A GUIDE

TO COMMON INFECTIONS

for Child Care Providers and Schools

WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

September 2026

INTRODUCTION

This guide is intended to provide schools and childcare settings with basic information about common contagious childhood illnesses. For each illness, it describes signs and symptoms, the contagious period, how it spreads, ways to prevent further spread, and whether it is a Disease of Public Health Significance (DOPHS) that must be reported to the Windsor-Essex County Health Unit (WECHU).

Parents and caregivers who would like more information about the illnesses described in this guide can visit wechu.org/health-topics.

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DISEASES OF PUBLIC HEALTH SIGNIFICANCE

OTHER COMMON ILLNESSES

CONTACT US

Contact the Windsor-Essex County Health Unit's helplines during business hours with questions, comments, or concerns. For a complete list of phone numbers, visit wechu.org and select "Contact Us."

REPORTING

REPORTING A DISEASE OF PUBLIC HEALTH SIGNIFICANCE

Administrators must report Diseases of Public Health Significance (DOPHS) to the Windsor-Essex County Health Unit **within one business day** of receiving notification of a communicable disease, for example, when a parent or guardian reports a DOPHS after seeing a health care provider.

How to report a DOPHS:

- Complete the DOPHS reporting form at: www.wechu.org/dophs-reporting
- This form must be submitted **within one business day** of receiving notification of a communicable disease.
- Once submitted, the Infectious Disease Prevention Department at the WECHU will contact you **within one business day** to provide further guidance.

REPORTING HIGH ABSENTEEISM RATES

Administrators must report high absenteeism when:

- The school or centre has **≥20% absenteeism due to illness** among students and/or staff, or
- There is concern regarding high absenteeism within a specific classroom or group (this can include instances of less than 20%).

How to report absenteeism:

- Complete the initial absenteeism report at: www.wechu.org/absenteeism-reporting.
- Once submitted, the Infectious Disease Prevention Department at the WECHU will contact the administrator within one business day to provide further guidance.

If you have any questions while submitting these forms, please call the Infectious Disease Prevention Department at 519-258-2146 ext. 1420.

WHAT IS A COMMUNICABLE DISEASE?

Any illness that can spread from one person to another is considered communicable or contagious. A person can spread an illness only during certain times, known as the contagious period. During this period, it may be recommended that individuals stay home from school or childcare to prevent spreading illness. Administrators should review and update their facility's illness policy annually.

How do infections spread?

Infections are caused by germs, which can include bacteria, viruses, parasites, or fungi.
These germs may be found in body fluids and secretions, such as stool (poop), saliva, mucus, and phlegm.

Germs that cause communicable diseases are spread from one person to another in the following ways:

- Direct contact with a person infected with the germ in their nose, mouth, eyes, stool or on their skin.
- Direct contact through droplets spread by breathing in contaminated air from an infected person nearby who is sneezing or coughing.
- Indirect contact by touching surfaces contaminated with germs, such as doorknobs and toys, and then touching the nose, mouth, or eyes.
- Indirect contact through eating or drinking contaminated food or water.

How do infestations spread?

Infestations occur when pests, such as ticks, lice, or fleas, live on the surface of a person's body, including on the skin or hair.

- Direct contact with a person who has an infestation, such as through close skin-to-skin or hair-to-hair contact.
- Indirect contact by touching the affected area and then touching the hands or skin of another person.
- Indirect contact through sharing of personal items such as combs, hairbrushes, hats, helmets, towels, clothing, or bedding.

HOW TO PREVENT FURTHER SPREAD

Hand Hygiene and Illness Prevention

- Hand hygiene is one of the easiest and most important ways to prevent the spread of infections.
- Encourage hand hygiene and ensure access to warm running water, soap, paper towels, or alcohol-based hand rub (70-90% alcohol).
- Wash hands thoroughly with soap and water for at least 20 seconds.
- Allow time for children to wash hands after washroom breaks and before eating.
- Teach and reinforce respiratory etiquette (cough or sneeze into an elbow or tissue, then wash hands).
- Discourage sharing personal items, such as cups, utensils, lip balm, toothbrushes, and hairbrushes.

