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

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

In the event of an infectious disease exposure in a school or childcare centre, Ottawa Public Health will follow-up directly with the administration to provide information and support.

Any child who has a fever or 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 an infectious 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 infectious diseases.

August 2026

Criteria for Reporting Outbreaks to Ottawa Public Health

Gastroenteritis Outbreaks:

- **Childcare Centres (CCC)s:** Report to OPH immediately using the Initial Notification of Increase in Illness Form when there are 3 or more cases within a program, group, or the entire setting in a 3-day period, even if cases occurred at home.
    - For child care resources, please refer to Outbreaks in Child Care Centres.

- **Schools:** For inquiries related to increased illness activity, infection prevention and control measures, or suspected food-borne illness, contact **613-580-2424, ext. 26325** or ipac/pci@ottawa.ca.
    - For school resources, please refer to School Illness Prevention and Response Toolkit.

Respiratory Outbreaks:

- **CCCs:** Report to OPH immediately using the Initial Notification of Increase in Illness Form when there is an unusual or sudden increase in the number of staff, children and/or students ill with symptoms of respiratory illness.
    - For child care resources, please refer to Outbreaks in Child Care Centres.

- **Schools:** For inquiries related to increased illness activity, unusual/severe symptoms, or infection prevention and control measures, contact 613-580-2424, ext. 26325 or ipac/pci@ottawa.ca.
    - For schools resources, please refer to School Illness Prevention and Response Toolkit

Disease	Cause/Symptoms	Transmission	Incubation	Period of Communicability	Exclusion	Reporting Requirements
Amebiasis	Parasite. Abdominal distension, cramps, diarrhea or constipation, vomiting, malaise, fever, weight loss, nausea and loss of appetite. 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; commonly 2 to 4 weeks.	During the period that cysts are passed, which may continue for years.	**CCCs**: exclude all symptomatic individuals (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: Most commonly 3 to 8 weeks; rarely as short as a few days or as long as several 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 assess if post-exposure rabies immunization is needed, and/or to quarantine the biting animal, if available. During regular business hours call 613-580-6744 (after selecting language press 2 to enter the healthcare stream, 1 to report to OPH, then 1 again to report an animal bite). After hours call 3-1-1 and ask to speak to the Public Health Inspector
Bite (Human)	If the skin is broken, there may be a low risk of transmission of	Blood to blood exposure: Hep B/C and HIV	Depends on the disease	Depends on the disease	Not required.	Not required unless either person is known to be infected with

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	hepatitis B, from an infected person. *If the source is bleeding from the mouth consider low risk transmission of hepatitis C and HIV.	Saliva to bloodstream exposure: Hep B only.				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.
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; commonly 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 all symptomatic individuals (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 commonly 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 if fever free and able to participate in regular programs. Contact with immunocompromised individuals, pregnant persons, particularly those in the third trimester, or newborns	Report, by mail or fax, number of symptomatic individuals and ages, using the *Chickenpox Weekly Reporting Form*, available online at OttawaPublicHealth.ca Staff, parents and guardians should be

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Chickenpox (Varicella)					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.	notified of chickenpox in a classroom, particularly immunocompromised children and pregnant persons. Schools and CCCs are responsible for notification and can use the *Chickenpox Fact Sheet* available at OttawaPublicHealth.ca.
Cold Sores (Herpes)	Virus. Small blisters filled with fluid that appear on or around the lips. 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 drooling.	Not required. For more information, visit aboutkidshealth.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 health care professional.	Not required. For more information, visit caringforkids.cps.ca

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Coronavirus (COVID-19)	Visit OttawaPublicHealth.ca					
Coxsackie Virus (Hand, Foot, and Mouth Disease) 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.	Commonly 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.	No exclusion is required if the child is fever free, blisters are healing (crusting over), and the child is well enough to participate in regular activities	Not required. For more information, visit caringforkids.cps.ca
Cryptosporidiosis	Parasite. Frequent watery diarrhea with abdominal pain, loss of appetite, fever, nausea, malaise, and vomiting. May be symptom free, which can be a source of infection for others.	Fecal-oral route, including person to person, animal to person, waterborne (recreational or drinking water) and foodborne transmission.	1 to 12 days with an average of 7 days.	From onset of symptoms up to several weeks after symptoms resolve.	**CCCs**: exclude all symptomatic individuals (children and staff, including food handlers), until 24 hours after diarrhea resolves. These individuals are not to use recreational waters for 2 weeks after symptoms resolve.	Report to 613-580-2424, ext. 24224 within 1 business day.
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	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, commonly 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 symptomatic individuals (children and staff, including food handlers) until 2 consecutive 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.

