

Common Childhood Infections - A Guide for Principals, Teachers and Child Care Providers

This resource, *Common Childhood Infections, A Guide for Principals, Teachers and Child Care Providers*, has been prepared by the Health Unit's Infectious Disease program to assist you with managing individuals with childhood infections or diseases. The goal of the resource is to work collaboratively to keep our children healthy.

The resource includes an overview of 28 common childhood infections or diseases of concern by providing information on the signs, symptoms, means of spread as well as any exclusion guidelines that may apply for each infection. If the infection or disease is reportable to the Health Unit, it is clearly indicated on the specific disease chart provided. However, it is important to know that a physician must make any diagnosis.

Finally, a review of infection prevention and control strategies, including hand washing and respiratory etiquette (e.g. covering coughs and sneezes with a sleeve) procedures, are also included for the benefit of both staff and children. This information may be useful in preventing and/or reducing the spread of infection in the event of a possible outbreak.

Please contact the Infectious Disease program at 625-8318 or toll-free at 1-888-294-6630, ext. 8318 with any questions about the information contained in this resource.

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Infectious Diseases

Any infection or disease that can be spread from one person to another by a specific organism is considered to be infectious (also referred to as contagious or communicable).

Children may be exposed to a variety of communicable infections or diseases during their pre-school and school years. Staff can help limit the spread and the resulting illness by following these guidelines:

- Encourage children and students to practice consistent proper hand hygiene and respiratory etiquette (e.g. covering coughs and sneezes with a sleeve).
- Recognize significant changes in the health and behaviour patterns of children and students, and consult with parents and/or the appropriate school official, Health Unit or other community resources. Refer to the ***Symptoms That May Suggest Illness*** (page 4) for the warning signs of illness.
- Make sure appropriate actions (according to the child care facility, school and/or Health Unit policies) are taken if a child or student is ill (e.g. exclusion, reporting to the Health Unit).

How Infection Spreads

Infections are illnesses that are caused by germs. Examples of germs include bacteria viruses, parasites or fungi.

- Germs are found in body secretions (such as saliva, blood, stool or vomit), in tiny droplets produced by breathing, coughing or sneezing or within infected areas of the skin. They can survive for hours, days or even longer in the environment outside the infected person.
- Germs are spread from one person to another in different ways; for example through the air or by contact with body secretions. Others can be spread through direct physical contact when touching someone's infected skin or contaminated surfaces within the environment.
- A person can be infectious before symptoms develop, and even after recovery. In some cases, a person may spread germs without having any signs of illness; they are called a carrier.

The Basics of Infection Control

- Assume that all children in your care are potentially infectious.
- Proper ***hand hygiene*** is the most important way to prevent the spread of infection.
- Keep frequently touched environmental surfaces, shared items (e.g. toys and computers) and hands as clean as possible.
- Make sure that children and staff are up to date with the recommended immunizations for their age; see the ***Provincial Immunization Schedule*** on pages 9 and 10.
- Separate children, if possible, from other children when they become ill.
- Exclude children (keep children home) in accordance with the disease specific charts found on pages 12 through 40.
- Re-admit a child only when they have recovered from the infection as outlined in the disease specific charts found on pages 12 through 40.

Symptoms That May Suggest Illness

Certain symptoms in children may suggest a child is ill with a communicable infection or disease. Children who have any of the following symptoms should be sent home from school/daycare until a health care provider has examined them **and/or** they no longer have symptoms. The following information is meant as a guide to assist staff in taking the appropriate action for handling ill children. They are not guidelines for exclusion. Exclusion criteria (i.e. when the child can return to school/daycare) can be found on pages 12 through 40.

Each child must be assessed individually establishing what is 'normal' for the child. Every child's baseline is different and this must be considered for all listed symptoms.

If you are unsure or have any questions or concerns, please advise the parent to seek an assessment from a health care provider. If a note is provided from a health care provider, please be advised that the Thunder Bay District Health Unit supports this assessment.

Symptoms that suggest a child may be ill and should be sent home from school/day care:

Unusual behavior	If illness prevents participation in normal activities. If child looks or acts differently, is unusually tired, difficult to wake, irritable, inconsolable crying, pale, confused, or lacking appetite.
Respiratory symptoms	If breathing is difficult or rapid; severe cough. If child makes a high-pitched croupy or whooping sound after coughing OR if child is unable to lie comfortably due to continuous cough.
Vomiting	If two or more episodes of vomiting within a 24 hour period.
Diarrhea	If two or more abnormally loose stools within a 24 hour period. <ul style="list-style-type: none"> Observe child for other symptoms such as fever, abdominal pain or vomiting. Refer to page 6 for more information on outbreaks.
Fever	If axillary (e.g. under the armpit) or oral (e.g. mouth) temperature reaches 38°C or higher. <ul style="list-style-type: none"> This high temperature is a concern especially if accompanied by other symptoms such as vomiting, sore throat, diarrhea, headache, stiff neck, rash, or change in behavior. Please note: Axillary temperature can be 0.5 - 1° lower than oral temperature. This should be taken into consideration when checking for fever.
Eye/Nose Drainage	If thick mucus or pus is draining from the eye or nose.
Itching	If child experiences persistent itching/scratching of body or scalp.
Rashes	If child has sores with crusty, yellow or green drainage which cannot be covered by clothing or bandages. <ul style="list-style-type: none"> Children who have a rash but no fever or change in behavior can continue in school or daycare, although they may need to be seen by a physician .
Unusual color	Some of the changes you may notice could be: <ul style="list-style-type: none"> eyes or skin are yellow (jaundice). urine is dark or tea colored. stool is grey, white or black.

Reporting Infectious Diseases

The Health Protection and Promotion Act, 1993, Part IV, Section 28 reads as follows:

- "The Principal of a school, who is of the opinion that a pupil in the school has or may have a communicable disease shall, as soon as possible after forming the opinion, report thereon to the Medical Officer of Health in which the school is located."

This legislation supersedes the Freedom of Information Act. The reportable diseases, specified by provincial law, are listed on page 8.

All information will be received as confidential.

All health care providers, hospitals, daycares, schools, laboratories and other specified institutions must report reportable diseases to their local health unit.

Reporting Diseases to the Nearest Health Unit Office

Principals and daycare supervisors, or their designates, should report by telephone to the Medical Officer of Health or designate (e.g. Infectious Diseases program) as soon as they are aware of the diagnosis. The phone and fax numbers are listed below.

With the information you will receive from a health care provider (e.g. through the child's parents/guardians), please provide the following when reporting a suspected or medically diagnosed communicable disease:

- name of child
- date of birth
- name of parents/guardians
- contact phone number for parents/guardians
- address
- telephone number
- child/student's physician

Please contact the nearest Health Unit office:

Location	Phone	Fax
Thunder Bay	625-8318	625-4822
Geraldton	854-0454	854-1871
Marathon	229-1820	229-3356
Nipigon	887-3031	887-3489
Terrace Bay	825-7770	825-7774
Manitouwadge	1-888-294-6630	—

Infectious Disease Outbreaks

What is an Outbreak?

