stools, bloating and weight</p>	<p>Infectious as long as cysts are in the stool, which can be from weeks to months.</p>	<p>Children who require toileting assistance and/or diapering may be excluded until Public Health determines testing/treatment</p>

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
		loss. Many infected children have no symptoms.		requirements are fulfilled.
Group A Strep Infections	See Streptococcal Infections (Invasive Group A <i>Streptococcus</i>).			
Haemophilus Influenzae	<p>Bacteria in the mouth and nose are spread from person to person through direct contact with and inhalation of respiratory droplets.</p> <p>Does not spread easily and requires prolonged close contact.</p>	<p>Symptoms develop rapidly and depend on which part of the body is affected. Can cause pneumonia, meningitis and epiglottitis, in addition to infection in the blood, bones or joints.</p>	<p>Infectious until at least 24 to 48 hours of appropriate antibiotic therapy received.</p> <p>Antibiotic treatment or vaccine may be required for exposed children.</p>	<p>REPORT TO PUBLIC HEALTH IMMEDIATELY</p> <p>Exclude until Public Health determines testing/treatment requirements are fulfilled and a doctor has determined the child is well enough to participate in all program activities.</p>
Hepatitis A Virus (HAV)	Virus in stool is spread from person to person by direct or indirect contact with stool, or contaminated food or water.	Tea-coloured urine, jaundice and fever. Most young children do not get sick but can still spread the virus to others. Older children and adults are more likely to have symptoms.	<p>Most infectious 2 weeks before onset of illness until 7 days after the onset of jaundice.</p> <p>Contacts may need vaccine and/or immune globulin.</p>	<p>REPORT TO PUBLIC HEALTH IMMEDIATELY</p> <p>Children who require toileting assistance and/or diapering may be excluded until Public Health determines testing/treatment</p>

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
<p>Hepatitis B Virus (HBV)</p>	<p>Virus found in blood and other body fluids (e.g., saliva and genital secretions).</p> <p>Mainly transmitted through sexual intercourse, from mother to newborn, by sharing contaminated injection/drug equipment or by transfusion of unscreened blood.</p> <p>May be transmitted if an open wound or the mucous membranes (eyes, mouth or nasal passages) are exposed to infected blood.</p>	<p>Young children almost always have no symptoms.</p> <p>Older children and adults may have fever, fatigue, loss of appetite and jaundice.</p>	<p>Infectious as long as the virus is in the blood and body fluids.</p> <p>May persist for life, especially in infants infected at birth.</p> <p>Contact Public Health about any bite that breaks the skin. Blood tests may be required.</p> <p>Staff should follow routine practices when providing first aid or when there is potential contact with blood or body fluids.</p>	<p>requirements are fulfilled.</p> <p>No exclusion required.</p> <p>A child with HBV can participate in all program activities.</p>
<p>Hepatitis C Virus (HCV)</p>	<p>Virus found in blood.</p> <p>Mainly transmitted from mother to newborn. Also transmitted by sharing contaminated injection</p>	<p>Young children almost always have no symptoms.</p>	<p>Infectious as long as the virus is in the blood.</p> <p>May persist for life.</p>	<p>No exclusion required.</p> <p>A child with HCV can participate in all program activities.</p>

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
	<p>equipment or by transfusion of unscreened blood.</p> <p>Low risk of transmission if an open wound or the mucous membranes (eyes, nasal passages or mouth) are exposed to infected blood.</p>	<p>Older children and adults may have fever and fatigue.</p>	<p>Contact Public Health about any bite that breaks the skin. Blood tests may be required.</p> <p>Staff should follow routine practices when providing first aid or when there is potential contact with blood or body fluids.</p>	
<p>Human Immunodeficiency Virus (HIV)</p>	<p>Virus found in blood, genital secretions and breastmilk. Children usually acquire HIV from their mothers before, during or after birth (by breastfeeding). Also transmitted through sexual intercourse, by sharing contaminated injection/drug equipment or by transfusion of unscreened blood.</p> <p>May be transmitted if an open wound or the mucous membranes (eyes, nasal passages or mouth) are</p>	<p>Children usually have no symptoms.</p>	<p>Infectious as long as the virus is detectable in the blood and body fluids.</p> <p>Contact Public Health about any bite that breaks the skin. Blood tests may be required.</p> <p>Staff should follow routine practices when providing first aid or when there is</p>	<p>No exclusion required.</p> <p>A child with HIV can participate in all program activities.</p>

