EOHU BSEO
Eastern Ontario Health Unit
Bureau de santé de l'est de l'Ontario

Communicable Disease Guidelines for Schools and Child Care Facilities

EASTERN ONTARIO HEALTH UNIT

These guidelines are intended to provide principals, teachers, directors of child care facilities and other professionals with guidance on communicable disease control.

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

Revised March 2026

Adapted from:
Ottawa Public Health Unit
MOHLTC Infectious Disease Protocol Appendix A - Disease Specific Chapters

If you require this information in an alternate format, please call 1-800-267-7120 and press 0.

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DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Amebiasis	• Cause: Parasite. • Abdominal distention and cramps, fever, chills, diarrhea, or constipation. • May be symptom-free.	• Fecal-oral route. • Food and water contaminated by infected food handler or sewage.	• Variable, from a few days to several months. • Average 2 to 4 weeks.	• During the period that cysts are passed, which may continue for years.	• Until 24 hours after diarrhea resolves or until 48 hours after completion of antibiotic treatment.	• Report within 1 business day to 613-933-1375 or 1 800 267-7120.
Bite (Human)	• If the skin is broken, there may be a risk of transmission of hepatitis B, hepatitis C, or HIV from an infected person.	• Contact of contaminated blood with a break in the skin or blood inside of the mouth.	• Depends on the disease.	• Depends on the disease.	• Not required.	• Not required unless either person is known to be infected with hepatitis B, hepatitis C or HIV. • If so, report **immediately** to 613-933-1375 or 1 800 267-7120.
Bite (Animal) or exposure to a potentially rabid animal (Rabies)	• There is a risk of rabies from the bites of bats, cats, dogs, ferrets, groundhogs, muskrats, raccoons, skunks, and other wild mammals. • Bites of gerbils, hamsters, mice, moles, rabbits, and squirrels do not have to be reported unless the animal's behaviour was very abnormal. • Bites and scratches from animals may also result in infection, especially for young children, if not treated promptly. • Young children are more at risk of injury to their face and neck.	• Animal saliva introduced by a bite or scratch.	**Rabies:** • Usually 3 to 8 weeks. • Rarely, as short as 9 days or as long as 7 years.	**Rabies**: • Rabid animals are infectious from the time the virus reaches the salivary glands and up until death. • Death usually occurs within 1 week of onset of clinical signs.	• Not required.	• **Report immediately** to 613-933-1375 or 1 800 267-7120 to begin rabies immunization, if needed, and/or to quarantine the biting animal, if available.
Beaver Fever	• See Giardiasis.					

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Campylobacter	• Cause: Bacteria. • Diarrhea, abdominal pain, fever, nausea, and vomiting. • Sometimes bloody stools.	• Undercooked meats (all kinds), especially chicken. • Unpasteurized milk. • Food and water contaminated by infected food handler or sewage. • Fecal-oral route. • Contact with infected animals (especially pets and farm animals).	• 1 to 10 days. • Average 2 to 5 days.	• Several days to several weeks, as long as bacteria is excreted in feces. Without treatment, bacteria may be excreted for 2 to 7 weeks.	• Until symptom-free for 24 hours or 48 hours after completion of antibiotics or antidiarrheal medications.	• Report within 1 business day to 613-933-1375 or 1 800 267-7120.
Candidiasis (Thrush, Diaper Rash)	• Cause: Fungus. • Thrush: Thin white layer on tongue and inside of cheeks. May cause difficulty with feeding. • Diaper rash or other skin rash: Well demarcated, red rash with white flaky border, usually in skin folds. Painful when comes in contact with urine.	• Person-to-person by direct contact with the mouth, skin or bodily secretions containing the fungus.	• Variable. • 2 to 5 days for thrush in infants.	• While lesions are present. • Avoid sharing bottle nipples and soothers between children.	• Not required.	• Not required. • For more information, visit caringforkids.cps.ca
Chickenpox (Varicella)	• Cause: Virus. • Fever, blister-like rash in successive crops. “Spots” appear first on body, face, and scalp, then arms and legs. • Scabs appear after the blister stage.	• Person-to-person by direct contact with virus through droplet or airborne spread of blister fluid or respiratory secretions. • Indirectly through freshly contaminated objects and surfaces.	• 10 to 21 days; commonly 14 to 16 days.	• Usually 1 to 2 days before onset of rash, until all blisters are crusted (usually about 5 days after the onset of rash).	• No exclusion, children can return with rash if fever-free and able to participate in regular programs. Contact with immunocompromised individuals, pregnant persons, particularly those in the third trimester, or newborns should be avoided. Children should be seen by a physician as soon as possible if: 1) fever (>38.3°C) lasts for more than 3 days or recurs, 2) redness, swelling, and severe pain develop around a blister.	• Report number of cases and age of children on a weekly basis by mail or fax to 613-933-7930. • Staff, parents, and guardians should be notified of chickenpox in a classroom, particularly immunocompromised children and pregnant persons.

