

Guidelines for Schools and Child Care Centres on Communicable Diseases and Other Childhood Health Issues

This resource is intended to provide school principals, teachers, directors of child care centres (CCCs) and health care professionals with guidelines on communicable disease prevention and control in schools and CCCs.

Any child who is ill and unable to participate fully in regular activities should be cared for at home.

Ottawa Public Health recommends that individuals who may have been exposed to a communicable disease and have specific health concerns, such as pregnancy and immunosuppression, be assessed by a health care professional.

Proper hand hygiene is the most effective way to prevent the spread of communicable diseases.

May 2018

CRITERIA FOR REPORTING OUTBREAKS TO OTTAWA PUBLIC HEALTH

For reporting of gastroenteritis outbreaks, see page 5.

For reporting of respiratory infection outbreaks, see page 11.

Schools must report when they have greater than 10% absenteeism due to similar symptoms in the school on the same day OR a sudden or unusual increase in absenteeism due to similar symptoms in students/staff in a class or school on the same day.

Child care centres must report when they have 10% or more children/staff ill with similar symptoms or absent on the same day.

**Report all outbreaks immediately to the Outbreak Reporting Line at 613-580-2424, ext 26325,
Monday to Friday 8:30 a.m. to 4:30 p.m. or 3-1-1 after hours.**

| Disease | Cause/Symptoms | Transmission | Incubation | Period of Communicability | Exclusion | Reporting Requirements |
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| Amebiasis | Parasite. Abdominal distension, cramps, diarrhea or constipation, and rarely fever or chills. May be symptom free. | Fecal-oral route. Food and water contaminated by an infected food handler or fecal matter. May also be transmitted sexually by fecal-oral contact. | Few days to several months to years, most commonly 2 to 4 weeks. | During the period that cysts are passed, which may continue for years. | CCCs: exclude symptomatic cases (children and staff, including food handlers), until 24 hours after diarrhea resolves or until 48 hours after completion of antibiotic treatment. | Report to 613-580-2424, ext. 24224 within 1 business day. |
| Bite (Animal) or exposure to a potentially rabid animal (Rabies) | There is a risk of rabies from the bites of bats, cats, dogs, ferrets, groundhogs, muskrats, racoons, skunks and other wild mammals. Bites of gerbils, hamsters, mice, moles, rabbits and squirrels do not have to be reported unless the animal's behaviour was very abnormal. Bites and scratches from animals may also result in infection, especially to young children, if not treated promptly. Young children are more at risk to injury to their face and neck. | Animal saliva introduced by a bite or scratch. | Rabies: Usually 3-8 weeks; rarely as short as 9 days or as long as 7 years. | Rabies: Rabid animals are infectious from the time the virus reaches the salivary glands and up until death. Death usually occurs within 1 week of onset of clinical signs. | Not required. | Report immediately to 613-580-2424, ext. 23806 during regular business hours or 3-1-1 after hours to begin rabies immunization, if needed, and/or to quarantine the biting animal, if available. |
| Bite (Human) | If the skin is broken, there may be a risk of transmission of hepatitis B, hepatitis C, and HIV from an infected person. | Contact of contaminated blood with a break in the skin or blood inside of the mouth. | Depends on the disease. | Depends on the disease. | Not required. | Not required unless either person is known to be infected with hepatitis B, hepatitis C or HIV. If so, report immediately to 613-580-2424, ext. 12580 during regular business hours or 3-1-1 after hours. |