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
	exposed to a large amount of infected blood.		potential contact with blood or body fluids.	
Measles	Virus is found in respiratory secretions and spreads easily from person to person through the air.	High fever, cough, runny nose and red eyes 2 to 4 days before a rash first appears on the face, then rash spreads over the entire body.	Highly infectious from 4 days before and up to 4 days after the rash appears. Children and staff may need vaccination or immune globulin within 72 hours of the first contact. Pregnancy information is available on page 25.	REPORT TO PUBLIC HEALTH IMMEDIATELY Exclude for at least 4 days after the onset of rash. Staff and children who are not immunized or under-immunized may be excluded if there is an outbreak or immediate risk of an outbreak.
Meningitis, Bacterial (non-meningococcal)	Depends on infectious cause: usually by direct contact, or droplets, originating from respiratory secretions from the nose or throat.	Sudden onset of high fever, severe headache, vomiting, confusion, lethargy, extreme irritability, stiff neck, seizures and bulging fontanel in babies under 18 months old.	Infectious until 24 to 48 hours of appropriate antibiotic therapy has been received.	REPORT TO PUBLIC HEALTH IMMEDIATELY Exclude until a doctor has determined the child has recovered and is well enough to participate in all program activities and after receiving at least

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
				24 to 48 hours of appropriate antibiotic treatment.
Meningitis, Viral	Caused by many different viruses. Enteroviruses are more common in child care and school settings. Viruses in saliva and stool are spread by direct or indirect contact.	Usually less severe than bacterial meningitis; often fever and irritability only.	<p>Enteroviruses: Found in saliva for only a few days but can remain in stool for 4 weeks after onset of illness.</p> <p>Exposed contacts of viral meningitis do not need antibiotic treatment and/or vaccination.</p>	Exclude until a doctor has determined the child has recovered and is well enough to participate in all program activities.
Meningitis, Bacterial Meningococcal Disease	<p>Caused by <i>Neisseria meningitidis</i>.</p> <p>Can be transmitted by close, direct contact (e.g., with saliva or respiratory droplets).</p>	Usually progresses rapidly. May have a rapidly spreading, bruise-like rash that starts as small red spots but rapidly progresses to large red-purple bruises. Fever, nausea, loss of appetite, malaise, aches and pains.	<p>Infectious until 24 to 48 hours of appropriate antibiotic therapy has been received.</p> <p>Meningococcal disease is a more serious cause of meningitis and close contacts of the case may need antibiotic treatment and/or vaccination.</p>	<p>REPORT TO PUBLIC HEALTH IMMEDIATELY</p> <p>Exclude until a doctor has determined the child has recovered and is well enough to participate in all program activities and after receiving at least 24 to 48 hours of appropriate antibiotic treatment.</p>

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
<p>Mumps</p>	<p>Virus is found in saliva and respiratory secretions and spreads easily from person to person by direct contact (e.g., respiratory droplets, kissing, sharing food or drinks).</p>	<p>Fever, swollen glands at the jaw line or on the face, and headache.</p>	<p>Infectious from 7 days before onset of swelling until 5 days after.</p> <p>Vaccination for non-immune contacts may be required.</p> <p>Pregnancy information is available on page 25.</p>	<p>REPORT TO PUBLIC HEALTH IMMEDIATELY</p> <p>Exclude until 5 days after the onset of swelling.</p> <p>Staff and children who are not immunized or under-immunized may be excluded if there is an outbreak or immediate risk of an outbreak.</p>
<p>Pertussis (Whooping cough, 100-day cough)</p>	<p>Bacteria in respiratory secretions spread easily from person to person by droplets from coughs or sneezes.</p>	<p>Runny nose, frequent and severe coughing spells sometimes followed by a whooping sound, gagging or vomiting.</p>	<p>Infectious for up to 3 weeks from onset of illness if not treated, or infectious for 5 days after antibiotic treatment is started.</p> <p>Household contacts of cases, especially high-risk persons (e.g., infants under 1 year of age and pregnant women in</p>	<p>REPORT TO PUBLIC HEALTH IMMEDIATELY</p> <p>Exclude for 21 days from onset of cough or 5 days after starting appropriate antibiotic treatment.</p> <p>Staff and children who are not immunized or under-immunized may be excluded if there is an outbreak or</p>