An outbreak may exist when a greater than expected number of children have similar symptoms within a designated period of time (e.g. vomiting, diarrhea, rash, respiratory symptoms).

NOTE: Daycare facilities, please see the Enteric Outbreak Guidelines for more information on outbreaks.

Reporting Concerns to the Health Unit

If there are significantly more cases of illness among the children and staff than normally expected, notify the Infectious Disease program at 625-8318 or toll-free at 1-888-294-6630, ext. 8318.

The Health Unit will put into effect the appropriate investigative response as indicated by the circumstances.

Infectious Disease Exclusion Responsibilities

Excluding Children From School or Child Care

It is the responsibility of the principal or daycare supervisor to exclude a child from school or daycare if this measure is necessary to control the spread of the disease.

In general, the principal or daycare supervisor may, at their discretion, exclude a child if a risk to other children is perceived. This is a personal decision between the principal or daycare supervisor, the parents/guardians and the child's health care provider. Health Unit staff are available for advice if needed.

Authority of the Medical Officer of Health: Immunization of School Pupils Act, 1990 and the Day Nurseries Act 1990

Under the *Immunization of School Pupils Act*, 1990, Section 12 and under the *Day Nurseries Act*, 1990 Reg. 262, Section 31, the Medical Officer of Health has the authority to direct the operator of a school or daycare, by written order, to exclude certain pupils from school or daycare in the interest of infectious disease control. Two exclusion criteria are specified:

- Any child who does not have documented evidence of immunization for a designated disease (see below) or authorized evidence of exemption on the basis of medical contraindication, religious or philosophical objection.
- In the event of an outbreak or immediate risk of an outbreak of a designated disease (see below), any child, regardless of exemption, who is not immune to that disease by virtue of prior immunization or medical or laboratory evidence prior to infection with that disease.

Designated diseases for schools	Designated diseases for daycares
<ul style="list-style-type: none">• measles• mumps• rubella (German measles)• diphtheria (tetanus)• tetanus• poliomyelitis (polio)• pertussis• varicella (if born on or after 2010)• meningococcal	<ul style="list-style-type: none">• measles• mumps• rubella (German measles)• diphtheria (tetanus)• tetanus• poliomyelitis (polio)• pertussis (whooping cough)• haemophilus influenzae type b (Hib)• varicella (if born on or after 2010)• meningococcal conjugate C

Reportable Disease List

If you suspect or have confirmation of the following specified Reportable Communicable Diseases or their etiologic agents, (as per Ontario Reg. 559/91, 558/91 and amendments under the *Health Protection and Promotion Act*) please report them to the Medical Officer of Health.

Diseases marked * (and influenza in institutions) must be reported IMMEDIATELY AS SOON AS SUSPECTED to the Medical Officer of Health by telephone. Do not wait for laboratory confirmation.

Other diseases can be reported by the next working day by fax, phone or mail.

999 Balmoral Street, Thunder Bay, ON P7B 6E7
Phone: 625-8318 | After Hours: (807) 624-1280 | Fax: (807) 625-4822

Acquired Immunodeficiency Syndrome (AIDS)

Acute flaccid paralysis (AFP)

Amebiasis

*Anthrax

*Botulism

*Brucellosis

Campylobacter enteritis

Chancroid

Chickenpox (Varicella)

Chlamydia trachomatis infections

*Cholera

**Clostridium difficile* infection (CDI) outbreaks and outbreak-associated cases in hospitals

Creutzfeldt-Jakob Disease, all types (Transmissible Spongiform Encephalopathy)

*Cryptosporidiosis

*Cyclosporiasis

Cytomegalovirus infection, congenital

*Diphtheria

*Encephalitis, including:

1. *Primary, viral
2. Post-infectious
3. Vaccine-related
4. Subacute sclerosing panencephalitis
5. Unspecified

*Food poisoning, all causes

*Gastroenteritis, institutional outbreaks

*Giardiasis, except asymptomatic

Gonorrhea

**Haemophilus influenzae* b disease, invasive

*Hantavirus Pulmonary Syndrome Hemorrhagic fevers, including:

1. *Ebola virus disease
2. *Marburg virus disease
3. *Other viral causes

Hepatitis, viral

1. *Hepatitis A
2. Hepatitis B
3. Hepatitis C

Influenza

*Lassa Fever

*Legionellosis

Leprosy

*Listeriosis

Lyme Disease

Malaria

*Measles

*Meningitis, acute

1. *Bacterial
2. Viral
3. Other

*Meningococcal disease, invasive

Mumps

Ophthalmia neonatorum

Paralytic shellfish poisoning (PSP)

*Paratyphoid Fever

Pertussis (Whooping Cough)

*Plague

*Poliomyelitis, acute

Psittacosis/Ornithosis

*Q Fever

*Rabies

*Respiratory infection outbreaks in institutions

*Rubella

Rubella, congenital syndrome

Salmonellosis

*Severe Acute Respiratory Syndrome (SARS)

*Shigellosis

*Smallpox

*Streptococcal infections, Group A invasive

Streptococcal infections, Group B neonatal

Streptococcus pneumoniae, invasive

Syphilis

Tetanus

Trichinosis

Tuberculosis

*Tularemia

*Typhoid Fever

*Verotoxin-producing *E. coli* infection indicator conditions including Hemolytic Uremic Syndrome

*West Nile Virus illness, including:

1. West Nile fever
2. West Nile neurological manifestations

*Yellow Fever

Yersiniosis

Update: July 2016

999 Balmoral Street, Thunder Bay, ON P7B 6E7
Phone: (807) 625-5900 | Toll-free: 1-888-294-6630
TBDHU.COM



Thunder Bay District
Health Unit

Vaccine Preventable Diseases Program: Immunization

The following immunization schedule lists the immunizations that are available FREE OF CHARGE to all residents of Ontario.

For further information on Ontario's publicly funded immunizations, please visit the Ministry of Health and Long Term Care's website at <http://bit.ly/2hOxAL5>

After the age of 6 months, it is recommended that everyone gets a seasonal flu shot.

2 months (3 vaccines)

- Rot-1 (Rotavirus) – protects against the rotavirus which is a common infection that causes vomiting and diarrhea in infants and children; oral vaccine taken by mouth
- DTaP-IPV-Hib – protects against diphtheria, tetanus (lock jaw), pertussis (whooping cough), polio and Hib (haemophilus influenzae type b) disease
- Pneu-C-13 (Pneumococcal conjugate 13) – protects against pneumococcal disease

4 months (3 vaccines)

- Rot-1 (Rotavirus) – protects against the rotavirus which is a common infection that causes vomiting and diarrhea in infants and children; oral vaccine taken by mouth
- DTaP-IPV-Hib – protects against diphtheria, tetanus (lock jaw), pertussis (whooping cough), polio and Hib (haemophilus influenzae type b) disease
- Pneu-C-13 (Pneumococcal conjugate 13) – protects against pneumococcal disease

6 months (1 vaccine)

- DTaP-IPV-Hib – protects against diphtheria, tetanus (lock jaw), pertussis (whooping cough), polio and Hib (haemophilus influenzae type b) disease

12 months, after 1st birthday (3 vaccines)

- MMR – protects against measles, mumps and rubella (German Measles)
- Men-C-C (meningococcal conjugate C) – protects against meningococcal disease
- Pneu-C-13 (Pneumococcal conjugate 13) – protects against pneumococcal disease

15 months (1 vaccine)

- Var (Varicella) – protects against chicken pox

18 months (1 vaccine)

- DTaP-IPV – protects against diphtheria, tetanus (lock jaw), pertussis (whooping cough) and polio

4-6 years (2 vaccines)

- Tdap-IPV - against tetanus (lock jaw), diphtheria, pertussis (whooping cough) and polio
- MMRV (measles, mumps, rubella, varicella) - protects against measles, mumps and rubella (German Measles) and chicken pox (varicella)

NOTE: A review of the child's immunization record by a health care provider will let parents/guardians know if their child needs this vaccine. It is only given if a chicken pox (varicella) booster is needed. If the booster is not needed, then the child will receive a second dose of MMR for protection against measles, mumps and rubella (German Measles).