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| Campylobacter | Bacteria. Diarrhea (may be bloody), abdominal pain, malaise, fever, nausea and vomiting – may be mild to severe. | Ingestion of undercooked meat or poultry, unpasteurized milk, contaminated food or water or by direct contact with fecal material from infected animals (especially pets and farm animals). | Ranges from 1 to 10 days; usually 2 to 5 days. | Several days to several weeks, as long as bacteria is excreted in feces. Without treatment bacteria may be excreted for 2 to 7 weeks. | CCCs: exclude symptomatic cases (children and staff including food handlers), until symptom free for 24 hours or 48 hours after completion of antibiotics or antidiarrheal medications. | Report to 613-580-2424, ext. 24224 within 1 business day. |
| Candidiasis (Thrush, Diaper Rash) | Fungus. Thrush: Thin white layer on tongue and inside of cheeks. May cause difficulty with feeding. Diaper rash or other skin rash: Well demarcated, red rash with white flaky border, usually in skin folds. Painful when comes in contact with urine. | Person to person by direct contact with the mouth, skin or bodily secretions containing the fungus. | Variable, 2 to 5 days for thrush in infants. | While lesions are present. Avoid sharing bottle nipples and soothers between children. | Not required. | Not required. For more information, visit caringforkids.cps.ca |
| Chickenpox (Varicella) | Virus. Fever. Blister-like rash occurs over 5 to 6 days. Scabs form after the blister stage. Rash usually appears first on the body, face and scalp, and then later spreads to the arms and legs. | Person to person by direct contact with virus through droplet or airborne spread of blister fluid or respiratory secretions. Indirectly through freshly contaminated objects and surfaces. | 10 to 21 days; commonly 14 to 16 days. | As long as 5 days, but usually 1 to 2 days before onset of rash, until all blisters are crusted, usually about 5 days after the onset of rash. | No exclusion, children can return with rash. Contact with immunocompromised individuals, pregnant women, particularly those in the third trimester, or newborns should be avoided. Children should be seen by a physician as soon as possible if: 1) fever (>38.3° C) lasts for more than 3 days or recurs, 2) redness, swelling, and severe pain develop around a blister. | Report, by mail or fax, number of cases and ages, using the <i>Chicken Pox Weekly Reporting Form</i> , available online at OttawaPublicHealth.ca |

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| Cold Sores (Herpes) | Virus. Small blisters appear and then burst to form a crust. Sores are usually around the mouth but can be around the nose and eyes. With the first infection, sores may be accompanied by fever, flu-like illness, and painful irritation. Reactivation of infection is common. | Person to person by direct contact with saliva. | 2 to 12 days. | While sores are apparent, however, virus may be transmitted even when no visible sores are present. | Not required. If child has severe sores with fever and/or excessive drooling, consider exclusion until fever free and able to participate fully in regular activities without excessive drool. | Not required. For more information, visit caringforkids.cps.ca |
| Conjunctivitis-Bacterial (Pink Eye) | Bacteria. Pink or red conjunctiva (the white of the eye) with thick or crusty white or yellow discharge (pus), occasionally accompanied by fever. | Person to person by direct or indirect contact with eye secretions. | 24 to 72 hours. | For duration of infection or until 24 hours of antibiotic treatment is completed. | Exclude until treated with antibiotic drops or ointment for 24 hours. | Not required. For more information, visit caringforkids.cps.ca |
| Conjunctivitis-Viral (Pink Eye) | Virus. Pink conjunctiva (the white of the eye) with a clear, watery eye discharge. Often occurs at the same time as a cold. | Person to person by direct or indirect contact with eye secretions. | 12 hours to 12 days. | For duration of infection. | Not required if no eye discharge. Otherwise, children can return upon approval by healthcare provider. | Not required. For more information, visit caringforkids.cps.ca |
| Coxsackie Virus (Hand, Foot and Mouth Disease) | Virus. Sudden onset of fever, sore throat, rash on palms of hands, fingers, and on soles of feet with or without painful sores inside the mouth. Usually occurs in children, particularly in the summer months. | Person to person by direct contact with fluid from sores, respiratory secretions and fecal-oral route. Although most common in young children, asymptomatic adults can also spread infection. | Usually 3 to 5 days. | Most infectious during the first week of illness while experiencing symptoms. Transmission via stools and throat secretions may persist for several weeks. | Not required. | Not required. For more information, visit caringforkids.cps.ca |
| Cryptosporidiosis | Parasite. Frequent watery diarrhea with abdominal pain, | Fecal-oral route, including person to person, animal to | 1 to 12 days with an average of 7 days. | From onset of symptoms up to several weeks after symptoms resolve. | CCCs: exclude symptomatic cases (children and staff, | Report to 613-580-2424, ext. 24224 within 1 business day. |