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
			<p>their third trimester), may need antibiotic treatment.</p> <p>Pregnancy information is available on page 25.</p>	<p>immediate risk of an outbreak.</p>
<p>Rubella (German measles)</p>	<p>Virus spreads from person to person by direct contact with secretions from the nose or mouth or by respiratory droplets.</p>	<p>Mild in children, includes low fever, swollen glands in the neck and behind the ears, and a rash with small red spots.</p>	<p>Infectious from 7 days before to 7 days after the rash appears.</p> <p>Advise pregnant women who are unsure of their immune status to see their doctor.</p> <p>Pregnancy information is available on page 25.</p>	<p>REPORT TO PUBLIC HEALTH IMMEDIATELY</p> <p>Staff and children who are not immunized or under-immunized may be excluded if there is an outbreak or immediate risk of an outbreak.</p>
<p>Salmonella Typhi (Typhoid fever, gastroenteritis)</p>	<p>Bacteria in the stool are spread from person to person by direct or indirect contact with stool or are ingested in contaminated water and food (e.g.,</p>	<p>Diarrhea, abdominal cramps and fever.</p>	<p>Infectious as long as bacteria are in the stool; this can be months.</p>	<p>REPORT TO PUBLIC HEALTH IMMEDIATELY</p> <p>Exclude until Public Health determines testing/treatment</p>

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
	shellfish, particularly oysters).			requirements are fulfilled.
Salmonella Non-Typhi (Gastroenteritis)	Bacteria are usually ingested in contaminated food (e.g., meat and meat products, chicken and chicken products such as raw or undercooked chicken nuggets, raw or undercooked eggs, raw/unpasteurized milk and milk products, raw fruit and vegetables). May also be acquired through contact with reptiles, amphibians, rodents or other mammals.	Sudden onset of headache, fever, cramps, diarrhea (may contain blood), nausea and sometimes vomiting.	Infectious as long as bacteria are in the stool; this can be months.	Exclude until the child is well enough to participate in all program activities and symptom-free for 24 hours.
Shigellosis (Gastroenteritis)	Bacteria in stool are spread from person to person by direct or indirect contact with stool. The infectious dose for humans is low and as few as 10 to 100 bacteria can cause disease.	Watery diarrhea with or without blood and/or mucous, fever and abdominal cramps.	Infectious as long as bacteria are in the stool; this can be up to 4 weeks after illness.	REPORT TO PUBLIC HEALTH IMMEDIATELY Exclude until Public Health determines testing/treatment requirements are fulfilled.
Streptococcal Infections,	Some strains of GAS cause invasive disease (bacteria enter sterile parts of the body, such as blood, deep	Toxic Shock Syndrome (TSS): Fever, dizziness,	Infectious until 24 hours of appropriate	Exclude until at least 24 hours of appropriate antibiotic therapy has been

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
<p>Invasive Group A <i>Streptococcus</i> (GAS)</p> <p>Toxic Shock Syndrome (TSS)</p> <p>Necrotizing Fasciitis (Flesh-eating disease)</p>	<p>tissue or lining of the brain).</p> <p>Bacteria spread from person to person by direct contact with skin lesions or respiratory droplets.</p> <p>Children are at highest risk of infection within 2 weeks of having chickenpox.</p>	<p>confusion and abdominal pain.</p> <p>Necrotizing Fasciitis: Fever, rapidly spreading red rash, and severe, painful localized swelling.</p>	<p>antibiotic treatment received.</p> <p>Antibiotic treatment may be required for all exposed contacts, especially if chickenpox is also present.</p>	<p>received and a physician has determined the child has recovered and is well enough to participate in all program activities.</p>
<p>Tuberculosis (TB)</p> <p>Active TB (infectious) OR Latent or inactive TB (not infectious)</p>	<p>Bacteria from the lungs are spread through the air in respiratory secretions produced by coughing.</p>	<p>Most children with active TB do not show symptoms. Older children, adolescents and adults with active TB present with fever, cough, coughing up blood, weight loss and night sweats.</p>	<p>A person with active TB is infectious as long as the bacteria are in the respiratory secretions.</p> <p>A person with latent or inactive TB is not infectious.</p> <p>Exposed children and adults may need testing and antibiotic treatment.</p>	<p>REPORT TO PUBLIC HEALTH IMMEDIATELY</p> <p>Active TB: Exclude until Public Health determines testing/treatment requirements are fulfilled.</p> <p>Latent or inactive TB: No exclusion criteria.</p>
<p>Yersiniosis (Gastroenteritis)</p>	<p>Bacteria are ingested in contaminated food (e.g., raw or undercooked meats such as pork, beef, lamb, oysters, fish, raw/unpasteurized milk), water</p>	<p>Fever and diarrhea (often with blood and/or mucus in stool).</p>	<p>Infectious as long as bacteria are in the stool; this can be up to 2–3 weeks, but 2–3</p>	<p>Exclude until 24 hours symptom-free or 48 hours after completion of antibiotic treatment or anti-diarrheal medication.</p>

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
	and soil. Contact with infected animals/pets (especially puppies and kittens) may also be a source.		months if untreated.	