Staying Home When Sick

- Encourage parents/guardians to keep their child at home if they are sick.

Vaccination

- Remind parents/guardians to check their child's vaccination record.
- If they aren't sure whether their child is up to date on all their vaccines, remind them to check with their health care provider or the health unit.

Cleaning

- Routinely clean and disinfect high-touch surfaces and shared items, such as toys and doorknobs, and increase cleaning frequency during periods of illness.
- Follow proper procedures for handling and disposing of contaminated items, such as wearing gloves and washing hands afterward.

Food Safety

- Reinforce and practice safe food handling, including washing all uncooked fruits and vegetables under clean, running water and storing and cooking food properly.

BITE (child to child)

What should you do if a child is bitten by another child?

Young children often bite. Most bites are harmless and don't break the skin.

If a child who bites breaks the skin or if blood is drawn into the mouth of the child who bites, germs can be spread. If that happens, it is recommended that the children be seen by a health care provider.

Bite Wound Care

Remember to always wear gloves when handling blood and bodily fluids.

If the **skin is not broken**, clean the wound with soap and water, and apply a cold compress.

If the skin is broken:

1. Let the wound bleed freely.
2. Clean with soap and water.
3. Report the incident (bite) to the parents/guardians.
4. Encourage medical follow-up.

TICKS

What should you do if a child is bitten by a tick?

Children bitten by a tick may be at risk of several diseases, including Lyme disease, Rocky Mountain spotted fever, Powassan virus disease, anaplasmosis, babesiosis, and tularemia. Ticks vary in size and colour. The blacklegged tick, which can spread Lyme disease, is small, measuring 3 to 5 mm, and dark in colour. If a child has been bitten by a tick, remove it as soon as possible because the likelihood of infection increases when a tick has been attached for 24 hours or more. Follow these steps:

1. Using tweezers, grasp the tick close to the skin.
2. Pull the tick gently and do not twist.
3. Do not squeeze, smother or burn the tick.
4. Gently wash the bite with soap and water, then use disinfectant (e.g., alcohol) on the skin.
5. **Save the tick** in a container or a small plastic bag that can be sealed. Place a piece of damp paper towel in the container or the bag. Advise the parent to submit a picture of the tick to www.etick.ca. This is a free online service that uses a photograph of the tick to identify its type. **Please note that the Health Unit no longer accepts ticks for testing or identification.**
6. Recommend that the parent or guardian follow up with their healthcare provider.
7. Refer to www.wechu.org for further information.

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Prevent Tick Bites

Tell parents/guardians to follow these recommendations:

- Use insect repellent:
  - **DEET:**
  - Safe when used in correct concentrations, depending on the user's age. (Government of Canada, 2016)
  - 6 months to 2 years: up to 10%, do not apply more than once a day.
  - 2 to 12 years: up to 10% can reapply up to three times daily.
  - 12+ years: up to 30%.
    - **NOTE:**
      - Less than 6 months: do not use DEET products.
      - Less than 12 years: do not use DEET daily for more than a month.
  - **Icaridin:**
    - Should not be used on children younger than 6 months old.
- Avoid walking in tall grass and stay on the centre of paths.
- Cover up. Wear long-sleeved shirts and pants and tuck pants into socks.
- Tell parents/guardians to do a full body check on their children and pets after being outdoors.
- Shower within 2 hours of being outdoors.
- Put clothes into a dryer on high heat (at least 60 minutes) to kill any ticks.
- Put a tick collar on their pets or give oral tick medications as prescribed by a veterinarian.
- Keep grass in their yard short.

HEAD LICE

What should you do if a child has head lice?