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Cold Sores	• Cause: Virus. • Small blisters appear and then burst to form a crust. • Sores are usually around the mouth, but can be around the nose and eyes. • With the first infection, sores may be accompanied by fever, flu-like illness, and painful irritation. Reactivation of infection is common.	• Person-to-person by direct contact with saliva. • **Note: Handwashing is important in preventing transmission.**	• 2 to 12 days.	• Usually while sores are apparent. • May be transmitted even when no blisters are present.	• Not required. • If child has severe sores with fever and/or excessive drooling, consider exclusion until fever-free and able to participate fully in regular activities without excessive drool.	• Not required. • For more information, visit aboutkidshealth.ca.
Conjunctivitis-Bacterial (Pink Eye)	• Cause: Bacteria. • Purulent conjunctivitis: Pink or red conjunctiva (the white of the eye) with white or yellow discharge (pus). • Sometimes fever.	• Person-to-person with direct or indirect contact with eye secretions. • Healthy eye coming in contact with secretions from affected eye. • Frequent handwashing is important for control of spread.	• 24 to 72 hours.	• For duration of infection or until 24 hours of effective antibiotic treatment.	• For bacterial or possible bacterial, exclude until treated with antibiotic drops or ointment for 24 hours.	• Not required. • For more information, visit caringforkids.cps.ca.
Conjunctivitis-Viral (Pink Eye)	• Cause: Virus. • Non-purulent conjunctivitis: Pink conjunctiva with a clear, watery eye discharge and no fever, eye pain or eyelid redness. • May be accompanied by a cold.	• Person-to-person by direct or indirect contact with eye secretions.	• 12 hours to 12 days.	• For duration of infection.	• Not required, if no eye discharge. • To consider if strict hand hygiene cannot be ensured. Otherwise, child can return upon approval by healthcare provider.	• Not required. • For more information, visit caringforkids.cps.ca.
COVID-19	• Visit EOHU.ca website.					