Grade 7 (3 vaccines)

- Men-C-ACYW (Meningococcal conjugate) - Protects against meningococcal disease
- HB (Hepatitis B) – protects against hepatitis b infections
- HPV (Human Papillomavirus) – protects against HPV infections

NOTE: If students did not receive this vaccine in Grade 7, they are eligible to start (and finish) the vaccine before the end of their grade 12 year.

14-16 years (1 vaccine)

- Tdap – protects against tetanus (lock jaw), diphtheria and pertussis (whooping cough)

Licensed Daycares

More details regarding the immunization requirements for day cares licensed under the Child Care and Early Years Act can be found in the Health Unit's Day Care Manual, available online at TBDHU.COM.

Immunization of School Pupils Act (ISPA)

The Immunization of School Pupils Act is a provincial law that requires that all students have proof of vaccination against diphtheria, tetanus (lockjaw), Polio, Measles, Mumps and Rubella (German measles), meningitis, pertussis (whooping cough), and chickenpox (required for children born in 2010 or later).

Questions

Please direct any questions about immunization to a nurse in the Vaccine Preventable Diseases Program at 625-5900.

For day cares and schools in the District communities, please contact your nearest branch office.

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Chickenpox

Disease	<ul style="list-style-type: none"> • Caused by the Varicella-zoster virus. • Incubation period is 2 to 3 weeks. • Vaccine preventable; see page 8.
Report to the Health Unit?	YES
Exclusion Guidelines	Uncomplicated individual cases of chickenpox do not require public health management. Exclusion from school or daycare is not usually recommended if the child is well enough to participate in normal daily activities.
Signs/Symptoms	<p>Fever and skin rash. Rash begins on chest, back, underarm, neck and face; changes to blisters then scabs.</p> <p>May have a mild fever, malaise, muscle aches and headache <u>before</u> onset of rash.</p> <p>Call a health care provider if the child develops a high fever or if new blisters continue to occur after the 4th day.</p>
How it Spreads	Contact with discharge from nose/mouth or blisters of an infected person, or through the air.
Contagious Period	<p>Very contagious, usually 1-2 days before the onset of a rash.</p> <p>This period continues until all blisters have crusted over.</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand hygiene.</p> <p>Disinfect or discard items soiled by nasal or throat discharge, or discharge from blisters.</p> <p>Refer those who are immunosuppressed and/or pregnant women to a health care provider.</p> <p>Vaccination is available. See page 9.</p>

Fifth Disease (Slapped Cheek)

Disease	<ul style="list-style-type: none"> • Caused by Parvovirus B19 virus • Incubation period is 4 to 21 days
Report to the Health Unit?	No
Exclusion Guidelines	No exclusion necessary.
Signs/Symptoms	<p>Rash begins on the cheek. Appears as a "slapped cheek" followed in 1-4 days by a lace-like rash on the trunk and extremities (arms and legs) which does fade.</p> <p>May have mild fever, malaise, muscle aches and headache BEFORE the rash starts. Rash may reoccur for 1-3 weeks on exposure to sunlight or heat.</p>
How it Spreads	<p>Direct or aerosol droplet spread with nose or throat secretions of an infected person.</p> <p>Indirectly through contact with surfaces and objects that have become contaminated with the virus.</p> <p>If a pregnant woman is infected, there is small risk of spread from mother to fetus.</p>
Contagious Period	<p>Most contagious before the onset of the rash</p> <p>Possibly not contagious after onset of the rash.</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand washing.</p> <p>Avoid sharing items used for eating and drinking.</p> <p>Refer those who are immunosuppressed and/or pregnant women to a health care provider.</p>

Flu (Influenza)

Disease	<ul style="list-style-type: none"> • Caused by the Influenza A or B virus. • Incubation period is 1 to 4 days. • Vaccine preventable; the annual flu shot protects against both viruses.
Report to the Health Unit?	Yes
Exclusion Guidelines	Advise to stay home from work, school or daycare when ill and limit exposure to others, especially those at high risk for complications (infants, young children, those with a chronic illness like heart disease, diabetes and those who are immunosuppressed due to illness or cancer treatment).
Signs/Symptoms	Muscle aches, nasal congestion, sore throat, chest discomfort, cough, headache, sneezing, runny nose, fever.
How it Spreads	<p>Person to person through large droplets spread by the infected person when they sneeze, cough or talk.</p> <p>Indirect spread through contaminated hands, objects and surfaces.</p>
Contagious Period	<p>24 hours before the onset of symptoms to 7 days after the onset of symptoms.</p> <p>Children may be contagious for longer periods of time (e.g. 7-10 days after onset of symptoms).</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand washing.</p> <p>Clean and disinfect contaminated objects and surfaces.</p> <p>Encourage annual flu shots for everyone 6 months or older.</p>

Gastrointestinal Illness

Disease	<ul style="list-style-type: none"> Caused by a variety of bacteria, viruses, parasites.
Report to the Health Unit?	Yes - Refer to Infectious Disease Outbreaks (page 6)
Exclusion Guidelines	Symptom free for 48 hours
Signs/Symptoms	Diarrhea, vomiting, nausea, cramps.
How it Spreads	<p>Eating/drinking contaminated food or water.</p> <p>Also spread directly from person to person through the fecal-oral route by contaminated hands or objects.</p>
Contagious Period	<p>While symptoms persist and also after symptoms resolve.</p> <p>Carriers without symptoms may spread disease.</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Clean and disinfect change tables after each diaper change.</p> <p>Clean and disinfect all environmental objects and surfaces on a regular schedule.</p> <p>Refer to Guidelines for Handling Blood or Body Fluids found on page 48.</p> <p>Increase daily washroom cleaning frequency.</p>