Outbreaks of head lice are common among children in schools and institutions everywhere. It is spread by direct head-to-head contact with people who are infested and through objects used by them such as headgear and hairbrushes. If there are lice or viable eggs (nits) on the person or on objects the person touches, head lice can be passed from person to person. Lice eggs can live away from the host for up to 3 days. Hatched head lice can survive for only 1 to 2 days away from a person.

If a child has head lice, the parents/guardians should be advised that:

1. Clothing, bedding, and other objects used by the infested person should be treated by laundering with hot water, drying in a hot dryer, dry cleaning, or using an effective chemical insecticide.
2. Household and close personal contacts should be examined and treated if applicable.

How is head lice treated?

Head lice can be treated with a specific medicated shampoo and by removing lice and their eggs. They can also be treated using the non-chemical wet-combing method, although this method is much less effective. Children with head lice are not required to stay home from school or childcare. Administrators should refer to their facility's policy for further direction. For more information on treatment, visit caringforkids.cps.ca.

Prevent Head Lice

Advise parents/guardians to follow these recommendations:

- Check their child's head routinely for head lice.
- Discourage children from sharing clothing, such as hats or hair accessories, towels, and combs.

BED BUGS

What should you do if a child has been bitten by bed bugs?

Bed bugs are small, wingless insects that feed on humans and animals. They do not fly or jump, but are moved from place to place as people move. They hide in small spaces, such as seams of clothes, bags, and furniture. They are very difficult to get rid of.

If a child has been bitten by bed bugs, the parents/guardians should be advised to:

1. Wash clothes, bed sheets, pillowcases, and curtains in hot water and put them in a hot dryer for 30 minutes.
2. Large items that cannot be washed (e.g., mattresses) should be steam cleaned.
3. Throw out items that cannot be washed, heated, or steam cleaned.
4. Vacuum the areas where the bed bugs are using a stiff brush attachment (Do not use handheld, cloth bagged, or fabric hose vacuums).
5. Put the vacuum bag in a sealed white plastic bag, throw it in a garbage bin outside, and wash the vacuum and all parts in hot water with detergent.

How are bed bug bites treated?

Most bed bug bites go away without treatment. Advise parents/guardians to see a health care provider if bites are very itchy, as they can get infected. It is not recommended that children with bed bugs stay home from school/childcare.

Prevent Infestation

Administrators should refer to their facility's policy for further direction on whom to contact for professional pest control services, as needed.
For more information on bed bugs, visit our webpage and Canada.ca.

This guide is for information purposes only. It does not replace advice, diagnosis, or treatment from a health care provider. Direct individuals to speak with a health care provider about any health concerns. People who are pregnant or have weakened immune systems should follow up with their health care provider as needed to discuss the prevention and control of communicable diseases.

Note: Provincial public health restrictions supersede the recommended exclusion criteria in this guide.

ILLNESS	SYMPTOMS	WHEN IS IT CONTAGIOUS	HOW IT SPREADS	RECOMMENDATIONS*	DOPHS REPORTABLE TO HEALTH UNIT
Amebiasis *Parasite*	Commonly seen 2-4 weeks after exposure: • Severe diarrhea • Stomach cramps or pain • Bloody feces • Fever • Chills • Weight loss	A person can spread the germ for as long as the germ is present in the feces. This may continue for years.	Indirect contact • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • Through eating or drinking contaminated food or water.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.
Campylobacter *Bacteria*	Commonly seen 2-5 days after exposure: • Diarrhea that can be bloody • Feeling unwell • Fever • Nausea / vomiting • Stomach cramps or pain	A person is contagious for as long as the germ is present in the feces; usually several days to several weeks.	Indirect contact • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • Through eating or drinking contaminated food or water. • Contact with infected animals.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.