5. Infectious Diseases of Concern During Pregnancy

Some infectious diseases found in child care and school settings may be a risk to susceptible pregnant women.

Before trying to become pregnant:

- Tell your doctor you are thinking about getting pregnant. **Discuss having a blood test to check your immunity to rubella (German measles), chickenpox, fifth disease, cytomegalovirus (CMV) and hepatitis B.**
 - If you are not immune, you can receive a vaccine for rubella, chickenpox and hepatitis B.
 - Wait at least one month after you receive the vaccine for varicella (chickenpox) and measles, mumps and rubella (MMR) before trying to get pregnant.
- Clean your hands often throughout the day by using alcohol-based hand sanitizer or washing with soap and water.
- Keep your immunizations up to date. If you are unsure what vaccines you should get, talk to your doctor or health care provider.

If you have questions about an exposure during pregnancy, call 1-800-265-7293 ext. 4752.

If you are pregnant:

- Have your doctor or health care provider order a blood test to check your immunity to rubella (German measles), chickenpox, fifth disease and cytomegalovirus (CMV).
- Clean your hands often throughout the day by using alcohol-based hand sanitizer or washing with soap and water.
- Get a flu shot. It is safe to receive in pregnancy.
- Decrease your risk of foodborne illness:
 - Make sure the meat you eat is well-cooked.
 - Do not eat hot dogs, luncheon or deli meats.
 - Do not drink unpasteurized milk or eat unpasteurized cheese.
- Avoid direct contact with soil and sand.
- Avoid changing cat litter.

Staying Healthy During Pregnancy

For other information about staying healthy during pregnancy, call Wellington-Dufferin-Guelph Public Health's Let's Talk Parenting telephone support line at 1-800-265-7293 ext. 3616. You can also check our website for information about our free online prenatal classes or to sign up for our Let's Talk Pregnancy e-Newsletter: <https://www.wdgpUBLICHEALTH.ca/your-kids/pregnancy>

Infectious Disease	Cause and Spread	What to Do If You Are Exposed
<p>Chickenpox (Varicella)</p>	<p>A virus that spreads easily through the air and through direct contact with the fluid in a chickenpox blister.</p>	<p>If you have never had chickenpox or the chickenpox vaccine, call your doctor as soon as you know you have been exposed to the virus.</p> <p>Ask to have your blood tested to check if you have immunity to the chickenpox virus.</p> <p>Prevention: If you are planning pregnancy and are not immune to chickenpox, you can get a vaccine to protect against chickenpox. It should be given at least one month before becoming pregnant.</p>
<p>Cytomegalovirus (CMV)</p>	<p>A virus that spreads through contact with body fluids, including saliva, urine, feces, tears, cervical and vaginal fluids, semen and breastmilk.</p>	<p>See your doctor if you think you have been exposed to CMV.</p> <p>Prevention: There is no vaccine available.</p> <p>Clean your hands often, especially after changing diapers and after any contact with bodily fluids. Avoid sharing food, drinks and utensils.</p>

Infectious Disease	Cause and Spread	What to Do If You Are Exposed
Listeriosis	Bacteria often found in food and the environment (e.g., soil, plants, water, sewage, silage, and in the feces of humans and animals). Animals and humans can carry the bacteria without knowing it.	<p>See your doctor if you are pregnant, have eaten a recalled product, and within 2½ months become ill with Listeria symptoms such as nausea, vomiting, cramps, diarrhea, severe headache, constipation or persistent fever.</p> <p>Can be effectively treated with antibiotics if diagnosed early.</p> <p>Prevention: There is no vaccine available.</p> <p>After preparing food, especially raw foods such as meat and fish, thoroughly clean and sanitize all surfaces used for food preparation.</p> <p>Always wash your hands after touching raw meat and before eating. Make sure all meat is well-cooked. Do not eat luncheon or deli meats, or hot dogs, unless they are reheated until steaming hot.</p> <p>Wash fruit and vegetables thoroughly.</p> <p>Do not eat soft cheese (e.g., feta, brie and camembert), blue-veined cheese, or Mexican-style soft cheese unless they have labels that clearly state they are made from pasteurized milk.</p> <p>Do not eat refrigerated pâtés or meat spreads (canned or shelf-stable varieties may be eaten).</p>