Hand, Foot and Mouth Disease

Disease	<ul style="list-style-type: none"> • Caused by the Enterovirus • Incubation period is 3 to 5 days
Report to the Health Unit?	No
Exclusion Guidelines	Child can attend school or daycare as long as they are well enough to participate in daily activities.
Signs/Symptoms	<p>Fever, headache, sore throat and mouth, loss of appetite and lack of energy.</p> <p>Rash on palms of hands, soles of feet and inside mouth. May look like tiny red dots or blisters.</p> <p>Rash may also occur on the buttocks.</p>
How it Spreads	<p>Direct contact with stool, saliva, nose and throat secretions or fluid from the blisters of an infected person.</p> <p>Indirect contact with contaminated toys, objects or surfaces.</p>
Contagious Period	<p>Most contagious during the first week of illness.</p> <p>Virus may remain in the stool and throat secretions for weeks after illness.</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand washing.</p> <p>Clean and disinfect all items soiled with discharge from nose or mouth.</p> <p>Clean and disinfect all toys.</p>

Hepatitis A

Disease	<ul style="list-style-type: none"> • Caused by the Hepatitis A virus. • Incubation period is usually 28-30 days (range 15-50 days). • Vaccine preventable.
Report to the Health Unit?	Yes
Exclusion Guidelines	Exclude for 14 days from the onset of illness or 7 days from the onset of jaundice.
Signs/Symptoms	<p>Onset is usually sudden with loss of appetite, nausea, tiredness, fever and stomach ache.</p> <p>Tea colored urine, light colored stools and jaundice (yellowing of eyes or skin) may appear.</p> <p>Symptoms are generally absent or much milder in children than in adults.</p>
How it Spreads	The virus is found in the stool of infected people. It spreads through direct contact with stool, unwashed hands of an infected person or contact with an object contaminated with the virus. Also spread by eating food prepared by an infected person or drinking water contaminated with the virus.
Contagious Period	<p>From about 14 days before onset of symptoms until about 7 days after onset of jaundice.</p> <p>Infants and children may continue to shed virus in their stool for up to 6 months.</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Clean and disinfect contaminated objects and surfaces.</p> <p>Vaccination available at TBDHU for children older than 1 year of age.</p>

Impetigo

Disease	<ul style="list-style-type: none"> Caused by either Group A streptococcal (strep) or staphylococcus aureus (staph) bacteria. Infection starts when bacteria enter the body through a cut, insect bite or scratch. Incubation period is 1 to 10 days.
Report to the Health Unit?	No
Exclusion Guidelines	<p>Until 24 hours after antibiotic treatment has started. (Note: treatment may be in pill form or ointment).</p> <p>Lesions on exposed skin should be covered.</p>
Signs/Symptoms	<p>A skin infection marked by isolated pus filled spots, which crust over, break open and release a straw coloured fluid.</p> <p>Usually found around the mouth and nostrils or exposed parts of the body (e.g. arms and/or legs).</p>
How it Spreads	<p>Direct contact with rash or discharge from the rash of an infected/untreated person.</p> <p>Contact with secretions from the nose or throat of an infected person.</p>
Contagious Period	<p>After 24 hours of antibiotic treatment, a child with impetigo is no longer contagious.</p> <p>As long as the rash continues to drain, keep it covered.</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand washing.</p> <p>Carefully clean and disinfect OR dispose of items soiled by discharge from rash, nose or throat from an infected child.</p> <p>Make sure children do not share clothing, towels or bedding with other children while contagious.</p>

Lice (Head Lice or Pediculosis)

Disease	<ul style="list-style-type: none"> Incubation period for eggs is 9 to 10 days.
Report to the Health Unit?	No
Exclusion Guidelines	No need to exclude due to presence of live lice or nits.
Signs/Symptoms	<p>Itching of the scalp, back of neck or hairline.</p> <p>Crawling lice in the hair and eggs (nits) glued to the hair near the scalp.</p>
How it Spreads	<p>Direct hair to hair contact is the most common method of spread.</p> <p>Indirect contact when children share hats, combs, hair brushes, hair accessories, helmets or head phones.</p> <p>Lice do not hop or fly, but can crawl at a rapid rate.</p>
Contagious Period	<p>While live lice and live nits are present.</p> <p>If untreated, lice can live for 3 to 4 weeks in hair.</p> <p>Nymphs and adults can live up to 3 days away from the human host. Eggs can survive away from the host for up to 3 days, but they need the higher temperature found near the scalp to hatch.</p>
Prevention and Control	<p>Clean items that may have come into prolonged or close contact with the head (brushes and combs).</p> <p>Wash items in hot water (66°C), dry in a hot dryer for 15 minutes or store in air/water tight bag for two weeks (e.g. hats, pillowcases).</p> <p>Families of children in a classroom or childcare centre with an active case of lice should be alerted and informed about the management of head lice, and the lack of risk for serious disease.</p> <p>Treatment with an approved topical head lice insecticide is recommended.</p> <p>Excessive environmental cleaning is not needed.</p> <p>Children should not share hats, combs, hair brushes or accessories, helmets or head phones.</p>

Measles

Disease	<ul style="list-style-type: none"> • Caused by the measles virus. • Incubation period is about 10 days, but may be 7-21 days from last exposure to a case. • Vaccine preventable.
Report to the Health Unit?	YES
Exclusion Guidelines	Until 4 days after the appearance of the rash.
Signs/ Symptoms	<p>Fever, red watery eyes, runny nose and cough prior to a red blotchy rash appearing on day 3 to day 7.</p> <p>Small white spots can appear on the inside of the mouth and throat.</p> <p>The rash usually begins on the face, spreads down the trunk and out to the extremities and lasts 4-7 days.</p>
How it Spreads	<p>Spreads easily through the air via droplets that have been expelled by coughing, sneezing, or breathed by an infected person.</p> <p>Spreads through direct contact with respiratory tract secretions (e.g. discharge from nose or mouth) of an infected person.</p> <p>Spreads less commonly by contaminated surfaces freshly soiled with nose and throat secretions.</p>
Contagious Period	From 4 days before the onset of the rash to 4 days after rash appears. *Highly contagious*
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand washing.</p> <p>Avoid sharing drinking glasses and utensils.</p> <p>Contact the local health unit right away as:</p> <ul style="list-style-type: none"> • Immunization with MMR vaccine of susceptible contacts within 72 hours after exposure may prevent measles. • Measles immune globulin (Ig) may be given to specified high risk persons in the first 3 days after exposure and may be given within 6 days of exposure to prevent or modify infection. • Vaccination available.