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Chickenpox (Varicella) *Virus*	Commonly seen 14-16 days after exposure, but can range from 10-21 days: • Small red bumps all over the body, which may develop into itchy, fluid-filled rash that then becomes encrusted • Mild fever • Feeling unwell	A person is contagious for as long as 5 days, but usually 1-2 days, before rash starts and until all blisters are crusted over (usually about 5 days after rash onset).	Direct and indirect contact • Direct contact with a person infected with the germ in their nose, mouth, eyes, stool or on their skin. • Direct contact through droplets spread by breathing in contaminated air from an infected person nearby who is sneezing or coughing. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • May develop after contact with a person who has shingles.	Child should stay home until well enough to take part in normal activities, has been fever-free for 24 hours and has not required fever-reducing medication during that period. Cover blisters that are not yet crusted over when possible.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.
Common Cold (Respiratory Illness) *Virus*	Commonly seen 12 hours to 5 days after exposure: • Runny or stuffy nose • Sneezing • Sore throat • Cough • Decreased appetite • Fever (with some colds)	A person is usually contagious 24 hours before symptoms appear until 5 days after start of symptoms.	Direct and indirect contact • By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until well enough to take part in normal activities, has been fever-free for 24 hours and has not required fever-reducing medication during that period.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

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Cold Sore (Herpes Simplex Virus, Type 1) *Virus*	Commonly seen 2 days to 2 weeks after exposure: • Tingling sensation or itching at site of sore • Fever • Irritability • Painful sores in or around the mouth	The virus persists in the body and may reactivate later or infection may recur. A person is most contagious when symptoms are present. It is possible to spread the virus for many years even when there are no symptoms present.	Direct and indirect contact • Person-to-person via saliva of infected person or items wet with infected saliva, such as kissing or sharing eating utensils.	Child should stay home until well enough to take part in normal activities, has been fever-free for 24 hours and has not required fever-reducing medication during that period. Avoid direct contact with lesions, cold sores, or drool.	No
COVID-19 (Coronavirus) *Virus*	Commonly seen 1-14 days after exposure: • Fever and/or chills • Shortness of breath • Decrease or loss of smell or taste • Feeling unwell/ extreme tiredness • Muscle aches/joint pain • Nausea, vomiting and/or diarrhea • Sore throat, runny nose • Headache	A person is usually contagious 48 hours before the onset of symptoms until at least 10 days after the start of symptoms. Individuals who are immunocompromised may be contagious for up to 20 days after the start of symptoms.	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until well enough to take part in normal activities, has had no diarrhea or vomiting for 48 hours, has been fever-free for 24 hours and has not required fever-reducing medication during that period.	Yes Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

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Diarrhea and/ or Vomiting (Gastroenteritis)	The main symptoms of gastroenteritis include: • Nausea • Vomiting • Diarrhea • Belly pain • These symptoms are typically accompanied by loss of appetite, weakness, body aches and fever.	Gastroenteritis can be caused by viruses, bacteria or parasites but can also be caused by certain drugs or chemical toxins. The most common cause of gastroenteritis in children is Norovirus. A person may be contagious before symptoms begin, while symptoms are present, and after symptoms resolve, depending on the cause.	Indirect contact • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • Through eating or drinking contaminated food or water.	Child should stay home until diarrhea and vomiting have stopped for 48 hours or as directed by a health care provider.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.
Fifth Disease (Parvovirus) *Virus*	Commonly seen 4-21 days after exposure: • Low-grade fever and cold-like symptoms (such as feeling unwell, muscle aches, and headache)7-10 days before rash appears • Intensely red facial rash (like a slapped cheek), spreading to the trunk, arms, hands, legs, and feet • Rash may reappear, 1-3 weeks later, if exposed to sunlight or heat	A person is contagious a few days before the start of the rash until the rash appears. Once the rash appears, they are no longer contagious.	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until well enough to take part in normal activities, has been fever-free for 24 hours and has not required fever-reducing medication during that period.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