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Coxsackie Virus (Hand, Foot, and Mouth Disease)	• Cause: Virus. • Acute self-limited viral infection. • Sudden onset of fever, sore throat. • Rash occurs commonly on the palms of the hands, the fingers, inside the mouth and on the soles of the feet. • Acute illness usually occurs in children, particularly in the summer months.	• Person-to-person by direct contact with fluid from sores, respiratory secretions, and fecal-oral route. • Although most common in young children, asymptomatic adults can also spread infection.	• Usually 3 to 5 days.	• Most infectious during the first week of illness while experiencing symptoms. • Transmission via stools and throat secretions may persist for several weeks. • Hand hygiene is important.	• Not required.	• Not required. • For more information, visit caringforkids.cps.ca.
Cryptosporidium	• Cause: Parasite. • Frequent, non-bloody watery diarrhea, abdominal cramps, fatigue, vomiting, anorexia, and weight loss. • Fever and vomiting relatively common among children. • May be symptom-free.	• Fecal-oral, including person-to-person, animal-to-person, waterborne and foodborne transmission.	• 1 to 12 days. • Average about 7 days.	• From onset of symptoms, and for several weeks after symptoms resolve.	• Until 24 hours after stools are formed. • Cases are not to use recreational water for 2 weeks after symptoms resolve.	• Report within 1 business day to 613-933-1375 or 1 800 267-7120.
Diarrhea	• See Gastroenteritis.					
Escherichia Coli 0.157 (E. Coli 0.157) (Escherichia Coli)	• Cause: Bacteria. • Severe abdominal cramps. • Watery or bloody diarrhea, fever, nausea, vomiting. • Most individuals recover without residual effects, however complications such as Hemolytic Uremic Syndrome (HUS), a serious health condition, may occur in a small percentage of individuals.	• Fecal-oral route. • Food or water sources such as undercooked meat, non-pasteurized dairy products or apple cider, unwashed raw fruits and vegetables, contaminated water.	• 2 to 10 days. • Average 3 to 4 days. • HUS typically develops 7 days (up to 3 weeks) after onset of diarrhea.	• While person has symptoms, usually 1 to 3 weeks. • Children tend to be infectious longer than adults.	• Until stools are formed. **Child Care Centres:** • Until 2 negative stool cultures, at least 24 hours apart. Until 48 hours after the completion of antibiotics and/or anti-diarrheal medications.	• **Report immediately** to 613-933-1375 or 1 800 267-7120.

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Fifth Disease (Parvovirus B19)	• Cause: Virus. • Illness is mild, usually with no fever. • Initial "slapped cheek" rash. • Followed by lacelike rash (1 to 4 days later, on the arms and body; can fade but may recur and last for 1 to 3 weeks).	• Person-to-person by respiratory secretions. • Mother to fetus.	• 4 to 14 days but can be as long as 21 days.	• Greatest before onset of rash, and probably not communicable after onset of rash.	• Not required since no longer infectious after rash appears. However, children who are febrile should be excluded until fever-free and able to participate in regular programs. • Pregnant women, children with sickle cell and other forms of chronic anemia should be advised to consult their physician.	• Not required. • For more information, visit caringforkids.cps.ca.
Gastroenteritis: Single case of unknown cause	• Cause: Bacteria, virus, parasite. • Vomiting, diarrhea, loss of appetite and or abdominal pain with or without fever.	• Depends on cause. • Usually fecal-oral route or through contaminated food or water.	• Depends on cause.	• Depends on cause.	• Exclude until minimum of 48 hours symptom-free or as directed by the school or childcare setting. **Child Care Centres:** • Repeat stool testing is required if the diagnosis is Salmonella typhi or paratyphi, E.Coli 0.157 or Shigella.	• Not required unless part of an outbreak. • Exception: bloody diarrhea should always be reported immediately. • See Gastroenteritis: Outbreak
Gastroenteritis: Outbreak	• Cause: Bacteria, virus, parasite. • Vomiting, diarrhea, abdominal pain, headache, fever.	• Depends on cause.	• Depends on cause.	• Depends on cause.	• Depends on cause, number of cases and source of infection. • Outbreaks must be discussed with the EOHU. • During an outbreak, persons with vomiting or diarrhea should be excluded until 48 hours symptom-free, before returning to work or childcare.	• **Report immediately** to 613-933-1375 or 1 800 267-7120. **Child Care Centres:** • An outbreak exists when there are 2 or more children and/or staff ill with gastroenteritis within a 48 hour period. **School:** • >10% absenteeism due to similar symptoms in a school on the same day.