Meningitis (Bacterial) - Non Meningococcal

Disease	<ul style="list-style-type: none"> • Caused by various types of bacteria. • Incubation period is dependent on the type of bacteria identified. • Some cases are vaccine preventable.
Report to the Health Unit?	Yes
Exclusion Guidelines	Until 24 hours after the child has started effective antibiotic treatment and is well enough to participate in normal daily activities.
Signs/Symptoms	<p>Symptoms may include a sudden onset of high fever, stiff neck, headache, vomiting, unusual sleepiness, irritability, and lack of appetite.</p> <p>Less common symptoms may include rash or seizures.</p>
How it spreads	Direct contact with respiratory droplets from the noses and throats of infected people.
Contagious Period	Until 24 - 48 hours after starting effective antibiotic treatment.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand washing.</p> <p>Discourage sharing glasses, cups and water bottles.</p> <p>Clean and disinfect all mouthed toys.</p> <p>Watch exposed children closely for early signs of illness.</p> <p>Encourage immunization for those who are eligible.</p>

Meningitis (Viral)

Disease	<ul style="list-style-type: none"> • Caused by any number of different viruses, many of which are associated with other diseases. • 50% of cases have no obvious cause. • Incubation period: depends on virus, but generally symptoms appear within 1 week of exposure.
Report to the Health Unit?	Yes
Exclusion Guidelines	Until the child is well enough to participate in normal daily activities.
Signs/Symptoms	<p>Symptoms may include sudden onset of high fever, headache, stiff neck and tiredness, rash, sore throat and vomiting.</p> <p>The illness usually last less than 10 days.</p>
How it spreads	<p>Person to person through fecal-oral or respiratory droplet (e.g. mouth or nose) spread.</p> <p>Varies by causative virus.</p>
Contagious Period	Varies according to causative virus.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand washing.</p> <p>Discourage sharing glasses, cups and water bottles.</p> <p>Clean and disinfect all mouthed toys.</p> <p>Watch exposed children closely for early signs of illness.</p> <p>No specific treatment.</p>

Meningitis (Meningococcal)

Disease	<ul style="list-style-type: none"> • Caused by the <i>Neisseria meningitidis</i> bacteria • The bacteria is found in the nose and throat of approximately 10% of the population at any given time. • Incubation period; 2 to 10 days, usually 3 to 4 days. • Some strains are vaccine preventable. • Diagnosis is confirmed with a blood test, and/or a sample of cerebrospinal fluid (CSF).
Report to the Health Unit?	Yes
Exclusion Guidelines	Exclude the child until 24 hours after antibiotics are started.
Signs/Symptoms	Symptoms occur suddenly and may include fever, intense headache, nausea and often vomiting, bulging fontanelle (soft spot) in infants, stiff neck, stiff back in older children and rash. Photophobia can also occur.
How it spreads	<p>Direct contact with the nose and throat secretions of an infected person, kissing, sharing anything that is put in the mouth (e.g. food, drinks, baby bottles, sippy cups, water bottles, or mouthpieces of musical instruments).</p> <p>Breathing the air contaminated with bacteria when an infected person coughs or sneezes.</p>
Contagious Period	From 7 days prior to onset of symptoms until 24 hours after antibiotics are started.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41 with strict adherence to environmental cleaning.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand hygiene.</p> <p>Encourage immunization for those who are eligible.</p> <p>Contact the Health Unit as:</p> <ul style="list-style-type: none"> • Household and other close contacts will be offered preventative antibiotics. • Health Unit staff will assist with contact tracing of exposed persons.

Methicillin-Resistant Staphylococcus Aureus (MRSA)

Disease	<ul style="list-style-type: none"> Caused by the Staphylococcus aureus bacteria that have become resistant to certain antibiotics (i.e. methicillin, penicillin and amoxicillin). Incubation period varies.
Report to the Health Unit?	No
Exclusion Guidelines	Child can attend school or daycare if the sore is not draining or can be covered with a dry dressing. The child should avoid activities such as sports that involve skin to skin contact until the infection is healed.
Signs/Symptoms	<p>Red, painful bumps under the skin (e.g. boils or abscesses). Sores may be painful and may contain pus or may be covered with a honey colored crust. Sometimes sores look like spider bites.</p> <p>Fever and chills.</p>
How it spreads	<p>Direct skin to skin contact.</p> <p>Contact with an environmental surface or object (e.g. computers, doorknob, faucets, gym mats, shared sports equipment) that is contaminated with MRSA bacteria.</p>
Contagious Period	As long as sores continue to drain.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Ensure children do not share facecloths, towels or bedding.</p> <p>Wash items in hot water (66°C), dry in a hot dryer for 15 minutes or store in an air/water tight bag for two weeks (e.g. hats, pillowcases, brushes and combs).</p> <p>Carefully clean or dispose of items that are soiled with discharge from the child's sore.</p>

Molluscum Contagiosum

Disease	<ul style="list-style-type: none"> • Caused by the poxvirus. • Incubation period ranges from 7 days to 6 months.
Report to the Health Unit?	No
Exclusion Guidelines	Child can attend school or daycare as long as they are well enough to participate in daily activities.
Signs/Symptoms	<p>Tiny painless bumps on the skin that grow over several weeks.</p> <p>Bumps become small, waxy, pinkish-white, raised lesions which may have a small dimple in the center of them.</p> <p>In children, bumps are most often found on the face, stomach, arms and legs.</p>
How it spreads	<p>Direct skin to skin contact, contact with the bumps or with the hands of an infected person.</p> <p>Contact with an environmental surface or contaminated object (e.g. object has been touched by an infected person after they scratched the lesions).</p>
Contagious Period	Unknown, probably as long as the bumps exist.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Discourage sharing of towels and/or blankets.</p> <p>Carefully clean and disinfect OR dispose of articles soiled by the lesions of an infected child.</p> <p>When possible, bumps not covered by clothing should be covered by a water tight bandage.</p>

Mononucleosis (Mono)

Disease	<ul style="list-style-type: none"> Caused by the Epstein-Barr virus (EBV). Incubation period is usually 4 to 6 weeks from contact with an infected person.
Report to the Health Unit?	No
Exclusion Guidelines	Child may go to school or daycare when they feel well enough to participate in daily activities. This may take 1-2 weeks or longer after symptoms develop.
Signs/Symptoms	Fever, sore throat, swollen lymph glands, lethargy (exhaustion), enlarged liver or spleen and jaundice (yellowing of the skin and eyes) occurs occasionally.
How it Spreads	<p>Through direct and indirect contact with the nose and throat secretions of an infected child.</p> <p>Kissing, sharing anything that the child may put in their mouths (e.g. toys, sippy cups, food, soothers, water bottles, or mouthpieces of musical instruments).</p> <p>Touching something contaminated with an infected person's saliva.</p>
Contagious Period	<p>Unclear, but prolonged.</p> <p>The infected child is most infectious when symptoms are at their peak but may remain infectious for up to a year after illness.</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes appropriately (see page 43 for proper technique), followed by proper hand hygiene.</p> <p>Carefully clean and disinfect OR dispose of articles that are soiled with discharge from the infected child's nose or throat.</p>

Mumps

Disease	<ul style="list-style-type: none"> • Caused by the Mumps virus. • Incubation period is 12 to 25 days; average is 16 to 18 days. • Vaccine preventable.
Report to the Health Unit?	YES
Exclusion Guidelines	Until 5 days after onset of swelling of salivary glands.
Signs/Symptoms	<p>Swollen and tender glands at the jaw line on one or both sides of the face.</p> <p>May include fever, malaise, headache, inflamed testicles and respiratory symptoms.</p> <p>Symptoms are sometimes so mild that disease is not recognized.</p>
How it Spreads	<p>Through direct or indirect contact with nose and throat secretions of an infected person, including:</p> <ul style="list-style-type: none"> • Breathing air contaminated with the virus when an infected person has coughed or sneezed. • Touching nose and throat secretions of an infected person. • Kissing. • Sharing anything that is put in the mouth (e.g. cups, soothers, toys, water bottles).
Contagious Period	From 7 days before swelling appears and up to 5 days after the onset of the swelling of salivary glands.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes appropriately (see page 43 for proper technique), followed by proper hand hygiene.</p> <p>Carefully clean and disinfect OR dispose of articles soiled with nose and throat secretions of an infected person.</p> <p>Ensure all children and staff are immunized (see page 9).</p>