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Giardia *Parasite*	Commonly seen 3-25 days after exposure: • Diarrhea • Gas/bloating • Foul smelling feces • Frequent loose, pale greasy feces • Fatigue • Loss of appetite • Weight loss • Sometimes no symptoms are present.	A person is contagious for as long as the germ is present in the feces, which can range from weeks to months.	Indirect contact • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • Through eating or drinking contaminated food or water. • Contact with infected animals.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.
Hand, Foot and Mouth Disease *Virus*	Commonly seen 3-6 days after exposure: • Mild fever • Sore throat • May have painful mouth ulcers • Rash that may look like red spots, often with small blisters, that appear on the palms of the hands, soles of the feet, and sometimes other places of the body.	A person is most contagious during the first week of illness. The virus may still be present in the feces for several weeks or months after start of infection. The virus is not present for as long in respiratory secretions (1 to 3 weeks or less).	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until well enough to take part in normal activities, has been fever-free for 24 hours and has not required fever-reducing medication during that period.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

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Hepatitis A *Virus*	Commonly seen 15-50 days after exposure: • Younger children usually do not have symptoms; if they do, they are usually mild and brief • Feeling unwell • Fever • Loss of appetite • Nausea • Abdominal pain • Yellowing of whites of eyes and skin (jaundice) and darkening of urine	A person is most contagious 2 weeks before symptoms appear and until 7 days after the start of jaundice. However, some infants and children may be contagious for longer. The virus may remain infectious in the environment for several weeks.	Direct and indirect contact • Through eating or drinking contaminated food or water. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.
Hepatitis B *Virus*	Commonly seen 45-180 days after exposure: • Younger children usually do not have symptoms; if they do, they are usually mild and brief • Loss of appetite • Tiredness • Nausea and vomiting • Abdominal pain • Yellowing of whites of eyes and skin (jaundice), and darkening of urine • Rash • Joint pain	A person is contagious from weeks before onset of symptoms to months or years after recovery from illness. May be infectious for life.	Direct contact • Person-to-person via contaminated blood and bodily fluids that enter a break in skin, wound, or mucus membrane (e.g., sharing razors, nail clippers, toothbrushes). • It is not spread by water, food, or by casual contact.	Child should stay home until well enough to take part in normal activities.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.

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Impetigo *Bacteria*	Commonly seen 7-10 days after exposure: • Cluster of red bumps or blisters usually around the mouth, nose, or exposed parts of the body (arms and/or legs) • Blisters may ooze and then become covered with a honey-coloured crust • Can be itchy	A person is contagious from the start of symptoms until 24 hours after start of treatment with antibiotics.	Direct and indirect contact • Person-to-person through direct skin contact with wounds or discharges from the infected area. • Can also be spread by touching contaminated hands, surfaces, or objects where the germs get into your body through a break in skin.	Child should stay home until 24 hours after antibiotic treatment has been started. Cover lesions on exposed skin with waterproof dressing when possible.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.
Influenza *Virus*	Commonly seen 1-4 days after exposure: • Sudden onset of fever and chills • Cough • Runny or stuffy nose • Sore throat • Generalized aches and pains • Headache • Feeling unwell and tiredness • Children may also have nausea, vomiting, and diarrhea	A person is usually contagious 24 hours before start of symptoms and up to 7 days after the start of symptoms.	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until well enough to take part in normal activities, has been fever-free for 24 hours and has not required fever-reducing medication during that period.	Yes Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

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Measles *Virus*	Commonly seen 7-21 days after exposure: • Fever • Cough, runny nose • Red, watery eyes • Small white spots on the inside of the mouth and throat may be present • Red, blotchy rash on face which then spreads over body	A person is usually contagious from 4 days before the start of the rash to 4 days after appearance of rash.	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.
Meningitis *(Bacterial, Viral or other)*	• Can vary depending on the type of germ but starts very suddenly: • Severe headache, stiff neck • High Fever • Vomiting • Drowsiness, confusion, lack of energy • Seizures • Skin rash, especially on hands and feet • Irritability, refusing meals, constant crying, unusual sleep patterns (newborns and infants) • Bulging of soft spots on the head and a lower-than-normal body temperature (infants)	Dependent on type of germ (bacterial, viral, or other)	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.