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
German Measles (Rubella)	• Cause: Virus. • Mild fever, enlarged neck nodes, headache, tiredness, runny nose, malaise, fine pale red rash spreading from behind the ears to the face, then downward. • Often difficult to diagnose.	• Person-to-person by respiratory secretions. • **Highly contagious.**	• From 14 to 21 days.	• For about 1 week before, until 7 days after the onset of the rash.	• For 7 days after the onset of rash. • Susceptible individuals exposed to a confirmed case must be excluded. • Consult the EOHU.	• **Report immediately** to 613-933-1375 or 1 800 267-7120.
Giardiasis (Beaver Fever)	• Cause: Parasite. • Acute or chronic diarrhea (stools may also be pale and/or greasy, abdominal cramps, bloating, dehydration, weight loss). • May be symptom-free.	• Fecal-oral route. • Water and food contaminated by infected food handler or sewage. • Raw or undercooked seafood and shellfish. • Lakes and river water. • May also be spread by certain sexual activities involving contact with feces.	• 3 to 25 days. • Average 7 to 10 days.	• As long as present in the stool, often months or until treated.	• Exclude all symptomatic individuals (children and staff), including food handlers until 24 hours after stools are formed or 48 hours after stopping antidiarrheal medication. • Cases are not to use recreational water for 2 weeks after symptoms resolve.	• Report within 1 working day to 613-933-1375 or 1 800 267-7120.
Hand, Foot, and Mouth Disease	• See Coxsackie Virus.					
Hepatitis A	• Cause: Virus. • Fever, tiredness, jaundice, abdominal discomfort, dark foul-smelling urine, clay-coloured stools. • May be symptom-free.	• Fecal-oral route, either by direct contact with an infected person or indirectly through ingestion of contaminated water or food. May also be spread by certain sexual activities involving contact with feces.	• 15 to 50 days. • Average 28 to 30 days.	• 2 weeks before to 1 week after the onset of jaundice (yellowing of skin).	• Exclude until 14 days after the onset of symptoms or 7 days after the onset of jaundice, whichever is sooner.	• **Report immediately** to 613-933-1375 or 1 800 267-7120.
Hepatitis B	• Cause: Virus. • Loss of appetite, fatigue, vague abdominal discomfort, joint pain, fever, and jaundice (yellowing of skin and/or eyes). • May be symptom-free.	• Blood and bloody fluids, semen, vaginal fluids, and saliva, with non-intact skin or mucus membranes (eye, nose, mouth).	• 45 to 180 days. • Average 60 to 90 days.	• From weeks before onset to months or years after recovery from illness. • May become carriers and be contagious for life.	• Not required. **Child Care Centres:** • Special circumstances may apply depending on child's behaviour. • **Cases must be discussed with the EOHU.**	• Report within 1 working day to 613-933-1375 or 1 800 267-7120.

