Common Childhood Illnesses – A Guide for Principals, Teachers and Child Care Providers Thunder Bay District Health Unit (TBDHU)

Updated: February, 2024

Contents

Introduction	3
Information for Child Care Operators	4
Specific Symptoms	4
Gastrointestinal Outbreaks in Child Care Centres	4
Bites	4
Animal	4
Ticks	4
Human	4
Staff Exposures	4
Infection Control	5
Routine Practices	5
Layers of Protection	5
Infection Control Guidelines for Licensed Child Care Centres	6
Contacting TBDHU	6
Appendix A: Reportable diseases	7
Chickenpox	7
COVID-19	8
Flu (Influenza)	9
Hepatitis A	10
Measles	11
Mumps	12
Meningitis (Bacterial) - Non Meningococcal	13
Meningitis (Meningococcal)	14
Meningitis (Viral)	15
Rubella (German Measles)	16
Whooping Cough (Pertussis)	17

	Complete List of Reportable Illnesses	. 18
APPE	NDIX B: Non-reportable diseases	. 19
	Fifth Disease (Slapped Cheek)	. 19
	Hand, Foot and Mouth Disease	. 20
	Impetigo	. 21
	Lice (Head Lice or Pediculosis)	. 22
	Mononucleosis (Mono)	. 23
	Methicillin-Resistant Staphylococcus Aureus (MRSA)	. 24
	Molluscum Contagiosum	. 25
	Norovirus	. 26
	Pink Eye (Conjunctivitis)	. 27
	Pinworms	. 28
	Respiratory Syncytial Virus (RSV)	. 29
	Ringworm	. 30
	Roseola (Sixth Disease)	. 31
	Rotavirus	. 32
	Scabies	. 33
	Streptococcal Infections: Scarlet Fever and Strep Throat	. 34
Refere	ences	.35

Introduction

The resource, last updated in 2017 and previously referred to as Common Childhood Infections, provides important guidance for staff in schools and child care centres as well as parents and caregivers.

Some illnesses are **reportable** to the Thunder Bay District Health Unit (TBDHU) *if the child receives a diagnosis* from a health care provider (physician or nurse practitioner). These reportable illnesses are considered "Diseases of Public Health Significance" and Ontario law makes them reportable to public health. See Appendix A for more information on some common reportable illnesses, with a full list included at the end of the section.

Guidance specific to other common illnesses that are **NOT reportable** are outlined in Appendix B.

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

The Canadian Pediatric Society features an excellent resource on its *Caring for Kids* website that may also be useful called "Health Conditions and Treatments"; visit caringforkids.cps.ca.

Finally, this resource also includes additional information, including a review of infection prevention and control strategies.

The next full review of the document is scheduled for July 2025. However, updates will be made and noted if required in the interim (e.g. changes in disease recommendations).

Questions on any of the illnesses listed in the document:

contact the Infectious Disease program at (807) 625-5900, ext. 8318 or toll-free at 1-888-294-6630, ext. 8318

For more information on vaccines and vaccine eligibility:

contact the Vaccine Preventable Diseases program at (807) 625-5900 or toll-free at 1-888-294-6630

Information for Child Care Operators

Specific Symptoms

A list of specific symptoms that suggest a child may be ill and should be sent home from licensed child care can be found at **TBDHU.com/childcareoperators** under the *Child Care Manual for Operators* section of the page.

Gastrointestinal Outbreaks in Child Care Centres

An outbreak occurs when a greater than expected number of children in a licensed child care centre have similar symptoms within a designated period of time (e.g. vomiting, diarrhea, rash, respiratory symptoms).

Operators should refer to the *Gastrointestinal (Enteric) Outbreak Management Guidelines for Staff of Child Care Facilities* for next steps, including contacting TBDHU. This document is available at **TBDHU.com/childcareoperators**.

Bites

Animal

• Visit TBDHU.com/health-topics/animal-bites-scratches for information on next steps.

Ticks

• Visit **TBDHU.com/ticks** for more information.

Human

- Consult a health care provider if there are any concerns.
- Provide first aid so the wound does not become infected.
- There is only a risk if the skin is broken and the person is positive for a blood borne infection.

Staff Exposures

A health care provider should assess any staff exposed to an infectious disease who also have specific health concerns, such as pregnancy and immunosuppression.

Infection Control

- Follow routine practices at all times (see below for more details).
- Separate children, if possible, from other children when they become ill.
- Follow the exclusion guidelines provided and re-admit a child only when they have recovered as outlined in Appendix A and B.
- Consider the layers of protection against respiratory illnesses (see below for more details).

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 when a staff person is exposed to blood, body fluids, secretions, excretions, mucus membranes, non-intact skin or soiled items.