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Molluscum Contagiosum *Virus*	Commonly seen 2-7 weeks after exposure, but may be seen as long as 6 months after exposure: • 2-5 mm flesh-coloured to translucent raised lesions (bumps), commonly on trunk, face, arms, and legs • Most children get 1-20 bumps	Unknown, but probably persists as long as lesions are present.	Direct and indirect contact • Direct skin-to-skin contact with the lesions. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until they are well enough to take part in normal activities. Cover lesions that are not covered by clothing with watertight bandage if participating in contact sports/ activities or swimming.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.
Mononucleosis *Virus*	Commonly seen in 30-50 days after exposure: • In young children, usually mild or no symptoms • Fever • Sore throat • Swollen lymph nodes • Fatigue • Possible enlarged liver and/or spleen	A person can be contagious for a year or more after infection.	Direct and indirect contact • Person-to-person via the saliva of an infected person or items with infected saliva, such as kissing or sharing contaminated objects (e.g., toys, toothbrush, cups, bottles).	Child should stay home until they are well enough to take part in normal activities.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

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Mumps *Virus*	Commonly seen 16-18 days after exposure, but can range from • 12-25 days: • Some may have no symptoms • Fever • Pain and swelling of salivary glands (below and in front of ear) • Muscle aches • Feeling unwell • Loss of appetite • Headache • Swelling of testicle(s)	A person can be contagious 7 days before and up to 5 days after swelling of salivary gland begins. Some may not have typical symptoms but can still spread the virus.	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • Contact with saliva through kissing and by sharing food and drinks.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.
Norovirus *Virus*	Commonly seen 12 to 48 hours after exposure: • Sudden onset of nausea and vomiting • Watery diarrhea • Abdominal cramps • Headache • Low grade fever • Feeling unwell • Muscle aches	A person may be contagious before the start of symptoms and up to 3 weeks after symptoms are resolved. A person is most contagious while symptomatic.	Indirect contact • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • Through eating or drinking contaminated food or water • Person-to-person by breathing in vomit droplets	Child should stay home until diarrhea and vomiting have stopped for 48 hours or as directed by a health care provider.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

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Pinkeye *Virus/Bacteria*	Commonly seen 1-3 days after exposure: • Red or pink eyes • Swollen eyes • Itching, irritated, and painful eyes • Lots of tearing • Discharge or pus from the eyes (usually when caused by bacteria) that can make the eyelids sticky during sleep, and can collect in the corners of the eyes when awake	A person should be presumed contagious until symptoms have resolved.	Direct and indirect contact • Person-to-person via direct contact with discharges from the eye of an infected person. • Touching your eyes with contaminated hands or objects (e.g., mascara wands)	Child should see a health care provider for assessment. Child should stay home until treated with antibiotics for 24 hours or no eye discharge.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.
Pinworms *Parasite*	Commonly seen 1-2 months or longer after exposure: • Many infections occur without symptoms • Itching around the anus (rectum), especially at night	A person may be contagious for as long as the parasite deposits its eggs on the skin around the anus.	Indirect contact • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes • Eggs survive on surfaces for 2 to 3 weeks (e.g., bed linens, towels, toys, clothing, toilet seats, or baths).	Child should see a health care provider for assessment and child should stay home until they have started treatment and are well enough to take part in normal activities.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

ILLNESS	SYMPTOMS	WHEN IS IT CONTAGIOUS	HOW IT SPREADS	RECOMMENDATIONS*	DOPHS REPORTABLE TO HEALTH UNIT
Respiratory Syncytial Virus (RSV) *Virus*	Commonly seen 1-3 days after exposure: • Runny nose • Cough, which may progress to wheezing • Decrease in appetite and energy • Irritability • Apnea (pauses while breathing)	A person is usually contagious for 3-8 days after symptom onset. Young children and immunosuppressed individuals may be contagious for as long as 4 weeks.	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until well enough to take part in normal activities, has been fever-free for 24 hours and has not required fever-reducing medication during that period.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