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| Cryptosporidiosis | fatigue, vomiting, and weight loss. May be symptom free, which can be a source of infection for others. | person, waterborne (recreational or drinking water) and foodborne transmission. | | | including food handlers), until 24 hours after diarrhea resolves. Cases are not to use recreational waters for 2 weeks after symptoms resolve. | |
| Diarrhea | See Gastroenteritis | | | | | |
| E. Coli 0157:H7 (Verotoxin-producing Escherichia coli) | Bacteria. Diarrhea (may be bloody), severe abdominal cramps, vomiting, fatigue, malaise and dehydration. Most individuals recover without residual effects, however complications such as Hemolytic Uremic Syndrome (HUS), a serious health condition, may occur in a small percentage of cases. | Contaminated water or food (e.g., undercooked meat, especially hamburger and poultry, unwashed raw fruits and vegetables, unpasteurized milk and apple juice/cider. Also by direct contact with fecal material from infected animals or persons. | 2 to 10 days, usually 3 to 4 days. HUS typically develops 7 days (up to 3 weeks) after onset of diarrhea | 1 week or less in adults, but can be 3 weeks in one third of children. | CCCs: exclude all cases (children and staff, including food handlers) until 2 negative stool cultures are obtained, at least 24 hours apart or until 48 hours after the completion of antibiotics and/or anti-diarrheal medications. | Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours. |
| Eye Infection | See Conjunctivitis | | | | | |
| Fifth Disease | See Parvovirus B19 | | | | | |
| Gastroenteritis: outbreak | Bacteria, virus or parasite. Diarrhea, vomiting, loss of appetite and/or abdominal pain with or without fever. | Depends on cause. Usually fecal-oral route or through contaminated food or water. | Depends on cause. | Depends on cause. | Depends on cause, number of cases and source of infection. All outbreaks must be discussed with Ottawa Public Health. During an outbreak, persons with vomiting or diarrhea should be excluded for until 48 hours symptom free before returning to work or childcare. | Report the following immediately to 613-580-2424, ext. 26325 during regular business hours or 3-1-1 after hours: CCCs: An outbreak exists when there are 3 or more children and/or staff ill with gastroenteritis within a program, group, or entire centre in a 3-day |

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| Gastroenteritis: outbreak | | | | | | <p>period, even if symptoms occurred at home.</p> <p>Schools: An outbreak exists when there is a sudden or unusual increase in absenteeism due to similar symptoms in students/staff in a class or school in the same day OR >10% absenteeism due to similar symptoms in a school on the same day.</p> |
| Gastroenteritis: single case of unknown cause | Bacteria, virus or parasite. Diarrhea, vomiting, loss of appetite and/or abdominal pain with or without fever. | Depends on cause. Usually fecal-oral route or through contaminated food or water. | Depends on cause. | Depends on cause. | Exclude until 24 hours after diarrhea and vomiting is resolved; unless symptoms can be explained by a non infectious reason. If diarrhea recurs within 48 hours, it is recommended to be assessed by a health care provider to see if a stool specimen is needed. | Not required. Exception: bloody diarrhea should always be reported immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours. |
| German Measles | See Rubella. | | | | | |
| Giardiasis (Beaver Fever) | Parasite. Acute or chronic diarrhea (stools may also be pale and/or greasy), abdominal cramps, bloating, dehydration, fatigue and weight loss. May be symptom free. | Fecal-oral route, most commonly through the ingestion of contaminated water or by direct person to person contact. This may include sexual activities involving potential contact with feces. | 3 to 25 days or longer, usually 7 to 10 days. | Can be excreted in stool for months. | CCCs: exclude symptomatic cases (children and staff, including food handlers) until 24 hours after diarrhea resolves or 48 hours after stopping anti-diarrheal medication. Cases are not to use recreational waters for 2 | Report to 613-580-2424, ext. 24224 within 1 business day. |

