



# A GUIDE

## **TO COMMON INFECTIONS** for Child Care Providers and Schools

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## INTRODUCTION

This booklet will help support you in the management of a child attending your facility who has a communicable disease. It provides information about common communicable diseases, including signs and symptoms, how they are spread, if it is a reportable disease and links to additional resources. If a person is suspected or confirmed of having a disease from the Diseases of Public Health Significance list, the Windsor-Essex County Health Unit (WECHU) must be informed.

### The Health Protection and Promotion Act (R.S.O. 1990, c. H.7, part IV, s. 28)

If the principal of a school or manager of an institution (e.g., daycare) who suspects or knows that a child in their facility has a reportable disease, they should monitor and report to the health unit immediately.



### Reporting High Absenteeism Rates

In order to remain proactive in preventing the spread of communicable diseases, we ask that you report to the Health Unit when there are trends/clusters of absenteeism in your facility/classroom/cohort which are above the normal absenteeism rate, or when you are concerned about the high absenteeism rate overall. For further information or consultation, please contact your School Nurse or call extension 1555.

## WHAT IS A COMMUNICABLE DISEASE?

Any disease that can be spread from one person to another is considered communicable or contagious. When a person is sick, there are only certain times that they can give the disease to others (known as the contagious period). During this period, it may be recommended that a child or staff be excluded from school or day care to prevent the spread of infection.

### How is an infection spread?

Communicable diseases are illnesses that are caused by germs, which include bacteria, viruses, parasites, or fungi. These germs are found in body secretions, such as feces (poop), mucus, phlegm or in tiny droplets that are breathed, coughed, or sneezed out.

Germs that cause communicable diseases are spread from person-to-person in different ways. Some germs are spread through the air, like influenza (flu). Others are spread by touching a person infected with the illness or by touching an object that has the germ, like chickenpox. Germs can also be spread through water or contaminated food, like salmonella.



## PREVENTING INFECTION

In your institution, you can control germs effectively by:

- Encouraging hand hygiene and ensuring that there is ample supply of warm running water, soap, paper towels, and alcohol-based hand rub (70-90% alcohol) available. **Hand hygiene is the most important way to prevent the spread of infections.** Wash your hands thoroughly and frequently using warm water, soap, and rubbing your hands together for a minimum of 15 seconds (about the time it takes to sing "Happy Birthday"). Allow time for children to wash hands after washroom breaks and before eating.
- Teaching and practicing respiratory etiquette, including coughing and/or sneezing into your elbow or tissue and then washing your hands.
- Stressing the importance of not sharing any personal items, such as cups, eating utensils, chapsticks, brushes, etc.
- Routinely cleaning and disinfecting surfaces and objects (e.g., toys, books, desks, doorknobs, counters, etc.) that come in contact with children. Increase the frequency when indicated to control certain diseases.
- Handling and disposing of contaminated items properly.
- Practicing safe food handling including washing all uncooked fruits and vegetables in clean water, and storing and cooking food properly.
- Encouraging parents to keep their child at home if they are sick.
- Encouraging parents to keep their child(ren)'s vaccinations up-to-date.

# FAQ'S



## What do I do if a child has diarrhea?

Generally, all the germs that cause diarrhea are found in the feces of an infected person. These germs can spread directly from person-to-person and indirectly from contaminated hands of staff and children, as well as objects, surfaces, food, or water.

Diarrhea may be dangerous in infants and young children because it may cause dehydration. Some signs of dehydration to look for include:

- Decreased urination
- No tears
- Dry skin and mouth
- Sunken eyes
- Grayish skin

Children should be excluded from school until the diarrhea is gone or a doctor determines the child is not infectious.

Parents should be notified at once if any of the following are present:

- Diarrhea
- Fever
- Vomiting

## What do I do if a child is bitten by another?

Young children often bite. Most bites are harmless and don't break the skin. If a biter breaks the skin or if blood is drawn into the mouth of the biter, germs can be transmitted. If that happens, it is recommended that the children be seen by a health care provider.

## How should you care for a wound from a bite?

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.
4. Encourage medical follow-up.

## What do I do if a child is bitten by a tick?

Children who are bitten by a tick are at risk for Lyme Disease, Rocky Mountain Spotted Fever, Powassan Virus Disease, and Tularemia. Ticks vary in size and colour, but the species that spreads Lyme Disease is the blacklegged deer tick, which is usually small (3 to 5mm) and dark. If a child has been bitten by a tick, it is important to remove the tick as soon as possible, as the likelihood of infection increases if a tick has been attached for 24 hours or more. If a child is bitten by a tick:

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 a disinfectant (e.g., alcohol).
5. **Save the tick** in a container and advise the parent to submit a picture of the tick to [www.etick.ca](http://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 to the parent to follow-up with their health care provider to notify them of their child's tick bite.
7. Refer to [wechu.org](http://wechu.org) for further information.