Norovirus (“Norwalk virus”)

Disease	<ul style="list-style-type: none"> • Incubation period is 1 to 2 days.
Report to the Health Unit?	No
Exclusion Guidelines	Until symptom free for 48 hours
Signs/Symptoms	<ul style="list-style-type: none"> • Nausea, vomiting, stomach cramps, diarrhea, mild fever, headache, muscle aches and fatigue. • Symptoms usually last 1-2 days.
How it Spreads	<p>Spreads easily from person to person</p> <p>Passed in stool and vomit.</p> <p>Spread through contact with the fecally contaminated hands of ill persons or contact with contaminated objects (e.g. fecal-oral).</p> <p>Norovirus is also believed to be spread by droplets in the air by breathing in air contaminated with the norovirus when an infected person has vomited.</p> <p>Norovirus can live on surfaces for long periods of time.</p>
Contagious Period	While symptoms are present and at least 2 days after symptoms stopped.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Stay home if ill.</p> <p>Ensure all accidents are cleaned appropriately; refer to “Guidelines for Handling Blood or Body Fluids (Urine, Feces, Vomit and Blood)” page 48.</p> <p>Increase daily washroom cleaning frequency.</p>

Pink Eye (Conjunctivitis)

Disease	<ul style="list-style-type: none"> • Caused by either a virus or bacteria. • Incubation period for bacterial is 1 to 3 days.
Report to the Health Unit?	No
Exclusion Guidelines	<p>If diagnosed as bacterial and discharge is pus (yellow, thick), exclude until antibiotics have been taken for 24 hours</p> <p>If diagnosed as viral, no exclusion necessary.</p>
Signs/Symptoms	<p>Red or pink eyeballs, itching, tearing, sensitivity to light and discharge from the eye.</p> <p>Bacterial: thick, yellow green discharge, sticky eyelids, pain.</p> <p>Viral and non-infectious: watery discharge, mild or no pain.</p>
How it Spreads	<p>Spreads easily through direct or indirect contact with discharge from an infected child's eye.</p> <p>Droplets from child's cough or sneeze can spread the disease.</p>
Contagious Period	During the course of active infection while the child has symptoms.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes appropriately (see page 43 for proper technique), followed by proper hand hygiene.</p> <p>No sharing of towels, washcloths, or makeup.</p> <p>Clean and disinfect toys and tables.</p>

Pinworms

Disease	<ul style="list-style-type: none"> • Pinworms are tiny, white, thread-like worms that live in the large intestine. The female worms crawl out of the anus (bum) at night and lay eggs on nearby skin. • Pinworms can be unpleasant and uncomfortable but they do not cause disease. • Incubation period usually 1-2 months or longer.
Report to the Health Unit?	No
Exclusion Guidelines	No exclusion necessary.
Signs/Symptoms	Intense itchiness around anus and vagina, especially at night, sleeplessness and irritability.
How it Spreads	<p>An infected child who scratches the itchy area can get pinworm eggs on his/ her fingers or under the fingernails which can then be ingested or spread to toys or objects.</p> <p>Eggs can live for 2 weeks outside the body on clothing, bedding or other objects.</p> <p>Improper hand washing of child or staff after toileting or diapering.</p>
Contagious Period	As long as the female worms are still present and producing eggs.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Vaccum living areas and wash all bedding.</p> <p>Do not shake bedding; the eggs could scatter.</p> <p>Clean and disinfect all highly touched surfaces often.</p>

Respiratory Syncytial Virus (RSV)

Disease	<ul style="list-style-type: none"> • Caused by the Respiratory Syncytial Virus (RSV) • Incubation period is 2 to 8 days. • RSV is usually a mild disease that can be managed at home. • Almost all children get RSV at least once before they are 2 years old. • Those younger than 1 year, premature infants, children and infants with breathing or heart problems and children or infants with weakened immune systems are more at risk for developing serious illness.
Report to the Health Unit?	No
Exclusion Guidelines	No exclusion necessary.
Signs/Symptoms	<p>Symptoms often resemble the common cold including a stuffy or runny nose, low grade fever or chills, cough, rapid breathing or wheezing.</p> <p>May be lethargic, irritable; poor feeding in infants.</p> <p>NOTE: RSV symptoms may resemble other illnesses so a diagnosis is made by a health care provider.</p>
How it Spreads	<p>Spread through direct or close contact with infected secretions and respiratory droplets (e.g. sneezes, coughs).</p> <p>Virus can live on uncleaned environmental surfaces for hours and 30 minutes on unwashed hands.</p>
Contagious Period	Before the onset of symptoms and usually 3-8 days after the onset of fever.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes appropriately (see page 43 for proper technique), followed by proper hand hygiene.</p>

Respiratory Illness

Disease	Influenza like illness, usually caused by a virus
Report to the Health Unit?	Yes —refer to Infectious Disease Outbreaks (page 6)
Exclusion Guidelines	Until the child is fever free for 24 hours and can participate in normal activity.
Signs/Symptoms	Two or more of the following: runny nose, muscle aches, cough, sore throat, tiredness, nasal congestions, headache, chills or fever greater than 38°C
How it Spreads	<p>Person to person through large droplets spread by the infected person when they sneeze, cough or talk.</p> <p>Indirect spread through contaminated hands, objects and surfaces.</p>
Contagious Period	<p>Generally 24 hours before the onset of symptoms to 7 days after onset of symptoms.</p> <p>Children may be infectious for longer periods of time (i.e. 7-10 days after).</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes appropriately (see page 43 for proper technique), followed by proper hand hygiene</p> <p>Clean and disinfect contaminated objects and surfaces</p>

Ringworm

Disease	<ul style="list-style-type: none"> • Skin infection caused by a fungus that can be found on the scalp, body, groin or feet. • Incubation period 4 to 10 days.
Report to the Health Unit?	No
Exclusion Guidelines	Exclude until treatment by a health care provider has been started.
Signs/Symptoms	<p>Body: Appears as flat, spreading ring-shaped lesions. Edge of the lesion may be dry and scaly or moist and crusty. As lesions spread outward, the center often becomes clear.</p> <p>Scalp: May be difficult to detect in early stages. Begins as small, scaly patch which spreads leaving scaly patches of temporary baldness.</p>
How it Spreads	Direct contact with infected person, animal or contaminated articles such as hairbrushes, combs, bedding, clothing and gym mats.
Contagious Period	As long as lesions are present and viable, fungus will persist on contaminated materials.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Keep lesions dry and covered with a protective dressing.</p> <p>Clean and disinfect all highly touched surfaces often.</p> <p>Ensure children do not share hairbrushes, combs, hats, pillows, bedding, sports equipment and towels.</p>

Roseola (Sixth Disease)