Infectious Disease	Cause and Spread	What to Do If You Are Exposed
<p>Measles</p>	<p>A virus found in respiratory secretions that spreads easily from person to person through the air.</p>	<p>If you are not immune to measles and are pregnant, get the MMR (measles, mumps, rubella) vaccine as soon as possible after giving birth. The MMR vaccine cannot be given to pregnant women.</p> <p>Prevention: If you are planning pregnancy, have your blood tested to see if you are immune to measles. You can get the MMR vaccine to protect against measles, mumps and rubella. It should be given at least one month before becoming pregnant.</p>
<p>Mumps</p>	<p>A virus found in saliva and respiratory secretions that spreads easily from person to person by direct contact (e.g., respiratory droplets, kissing, sharing food or drinks).</p>	<p>If you are not immune to mumps and are pregnant, get the MMR (measles, mumps, rubella) vaccine as soon as possible after giving birth. The MMR vaccine cannot be given to pregnant women.</p> <p>Prevention: If you are planning pregnancy, have your blood tested to see if you are immune to mumps. You can get the MMR vaccine to protect against measles, mumps and rubella. It should be given at least one month before becoming pregnant.</p>
<p>Parvovirus B19 Infection / Fifth Disease (Erythema infectiosum, slapped-cheek syndrome)</p>	<p>A virus that spreads easily through contact with fluid from the nose and lungs, and through contact with blood.</p>	<p>See your doctor if you think you have been exposed to the virus. A blood test can be done to find out if you are immune to the virus.</p> <p>Routine infection control practices (e.g., hand hygiene) are considered effective protection against the spread. No vaccine or treatment is available.</p>

Infectious Disease	Cause and Spread	What to Do If You Are Exposed
<p>Rubella (German measles)</p>	<p>A virus that is spread by close contact, through sneezing and coughing.</p> <p>Babies that are born with congenital rubella are contagious for more than a year.</p>	<p>See your doctor as soon as you have been exposed to rubella. A blood test can be done to find out if you are immune to rubella.</p> <p>If you are not immune to rubella and are pregnant, get the MMR (measles, mumps, rubella) vaccine as soon as possible after giving birth. The MMR vaccine cannot be given to pregnant women.</p> <p>Prevention: If you are planning pregnancy, have your blood tested to see if you are immune to rubella. You can get the MMR vaccine to protect against measles, mumps and rubella. It must be given at least one month before becoming pregnant.</p>
<p>Shingles (Reactivation of the chickenpox virus)</p>	<p>Spreads easily through direct contact with fluid in the blister. Shingles is only contagious to those who have never had chickenpox; the non-immune person exposed to shingles will get chickenpox.</p>	<p>See above information on chickenpox.</p>
<p>Toxoplasmosis</p>	<p>A parasite found in raw or undercooked infected meats (e.g., lamb, pork or beef), unpasteurized goat's milk or cheese, poorly washed raw vegetables, cat and other animal feces, and contaminated garden soil.</p>	<p>Blood tests can be done to see if the parasite has crossed the placenta. Treatment is available, but not without risks.</p> <p>Prevention: Wash vegetables and fruit thoroughly.</p> <p>Make sure all meat is well-cooked. Always wash your hands after touching raw meat and before eating.</p>

Infectious Disease	Cause and Spread	What to Do If You Are Exposed
		<p>Do not drink unpasteurized milk or juice or eat unpasteurized cheese or other dairy products.</p> <p>Avoid direct contact with soil and sand. If you do, wear gloves and wash your hands after handling.</p> <p>Avoid changing cat litter. If you do, wear gloves and wash your hands after handling.</p>

Resources

Grenier, D. and Leduc, D. (eds). (2008). *Well Beings: A Guide to Health in Child Care – Third Edition*. Canadian Paediatric Society.

Caring for Kids (Canadian Paediatric Society):

- Illnesses and Infections: <https://www.caringforkids.cps.ca/handouts/illnesses-index>
- Managing Infections: https://www.caringforkids.cps.ca/uploads/wellbeings/managing_infections.pdf

Heymann, D.L. (2015). *Control of Communicable Diseases Manual*. American Public Health Association.

Pickering, L.K (ed.) Committee on Infectious Diseases. (2012). *Red Book: 2012 Report of the Committee on Infectious Diseases 29th Edition*. American Academy of Pediatrics.