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| Giardiasis (Beaver Fever) | | | | | weeks after symptoms resolve. | |
| Hand, Foot and Mouth Disease | See Coxsackie Virus. | | | | | |
| Hepatitis A | Virus. Fever, fatigue, nausea, jaundice (yellowing of skin and/or eyes), abdominal discomfort, dark urine, clay coloured stools. May be symptom free (especially children). | Fecal-oral route, either by direct contact with an infected person or indirectly through ingestion of contaminated water or food. May also be spread by certain sexual activities involving contact with feces. | 15 to 50 days, average 28 to 30 days. | Most infectious 2 weeks prior to onset of symptoms and until 7 days after onset of jaundice | Exclude until 14 days after the onset of symptoms or 7 days after the onset of jaundice, whichever is sooner. | Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours. |
| Hepatitis B | Virus. Loss of appetite, fatigue, vague abdominal discomfort, joint pain, fever and jaundice (yellowing of skin and/or eyes). May be symptom free. | Person to person by direct contact with infected body fluids, including sexual contact. | 45 to 180 days, average 60 to 90 days. | Many weeks before onset of first symptoms and through the acute period of disease. Some people become carriers and remain infectious for life. | Not required. | Report to 613-580-2424, ext. 12580 within 1 business day. |
| Hepatitis C | Virus. Most cases are usually asymptomatic or have mild illness; vague abdominal discomfort, nausea, vomiting, fatigue and jaundice (yellowing of skin and/or eyes). | Person to person primarily through blood-to-blood contact. | 2 weeks to 6 months, commonly 6 to 9 weeks. | From 1 or more weeks before onset of symptoms; some persons may be infectious for a longer period of time. | Not required. | Report to 613-580-2424, ext. 12580 within 1 business day. |
| HIV/AIDS (Human Immunodeficiency Virus) | Virus. Some cases will develop a short term flu-like illness several weeks after infection. May lead to suppression of the immune system. | Person to person by direct contact with body fluids (blood, breast milk, sexual fluids). | Generally 1 to 3 months until HIV blood test is positive. | Begins early after onset of infection and extends throughout life. Communicability decreased with use of Antiretroviral therapy (ART). | Not required. | Report to 613-580-2424, ext. 12580 within 1 business day. |
| Impetigo | Bacteria. Infection of the skin caused by <i>Streptococcus</i> | Person to person by direct and indirect contact with fluid from | Variable. Commonly 4 to 10 days. | From onset of rash until 24 hours of treatment with oral or topical | Exclude until 24 hours after the initiation of antibiotic treatment. | Not required. |

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| Impetigo | or <i>Staphylococcus</i> bacteria; can follow a scrape or insect bite. Appears as a rash with a cluster of red bumps or blisters, which may ooze or form a honey-coloured crust. | blisters. It is very infectious and should be treated at once. | | antibiotics. Typically, until blisters have crusted over. | Upon return, any draining or open blisters must be covered with a clean dry bandage. | For more information, visit caringforkids.cps.ca |
| Influenza | Virus. May include sudden fever, cough, headache, muscle soreness, fatigue, runny nose, sore throat. Children may also have nausea, vomiting and diarrhea. May also be symptom free. | Person to person by direct contact or by indirect contact with contaminated surfaces and objects. | 1 to 3 days. | 24 hours prior to onset of symptoms lasting up to 7 days. | Exclude for 5 days after the onset of symptoms OR until fever free and feeling better, whichever is shorter. | Report to 613-580-2424 ext. 26325 within 1 business day. |
| Lice (Pediculosis) | Colonization of the hair and skin by a parasitic insect. Head lice feed on human blood. Itching from lice bites is common. Adult lice or eggs (nits) can be seen with the naked eye, often behind the ears and near the nape of the neck. | Head lice are generally spread through direct head to head contact with an infested person. Transmission by sharing infested belongings such as bedding, clothing or headwear may also occur. | Lice undergo a life cycle of 3 stages (egg, nymph and adult lice) which ranges from days to months. | Until treatment has been completed. | Not required. | Not required. For more information, visit caringforkids.cps.ca |
| Measles (Red Measles) | Virus. Fever, runny nose, cough, drowsiness, irritability and red eyes. Small white spots appear on the inside of the mouth and throat. Then, 3 to 7 days after initial symptoms a red blotchy rash appears on the face and progresses down the body. | Person to person by direct contact or by airborne droplets. Highly infectious. | 7 to 21 days, usually 10 days. | 4 days before to 4 days after the onset of rash. | Exclude for 4 days after the onset of rash. | Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours. |