- Perform hand hygiene regularly, including after cleaning/disinfecting and before and after using disposable gloves
 - If soap and water are not available and hands are not visibly dirty/soiled, use alcohol-based hand sanitizer
- Clean and disinfect frequently touched surfaces
- Ensure areas contaminated by biological spills (e.g. vomit, feces) are cleaned and disinfected
- Wear single use, disposable gloves when hands may come into contact with blood, bodily fluids, vomit or feces

Layers of Protection

The layers of protection approach protects everyone, especially those who are at higher risk of developing severe outcomes from these viruses. Each layer of protection helps prevent the spread of germs and when combined together, they lower the risk of illness.

- Stay up to date on all vaccines including the seasonal flu shot and all doses of COVID-19 vaccines
- Screen for symptoms and stay home if sick
- Choose to wear a mask if it works for an individual's situation
- Keep hands clean and cover coughs and sneezes
 - Wash hands with soap and water or use alcohol-based hand sanitizer if soap and water are not available and hands are not visibly dirty/soiled
 - Cover coughs and sneezes with an elbow or a tissue; dispose of tissues right away and clean hands
- Clean and disinfect frequently touched surfaces

Infection Control Guidelines for Licensed Child Care Centres

A comprehensive set of infection control guidelines are available by visiting **TBDHU.com/childcareoperators**. Please direct any questions to the public health inspector assigned to your centre.

Contacting TBDHU

Principals and child care centre operators should report as soon as they are aware of the diagnosis of one of the reportable illnesses and provide the following:

- name of child and their date of birth
- name of parents/guardians, a contact phone number and address
- child/student's health care provider and contact information

Call (807) 625-8318 or toll-free 1-888-294-6630, ext. 8318 (Monday-Friday, 8:30am to 4:30pm). After hours and on weekends/holidays call Thunder Bay Answering Service at (807) 624-1280.

Appendix A: Reportable diseases

Chickenpox

Disease	 Caused by the <i>Varicella-zoster</i> virus Incubation period is 10-21 days most commonly between 14 and 16 days Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule
Exclusion Guidelines	 Uncomplicated individual cases of chickenpox do not require public health management Exclusion from school or child care is not usually recommended if the child is well enough to participate in normal daily activities
Signs & Symptoms	 Fever and skin rash Rash begins on chest, back, underarm, neck and face; changes to blisters then scabs May have a mild fever, malaise, muscle aches and headache <u>before</u> onset of rash Call a health care provider if the child develops a high fever or if new blisters continue to occur after the 4th day
How it Spreads	Contact with discharge from nose/mouth or blisters of an infected person, or through the air
Contagious Period	 Very contagious, usually 1-2 days before the onset of a rash. This period continues until all blisters have crusted over
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene Disinfect or discard items soiled by nasal or throat discharge, or discharge from blisters Refer those who are immunosuppressed and/or pregnant women to a health care provider Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule

COVID-19

Disease	 Respiratory infectious illness cause by the SARS-CoV-2 virus Incubation period is 2 to 14 days (2-4 days for Omicron) Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule
Exclusion Guidelines	• Excluded until fever free for 24 hours (or 48 hours if nausea, vomiting or diarrhea) and feeling well enough to participate in normal daily activities
Signs & Symptoms	Fever, chills, cough, shortness of breath, decreased or loss of taste and smell, runny nose/nasal congestion, headache, fatigue, sore throat, muscles aches/joint pain, gastrointestinal symptoms (nausea, vomiting, diarrhea)
How it Spreads	 Person to person through large droplets spread by the infected person when they sneeze, cough or talk Indirect spread through contaminated hands, objects and surfaces
Contagious Period	• 2-3 days before symptom onset and 10 days after symptom onset or positive test
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by proper hand hygiene. Clean and disinfect contaminated objects and surfaces. Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule

Flu (Influenza)

Disease	 Caused by the Influenza A or B virus Incubation period is 1 to 4 days Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule
Exclusion Guidelines	 Excluded until fever free for 24 hours and feeling well enough to participate in normal daily activities
Signs & Symptoms	Muscle aches, nasal congestion, sore throat, chest discomfort, cough, headache, sneezing, runny nose, fever
How it Spreads	 Person to person through large droplets spread by the infected person when they sneeze, cough or talk Indirect spread through contaminated hands, objects and surfaces
Contagious Period	 Contagious 24 hours before the onset of symptoms to 7 days after the onset of symptoms Children may be contagious for longer periods of time (e.g. 7-10 days after onset of symptoms)
Prevention and Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene Clean and disinfect contaminated objects and surfaces. Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule

Hepatitis A

Disease	Caused by the Hepatitis A virus
	• Incubation period is usually 28-30 days (range 15-50 days)
	Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule
Exclusion Guidelines	Exclude for 14 days from the onset of illness or 7 days from the onset of jaundice
Signs &	• Onset is usually sudden with loss of appetite, nausea, tiredness, fever and stomach ache
Symptoms	Tea colored urine, light colored stools and jaundice (yellowing of eyes or skin) may appear
	Symptoms are generally absent or much milder in children than in adults
How it Spreads	The virus is found in the stool of infected people and spreads through direct contact with stool and unwashed hands of an infected person
	 Can also be spread by eating food prepared by an infected person or drinking water contaminated with the virus
Contagious	• From about 14 days before onset of symptoms until about 7 days after onset of jaundice
Period	Infants and children may continue to shed virus in their stool for up to 6 months
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled
	Clean and disinfect contaminated objects and surfaces
	Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule

Measles

Disease	 Caused by the measles (rubeola) virus, a member of the <i>Paramyxoviridae</i> family Incubation period of 10 days, but may be 7-21 days from last exposure to a case. Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule
Exclusion Guidelines	Excluded until 4 days after the appearance of the rash.
Signs & Symptoms	 Fever, red watery eyes, runny nose and cough prior to a red blotchy rash appearing on day 3 to day 7 Small white spots can appear on the inside of the mouth and throat The rash usually begins on the face, spreads down the trunk and out to the extremities and lasts 4-7 days
How it Spreads	 Mainly spread through the air, including by being in a room with a person with measles OR being in a room where someone with measles has been recently as the virus can survive in the air for an hour or more Droplets from an infected person's coughs or sneezes may land directly in another person's nose or mouth OR may contaminate a surface that someone touches and then transfers the virus by touching their eyes, noses, or mouths
Contagious Period	 Contagious from 4 days before the onset of the rash to 4 days after rash appears *Highly contagious*
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene Avoid sharing drinking glasses, cups, water bottles and utensils Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule

Mumps

Disease	Caused by the <i>Paramyxovirus</i> , a member of the <i>Rubulavirus</i> family
	Incubation period is 12 to 25 days; average is 16 to 18 days
	Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule
Exclusion Guidelines	Until 5 days after onset of swelling of salivary glands
Signs & Symptoms	 Swollen and tender glands at the jaw line on one or both sides of the face May include fever, malaise, headache, inflamed testicles and respiratory symptoms Symptoms are sometimes so mild that disease is not recognized
How it Spreads	 Spreads from person to person through droplets from the nose or throat of an infected person (e.g. saliva, secretions from the nose), especially when the infected person coughs or sneezes Can also be spread through kissing, sharing a toy that has been in the mouth or sharing a glass with an infected person
Contagious Period	From 7 days before swelling appears and up to 5 days after the onset of the swelling of salivary glands
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene Avoid sharing drinking glasses, cups, water bottles and utensils Carefully clean and disinfect OR dispose of articles soiled with nose and throat secretions of an infected person Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule

Meningitis (Bacterial) - Non Meningococcal

Disease	Caused by various types of bacteria
	Incubation period is dependent on the type of bacteria identified
	Some cases are vaccine preventable
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	 Symptoms may include a sudden onset of high fever, stiff neck, severe headache, vomiting, confusion, unusual sleepiness, irritability, and lack of appetite Less common symptoms may include rash or seizures
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 & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene Avoid sharing drinking glasses, cups, water bottles and utensils
	Clean and disinfect all mouthed toys
	 Watch exposed children closely for early signs of illness Vaccination available for certain eligible groups; www.ontario.ca/page/ontarios-routine-immunization-schedule

Meningitis (Meningococcal)

Disease	 Caused by the Neisseria meningitidis bacteria which is found in the nose and throat of approximately 10% of the population at any given time Incubation period is 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)
Exclusion Guidelines	Exclude until 24 hours after starting antibiotics
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 (sensitive to light) can also occur
How it spreads	 Direct contact with the nose and throat secretions (e.g. saliva, secretions from the notes) 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) Breathing the air contaminated with bacteria when an infected person coughs or sneezes
Contagious Period	From 7 days before onset of symptoms until 24 hours after starting antibiotics
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene Vaccination available for certain eligible groups; www.ontario.ca/page/ontarios-routine-immunization-schedule

Meningitis (Viral)

Disease	 Caused by any number of different viruses, many of which are associated with other diseases Many cases of viral meningitis have no obvious cases Incubation period depends on virus
Exclusion Guidelines	Until the child is well enough to participate in normal daily activities
Signs & Symptoms	 Symptoms may include sudden onset of high fever, headache, stiff neck and tiredness, rash, sore throat and vomiting The illness usually last less than 10 days
How it spreads	 Person to person through fecal-oral or respiratory droplet (e.g. mouth or nose) spread Varies by causative virus
Contagious Period	Varies according to the virus causing the illness
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene Avoid sharing drinking glasses, cups, water bottles and utensils Clean and disinfect all mouthed toys Watch exposed children closely for early signs of illness No specific treatment

Rubella (German Measles)