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Hepatitis C	• Cause: Virus. • Most cases are usually asymptomatic or have mild illness; vague abdominal discomfort, nausea, vomiting, fatigue, and jaundice (yellowing of skin and/or eyes).	• Through contact with blood or contaminated items such as used needle, unsterile tattooing or piercing equipment.	• 2 weeks to 6 months. • Average 6 to 9 weeks.	• From one or more weeks before onset of first symptoms. May persist indefinitely among persons with chronic infection. • Communicability can be ended with treatment.	• Not required. **Child Care Centres:** • As above.	• Report within 1 working day to 613-933-1375 or 1 800 267-7120.
HIV/AIDS	• Cause: Human immunodeficiency virus. • Many will develop a short-term flu-like illness several weeks to months after infection. • After several years, damage to the immune and other systems lead to severe infections and death.	• Through contact with blood (needle sharing among injection drug users, unsterile tattooing or body piercing). • Unprotected sexual intercourse or from mother to fetus. • Person to person by direct contact with body fluids (blood, breast milk, sexual fluids).	• Generally 4 to 12 weeks until HIV blood test is positive.	• Generally begins early after onset of infection and extends throughout life. • Communicability decreased with use of Antiretroviral therapy (ART).	• Not required.	• Report within 1 working day to 613-933-1375 or 1 800 267-7120.
Impetigo	• Cause: Bacteria. • Skin infection caused by streptococcus / staphylococcus bacteria. • Usually appears on face or exposed skin as a rash with cluster of red bumps/blisters. • May ooze or be crusted.	• Person-to-person by direct or indirect contact with fluid from sores. • **Very infectious and should be treated at once.** • Will spread quickly, particularly if scratched. • Hand hygiene is important in preventing transmission.	• Variable. • Average 4 to 10 days.	• From onset of rash until 24 hours of treatment with oral or topical antibiotic. • Typically until blisters have crusted over.	• Until sores are completely scabbed over or for at least 24 hours following initiation of treatment. • Upon return, any draining or open blisters must be covered with a clean dry bandage.	• Not required. • For more information, visit caringforkids.cps.ca.
Influenza	• Cause: Influenza A or B virus. • Infection of the airways, leading to fever, headache, muscle soreness, runny nose, sore throat, and cough. • Children may also have nausea, vomiting and diarrhea.	• Person-to-person by direct contact with respiratory secretions or indirect contact with contaminated surfaces or objects.	• 1 to 3 days.	• 24 hours before onset of symptoms. • Up to 7 days in young children.	• Exclude until 24 hours of symptom improvement AND fever free (without medication).	• Report within 1 working day to 613-933-1375 or 1 800 267-7120. • **Report outbreaks immediately.**

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Lice (Pediculosis)	• Colonization of the hair and skin by a parasitic insect. Head lice feed on human blood. Itching from lice bites is common. Adult lice or eggs (nits) can be seen with the naked eye, often behind the ears and near the nape of the neck.	• Head lice are generally spread through direct head-to-head contact with an infested person. Transmission by sharing infested belongings such as bedding, clothing or headwear may also occur.	• Lice undergo a life cycle of 3 stages (egg, nymph, and adult lice) which ranges from days to months.	• Until treatment has been completed.	• Not required.	• Not required. • For more information, visit caringforkids.cps.ca.
Measles	• Cause: Virus. • Fever, runny nose, cough, drowsiness, irritability, and red eyes. Small white spots appear on the inside of the mouth and throat. Then, 3 to 7 days after initial symptoms, a red blotchy rash appears on the face and progresses down the body.	• Person-to-person by direct contact or by airborne droplets. • Highly contagious.	• 7 to 21 days. • Average 10 days.	• 4 days before the fever and cough until 4 days after the onset of rash.	• Until 4 days after onset of rash.	• **Report immediately** to 613-933-1375 or 1 800 267-7120.
Meningitis (any kind)	• Cause: Bacteria or virus. **Young children:** • May show a cluster of symptoms such as irritability, rash, poor feeding, vomiting, fever, and excessive high-pitched crying. **Older children and adults:** • May experience violent persistent headache, vomiting, and neck rigidity.	• Varies depending on cause of meningitis. • Often is person-to-person by respiratory secretions (droplets).	• Varies depending on cause of meningitis.	• Varies depending on cause of meningitis.	• All cases must be discussed with the EOHU.	• **Report immediately** to 613-933-1375 or 1 800 267-7120.