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## What do I 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 infested persons and through objects used by them such as headgear and hairbrushes. As long as there are live eggs 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 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 by using specific chemical shampoo and removing all lice eggs or by using the wet combing method, which is non-chemical and is much less effective. It is not recommended for children with head lice to be excluded from school.

## How do I prevent head lice?

Head lice can be prevented by encouraging parents to check their children for lice routinely, and discouraging children from sharing towels, clothing, combs, and hats.





## What do I do if a child has bedbugs?

Bedbugs 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 bedbugs, the parents should be advised to:

1. Consult professional pest control services and discuss options that are safest for humans and the environment.
2. Vacuum all the crevices and mattresses in your house.
3. Wash all laundry in the hottest water possible, and put them in a hot dryer for 20 minutes.
4. Cover your pillows and mattress with a plastic cover.
5. Minimize clutter.



## How is bedbug bites treated?

Most bedbug bites go away without treatment. However, the bites can get infected. It is important to keep the skin clean and not to scratch them. If the bites are very itchy or get infected, see your health care provider.

It is not recommended for children with bedbugs to be excluded from school. Observe for symptoms of infestation in school, and call professional pest control services as needed.

## How do I prevent bedbugs?

1. Regularly clean your house, including your mattress.
2. Minimize clutter.
3. Inspect used furniture or clothes.
4. When traveling, inspect your room and furniture and keep your items off the floor.

For more information on bedbugs, visit [www.canada.ca](http://www.canada.ca)

## INFECTIOUS DISEASE AND PREGNANCY

If you are pregnant or planning to become pregnant:

1. Review your immunization status and occupation with a family doctor, preferably before pregnancy.
2. Avoid contact with people who appear ill.
3. Wash your hands often.



**Note: This guide is for information purposes only. Diagnosis of the following infections must be made by a health care provider.**

INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Amebiasis</b> <i>Parasite</i>	Commonly seen 2-4 weeks after exposure: <ul style="list-style-type: none"> <li>• Severe diarrhea</li> <li>• Stomach cramps or pain</li> <li>• Bloody feces</li> <li>• Fever</li> <li>• Chills</li> <li>• Weight loss</li> </ul>	A person can spread the germ as long as the germ is present in the feces. This may continue for months.	Person-to-person by fecal-oral route (e.g., unwashed hands). Putting anything in the mouth that has had contact with infected feces (e.g., toys). Swallowing contaminated food or water.	Exclude for 24 hours after diarrhea resolves. <b>OR</b> 48 hours after completion of medical treatment.	Yes
<b>Campylobacter</b> <i>Bacteria</i>	Commonly seen 2-5 days after exposure: <ul style="list-style-type: none"> <li>• Diarrhea that can be bloody</li> <li>• Feeling unwell</li> <li>• Fever</li> <li>• Nausea / vomiting</li> <li>• Stomach cramps or pain</li> </ul>	A person is contagious for as long as the germ is present in the feces; usually several days to several weeks.	Person-to-person by fecal-oral route (e.g., unwashed hands). Putting anything in the mouth that has had contact with infected feces (e.g., toys). Swallowing contaminated food or water, such as raw or undercooked meats. Contact with infected animals.	Exclude until symptom free for 24 hours. <b>OR</b> 48 hours after completion of medical treatment.	Yes
<b>Chickenpox (Varicella)</b> <i>Virus</i>	Commonly seen 14-16 days after exposure, but can range from 10-21 days: <ul style="list-style-type: none"> <li>• Small red bumps all over the body, which may develop into itchy, fluid-filled rash that then becomes encrusted</li> <li>• Mild fever</li> <li>• Feeling unwell</li> </ul>	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).	Person-to-person via contact with blisters. By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking. Touching your eyes, mouth, or nose after touching contaminated hands, surfaces, or objects (e.g., toys). May develop after contact with a person who has shingles.	Exclude until child is well enough to participate in activities. Parents and staff (especially pregnant or immunocompromised persons) should be notified of chickenpox in the classroom. Pregnant women should consult their health care provider promptly.	Yes <i>Reporting forms are available on the Health Unit website at <a href="http://wechu.org">wechu.org</a></i>



INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Common cold</b> <i>Virus</i>	Commonly seen 12 hours to 5 days after exposure: <ul style="list-style-type: none"> <li>• Runny or stuffy nose</li> <li>• Sneezing</li> <li>• Sore throat</li> <li>• Cough</li> <li>• Decreased appetite</li> <li>• Fever (with some colds)</li> </ul>	A person is usually contagious 24 hours before symptoms appear until 5 days after start of symptoms.	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking.  Touching your eyes, mouth, or nose after touching contaminated hands, surfaces, or objects (e.g., toys).	Exclude if too ill (if fever present, excessive coughing and sneezing) to participate in activities.	No
<b>Cold Sore (Herpes Simplex Type 1)</b> <i>Virus</i>	Commonly seen 2 days to 2 weeks after exposure: <ul style="list-style-type: none"> <li>• Tingling sensation or itching at site of sore</li> <li>• Fever</li> <li>• Irritability</li> <li>• Painful sores in or around the mouth</li> </ul>	The virus persists in the body and infections may reoccur.  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.	Person-to-person via saliva of infected person or items wet with infected saliva, such as kissing or sharing eating utensils.	Exclude if too ill to participate in activities.  Avoid direct contact with lesions, cold sores, or drool.	No
<b>Coronavirus Disease (COVID-19)</b> <i>Virus</i>	Commonly seen 1-14 days after exposure: <ul style="list-style-type: none"> <li>• Fever and/or chills</li> <li>• Shortness of breath</li> <li>• Decrease or loss of smell or taste</li> <li>• Feeling unwell/ extreme tiredness</li> <li>• Muscle aches/joint pain</li> <li>• Nausea, vomiting and/or diarrhea</li> <li>• Sore throat</li> <li>• Runny nose</li> <li>• Headache</li> </ul>	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.	By breathing in air from an infected person who is sneezing, coughing, or speaking.  Touching your eyes, mouth, or nose after touching contaminated hands, surfaces, or objects.	Exclude at the direction of Provincial Public Health/the Health Unit.	Yes

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INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Escherichia coli</b> <b>(E. coli)</b> <i>Bacteria</i>	Commonly seen 10 hours to 6 days after exposure: <ul style="list-style-type: none"> <li>• Diarrhea (may be bloody)</li> <li>• Mild fever</li> <li>• Stomach cramps or pain</li> </ul>	A person is contagious for as long as the germ is in the feces, which is usually 1 week in adults and up to 3 weeks in some children.	Person-to-person by fecal-oral route (e.g., unwashed hands). Putting anything in the mouth that has had contact with infected feces (e.g., toys). Swallow contaminated food or water. Contact with infected animals.	Exclude at the direction of the Health Unit.	Yes
<b>Fifth Disease</b> <b>(Parovirus)</b> <i>Virus</i>	Commonly seen 4-21 days after exposure: <ul style="list-style-type: none"> <li>• Low-grade fever and cold-like symptoms (such as feeling unwell, muscle aches, and headache) 7-10 days before rash appears</li> <li>• Intensely red facial rash (like a slapped cheek), spreading to the trunk, arms, hands, legs, and feet</li> <li>• Rash may reappear, 1-3 weeks later, if exposed to sunlight or heat</li> </ul>	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.	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking. Touching your eyes, mouth, or nose after touching contaminated hands, surfaces, or objects (e.g., drinking cups and utensils). Can spread through transfusion of blood or blood products. Mother to fetus transmission (rare).	Do not exclude if well enough to participate in activities.	No <i>Should advise pregnant staff and parents who may have had exposure to inform their health care provider. See page 6 for more information.</i>
<b>Giardia</b> <i>Parasite</i>	Commonly seen 3-25 days after exposure: <ul style="list-style-type: none"> <li>• Diarrhea</li> <li>• Gas / bloating</li> <li>• Foul-smelling feces</li> <li>• Frequent loose, pale greasy feces</li> <li>• Fatigue</li> <li>• Loss of appetite</li> <li>• Weight loss</li> </ul> Sometimes no symptoms present.	A person is contagious for as long as the germ is present in the feces, which can range from weeks to months.	Person-to-person by fecal-oral route (e.g., unwashed hands). Putting anything in the mouth that has had contact with infected feces (e.g., toys). Swallowing contaminated food or water. Anal sexual activity.	Exclude until symptom free for 24 hours <b>OR</b> Symptom free for 48 hours after discontinuing use of anti-diarrheal medication. Child should not use recreational water venues (e.g., swimming pools, and splash pads) for 1 week after symptoms have resolved.	Yes

INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Hand, Foot, and Mouth Disease</b> (Coxsackie Virus) <i>Virus</i>	Commonly seen 3-6 days after exposure: <ul style="list-style-type: none"> <li>• Mild fever</li> <li>• Sore throat</li> <li>• May have painful mouth ulcers</li> <li>• 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</li> </ul>	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).	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking. Touching your eyes, mouth, or nose after touching contaminated hands, surfaces, or objects (e.g., drinking cups and utensils). Person-to-person by fecal-oral route (e.g., unwashed hands).	Exclude until child is well enough to participate in activities.	No
<b>Hepatitis A</b> <i>Virus</i>	Commonly seen 15-50 days after exposure: <ul style="list-style-type: none"> <li>• Younger children usually do not have symptoms; if they do, they are usually mild and brief</li> <li>• Feeling unwell</li> <li>• Fever</li> <li>• Loss of appetite</li> <li>• Nausea</li> <li>• Abdominal pain</li> <li>• Yellowing of whites of eyes and skin (jaundice), and darkening of urine</li> </ul>	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.	Person-to-person by fecal-oral route (e.g., unwashed hands). Putting anything in the mouth that has had contact with infected feces (e.g., toys). Swallowing contaminated food or water. Oral-anal sexual activity.	Exclude at the direction of the Health Unit.	Yes

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<b>Hepatitis B</b> <i>Virus</i>	Commonly seen 45-180 days after exposure: <ul style="list-style-type: none"> <li>• Younger children usually do not have symptoms; if they do, they are usually mild and brief</li> <li>• Loss of appetite</li> <li>• Tiredness</li> <li>• Nausea and vomiting</li> <li>• Abdominal pain</li> <li>• Yellowing of whites of eyes and skin (jaundice), and darkening of urine</li> <li>• Rash</li> <li>• Joint pain</li> </ul>	A person is contagious from weeks before onset of symptoms to months or years after recovery from illness.  May be infectious for life.	Person-to-person via contaminated blood and bodily fluids that enter a break in skin, wound, or mucus membrane (e.g., sexual contacts, sharing contaminated needles).  Mother to neonate transmission.  It is not spread by water, food, or by casual contact.	Do not exclude if well enough to participate in activities.	Yes
<b>Impetigo</b> <i>Bacteria</i>	Commonly seen 7-10 days after exposure:: <ul style="list-style-type: none"> <li>• Cluster of red bumps or blisters usually around the mouth, nose, or exposed parts of the body (arms and/or legs)</li> <li>• Blisters may ooze and then become covered with a honey-coloured crust</li> <li>• Can be itchy</li> </ul>	A person is contagious from the start of symptoms until 24 hours after start of treatment with antibiotics.	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.	Exclude until 24 hours after treatment has been started. Cover lesions on exposed skin with waterproof dressing when possible.	No

INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Influenza</b> <i>Virus</i>	Commonly seen 1-4 days after exposure: <ul style="list-style-type: none"> <li>• Sudden onset of fever and chills</li> <li>• Cough</li> <li>• Runny or stuffy nose</li> <li>• Sore throat</li> <li>• Generalized aches and pains</li> <li>• Headache</li> <li>• Feeling unwell and tiredness</li> <li>• Children may also have nausea, vomiting, and diarrhea</li> </ul>	A person is usually contagious 24 hours before start of symptoms and up to 7 days after start of symptoms.	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking.  Touching your eyes, mouth, or nose after touching contaminated hands, surfaces, or objects (e.g., drinking cups and utensils).	Exclude until well enough to participate in activities.	Yes
<b>Measles</b> <b>(Red Measles)</b> <i>Virus</i>	Commonly seen 7-21 days after exposure: <ul style="list-style-type: none"> <li>• Fever</li> <li>• Cough, runny nose</li> <li>• Red, watery eyes</li> <li>• Small white spots on the inside of the mouth and throat may be present</li> <li>• Red, blotchy rash on face which then spreads over body</li> </ul>	A person is usually contagious from 4 days before rash to 4 days after appearance of rash.	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking.  Can also be spread by touching contaminated hands, surfaces, or objects.  Very contagious.	Exclude at the direction of the Health Unit.	Yes