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	a small percentage of individuals.					
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. Norovirus: 12 to 48 hours	Depends on cause. Norovirus: onset of symptoms up to 72 hours	Depends on cause, number of symptomatic individuals and source of infection. All outbreaks must be discussed with Ottawa Public Health. During an outbreak, persons with vomiting and/or diarrhea should be excluded until 48 hours symptom free before returning to work or childcare/school.	**CCCs:** Report to OPH immediately using the Initial Notification of Increase in Illness Form when there are 3 or more cases within a program, group, or the entire setting in a 3-day period, even if cases occurred at home. For childcare resources, please refer to Outbreaks in Child Care Centres. **Schools:** For inquiries related to increased illness activity, infection prevention and control measures, or suspected food-borne illness, contact 613-580-2424, ext. 26325 or ipac/pci@ottawa.ca. For school resources, please refer to School Illness Prevention and Response Toolkit.
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 symptom free for a minimum of 48hrs or as directed by the school or childcare setting.	Not required. Note: bloody diarrhea should be assessed by a health care provider.

Disease	Cause/Symptoms	Transmission	Incubation	Period of Communicability	Exclusion	Reporting Requirements
German Measles	See Rubella					
Giardiasis (Beaver Fever)	Parasite. Acute or chronic diarrhea (stools may also be pale and/or greasy), abdominal cramps, bloating, nausea, fatigue and weight loss. May be symptom free.	Fecal-oral route, most commonly through contaminated water or by direct person to person contact. May also be spread by certain sexual activities involving contact with feces.	3 to 25 days or longer, commonly 7 to 10 days.	Can be excreted in stool for months.	**CCCs**: exclude all symptomatic individuals (children and staff, including food handlers) until 24 hours after diarrhea resolves or 48 hours after stopping anti-diarrheal medication. These individuals are not to use recreational waters for 2 weeks after symptoms resolve.	Report to 613-580-2424, ext. 24224 within 1 business day.
Hand, Foot, and Mouth Disease	See Coxsackie Virus					
Hepatitis A	Virus. Fever, malaise, loss of appetite, dark urine, nausea, and abdominal pain followed by jaundice (yellowing of skin and/or eyes), 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 shorter.	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 individuals are usually asymptomatic or have mild illness; loss of	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; may persist indefinitely among	Not required.	Report to 613-580-2424, ext. 12580 within 1 business day.

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	appetite, vague abdominal discomfort, nausea, vomiting, fatigue and jaundice (yellowing of skin and/or eyes).			persons with chronic infection. Communicability can be ended with treatment.		
HIV/AIDS (Human Immunodeficiency Virus)	Virus. Some individuals 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).	Commonly 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 *Streptococcus* or *Staphylococcus* 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.	Person to person by direct and indirect contact with fluid from blisters. It is very infectious and should be treated at once.	Variable. Commonly 4 to 10 days.	From onset of rash until 24 hours of treatment with oral or topical antibiotics. Typically, until blisters have crusted over.	Exclude until 24 hours after the initiation of antibiotic treatment. Upon return, any draining or open blisters must be covered with a clean dry bandage.	Not required. 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 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 until 24 hours of symptom improvement AND fever free (without medication).	Not required.
Lice (Pediculosis)	Tiny insects (parasites) that live on the scalp. Head lice feed on human blood. Itching from lice bites is common. Adult lice or	Head lice are generally spread through direct hair to hair contact with an infested person. Transmission by sharing infested	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 School Health Online - Ottawa Public

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	eggs (nits) can be seen with the naked eye, often behind the ears and near the nape of the neck.	belongings such as bedding, clothing or headwear may also occur.				Health and caringforkids.cps.ca
Measles (Red Measles)	Virus. Fever, runny nose, cough, 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. It is highly infectious.	7 to 21 days, commonly 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.
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.	Depends on cause.	Depends on cause.	Depends on cause.	Depends on cause.	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.	Person to person by direct contact with	4 to 6 weeks.	Prolonged; may persist up to 1 year or more.	Not required.	Not required.

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	Fever, sore throat, swollen lymph nodes in neck, fatigue.	respiratory secretions, saliva or indirectly through surfaces and items (such as toys) contaminated with infected saliva.				
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 onset of swelling.	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, loss of appetite, constipation (more common than diarrhea), bradycardia and possible rash on trunk. May be mild illness with low grade fever or progress to more serious illness and multiple complications.	Fecal-oral route, either by direct contact with an infected person or indirectly through ingestion of contaminated water or food.	1 to 10 days.	From onset of initial symptoms and up to 2 weeks after symptoms resolve.	**CCCs**: exclude all individuals (children and staff, including food handlers) until 3 consecutive stool specimens are negative AND after antibiotic treatment completed. Time frame for stool specimen collection and exclusion may vary depending on antibiotic prescribed.	Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours.
Parvovirus B19 (Fifth Disease; Erythema Infectiosum)	Virus. Begins with mild fever, headache, and cold symptoms. After 1 to 4 days, a red, lace-like rash (“slapped face” 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, people	Not required. For more information, visit caringforkids.cps.ca