ILLNESS	SYMPTOMS	WHEN IS IT CONTAGIOUS	HOW IT SPREADS	RECOMMENDATIONS*	DOPHS REPORTABLE TO HEALTH UNIT
Ringworm *Fungus*	For ringworm of the scalp, commonly seen 10 to 14 days after exposure, and 4 to 10 days for ringworm of the groin and skin. • Skin: flat, spreading, ring-shaped sore with a raised edge (edge of sore is usually reddish and may be dry and scaly or moist and crusted). When in the groin area, also known as "jock itch". • Feet (especially between toes): red, swollen, peeling, itching skin; can also affect the sole and heel (also known as Athlete's Foot). • Scalp: small, red, and scaly patch, which spreads, leaving scaly, temporary bald patches.	A person can be contagious for as long as rash is untreated and/or uncovered.	Direct and indirect contact • Direct skin-to-skin contact with an infected person or animal. • Can also be spread by touching contaminated hands, surfaces, or objects (e.g., combs, unwashed clothes, towels, or bedding).	Child should stay home until seen by a health care provider and treatment started. Swimming pools and participating in physical education/ sports activities that require close contact (e.g., wrestling) should also be avoided until treatment started.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

ILLNESS	SYMPTOMS	WHEN IS IT CONTAGIOUS	HOW IT SPREADS	RECOMMENDATIONS*	DOPHS REPORTABLE TO HEALTH UNIT
Roseola (Sixth Disease) *Virus*	Commonly seen 9-10 days after exposure: • Sudden high fever (above 39.5°C) that lasts 3-7 days. Some children with high fever may have seizures (or convulsions). • A red, raised rash (lasts hours to days) that appears when fever breaks (usually 4th day)	A child is most contagious when a high fever is present, and possibly contagious in those with no symptoms.	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until they are well enough to take part in normal activities.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.
Rotavirus *Virus*	Commonly seen 1-3 days after exposure: • Vomiting • Fever • Watery diarrhea	A person may be contagious 2 days before symptoms start and up to 10 days after symptoms start. An infected person can still spread the virus, even if they do not have any symptoms.	Indirect contact • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • Through eating or drinking contaminated food or water	Child should stay home until diarrhea and vomiting have stopped for 48 hours or as directed by a health care provider.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

ILLNESS	SYMPTOMS	WHEN IS IT CONTAGIOUS	HOW IT SPREADS	RECOMMENDATIONS*	DOPHS REPORTABLE TO HEALTH UNIT
Rubella (German Measles) *Virus*	Commonly seen 14-21 days after exposure: • Widespread rash (red or pink) that usually starts on the face • Swollen glands behind the ears • Mild fever • Headache • Feeling unwell • Mild coughing, runny nose, and reddened eyes	A person can be contagious 1 week before and at least 4 days after the rash appears.	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.
Salmonella *Bacteria*	Commonly seen 12-36 hours after exposure, but can range from 6 hours to 7 days with sudden onset of: • Nausea and vomiting • Headache • Fever • Diarrhea • Abdominal pain/cramps • May have mucous and blood in feces	A person is contagious with others for as long as the germ is present in the feces; typically, several weeks.	Indirect contact • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • Through eating or drinking contaminated food or water. • Contact with infected animals.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.

ILLNESS	SYMPTOMS	WHEN IS IT CONTAGIOUS	HOW IT SPREADS	RECOMMENDATIONS*	DOPHS REPORTABLE TO HEALTH UNIT
Scabies *Parasite*	Commonly seen 2-6 weeks after exposure. If previously infected, symptoms may develop 1-4 days after re-exposure: • Pimple-like, very itchy red rash (most itchy at night) usually in between fingers, around the wrists and elbows, in the armpits, and on the abdomen and thighs. • Caused by mites under the skin.	A person is contagious until mites and eggs are destroyed by treatments.	Direct and indirect contact • By direct and prolonged skin-to-skin contact with an infected person. • Can also be spread by touching contaminated hands, surfaces, or objects (e.g., combs, unwashed clothes, towels, clothes, or bedding).	Child should stay home until seen by a health care provider and treatment started.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.
Scarlet Fever/ Strep Throat (Streptococcal infections) *Bacteria*	Commonly seen 2-5 days after exposure: • Fever • Sore throat and possibly a red (strawberry) tongue. • Swollen glands • Red, sandpaper-like rash appearing most often on neck, chest, folds of armpit, groin, elbow, and inner thigh	Untreated individuals are most contagious for 2-3 weeks after the start of the infection.	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • Person-to-person via direct contact with a person's saliva, nasal, or wound discharges.	Child should stay home until seen by a health care provider and antibiotic treatment started for 24 hours. Child should stay home until they are well enough to take part in normal activities.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