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<b>Meningitis</b> <i>Bacterial</i> <i>Viral</i> <i>Other causes</i>	Can vary depending on the type of germ but starts very suddenly: <ul style="list-style-type: none"> <li>• Severe headache, stiff neck</li> <li>• High Fever</li> <li>• Vomiting</li> <li>• Drowsiness, confusion, lack of energy</li> <li>• Seizures</li> <li>• Skin rash, especially on hands and feet</li> <li>• Irritability, refusing meals, constant crying, unusual sleep patterns (newborns and infants)</li> <li>• Bulging of soft spots on the head and a lower than normal body temperature (newborns and infants)</li> </ul>	Dependent on type of germ (bacterial, viral, or other)	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking.  Can also be spread by touching contaminated hands, surfaces, or objects.	Remain at home until allowed to return by a health care provider.	Yes
<b>Molluscum Contagiosum</b> <i>Virus</i>	Commonly seen 2-7 weeks after exposure, but may be seen as long as 6 months after exposure: <ul style="list-style-type: none"> <li>• 2-5 mm flesh-coloured to translucent raised lesions (bumps), commonly on trunk, face, arms, and legs</li> <li>• Most children get 1-20 bumps</li> </ul>	Unknown, but probably persists as long as lesions are present.	Direct skin-to-skin contact with the lesions.  Can also be spread by touching contaminated hands, surfaces, or objects.	Do not exclude if well enough to participate. Cover lesions not covered by clothing with watertight bandage if participating in contact sports/activities or swimming.	No



INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Mononucleosis</b> <b>(Mono Epstein-Barr)</b> <i>Virus</i>	Commonly seen in 30-50 days after exposure: <ul style="list-style-type: none"> <li>• In young children, usually mild or no symptoms</li> <li>• Fever</li> <li>• Sore throat</li> <li>• Swollen lymph nodes</li> <li>• Fatigue</li> <li>• Possible enlarged liver and/or spleen</li> </ul>	A person can be contagious for a year or more after infection.	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).	Exclude until child is well enough to participate in activities.	No
<b>Mumps</b> <i>Virus</i>	Commonly seen 16-18 days after exposure, but can range from 12-25 days: <ul style="list-style-type: none"> <li>• Some may have no symptoms</li> <li>• Fever</li> <li>• Pain and swelling of salivary glands (below and in front of ear)</li> <li>• Muscle aches</li> <li>• Feeling unwell</li> <li>• Loss of appetite</li> <li>• Headache</li> <li>• Swelling of testicle(s)</li> </ul>	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.	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking.  By touching contaminated hands, surfaces, or objects.  Contact with saliva through kissing and by sharing food, and drinks.	Exclude at the direction of the Health Unit.	Yes

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INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Norovirus</b> <b>(viral gastroenteritis)</b> <i>Virus</i>	Commonly seen 12 to 48 hours after exposure: <ul style="list-style-type: none"> <li>• Sudden onset of nausea and vomiting</li> <li>• Watery diarrhea</li> <li>• Abdominal cramps</li> <li>• Headache</li> <li>• Low grade fever</li> <li>• Feeling unwell</li> <li>• Muscle aches.</li> </ul>	A person may be contagious before the start of symptoms and up to 3 weeks after symptoms resolve. A person is most contagious while symptomatic.	Person-to-person by fecal-oral route (e.g., unwashed hands). Swallowing contaminated food or water. Touching your eyes, nose, mouth after touching contaminated hands, surfaces, or objects (e.g., cups and utensils). Person-to-person by breathing in vomit droplets).	Exclude until symptom free for 24 to 72 hours.	No
<b>Pinkeye</b> <b>(Conjunctivitis)</b> <i>Virus</i> <i>Bacteria</i>	Commonly seen 1-3 days after exposure: <ul style="list-style-type: none"> <li>• Red or pink eyes</li> <li>• Swollen eyes</li> <li>• Itching, irritated, and painful eyes</li> <li>• Lots of tearing</li> <li>• 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</li> </ul>	A person should be presumed contagious until symptoms have resolved.	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)	Generally exclude while untreated and symptomatic. If no fever or behavioural change, child should be allowed to remain in school once medical therapy has been received for at least 24 hours. If close contact with other students cannot be avoided and careful hand hygiene cannot be maintained, then child should not attend school.	No

INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Pinworm</b> <i>Parasite</i>	Commonly seen 1-2 months or longer after exposure: <ul style="list-style-type: none"> <li>• Many infections occur without symptoms</li> <li>• Itching around the anus (rectum), especially at night</li> </ul>	A person may be contagious for as long as the parasite deposits its eggs on the skin around the anus.	Person-to-person via fecal-oral route (e.g., unwashed hands). Touching your mouth after touching contaminated hands, surfaces, or objects. Eggs survive on surfaces for 2 to 3 weeks (e.g., bed linens, towels, toys, clothing, toilet seats, or baths).	Do not exclude. Child should see health care provider for assessment.	No
<b>Respiratory syncytial virus (RSV)</b> <i>Virus</i>	Commonly seen 2-8 days after exposure: <ul style="list-style-type: none"> <li>• Runny nose</li> <li>• Cough, which may progress to wheezing</li> <li>• Decrease in appetite and energy</li> <li>• Irritability</li> <li>• Apnea (pauses while breathing)</li> </ul>	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.	By breathing in air from an infected person who is sneezing, coughing, or speaking. Touching your eyes, mouth, or nose after touching contaminated hands, surfaces, or objects (e.g., toys, door handles, etc.).	Exclude until child is well enough to participate in activities.	No