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Molluscum Contagiosum (Non-Plantar Warts)	• Cause: Virus. • Smooth, often shiny, pinkish-white bumps with sunken centre, most often on face, trunk, or limbs of children. Can be found on genitalia. May cause itchiness.	• Person-to-person by direct skin-to-skin contact or indirect contact, such as sharing clothes or towels.	• 7 days to 6 months.	• Unknown, but probably as long as warts persist.	• Not required, however, lesions or warts should be covered upon return to child care centre/school.	• Not required. • For more information, visit caringforkids.cps.ca.
Mononucleosis	• Cause: Epstein Barr virus. • Fever, sore throat, swelling of glands around neck area, fatigue.	• Person-to-person by oral secretions via saliva, or indirectly through surfaces and items (such as toys) contaminated with saliva.	• 4 to 6 weeks.	• Up to 1 year or more.	• Not required.	• Not required.
Mumps	• Cause: Virus. • Fever, swelling and tenderness of salivary glands, slightly above the angle of the jaw on one or both sides.	• Person-to-person by respiratory secretions or saliva.	• 12 to 25 days. • Average 16 to 18 days.	• 7 days before to 5 days after symptoms develop.	• Until 5 days from the onset of swelling. • Discuss with the EOHU.	• **Report immediately** to 613-933-1375 or 1 800 267-7120.
Norovirus (Norwalk-like virus)	• Cause: Virus. • Acute onset of nausea, vomiting (especially in children), abdominal cramps and/or diarrhea (especially in adults). • May have headache, fever, chills, and muscle pain.	• Fecal-oral route. • Contact with vomit/feces. • Contaminated water, ice, or food (clams, oysters, salad ingredients, fruit and other uncooked foods contaminated by infected food handler).	• 4 to 72 hours. • Average 24 to 48 hours.	• During acute stage of illness and up to 48 hours after last episode of vomiting or diarrhea.	• Until 48 hours after last episode of vomiting or diarrhea.	• Not required unless part of an outbreak. • See Gastroenteritis: Outbreak
Pertussis (Whooping Cough)	• Cause: Bacteria. • Starts with mild respiratory symptoms that progress into repeated, violent coughs, which may end with a crowing or high-pitched whoop and vomiting. • Occurs mainly in preschool children but can occur in adolescents and adults. • May last 1 to 2 months.	• Person-to-person by respiratory secretions.	• 6 to 20 days. • Average 9 to 10 days.	• Until 3 weeks after onset of symptoms or until 5 days of antibiotic treatment being completed.	• Exclude for 3 weeks after onset of cough or until completion of 5 days of antibiotic treatment.	• Report within 1 working day to 613-933-1375 or 1 800 267-7120.

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Pink Eye	• See Conjunctivitis.					
Pinworms	• Cause: Worms. • Itching around the anal area. • Irritability.	• Pinworm eggs transmitted to others by fecal-oral route. • Contaminated bedding, food, or clothing. • Hand hygiene is very important.	• 4 to 8 weeks or longer.	• During incubation period, until treatment is initiated.	• Not required.	• Not required. • For more information, visit caringforkids.cps.ca.
Poison Ivy and Wild Parsnip	• Cause: Plant toxin. • Not contagious. • Redness and blisters where skin was exposed. • Very itchy.	• Direct skin contact with certain parts of the plant. • Indirectly by object/clothing contaminated by toxin of plant.	• Symptoms appear after a few minutes to several days later. • Washing the exposed area immediately decreases the severity of symptoms.	• Not contagious after the toxin has been washed off from the skin or clothing. • The blister's liquid is not contagious.	• Not required.	• Not required.
Respiratory Outbreak	• Cause: Bacteria or virus. • Runny or stuffy nose, sneezing, sore throat, hoarseness or difficulty swallowing, cough, fever, swollen or tender glands in the neck, fatigue, muscle aches, loss of appetite and headache.	• Person-to-person by direct or indirect contact with respiratory secretions.	• Varies according to cause.	• Varies according to cause.	• Exclude until 24 hours of symptom improvement AND fever free (without medication).	• **Report immediately** to EOHU when there is an unusual or sudden increase in the number of staff, children and/or students ill with symptoms of a respiratory illness. 613-933-1375 or 1 800 267-7120. **Child Care Centres:** • Please refer to: https://eohu.ca/en/my-community/reporting-an-outbreak-child-care-centres **Schools** • Please refer to: https://eohu.ca/en/my-community/infection-prevention-and-control-resources-for-child-care-centres#_General_Resources
Respiratory Syncytial Virus (RSV)	• Cause: Virus. • Can cause colds, bronchiolitis, bronchitis, croup, pneumonia, and ear infections.	• Person-to-person by direct or indirect contact with respiratory secretions.	• 2 to 8 days. • Average 4 to 6 days.	• Usually 3 to 8 days from onset of symptoms, but may continue for as long as 3 to 4 weeks.	• Exclude until 24 hours of symptom improvement AND fever free (without medication).	• Not required. • Exception: See Respiratory Outbreak