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| Meningitis | Bacteria or virus. Young children may show a cluster of symptoms such as irritability, poor feeding, vomiting, fever, rash and excessive high-pitched crying. Older children and adults may experience severe persistent headache, vomiting and neck stiffness. | Varies depending on cause of meningitis. | Varies depending on cause of meningitis. | Varies depending on cause of meningitis. | Varies depending on cause of meningitis. | Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours. |
| Molluscum Contagiosum (Non-Plantar Warts) | Virus. Smooth, often shiny, pinkish-white bumps with sunken centre, most often on face, trunk, or limbs of children. Can be found on genitalia. May cause itchiness. | Person to person by direct skin to skin contact or indirect contact, such as sharing clothes or towels. | 7 days to 6 months. | Unknown, but probably as long as warts persist. | Not required however, lesions or warts should be covered upon return to CCC/school. | Not required. For more information, visit caringforkids.cps.ca |
| Mononucleosis | Epstein-Barr Virus. Fever, sore throat, swollen lymph nodes in neck, fatigue. | Person to person by direct contact with respiratory secretions, saliva or indirectly through surfaces and items (such as toys) contaminated with infected saliva. | 4 to 6 weeks. | Prolonged; may persist up to 1 year or more. | Not required. | Not required. |
| Mumps | Virus. Fever, swelling and tenderness of salivary glands slightly above the angle of the jaw, on 1 or both sides. | Person to person by direct contact with respiratory secretions or saliva. | 12 to 25 days; average 16 to 18 days. | 7 days before to 5 days after symptoms develop. | Exclude for 5 days from the onset of swelling. | Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours. |
| Norovirus | See Gastroenteritis: outbreaks | | | | | |
| Paratyphoid Fever (Salmonella Paratyphi) | Bacteria. Fever, headache, malaise, anorexia, | Fecal-oral route, either by direct contact with an infected person or | 1 to 10 days. | From onset of initial symptoms and up to 2 | CCCs: exclude all cases (children and staff, including food handlers), | Report immediately to 613-580-2424, ext. 24224 during regular |

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| Paratyphoid Fever (Salmonella Paratyphi) | constipation (more common than diarrhea) and possible rash on trunk. May be mild illness with low grade fever or progress to more serious illness and multiple complications. | indirectly through ingestion of contaminated water or food. | | weeks after symptoms resolve. | until 3 consecutive stool specimens are negative (collected 48 hours apart). Time frame for stool specimen collection may vary depending on antibiotic prescribed. | business hours or 3-1-1 after hours. |
| Parvovirus B19 (Fifth Disease; Erythema infectiosum) | Virus. Mild fever and distinctive "slapped cheek" facial rash. After 1 to 4 days, a red, lace-like rash appears on the arms and body and can last 1 to 3 weeks. May be symptom free. | Person to person by direct or indirect contact with respiratory secretions. Can also be spread from mother to fetus. | 4 to 14 days; can be as long as 21 days. | Most infectious a few days before the onset of rash. | Not required since no longer infectious once rash appears. However, children who are febrile should be excluded until fever free and able to participate in regular programs. Infected children with sickle cell or other forms of chronic anemia and pregnant staff are advised to consult with their health care provider. | Not required. For more information, visit caringforkids.cps.ca |
| Pertussis (Whooping cough) | Bacteria. Repeated bouts of violent coughing, which may end with a high-pitched inspiratory whoop and/or vomiting. May last 1 to 2 months. | Person to person by direct contact with respiratory secretions. | 6 to 20 days, usually 9 to 10 days | Until 3 weeks after onset of symptoms or until 5 days of antibiotic treatment is completed. | Exclude for 3 weeks after onset of cough or until completion of 5 days of antibiotic treatment. | Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours. |
| Pink Eye | See Conjunctivitis | | | | | |
| Pinworms | Worm. Itching around the anal area. | Fecal-oral route or indirectly through bedding, clothing, food or other articles contaminated with parasitic eggs. | 1 to 2 months or longer. | Until treatment is initiated. | Exclude until treatment is initiated. | Not required For more information, visit caringforkids.cps.ca |

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| Poisonous Plants (Poison Ivy, Wild Parsnip) | Plant toxin. Some people develop a severe skin irritation from contact with certain plants. Washing the exposed area immediately decreases the severity of symptoms. | Depends on the plant. | Depends on the plant. | Depends on the plant. | Not required. | Not required. For more information, visit: <ul style="list-style-type: none"> • Poison Ivy canada.ca • Wild parsnip omafra.gov.on.ca |
| Respiratory Outbreak | Bacteria or virus. Runny or stuffy nose, sneezing, sore throat, hoarseness or difficulty swallowing, cough, fever, swollen or tender glands in the neck, fatigue, muscle aches, loss of appetite and headache. | Person to person by direct or indirect contact with respiratory secretions. | Varies according to cause. | Varies according to cause. | Exclude for 5 days after the onset of symptoms OR until fever free and feeling better, whichever is shorter. | Report the following immediately to 613-580-2424, ext. 26325 during regular business hours or 3-1-1 after hours: CCCs: A respiratory outbreak exists when there is 10% or more children and/or staff sick or absent with acute respiratory illness occurring on the same day within the facility. Schools: A sudden or unusual increase in absenteeism due to illness with similar symptoms in students/staff in a class or school on the same day OR >10% absenteeism due to illness with similar symptoms in a school on the same day. |