Disease	<ul style="list-style-type: none"> • Caused by the human herpes virus 6. • Incubation period is usually 9 to 10 days. • Occurs most commonly between the ages of 6 months and 2 years.
Report to the Health Unit?	No
Exclusion Guidelines	Until fever is gone and child feels well enough to participate in activities.
Signs/Symptoms	<p>Mild upper respiratory illness, followed by a high fever that appears suddenly and lasts 3-5 days.</p> <p>Rash usually develops as fever is resolving, rosy-pink rash develops first on neck and chest, and then spreads to the rest of the body. The rash turns white if you gently press on it and may have a lighter color ring that appears around it. Rash usually lasts 1-2 days.</p> <p>Child may be fussy or irritable with a decrease in appetite.</p> <p>When fever ends, a raised rash may appear on a child's trunk and spread over the body that lasts hours to days.</p>
How it spreads	Spread through direct or close contact with infected secretions and respiratory droplets (i.e. coughs, sneezes or laughing)
Contagious Period	An infected child is most contagious during the period of high fever, before a rash develops.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand hygiene.</p>

Rotavirus

Disease	<ul style="list-style-type: none"> • Most common cause of severe diarrhea in children aged 6 months to 2 years. Almost all children have had a rotavirus infection by the time they are 3 years old. • Vaccine preventable • Incubation period is 1 to 3 days.
Report to the Health Unit?	No
Exclusion Guidelines	Until child feels well enough to participate in activities.
Signs/Symptoms	<p>Vomiting and fever followed by watery diarrhea.</p> <p>Symptoms typically persist for 3-8 days. Most children recover without treatment. Some children need to be hospitalized for re-hydration (replacement of fluids) due to diarrhea.</p>
How it Spreads	<p>Spread through contact with the fecally contaminated hands of ill persons or contact with contaminated objects (e.g. fecal-oral).</p> <p>Rotavirus can be found on toys and hard surfaces. The virus is able to survive for long periods on hard surfaces, in contaminated water and on the hands.</p>
Contagious Period	During symptoms until diarrhea stops. Is usually not found in the stool after the 8th day of infection.
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Clean and disinfect all highly touched surfaces often.</p> <p>Refer to Guidelines for Handling Blood or Body Fluids found on page 48.</p> <p>Increase daily washroom cleaning frequency.</p>

Rubella (German Measles)

Disease	<ul style="list-style-type: none"> • Caused by the Rubella virus. • Incubation period is 2 to 3 weeks. • Vaccine preventable.
Report to the Health Unit?	YES
Exclusion Guidelines	<p>Exclude for 7 days after the onset of the rash.</p> <p>Contacts of the case who are immunosuppressed and/or women in early pregnancy should avoid contact with the case and consult with a health care provider.</p>
Signs/Symptoms	<p>Low-grade fever, malaise (tiredness), raised red pinpoint rash that starts on the face and spreads downwards.</p> <p>Rash lasts about 3 to 5 days.</p>
How it Spreads	Contact with discharge from nose, throat and secretions of an infected person.
Contagious Period	<p>1 week before and at least 4 days after the onset of rash.</p> <p>A child with rubella is most infectious when the rash is erupting.</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Ensure children and staff are immunized.</p>

Scabies

Disease	<ul style="list-style-type: none"> • Caused by mites which burrow under the skin. • Incubation period is 2-6 weeks.
Report to the Health Unit?	No
Exclusion Guidelines	<p>Until 24 hours after treatment begins.</p> <p>NOTE: It is important that household contacts are also treated, even if they are symptom free.</p>
Signs/ Symptoms	<p>Pimple-like rash may be seen.</p> <p>Slightly elevated tiny burrows that look like grayish-white or skin-colored lines on the skin may be seen.</p> <p>Most frequently found between the fingers, on the elbows, hands and wrists, but can be found elsewhere on the body.</p> <p>Intense itching which may be severe especially at night.</p>
How it spreads	Direct contact with infected person or articles immediately contaminated beforehand.
Contagious Period	<p>Until mites are destroyed by treatment, a person can transmit scabies even if they are symptom free.</p> <p>A second treatment (one week after the first treatment) may be needed.</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Wash items (e.g. hats, pillowcases, brushes and combs) in hot water (66°C), dry in a hot dryer for 15 minutes or store in an air/water tight bag for two weeks.</p> <p>Send the infected child's special blanket and clothes home in a sealed bag to be washed the same way.</p> <p>Clean and disinfect all highly touched surfaces often.</p>

Streptococcal Infections: Scarlet Fever and Strep Throat

Disease	<ul style="list-style-type: none"> • Caused by the streptococcus bacteria. • Incubation period is 1 to 3 days from contact with an infected person.
Report to the Health Unit?	No
Exclusion Guidelines	Until at least a full 24 hours after treatment with antibiotics begins and child is without fever for 24 hours.
Signs/Symptoms	<p><u>Scarlet Fever</u></p> <ul style="list-style-type: none"> • Red rash that looks like sunburn and feels like rough sandpaper • Rash most often begins on chest and stomach and then spreads to rest of body • Rash usually lasts 2-7 days • When rash fades, skin on hands and feet may start to peel • Fever • Nausea and vomiting • Sore throat • Red swollen lips, strawberry-like tongue • Flushed cheeks and pale area around mouth <p><u>Strep Throat</u></p> <ul style="list-style-type: none"> • Fever • Very sore throat • Swollen lymph glands • Swollen tonsils • Loss of appetite
How it spreads	<p>Direct Contact: when someone comes in contact with an infected person's saliva, nose or throat secretions</p> <p>Indirect Contact: when germs in the nose and throat of an infected person spread through the air—as droplets from a cough or sneeze</p>

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Streptococcal Infections: Scarlet Fever and Strep Throat (continued)

Contagious Period	<p>A child is no longer infectious after 24 hours of antibiotic therapy</p> <p>If untreated, will remain contagious for 10-21 days. Untreated cases of strep throat may carry the organism for weeks or months.</p>
Prevention and Control	<p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand hygiene.</p> <p>Clean and disinfect OR discard articles soiled by the nose and throat secretions of infected children.</p>

Whooping Cough (Pertussis)

Disease	<ul style="list-style-type: none"> • Caused by the Bordetella pertussis bacteria. • Incubation period is 6 to 20 days. • Vaccine preventable.
Report to the Health Unit?	YES
Exclusion Guidelines	<p>In high risk situations, stay home until 5 days of antibiotic treatment is given.</p> <p>If no treatment is given, stay home 21 days after onset of symptoms. This is at the discretion of the Medical Officer of Health.</p>
Signs/Symptoms	<p>Initial signs are mild coughing, sneezing, runny nose, low grade fever.</p> <p>After 1-2 weeks, the cough worsens and the child may experience breathing difficulties including a series of short convulsive-like coughs and a high pitched gasp of air called a whoop. Child will sometimes vomit after coughing and coughing will last for several weeks and will usually decrease after about 6 weeks.</p>
How it Spreads	Direct contact with respiratory secretions of infected person or articles soiled with these secretions.
Contagious Period	Very infectious in the early stages. Little risk 3 weeks after onset of cough even if it persists. If treated with appropriate antibiotic, not contagious after 5 days.
Prevention and Control	<p>Discuss with the local public health unit.</p> <p>Antibiotics may be recommended for high risk, close contacts of a child with pertussis, or if there is a high risk person in the home or child care facility.</p> <p>Watch for signs/symptoms of disease (cough) for 20 days from last contact.</p> <p>Follow <i>Routine Practices</i>; see page 41.</p> <p>Ensure the appropriate form of hand hygiene is practiced by staff and children (refer to page 42).</p> <p>Cover coughs and sneezes in a sleeve or with a tissue (see page 43 for proper technique), followed by proper hand hygiene.</p>

Routine Practices

What are Routine Practices?