Disease	• Caused by the <i>Rubella</i> virus
	• Incubation period is 2 to 3 weeks
	• Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule
Exclusion	Exclude for 7 days after the onset of the rash
Guidelines	 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
Signs/Symp toms	 Low-grade fever, malaise (tiredness), raised red pinpoint rash that starts on the face and spreads downwards Rash lasts about 3 to 5 days
How it Spreads	• Through the air by droplets from sneezing and coughing or by contact with discharge of the nose and throat of the infected person
Contagious	• 1 week before and at least 4 days after the onset of rash
Period	• A child with rubella is most infectious when the rash is erupting
Prevention and Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule

Whooping Cough (Pertussis)

 Incubation period is 6 to 20 days. Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule Exclusion In high risk situations, stay home until 5 days of antibiotic treatment is given. If no treatment is given, stay home 21 days after onset of symptoms. This is at the discretion of the Medical Officer of Health Signs/Symp Initial signs are mild coughing, sneezing, runny nose, lowgrade fever 	- ·	
 Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule Exclusion Guidelines In high risk situations, stay home until 5 days of antibiotic treatment is given. If no treatment is given, stay home 21 days after onset of symptoms. This is at the discretion of the Medical Officer of Health Signs/Symp toms Initial signs are mild coughing, sneezing, runny nose, lowgrade fever 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 How it Direct contact with discharge from nose and throat from coughing and sneezing Contagious Very infectious in the early stages Little risk 3 weeks after onset of cough even if it persists If treated with appropriate antibiotics, not contagious after 5 days Prevention and Control Antibiotics may be recommended for high risk children, close contacts of a child with pertussis, or if there is a high risk person in the home or child care centre Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene 	Disease	Caused by the <i>Bordetella pertussis</i> bacteria.
Exclusion Guidelines In high risk situations, stay home until 5 days of antibiotic treatment is given. If no treatment is given, stay home 21 days after onset of symptoms. This is at the discretion of the Medical Officer of Health Signs/Symp Initial signs are mild coughing, sneezing, runny nose, lowgrade fever 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 How it Spreads Contagious Period Very infectious in the early stages Little risk 3 weeks after onset of cough even if it persists If treated with appropriate antibiotics, not contagious after 5 days Prevention and Control Antibiotics may be recommended for high risk children, close contacts of a child with pertussis, or if there is a high risk person in the home or child care centre Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene		 Incubation period is 6 to 20 days.
Guidelines If no treatment is given, stay home 21 days after onset of symptoms. This is at the discretion of the Medical Officer of Health Signs/Symp Initial signs are mild coughing, sneezing, runny nose, low grade fever 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 How it Spreads Contagious Period Very infectious in the early stages Little risk 3 weeks after onset of cough even if it persists If treated with appropriate antibiotics, not contagious after 5 days Prevention and Control Antibiotics may be recommended for high risk children, close contacts of a child with pertussis, or if there is a high risk person in the home or child care centre Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene		• Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule
 Signs/Symp toms Initial signs are mild coughing, sneezing, runny nose, lowgrade fever 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 Direct contact with discharge from nose and throat from coughing and sneezing Contagious Period Very infectious in the early stages Little risk 3 weeks after onset of cough even if it persists If treated with appropriate antibiotics, not contagious after 5 days Antibiotics may be recommended for high risk children, close contacts of a child with pertussis, or if there is a high risk person in the home or child care centre Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene 		
 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 Direct contact with discharge from nose and throat from coughing and sneezing Contagious Period Very infectious in the early stages Little risk 3 weeks after onset of cough even if it persists If treated with appropriate antibiotics, not contagious after 5 days Antibiotics may be recommended for high risk children, close contacts of a child with pertussis, or if there is a high risk person in the home or child care centre Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene 		discretion of the Medical Officer of Health
 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 Direct contact with discharge from nose and throat from coughing and sneezing Contagious Period Very infectious in the early stages Little risk 3 weeks after onset of cough even if it persists If treated with appropriate antibiotics, not contagious after 5 days Antibiotics may be recommended for high risk children, close contacts of a child with pertussis, or if there is a high risk person in the home or child care centre Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene 	Signs/Symp	Initial signs are mild coughing, sneezing, runny nose, low grade fever
How it Spreads • Direct contact with discharge from nose and throat from coughing and sneezing Contagious Period • Very infectious in the early stages • Little risk 3 weeks after onset of cough even if it persists • If treated with appropriate antibiotics, not contagious after 5 days Prevention and Control • Antibiotics may be recommended for high risk children, close contacts of a child with pertussis, or if there is a high risk person in the home or child care centre • Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled • Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene	toms	• 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
Contagious Period • Very infectious in the early stages • Little risk 3 weeks after onset of cough even if it persists • If treated with appropriate antibiotics, not contagious after 5 days Prevention and Control • Antibiotics may be recommended for high risk children, close contacts of a child with pertussis, or if there is a high risk person in the home or child care centre • Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled • Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene		
 Little risk 3 weeks after onset of cough even if it persists If treated with appropriate antibiotics, not contagious after 5 days Antibiotics may be recommended for high risk children, close contacts of a child with pertussis, or if there is a high risk person in the home or child care centre Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene 		Direct contact with discharge from nose and throat from coughing and sneezing
 If treated with appropriate antibiotics, not contagious after 5 days Prevention and Control Antibiotics may be recommended for high risk children, close contacts of a child with pertussis, or if there is a high risk person in the home or child care centre Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene 	Contagious	Very infectious in the early stages
 Antibiotics may be recommended for high risk children, close contacts of a child with pertussis, or if there is a high risk person in the home or child care centre Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene 	Period	Little risk 3 weeks after onset of cough even if it persists
 pertussis, or if there is a high risk person in the home or child care centre Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene 		If treated with appropriate antibiotics, not contagious after 5 days
 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene 		,
sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene	and Control	pertussis, or if there is a high risk person in the home or child care centre
		· · · · · · · · · · · · · · · · · · ·
• vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule		
		• vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule

Complete List of Reportable Illnesses

Ontario's list of reportable illnesses, called "Diseases of Public Health Significance" include the following. An "*" indicates they must be reported immediately to TBDHU.

- *Acquiredimmunodeficiency syndrome (AIDS)
- Acute flaccid paralysis
- Adverse Event Following

Immunization (AEFIs)

Amebiasis

Anaplasmosis

* Anthrax

Babesiosis

Blastomycosis

- * Botulism
- * Brucellosis

Campyl obacter enteritis

- * Carba penemase-producing Enterobacteriaceae (CPE) (outbreaks)
- Carba penemase-producing Enterobacteriaceae (CPE) colonizations and infections (cases)

Chancroid

Chickenpox (Varicella)

Chla mydia tra chomatis infections

Cholera

- * Clostridium difficile infection (CDI) outbreaks and outbreak- as sociated cases within hospitals, preliminary notification
- * Creutzfeldt-Jakob disease, all types

Cryptos poridiosis

- * Cyclos poriasis
- * Diphtheria
- * Diseases caused by a novel corona virus, including Severe

Acute Respiratory Syndrome (SARS), Middle East Respiratory

Syndrome (MERS) and

corona virus disease (COVID-19)

Echinococcus multilocularis infection

Encephalitis, including:

- Primary, viral
- Post-infectious
- Vaccine-related
- Subacute sclerosing panencephalitis
- Unspecified
- * Food poisoning, all causes
- * Gastroenteritis, outbreaks in institutions and public hospitals

Giardiasis

Gonorrhea

- * Group A Streptococcus, invasive Group B Streptococcal disease, neonatal
- * Haemophilus influenzae disease, all types, invasive
- * Hantavirus pulmonary syndrome
- * Hemorrhagic fevers, including:
 - Ebola
 - Marburg virus disease
 - Other

Hepatitis, viral:

- *Hepatitis A
- Hepatitis B
- Hepatitis C

Influenza:

- *Laboratory confirmed cases of novel (not seasonal)
- Se a sonal cases
- * Lassa fever
- * Legionellosis

Leprosy

- * Listeriosis
- Lyme disease
- * Measles

- * Meningitis, a cute:
 - Bacterial
 - Viral
 - Other
- * Meningococcaldisease, invasive
- * Mumps

Ophthalmianeonatorum

* Paralytic shellfish poisoning

Paratyphoid fever

- * Pertussis (Whooping cough)
- * Plague

Pneumococcal disease, invasive

* Poliomyelitis, a cute

Powassan Virus Infection

Psittacosis/Ornithosis

- * Q fever
- * Rabies
- * Respiratory infection outbreaks in institutions and public hospitals
- * Rubella
- * Rubella, congenital syndrome
- * Sal monellosis
- * Shigellosis
- * Smallpox and other orthopoxviruses, including monkeypox (now referred to as mpox)

Syphilis

* Tetanus

Trichinosis

- * Tuberculosis (all sites)
- * Tularemia

Typhoid fever

- * Verotoxin-producing E.coli Infection indicator conditions including Hemolytic uremic syndrome
- * West Nile virus illness
- * Yersiniosis

APPENDIX B: Non-reportable diseases

Fifth Disease (Slapped Cheek)

Disease	Caused by Parvovirus B19 virus
	• Incubation period is 4 to 21 days
Exclusion Guidelines	No exclusion necessary
Signs & Symptoms	 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 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
How it Spreads	 Through the air by droplets from coughing or sneezing By the hands of infected person or things which have been touched by someone who is ill If a pregnant woman is infected, there is small risk of spread from mother to fetus
Contagious Period	 Most contagious before the onset of the rash Lower risk of spreading the virus after onset of the rash
Prevention and Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene Avoid sharing items used for eating and drinking Refer those who are immunosuppressed and/or pregnant women to a health care provider