ILLNESS	SYMPTOMS	WHEN IS IT CONTAGIOUS	HOW IT SPREADS	RECOMMENDATIONS*	DOPHS REPORTABLE TO HEALTH UNIT
Shigellosis *Bacteria*	Commonly seen 1-3 days after exposure, but can range from 12-96 hours: • Diarrhea • Blood and/or mucus in feces • Nausea • Fever • Abdominal cramps • Vomiting	A person is contagious while they have symptoms and until the germ is no longer present in the feces, usually within 4 weeks after illness.	Direct and indirect contact • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • Through eating or drinking contaminated food or water. • Poor/inadequate personal hygiene increases risk of spread.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.
Shingles (Herpes zoster) *Virus*	• Pain • Fever • Headache • Burning/painful, red rash with fluid-filled blisters, usually on one side of the body or face	A person is contagious when the blisters appear and until the blisters are crusted over.	Shingles cannot be passed from one person to another. It is a reactivation of the chickenpox virus from a previous infection. Direct contact • A person who has never had chickenpox can develop chickenpox from direct contact with the blister fluid of a person with shingles. They do not develop shingles.	Child should stay home until they are well enough to take part in normal activities and provided the rash can be covered.	No
Thrush (Candidiasis) *Yeast*	Whitish-grey patches on the inside of the cheek, the roof of the mouth or on the tongue	While symptoms are present.	Though person-to-person transmission occurs rarely, it can be spread through contact with secretions of the mouth, skin or other bodily secretions containing the germ.	Child should stay home until they are well enough to take part in normal activities or at the direction of their health care provider.	No Report high absenteeism due to illness to the WECHU by completing the Absenteeism Report.

ILLNESS	SYMPTOMS	WHEN IS IT CONTAGIOUS	HOW IT SPREADS	RECOMMENDATIONS*	DOPHS REPORTABLE TO HEALTH UNIT
Whooping cough (Pertussis) *Bacteria*	Commonly seen 9-10 days after exposure, but can range from • 6-20 days: • Usually starts with cold-like symptoms, including a mild cough • After 1-2 weeks, cough worsens with numerous bursts of explosive coughing that can interrupt breathing, eating, and sleeping. This is when a high- pitched whooping sound may occur when inhaling, commonly followed by vomiting	A person is contagious from the start of symptoms until 21 days after the start of the cough. A person is no longer contagious after 5 days of effective antibiotic treatment is taken.	Direct and indirect contact • By breathing in air from an infected person who is sneezing, coughing, or speaking. • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.
Yersiniosis *Bacteria*	Commonly seen 3-7 days after exposure: • Diarrhea (sometimes bloody or mucousy) • Abdominal pain/cramps • Fever	A person is contagious for as long as the germ is present in the feces and symptoms persist, usually for 2 to 3 weeks. If untreated, a person may spread the germ for as long as 2 to 3 months.	Indirect contact • By touching infected surfaces with the germ, such as doorknobs and toys, and then touching their nose, mouth or eyes. • Through eating or drinking contaminated food or water. • Contact with infected animals.	Child should stay home until the Health Unit provides further instructions.	Yes Report to the WECHU by submitting the School/Childcare Reporting Form.

FOR MORE INFORMATION

References

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