Routine Practices are based on the premise that everyone is potentially infectious even if they do not show signs or symptoms of an illness. The same safe standards of practice should be used **routinely** with **every child** to prevent a worker from becoming exposed to blood, body fluids, secretions, excretions, mucus membranes, non-intact skin or soiled items.

Workers must assess the risk of exposure to blood, body fluids and non-intact skin and identify strategies that will decrease the exposure risk and prevent the transmission of illness.

Strategies include:

Hand Hygiene (refer to page 42)

- Wash hands before assisting a child with an injury.
- Wash hands after assisting a child in the washroom.
- Wash hands before putting on gloves and after removing gloves.
- Wash hands after diapering a child.

Use of appropriate Personal Protective Equipment (PPE)

Wear single use, disposable gloves anytime your hands may come into contact with blood or body fluids, especially if you have a cut or an open sore on your hands.

Wear rubber gloves or single-use disposable gloves when cleaning up vomit or feces spill.

Environmental Cleaning

Clean and disinfect frequently touched environmental surfaces.

Clean and disinfect biological spills such as vomit and feces according to best practices.

Hand Hygiene

Hand Washing

Hand washing, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Proper hand washing technique is easy to learn and can significantly reduce the spread of infectious diseases among both children and adults.

It is important to encourage and help children to wash hands before eating, after playing outdoors or playing with pets, after using the bathroom, and after coughing or sneezing/blowing their noses. Don't assume that children know how to wash their hands properly. Supervision is an essential element in forming good hand washing habits in children. Children learn by example! Let them observe good hand washing technique from the adults who care for them.

The following recommended hand washing procedure should be followed:

- Wet hands with warm running water.
- Apply liquid soap from dispenser to the hands.
- Lather well using lots of friction for at least 15 seconds.
- Rinse well under warm water.
- Use paper towels to dry hands.
- Turn the taps off with paper towel (taps may be contaminated).
- Throw away used paper towels into lined, covered trash container.

Common mistakes that MUST be avoided when hand washing:

- Do not use a single, damp cloth to wash a group of children's hands.
- Do not use a standing basin or bucket to wash or rinse hands.
- Do not use a common cloth or towel to dry hands.

Alcohol-Based Hand Sanitizers

Alcohol-based hand sanitizers can be very effective when hands are not visibly soiled, but they must contain at least 70% alcohol. They can be used in situations where running water is not available and should only be used if the hands are not visibly dirty.

They are safe for use on children but it is important to let children know that they should not be swallowed. Supervision is important.

It is also important to store the product safely so children have no access without supervision.

After the alcohol is rubbed in and evaporates, it is safe for children to touch their mouth or eyes.

Respiratory Etiquette

Besides proper hand hygiene, another important way to prevent the spread of illness-causing germs is by following proper respiratory etiquette; covering coughs and sneezes the right way.

In the past, we taught children to cover their coughs and sneezes by using their hands. But, if hand hygiene is not performed immediately, the germs are transferred to other surfaces and could be passed on to others, thus continuing the spread of infection.

The correct way to prevent the spread of germs is by using the upper sleeve or elbow to cover coughs and sneezes.

The following recommended respiratory etiquette procedure should be followed:

- Cough or sneeze into the upper sleeve or upper arm (e.g. where the elbow flexes), not the hands
- Perform hand hygiene immediately by washing with soap and warm water or by using an alcohol-based hand sanitizer of at least 70% alcohol.

This method decreases the spread of germs from your hands to others or other surfaces.

Staff can help the children practice the right technique and offer gentle reminders if needed. By being a role model, staff can reinforce using the upper sleeve to cover coughs and sneezes.

Resources to Teach Correct Technique

To support hand hygiene and respiratory etiquette instruction, there are several resources available from the Health Unit.

Some are available for downloading from our website including colouring pages and handouts to take home; visit TBDHU.COM and search for “hand washing”.

A teaching kit is also available for loan; please speak with the public health inspector responsible for your daycare facility OR the public health nurses assigned to your school for more information.

Guidelines for Handling Blood or Body Fluids (Urine, Feces, Vomit)

Avoid direct contact with body fluids (e.g. urine, feces, vomit and blood), as they all have the potential to spread germs. Germs in vomit and diarrhea may travel through the air, so it is important to clean up quickly.

Spill Kit:

A spill kit should be prepared ahead of time and should include the following items:

- Gloves (disposable)
- Paper towel
- Soap and detergent
- Plastic bags
- Disinfectant

Procedure:

The following is recommended:

Wear disposable latex or vinyl gloves. Reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.

Remove all visible material, working from the least to the most soiled areas, using paper towel or single-cloth. If you are cleaning up feces or vomit, be careful not to agitate the material. Agitation can cause virus particles to become airborne. Put all material in a water-proof bag for disposal.

Clean the area using soap or detergent, again working from the least to the most soiled areas.

Disinfect the area using an approved broad-spectrum disinfectant following the manufacturer's directions for procedures and length of time to leave on surface. If using bleach, a 1:10 ratio is recommended. Slowly add 1 cup (250 ml) of bleach to 9 cups (2250mls) of water; or ½ cup (125ml) of bleach to 4 ½ cups (1125ml) of water.

Discard gloves and other cleaning articles in a plastic bag.

Wash hands after removing the gloves. Use soap and water for at least 15 seconds.

Wash the non-disposable cleaning equipment (mops/buckets) thoroughly with soap and water and then rinse with an approved disinfectant.

More information

For further information on dealing with blood or bodily fluids, please contact the Infectious Disease program at 625-8318 or toll free 1-88-294-6630, ext. 8318.

References

Heymann, David L. (2015), *Control of Communicable Diseases Manual, 20th Edition*, American Public Health Association

Report of the Committee on Infectious Diseases (2015), *The Red Book, 30th Edition*, American Academy of Pediatrics (online version)

Canadian Paediatric Society (2008), *Well Beings, 3rd Edition*, Creative Premises Limited

Canadian Immunization Guide, 7th Edition, 2006—on line Evergreen

A Quick Guide To Common Childhood Diseases, BC Center of Disease Control, May 2009

PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections in all Health Care Settings, 2nd Edition, May, 2012

Appendix A: Disease Specific Chapters: www.health.gov.on.ca

Canadian Paediatric Society's website: www.cps.ca/en/documents

Singh, V., Sharma, A., et al, *Variation of Axillary Temperature and Its Correlation with Oral Temperature*, 2000