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



INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Ringworm</b> <i>Fungus</i>	<p>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. Unknown for the feet:</p> <ul style="list-style-type: none"> <li>• 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”</li> <li>• Feet (especially between toes): red, swollen, peeling, itching skin; can also affect the sole and heel (also known as Athlete’s Foot)</li> <li>• Scalp: small, red, and scaly patch, which spreads, leaving scaly, temporary bald patches</li> </ul>	<p>A person can be contagious for as long as rash is untreated and/or uncovered.</p>	<p>Direct skin-to-skin contact with infected person or animal.</p> <p>Can also be spread by touching contaminated hands, surfaces, or objects (e.g., combs, unwashed clothes, towels, clothes, or bedding).</p>	<p>Exclude until seen by a health care provider and treatment started.</p> <p>Child should not participate in physical education/sports activities that require close contact (e.g., wrestling), until 72 hours after treatment. Swimming pools should also be avoided.</p>	No
<b>Roseola</b> <b>(Sixth Disease)</b> <i>Virus</i>	<p>Commonly seen 9-10 days after exposure:</p> <ul style="list-style-type: none"> <li>• Sudden high fever (above 39.5°C) that lasts 3-7 days. Some children with high fever may have seizures (or convulsions)</li> <li>• Red, raised rash (lasts hours to days) that appears when fever breaks (usually 4th day)</li> <li>• Some may not get a rash</li> </ul>	<p>A child is most contagious when a high fever is present, and possibly contagious in those with no symptoms.</p>	<p>By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking.</p> <p>Touching your eyes, nose, mouth with hands after touching hands, surfaces, or objects (e.g., cups and utensils) contaminated with an infected person’s saliva.</p>	<p>Exclude until child is well enough to participate in activities.</p>	No

INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Rotavirus</b> (viral gastroenteritis) <i>Virus</i>	Commonly seen 1-3 days after exposure: <ul style="list-style-type: none"> <li>• Vomiting</li> <li>• Fever</li> <li>• Watery diarrhea</li> </ul>	A person may be contagious 2 days before start of symptoms and up to 10 days after symptoms start. An infected person can still spread the virus, even if they do not have any symptoms.	Person-to-person by fecal-oral route (e.g., unwashed hands). Swallowing contaminated food or water. Touching your mouth with hands that have touched contaminated hands, surfaces, or objects.	Exclude until diarrhea and vomiting have stopped and well enough to participate in activities.	No
<b>Rubella</b> (German Measles) <i>Virus</i>	Commonly seen 14-21 days after exposure: <ul style="list-style-type: none"> <li>• Widespread rash (red or pink) that usually starts on the face</li> <li>• Swollen glands behind the ears</li> <li>• Mild fever</li> <li>• Headache</li> <li>• Feeling unwell</li> <li>• Mild coughing, runny nose, and reddened eyes</li> </ul>	A person can be contagious 1 week before and at least 4 days after the rash appears.	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking. Can also be spread by touching contaminated hands, surfaces, or objects.	Exclude at the direction of the Health Unit.	Yes
<b>Salmonella</b> <i>Bacteria</i>	Commonly seen 12-36 hours after exposure, sudden onset of: <ul style="list-style-type: none"> <li>• Nausea and vomiting</li> <li>• Headache</li> <li>• Fever</li> <li>• Diarrhea</li> <li>• Abdominal pain/cramps</li> <li>• May have mucous and blood in feces</li> </ul>	A person is contagious to others for as long as the germ is present in the feces; typically several weeks.	Person-to-person by fecal-oral route (e.g., unwashed hands). Swallowing contaminated food or water, such as raw or undercooked meats. Touching your mouth with hands after touching contaminated hands, surfaces, or objects. Contact with infected animals.	Exclude until symptom free for 24 hours. <b>OR</b> Symptom free for 48 hours after stopping the use of anti-diarrheal medication.	Yes