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| Respiratory Syncytial Virus (RSV) | Virus. Can cause colds, bronchiolitis, bronchitis, croup, pneumonia, and ear infections. | Person to person by direct or indirect contact with respiratory secretions. | 2 to 8 days, usually 4 to 6 days. | Usually 3 to 8 days from onset of symptoms, but may continue for as long as 3 to 4 weeks. | Children should be excluded from childcare until fever free and able to participate in regular programs. | Not required. Exception: see respiratory outbreak |
| Ringworm (Tinea) | Fungus. Flat, well defined, red, circular patches with scaly or crusted border on the skin or scalp. The patches are often itchy. | Person to person by direct skin to skin contact or indirectly from contact with contaminated objects or surfaces, especially items that have been contaminated with hair (hairbrushes, combs, etc). | Usually 10 to 14 days | As long as lesions are present or until treatment is initiated. | Exclude until treatment has been initiated. | Not required. For more information, visit caringforkids.cps.ca |
| Roseola | Virus. Sudden onset of fever lasting 3-5 days, followed by fine, pink rash on trunk and body. | Person to person by direct contact with respiratory secretions. | 9 to 10 days. | While symptoms are present. | Not required. | Not required. For more information, visit caringforkids.cps.ca |
| Rubella (German Measles) | Virus. Low-grade fever, headache, malaise, runny nose, red eyes, enlarged tender neck nodes. Rash starts on the face, spreads in 24 hours and lasts 3 days. | Person to person by direct contact with respiratory secretions. Highly infectious. | 14 to 21 days. | About 1 week before to 7 days after onset of rash. | Exclude for 7 days after onset of the rash. | Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours. |
| Salmonella Salmonella paratyphi (See Paratyphoid Fever) Salmonella Typhi (See Typhoid Fever) | Bacteria. Symptoms include sudden onset of headache, fever, abdominal pain, diarrhea, nausea and sometimes vomiting. | Contaminated food or water (e.g., poultry, frozen processed chicken products, raw milk and milk products, raw or undercooked meats and eggs, raw unwashed fruits and vegetables). Pets, farm animals and reptiles through direct contact and contact with their environment. | 6 to 72 hours, usually 12 to 36 hours. | Up to several weeks or months after onset of symptoms. Children under 5 may shed the bacteria in their stool for longer periods. | CCCs: exclude symptomatic cases (children and staff, including food handlers) until symptom free for 24 hours or 48 hours after stopping anti-diarrheal medication. | Report to 613-580-2424, ext. 24224 within 1 business day. |

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| Salmonella | | Infants and children under 5 are at higher risk of serious infection when in contact with reptiles, amphibians, ferrets, live poultry (including chicks and hatchlings) and farm animals. It is not recommended that these animals visit CCCs with children under 5. | | | | |
| Scabies | Caused by a mite burrowing under the skin. Rash appears as bumps, patches or tiny red lines, usually between fingers and toes, and in skin folds. Intense itching, especially at night. | Prolonged direct skin to skin contact or indirect contact by sharing clothes or towels with an actively infected person. | 2 to 6 weeks. | From onset of symptoms until treated. Mites and eggs must be destroyed to stop transmission. This may require multiple treatments. | Exclude until the day after treatment is completed. | Not required. For more information, visit caringforkids.cps.ca |
| Scarlet Fever | See Streptococcal Infection. | | | | | |
| Shigella | Bacteria. Diarrhea (may be bloody), fever, nausea, vomiting, abdominal cramps. Carriers of shigella who have no symptoms may also spread infection. | Primarily spread person to person through fecal-oral route, either by direct contact with an infected person or indirect contact with contaminated surfaces, water or food handled by an infected person. May also be spread sexually through certain sexual activities where fecal contact may occur. Poor personal hygiene also increases the risk of transmission as the only significant reservoir for shigella is humans. | 1 to 3 days; may range from 12 hours to 1 week depending on the strain. | From onset of symptoms until bacteria is no longer in stools (about 4 weeks). Use of antibiotics may shorten this time frame. | CCCs: exclude all cases (children and staff, including food handlers) until 1 stool sample or rectal swab, collected 24 hours after symptoms have resolved or 48 hours after antibiotics completed, is negative. | Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours. |