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					undergoing chemotherapy treatment and pregnant staff are advised to consult with their health care professional.	
Pertussis (Whooping cough)	Bacteria. Repeated bouts of coughing fits, which may end with a high-pitched inspiratory whoop and/or vomiting or apnea. May last 1 to 2 months.	Person to person by direct contact with respiratory secretions.	6 to 20 days, commonly 9 to 10 days	Until 3 weeks after onset of cough 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. Some children have no symptoms, some have acute itching around the anus and/or vagina, especially at night.	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.	Not required.	Not required For more information, visit caringforkids.cps.ca
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 with soap and cool water may decrease the severity of symptoms.	Depends on the plant.	Depends on the plant.	Depends on the plant.	Not required.	Not required. For more information, visit: Poison Ivy: canada.ca Wild parsnip: ontario.ca

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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.	Depends on cause.	Depends on cause.	Exclude until 24 hours of symptom improvement AND fever free (without medication).	**CCCs:** Report to OPH immediately using the Initial Notification of Increase in Illness Form when there is an unusual or sudden increase in the number of staff, children and/or students ill with symptoms of respiratory illness. For child care resources, please refer to Outbreaks in Child Care Centres. **Schools:** For inquiries related to increased illness activity, unusual/severe symptoms, or infection prevention and control measures, contact 613-580-2424, ext. 26325 or ipac/pci@ottawa.ca. For school resources, please refer to School Illness Prevention and Response Toolkit.
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, commonly 4 to 6 days.	Commonly 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 (without medication) and able to participate in regular programs.	Not required. Exception: see Respiratory Outbreak For more information, visit caringforkids.cps.ca

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Ringworm (Tinea)	Fungus. Ring shaped rash with a raised edge that is often itchy and/or flaky; usually found on the scalp, body, groin or feet.	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.). May also be transmitted though contact with animals, such as dogs and cats.	Commonly 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 high fever lasting 3 to 5 days, followed by fine, pinkish-red rash on face and/or body.	Person to person by direct contact with respiratory secretions.	Commonly 9-10 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. It is highly infectious.	14 to 21 days.	About 1 week before to at least 4 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	6 hrs to 7 days, most, commonly 12 to 36 hours.	Up to several weeks or months after onset of symptoms. Children under 5 and people treated with antibiotics may shed the bacteria in their stool for longer periods.	**CCCs**: exclude all symptomatic individuals (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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		and contact with their environment. 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 after infestation or 1-4 days after exposure for someone who previously had scabies.	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 first 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 or bowel cramping. 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 by certain sexual activities	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 symptomatic individuals (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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		involving contact with feces. Poor personal hygiene also increases the risk of transmission as the only significant reservoir for shigella is humans.				
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, red, sore throat, swollen glands, "sandpaper" skin rash, and a whitish coating in mouth resulting in a “strawberry tongue" appearance. During recovery, skin may peel.	Direct or indirect contact with respiratory secretions.	Commonly 1 to 4 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)	Bacteria. **Necrotizing fasciitis**: Fever, localised redness, swelling, blister formation, and intense pain. Redness spreads very quickly. **Toxic Shock**	Direct or indirect contact with respiratory secretions or with discharge from wounds.	Commonly 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.

Disease	Cause/Symptoms	Transmission	Incubation	Period of Communicability	Exclusion	Reporting Requirements
	Syndrome: Sudden onset of high fever, low blood pressure, vomiting, diarrhea, rash, muscle pains, and shock. Can be fatal.					
Tuberculosis (TB)	Mycobacterium tuberculosis. **If TB disease is in the lungs**: Cough, shortness of breath, chest pain, weight loss, fever, night sweats, sputum production (sometimes with hemoptysis), fatigue. **If TB disease is outside of the lungs**: Symptoms vary depending on where the disease is located.	**If TB disease is in the lungs**: Person to person by airborne droplets. **If TB disease is outside of the lungs**: Not infectious.	Several weeks to years for someone to develop TB disease.	Varies.	OPH works with all individuals diagnosed with TB disease and notifies schools and CCCs if exclusion is required.	Report within 1 business day to 613-580-2424, ext. 24224.
Typhoid fever (Salmonella Typhi)	Bacteria. Low grade fever, headache, malaise, myalgia, dry cough, loss of appetite, and abdominal discomfort. Rose spots on trunk may be seen. Constipation is more common than diarrhea in adults. 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; commonly 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 individuals (children and staff, including food handlers) until 3 consecutive stool specimens are negative AND after antibiotic treatment completed. Time frame for stool specimen collection and exclusion may vary depending on antibiotic prescribed.	Report immediately to 613-580-2424, ext. 24224 during regular business hours or 3-1-1 after hours.
Whooping Cough	See Pertussis					

Disease	Cause/Symptoms	Transmission	Incubation	Period of Communicability	Exclusion	Reporting Requirements
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 less than 10 days.	As long as symptoms persist, commonly 2 to 3 weeks; in untreated cases, shedding can occur for 2-3 months.	**CCCs**: exclude all symptomatic individuals (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, (2023): Appendix 1
2. Control of Communicable Diseases Manual, 21st edition David L. Heymann
3. Guidance Document for the Management of Animals in Child Care Centres, (2018)