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INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Scabies</b> <i>Parasite</i>	Commonly seen 2-6 weeks after exposure. If previously infected, symptoms may develop 1-4 days after re-exposure: <ul style="list-style-type: none"> <li>• 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</li> <li>• Caused by mites under the skin</li> </ul>	A person is contagious until mites and eggs are destroyed by treatments.	By direct and prolonged skin-to-skin contact with an infected person.  By sharing contaminated clothing, towels, and bedding.  Sexual transmission.	Exclude until seen by a health care provider and until 24 hours after appropriate treatment completion.	No
<b>Scarlet Fever (Streptococcus)</b> <i>Bacteria</i>	Commonly seen 2-5 days after exposure: <ul style="list-style-type: none"> <li>• Fever</li> <li>• Sore throat and maybe a red (or strawberry) tongue</li> <li>• Swollen glands</li> <li>• Red, sandpaper-like rash appearing most often on neck, chest, folds of armpit, groin, elbow, and inner thigh</li> </ul>	Untreated individuals are most contagious for 2-3 weeks after the start of the infection.	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking.  Person-to-person via direct contact with a person's saliva, nasal, or wound discharges.	Exclude until at least 12 hours after start of appropriate treatment and child is well enough to participate in activities.	No
<b>Shigellosis</b> <i>Bacteria</i>	Commonly seen 1-3 days after exposure: <ul style="list-style-type: none"> <li>• Diarrhea</li> <li>• Blood and/or mucus in feces</li> <li>• Nausea</li> <li>• Fever</li> <li>• Abdominal cramps</li> <li>• Vomiting</li> </ul>	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.	Person-to-person by fecal-oral route (e.g., unwashed hands).  Swallowing contaminated food or water, such as raw or undercooked meats.  Can also be spread by touching contaminated hands or objects or through sexual contact.	Exclude at the direction of the Health Unit.	Yes



INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Shingles</b> (Herpes zoster) <i>Virus</i>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Fever</li> <li>• Headache</li> <li>• Burning/painful, red rash with fluid-filled blisters, usually on one side of the body or face</li> </ul>	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.  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.	Keep rash covered.  Exclude until well enough to participate in activities.  Parents and staff (especially pregnant or immunocompromised persons) should be notified of shingles in the classroom. Pregnant women should consult their health care provider promptly.	No
<b>Strep Throat</b> (Streptococcus) <i>Bacteria</i>	Commonly seen 2-5 days after exposure: <ul style="list-style-type: none"> <li>• Fever</li> <li>• Sore throat and maybe a red (or strawberry) tongue</li> <li>• Younger children: irritability and loss of appetite</li> <li>• Swollen tonsils and lymph nodes</li> </ul>	Untreated individuals are most contagious for 2-3 weeks after the start of the infection.	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking.  Person-to-person via direct contact with a person's saliva, nasal, or wound discharges.  Swallowing contaminated food or water.	Exclude until at least 12 hours after start of appropriate treatment and child is well enough to participate in activities.	No
<b>Thrush</b> (Candidiasis) <i>Yeast</i>	<ul style="list-style-type: none"> <li>• Whitish-grey patches on the inside of the cheek, the roof of the mouth or on the tongue</li> </ul>	While symptoms are present.	Though person-to-person transmission occurs rarely, it can be spread through contact with secretions of mouth.	No	No

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INFECTION	SIGNS / SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	*RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
<b>Whooping cough (Pertussis)</b> <i>Bacteria</i>	Commonly seen 9-10 days after exposure, but can range from 6-20 days: <ul style="list-style-type: none"> <li>• Usually starts with cold-like symptoms, including a mild cough</li> <li>• 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.</li> </ul>	A person is most contagious from the start of symptoms until the beginning of the worsening cough (first 2 weeks).  A person is no longer contagious after 5 days of effective treatment is taken.	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking.  Direct contact with a person's saliva and nasal excretions.	Exclude at the direction of the Health Unit.  People in contact with infected person may need antibiotics or a vaccine.	Yes
<b>Yersinosis</b> <i>Bacteria</i>	Commonly seen 3-7 days after exposure: <ul style="list-style-type: none"> <li>• Diarrhea (sometimes bloody or mucousy)</li> <li>• Abdominal pain/cramps</li> <li>• Fever</li> </ul>	A person is contagious for as long as the germ is present in the feces and symptoms persist, which is usually 2 to 3 weeks.  If untreated, a person may spread the germ for as long as 2 to 3 months.	Person-to-person by fecal-oral route (e.g., unwashed hands).  Swallowing contaminated food or water.  Contact with infected animals.	Exclude until symptom free for 24 hours.  <b>OR</b>  48 hours after completion of antibiotic or anti-diarrheal medications.	Yes

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

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# CONTACT INFORMATION

The Windsor-Essex County Health Unit has a variety of help lines that can be called during business hours with questions, comments, or concerns. The complete list of numbers can be found at [wechu.org](http://wechu.org) under Contact Us.