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| Shingles (Herpes Zoster) | Virus. Reactivation of dormant varicella (chickenpox) infection in the nerve endings. Characterized by pain and a blistering rash usually localized to one area of the body. | Shingles occur in people who have already had chickenpox. You cannot transmit shingles; however, it is possible to get chickenpox from someone with shingles through direct contact with the fluid in the blisters. | 10 to 21 days; commonly 14 to 16 days. | Until blisters are crusted over. | Not required. | Not required. For more information, visit caringforkids.cps.ca |
| Streptococcal Infection (Strep throat, Scarlet fever) | Bacteria. Strep throat: Very sore and red throat, fever. Scarlet fever: High fever, vomiting, "sandpaper" skin rash, "strawberry tongue", red cheeks and whiteness around mouth. During recovery, skin on hands and feet may peel. | Direct or indirect contact with respiratory secretions. | Usually 1 to 3 days. | From onset of symptoms until 24 hours after antibiotic treatment initiated. 10 to 21 days if untreated. | Exclude until 24 hours after treatment is initiated. | Not required. For more information, visit caringforkids.cps.ca |
| Streptococcal Infection (Invasive Group A Strep) | Necrotizing fasciitis: Fever, localised redness, swelling, blister formation, and intense pain. Redness spreads very quickly. Toxic Shock Syndrome: Sudden onset of high fever, vomiting, diarrhea, rash, muscle pains, and shock. Can be fatal. | Direct or indirect contact with respiratory secretions or with discharge from wounds. | Usually 1 to 3 days. | From onset of symptoms until 24 hours after antibiotic treatment initiated. | Exclude until 24 hours after treatment is initiated. | Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours. |
| Tuberculosis (TB) | Mycobacterium tuberculosis. If TB disease is in the lungs: cough, loss of weight, fever, night sweats, fatigue. | If TB disease is in the lungs: person to person via airborne bacteria. If TB disease is outside of the lungs: not contagious. | Several weeks to years for someone to develop TB disease. | Varies. | OPH manages all cases of TB disease and notifies schools and CCCs if exclusion is required. | Report within 1 business day to 613-580-2424, ext. 24224. |

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| Tuberculosis (TB) | If TB disease is outside of the lungs: symptoms vary depending on where the disease is located. | | | | | |
| Typhoid fever (Salmonella Typhi) | Bacteria. Low grade fever, headache, malaise, myalgia, dry cough, loss of appetite, nausea, and abdominal discomfort. Rose spots on trunk may be seen. Constipation is more common than diarrhea in adults but diarrhea is more common in children. Carriers of typhoid fever who have no symptoms may also spread infection. | Fecal-oral route. Contact with feces and urine of infected persons and carriers of the bacteria. Common sources include ingestion of contaminated water, shellfish (particularly oysters), milk, ice cream, raw fruit and vegetables grown in fields fertilized with fecal matter or consumed in areas with poor sanitation. | From 3 days to over 60 days; usual range is 8 to 14 days. | Variable, weeks to months. Infected persons may become carriers and continue to spread infection and/or relapse with symptoms | CCCs: exclude all cases (children and staff, including food handlers) until 3 consecutive stool specimens are negative. Time frame for collection varies depending on antibiotic therapy used. | Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours. |
| Whooping Cough | See Pertussis. | | | | | |
| Yersinia | Bacteria. In small children, fever and diarrhea (may contain blood and mucus). In adults and older children, may have abdominal pain similar to appendicitis with fever. Rarely, a rash may be present. | Fecal-oral route. Direct contact with infected people or animals (such as puppies or kittens) or indirect contact with contaminated food and water. Raw pork and pork products are known sources of infection. | 3 to 7 days, usually under 11 days. | Usually 2 to 3 weeks. | CCCs: exclude all cases (children and staff, including food handlers) until 24 hours after diarrhea resolves, or 48 hours after completion of antibiotic therapy or anti-diarrheal medications. | Report within 1 business day to 613-580-2424, ext. 24224. |

References

1. Ontario Public Health Standards, Infectious Diseases Protocol, (2016): Appendix A and B
2. Control of Communicable Diseases Manual, 20th edition David L. Heymann
3. The Red Book, 30th edition American Academy of Pediatrics
4. Guidance Document for the Management of Animals in Child Care Centres, (2016)