Hand, Foot and Mouth Disease

Disease	 Caused by the <i>Enterovirus</i> Incubation period is 3 to 5 days
Exclusion Guidelines	Exclusion is not usually recommended if the child is fever-free for 24 hours and well enough to participate in normal daily activities
Signs & Symptoms	 Fever, headache, sore throat and mouth, loss of appetite and lack of energy Rash on palms of hands, soles of feet and inside mouth. May look like tiny red dots or blisters Rash may also occur on the buttocks
How it Spreads	 Direct contact with stool, saliva, nose and throat secretions (e.g. sneezing, coughing) or fluid from the blisters of an infected person Indirect contact with contaminated toys, objects or surfaces
Contagious Period	 Most contagious during the first week of illness Virus may remain in the stool and throat secretions for weeks after illness
Prevention and Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene Avoid sharing items used for eating and drinking Clean and disinfect all items soiled with discharge from nose or mouth Clean and disinfect all toys

Impetigo

Disease	 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
Exclusion Guidelines	 Exclude until 24 hours after antibiotic treatment has started Treatment may be in pill form or ointment) Lesions on exposed skin should be covered
Signs & Symptoms	 A skin infection marked by isolated pus filled spots, which crust over, break open and release a straw coloured fluid Usually found around the mouth and nostrils or exposed parts of the body (e.g. arms and/or legs)
How it Spreads	 Direct contact with rash or discharge from the rash of an infected/untreated person Contact with secretions from the nose or throat of an infected person (e.g. saliva, coughs, sneezes)
Contagious Period	 After 24 hours of antibiotic treatment, a child with impetigo is no longer contagious As long as the rash continues to drain, keep it covered
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene Avoid sharing items used for eating and drinking Carefully clean and disinfect OR dispose of items soiled by discharge from rash, nose or throat from an infected child Make sure children do not share clothing, towels or bedding with other children while contagious

Lice (Head Lice or Pediculosis)

Disease	Incubation period for eggs is 9 to 10 days
Exclusion Guidelines	No need to exclude due to presence of live lice or nits
Signs &	• Itching of the scalp, back of neck or hairline
Symptoms	Crawling lice in the hair and eggs (nits) glued to the hair near the scalp
How it	Direct hair to hair contact is the most common method of spread
Spreads	 Indirect contact when children share hats, combs, hair brushes, hair accessories, helmets or head phones
	• Lice do not hop or fly, but can crawl at a rapid rate
Contagious Period	 Contagious while live lice and nits are present If untreated, lice can live for 3 to 4 weeks in hair 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
Prevention & Control	Clean items that may have come into prolonged or close contact with the head (brushes and combs)
	 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)
	 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
	Treatment with an approved topical head lice insecticide is recommended
	 Excessive environmental cleaning is not needed. Children should not share hats, combs, hair brushes or accessories, helmets or head phones
	·

Mononucleosis (Mono)

Disease	Most commonly caused by the Epstein-Barr virus (EBV)
	• Incubation period is estimated to be 4 to 6 weeks from contact with an infected person
Exclusion Guidelines	Child may go to school or child care when they feel well enough to participate in daily activities
Guideillies	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 headache/body aches
	Jaundice (yellowing of the skin and eyes) occurs occasionally
How it Spreads	• Direct and indirect contact with the nose and throat secretions of an infected child (e.g. saliva, coughs, sneezes)
оргоши о	 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)
	Touching something contaminated with an infected person's saliva
Contagious	Unclear, but prolonged
Period	The infected child is most infectious when symptoms are at their peak but may remain infectious for up to a year after illness
Prevention	Ensure the appropriate form of hand hygiene is practiced by staff and children
& Control	Carefully clean and disinfect OR dispose of articles soiled with discharge from the infected child's nose or throat (e.g. saliva, coughs, sneezes)

Methicillin-Resistant Staphylococcus Aureus (MRSA)

Disease	 Caused by the Staphylococcus aureus bacteria that have become resistant to certain antibiotics (i.e. methicillin, penicillin and amoxicillin) Incubation period varies
Exclusion Guidelines	 Attend school or child care if the sore is not draining or can be covered with a dry dressing Must be fever-free for 24 hours Avoid activities such as sports that involve skin-to-skin contact until the infection is healed
Signs & Symptoms	 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 Fever and chills
How it spreads	 Direct skin to skin contact. Contact with an environmental surface or object (e.g. computers, doorknob, faucets, gym mats, shared sports equipment) that is contaminated with MRSA bacteria
Contagious Period	As long as sores continue to drain
Prevention & Control	 Ensure the appropriate form of hand hygiene is practiced by staff and children Ensure children do not share facecloths, towels or bedding 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) Carefully clean or dispose of items that are soiled with discharge from the child's sore.