## RELEVANT WINDSOR-ESSEX COUNTY HEALTH UNIT DEPARTMENTS

519-258-2146 | 1-800-265-5822

### Healthy Schools Department

Health Promotion 1555

Immunization 1222

Infectious Disease Prevention 1420

To report or have a consultation regarding an increase in school absenteeism, please call your school nurse or extension 1555.

To report a communicable disease, please call extension 1420.

For more information on infectious disease, consider the following resources:

Ministry of Health and Long-Term Care.....[www.health.gov.on.ca](http://www.health.gov.on.ca)

Public Health Agency of Canada.....[www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)

Public Health Ontario.....[www.publichealthontario.ca](http://www.publichealthontario.ca)

Canadian Paediatric Society.....[www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)

Immunize Canada.....[www.immunize.ca](http://www.immunize.ca)

Centers for Disease Control.....[www.cdc.gov](http://www.cdc.gov)

Canadian Food Inspection Agency.....[www.inspection.gc.ca](http://www.inspection.gc.ca)

Hospital for Sick Kids.....[www.aboutkidshealth.ca](http://www.aboutkidshealth.ca)

Health Canada.....[www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

World Health Organization.....[www.who.int](http://www.who.int)

Telehealth Ontario.....1-866-797-0000

# DISEASES OF PUBLIC HEALTH SIGNIFICANCE

**REPORT DISEASES LISTED BELOW TO:** Phone: 519-258-2146 or Fax: 226-783-2132 (8:30 a.m. to 4:30 p.m., Monday to Friday)  
After hours, weekends, and holidays phone: 519-973-4510

Timely reporting of communicable diseases is essential for their control. If you suspect or have confirmation of the following specified "Diseases of Public Health Significance" or their "etiologic agents," (as per Ontario Reg 135/18 and amendments under the Health Protection and Promotion Act), please report them to the local Medical Officer of Health.

REPORT IMMEDIATELY		REPORT BY THE NEXT WORKING DAY			
Anthrax	Hepatitis, viral 1. Hepatitis A	Acquired Immunodeficiency Syndrome (AIDS)	Echinococcus Multilocularis infection	Influenza	Respiratory infection outbreaks in institutions and public hospitals
Botulism				Legionellosis	
Brucellosis	Measles	Acute flaccid paralysis (AFP)	Encephalitis, including: 1. Post-infectious 2. Vaccine-related 3. Subacute sclerosing panencephalitis	Leprosy	Rubella
Creutzfeldt-Jakob Disease, all types	Meningococcal disease, invasive	Amebiasis		Listeriosis	Rubella, congenital syndrome
Diphtheria	Novel coronavirus diseases, including: 1. Severe Acute Respiratory Syndrome (SARS) 2. Middle East Respiratory Syndrome (MERS) 3. Coronavirus disease (COVID-19)	Blastomycosis	4. Unspecified 5. Primary, viral	Lyme Disease	Salmonellosis
Group A Streptococcal disease, invasive		Campylobacter enteritis	Food poisoning, all causes	Meningitis, acute 1. viral 2. other 3. bacterial	Shigellosis
Haemophilus influenzae disease, all types, invasive		Carbapenemase-producing Enterobacteriaceae (CPE), infection or colonization	Gastroenteritis outbreaks in institutions and public hospitals	Mumps	Syphilis
Hantavirus Pulmonary Syndrome	Plague	Chancroid	Giardiasis, except asymptomatic cases	Ophthalmia neonatorum	Tetanus
Hemorrhagic fevers, including: 1. Ebola virus disease 2. Marburg virus disease 3. Lassa Fever 4. Other viral causes	Poliomyelitis, acute	Chickenpox (Varicella)	Gonorrhea	Paralytic shellfish poisoning (PSP)	Trichinosis
	Q Fever	Chlamydia trachomatis infections	Group B Streptococcal disease, neonatal	Paratyphoid Fever	Tuberculosis
	Rabies	Cholera	Hepatitis, viral 1. Hepatitis B 2. Hepatitis C	Pertussis (Whooping Cough)	Tularemia
	Smallpox and other Orthopoxviruses including Monkeypox	Clostridium difficile Infection (CDI) outbreaks in public hospitals		Pneumococcal disease, invasive	Typhoid Fever
		Cryptosporidiosis		Psittacosis/Ornithosis	Verotoxin-producing E. coli infection including: Haemolytic Uraemic Syndrome (HUS)
		Cyclosporiasis			West Nile Virus Illness
					Yersiniosis

For more information: Windsor-Essex County Health Unit  
519-258-2146 | wechu.org