Molluscum Contagiosum

Disease	Caused by the poxvirus
	• Incubation period ranges from 7 days to 6 months
Exclusion Guidelines	• Can attend school or daycare as long as they are well enough to participate in daily activities
Signs & Symptoms	 Tiny painless bumps on the skin that grow over several weeks Bumps become small, waxy, pinkish-white, raised lesions which may have a small dimple in the center of them In children, bumps are most often found on the face, stomach, arms and legs
How it spreads	 Direct skin to skin contact, contact with the bumps or with the hands of an infected person Contact with an environmental surface or contaminated object (e.g. object has been touched by an infected person after they scratched the lesions)
Contagious Period	Unknown, probably as long as the bumps exist.
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Avoid sharing items used for eating and drinking Discourage sharing of towels and/or blankets Carefully clean and disinfect OR dispose of articles soiled by the lesions of an infected child When possible, bumps not covered by clothing should be covered by a water tight bandage

Norovirus

Disease	Incubation period is 12 to 24 hours
Exclusion Guidelines	Excluded until symptom free for 48 hours
Signs & Symptoms	 Nausea, vomiting, stomach cramps, diarrhea, mild fever, headache, muscle aches and fatigue Symptoms usually last 1-2 days
How it spreads	 Spreads easily from person to person Passed in stool and vomit Spread through contact with the contaminated hands of ill persons (e.g. fecal matter) or contact with contaminated objects (e.g. fecal-oral). 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 Norovirus can live on surfaces for long periods of time
Contagious Period	While symptoms are present and at least 3 days after symptoms stopped
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Avoid sharing items used for eating and drinking Ensure all accidents are cleaned and disinfected appropriately Increase daily washroom cleaning frequency Clean and disinfect contaminated objects and surfaces

Pink Eye (Conjunctivitis)

	onjuned vitis/
Disease	 Caused by either a virus or bacteria Incubation period for bacterial is 1 to 3 days
Exclusion Guidelines	 If diagnosed as bacterial and discharge is pus (yellow, thick), exclude until antibiotics have been taken for 24 hours If diagnosed as viral, can return with approval from a health care provider OR when symptoms have resolved
Signs & Symptoms	 Red or pink eyeballs, itching, tearing, sensitivity to light and discharge from the eye. Bacterial: thick, yellow green discharge, sticky eyelids, pain Viral: watery discharge, mild or no pain
How it Spreads	 Spreads easily through direct or indirect contact with discharge from an infected child's eye Droplets from child's cough or sneeze can spread the disease
Contagious Period	During the course of active infection while the child has symptoms
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene Avoid sharing items used for eating and drinking No sharing of towels, washcloths, or makeup Clean and disinfect toys and tables

Pinworms

Disease	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 is usually 1-2 months or longer
	- medbation period is assuany 1 2 months of fonger
Exclusion	No exclusion necessary
Guidelines	
Signs &	• Intense itchiness around anus and sometimes the vagina, especially at night, which can
Symptoms	cause sleeplessness and irritability
How it	An infected child who scratches the itchy area can get pinworm eggs on his/her fingers
Spreads	or under the fingernails which can then be ingested or spread to toys or surfaces
-	• Eggs can live for 2 to 3 weeks outside the body on clothing, bedding or other objects.
	 Improper hand washing by child or staff after toileting or diapering
Contagious	As long as the female worms are still present and producing eggs
Period	
Prevention	• Perform hand hygiene; wash hands with soap and water or use alcohol-based hand
and	sanitizer if hands are not visibly dirty/soiled
Control	 Avoid sharing items used for eating and drinking
	 Daily morning bathing and changing of underclothes.
	• Clean and disinfect all highly touched surfaces often and vacuum surfaces.
	• Avoid shaking of bedding and frequently launder underclothes, towels and bedsheets

Respiratory Syncytial Virus (RSV)

Disease	 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
Exclusion Guidelines	Until fever free and able to participate
Signs & Symptoms	 Symptoms often resemble the common cold including a stuffy or runny nose, low grade fever or chills, cough, rapid breathing or wheezing May be lethargic, irritable; poor feeding in infants NOTE: RSV symptoms may resemble other illnesses so a diagnosis is made by a health care provider
How it Spreads	 Spread through direct or close contact with infected secretions and respiratory droplets (e.g. sneezes, coughs) Virus can live on uncleaned environmental surfaces for hours and 30 minutes on unwashed hands
Contagious Period	Shortly before the onset of symptoms and usually 3-8 days after the onset of fever
Prevention and Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene

Ringworm

Disease	 Skin infection caused by a fungus that can be found on the scalp, body, groin or feet Incubation period 4 to 14 days
Exclusion Guidelines	• Exclude until treatment by a health care provider has been started
Signs & Symptoms	 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 Scalp: May be difficult to detect in early stages. Begins as small, scaly patch which spreads leaving scaly patches of temporary baldness
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	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Avoid sharing items used for eating and drinking Keep lesions dry and covered with a protective dressing Clean and disinfect all highly touched surfaces often Ensure children do not share hairbrushes, combs, hats, pillows, bedding, sports equipment and towels

Roseola (Sixth Disease)

Disease	 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
Exclusion Guidelines	Until fever-free for 24 hours and feels well enough to participate in activities
Signs & Symptoms	 Mild upper respiratory illness, followed by a high fever that appears suddenly and lasts 3-5 days 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 Rash turns white if gently pressed; may have a lighter color ring that appears around it Rash usually lasts a few hours up to 2 days Child may be fussy or irritable with a decrease in appetite
How it spreads	Spread through direct or close contact with infected secretions and respiratory droplets (i.e. coughs, sneezes or laughing)
Contagious Period	Most contagious during the period of high fever, before a rash develops.
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene

Rotavirus

Disease	 Most common cause of severe diarrhea in children aged 6 months to 2 years Almost all children have a rotavirus infection by the time they are 3 years old Incubation period is 1 to 3 days Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule
Exclusion Guidelines	Exclude until symptom free for 48 hours
Signs & Symptoms	 Vomiting and fever followed by watery diarrhea 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
How it spreads	 Spread through contact with the fecally contaminated hands of ill persons or contact with contaminated objects (e.g. fecal-oral) 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
Contagious Period	 During symptoms until diarrhea stops. Usually not found in the stool after the 8th day of infection
Prevention & Control	 Perform hand hygiene; wash hands with soap and water or use alcohol-based hand sanitizer if hands are not visibly dirty/soiled Ensure all accidents are cleaned appropriately Increase daily washroom cleaning frequency Clean and disinfect contaminated objects and surfaces Vaccine preventable; www.ontario.ca/page/ontarios-routine-immunization-schedule

Scabies

	·
Disease	 Caused by mites which burrow under the skin
	 Incubation period is 2-6 weeks
Exclusion	Until 24 hours after treatment begins
Guidelines	• NOTE: It is important that household contacts are also treated, even if they are symptom
	free
Signs &	Pimple-like rash may be seen
Symptoms	• Slightly elevated tiny burrows that look like grayish-white or skin-colored lines on the skin
' '	may be seen
	 Most frequently found between the fingers, on the elbows, hands and wrists, but can be
	found elsewhere on the body
	Intense itching which may be severe especially at night
	mones as many second copedany as mone
How it	By direct contact with skin or from objects like towels, clothing or bedding if used or
spreads	touched right away by another person
Contagious	Until mites are destroyed by treatment, a person can transmit scabies even if they are
Period	symptom free
	 A second treatment (one week after the first treatment) may be needed
Prevention	Perform hand hygiene; wash hands with soap and water or use alcohol-based hand
& Control	sanitizer if hands are not visibly dirty/soiled
	• 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
	• Send the infected child's special blanket and clothes home in a sealed bag to be washed
	the same way
	Clean and disinfect all highly touched surfaces often
	ŭ <i>'</i>

Streptococcal Infections: Scarlet Fever and Strep Throat

Disease	Caused by the <i>streptococcus bacteria</i>
	Incubation period is 1 to 3 days from contact with an infected person
Exclusion	Until at least a full 24 hours after treatment with antibiotics begins, child is fever free
Guidelines	for 24 hours AND well enough to participate in daily activities
Signs &	Scarlet Fever
Symptoms	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
	<u>Strep Throat</u>
	• Fever
	Very sore throat
	Swollen lymph glands
	Swollen tonsils
	Loss of appetite
How it	Pirat Contact: when some one comes in contact with an infected person's salive ness
spreads	Direct Contact: when someone comes in contact with an infected person's saliva, nose or throat secretions
Spicads	Indirect Contact: when germs in the nose and throat of an infected person spread
	through the air—as droplets from a cough or sneeze
	till ought the un us droprets from a cough of sheeze
Contagious	A child is no longer infectious after 24 hours of antibiotic therapy
Period	If untreated, will remain contagious for 10-21 days
	Untreated cases of strep throat may carry the organism for weeks or months
Prevention	Perform hand hygiene; wash hands with soap and water or use alcohol-based hand
and Control	, ,
2011101	Cover coughs and sneezes in the elbow or with a tissue, followed by hand hygiene
	Clean and disinfect OR discard articles soiled by the nose and throat secretions of
	infected children

References

Heymann, David L. (2022), *Control of Communicable Diseases Manual*, 21st Edition, American Public Health Association

Canadian Paediatric Society: www.cps.ca/en/documents

Infectious Diseases Protocol, 2023 Appendix 1 - Case Definitions and Disease Specific Information