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Ringworm (Tinea)	• Cause: Fungus. • Flat, spreading, ring-shaped, discoloured patches on the skin. • May be dry and scaly or moist and crusted. • Itchiness is common.	• Person-to-person by direct skin-to-skin contact. • Indirect spread by contaminated hands, objects, and surfaces.	• Usually 10 to 14 days.	• For duration of illness or until treatment is initiated.	• Until treatment has been initiated.	• Not required. • For more information, visit caringforkids.cps.ca.
Roseola	• Cause: Virus. • Sudden onset of fever lasting 3 to 5 days. • Following break of fever, a fine, pink rash appears on trunk and body.	• Person-to-person by direct or indirect contact with respiratory secretions or saliva.	• 9 to 10 days.	• While symptoms are present.	• Not required.	• Not required. • For more information, visit caringforkids.cps.ca.
Rubella	• See German Measles.					
Salmonella	• Cause: Bacteria. • Diarrhea, nausea, vomiting, headache, abdominal pain, fever, loss of appetite. • May be symptom-free.	• Fecal-oral route. • Undercooked meats (any kind). • Raw or undercooked eggs. • Non-pasteurized milk products. • Unwashed fruit/vegetables (raw sprouts). • Contaminated food/water. • Animal contact (e.g. turtle, reptiles, farm animals).	• 6 to 72 hours. • Average 12 to 36 hours.	• Up to several weeks after beginning of symptoms. • Children under 5 may shed the bacteria in their stool for longer periods.	• Exclude symptomatic cases (children and staff, including food handlers) until symptom-free for 24 hours, or 48 hours after stopping anti-diarrheal medication.	• Report within 1 working day to 613-933-1375 or 1 800 267-7120.

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Salmonella Paratyphi **(Paratyphoid Fever)** **Salmonella Typhi (Typhoid fever)**	• Cause: Bacteria. • **s. Paratyphi:** Fever, headache, malaise, anorexia, constipation (more common than diarrhea) and possible rash on trunk. May be mild illness with low grade fever or progress to more serious illness and multiple complications. • **s. Typhi:** Low grade fever, headache, malaise, myalgia, dry cough, loss of appetite, nausea, and abdominal discomfort. Rose spots on trunk may be seen. Constipation is more common than diarrhea in adults, but diarrhea is more common in children. Carriers of typhoid fever who have no symptoms may also spread infection.	• Fecal-oral route • **s. Paratyphi:** Either by direct contact with an infected person or indirectly through ingestion of contaminated water or food. • **s. Typhi:** Contact with feces and urine of infected persons and carriers of the bacteria. Common sources include ingestion of contaminated water, shellfish (particularly oysters), milk, ice cream, raw fruit and vegetables grown in fields fertilized with fecal matter or consumed in areas with poor sanitation.	• **s. Paratyphi:** 1 to 10 days. • **s. Typhi:** From 3 days to over 60 days; usual range is 8 to 14 days.	• **s. Paratyphi:** From onset of initial symptoms and up to 2 weeks after symptoms resolve. • **s. Paratyphi:** Variable, weeks to months. Infected persons may become carriers and continue to spread infection and/or relapse with symptoms.	**Child Care Centres:** • Exclude all cases (children and staff, including food handlers), until 3 consecutive stool specimens are negative (collected 48 hours apart). Time frame for stool specimen collection may vary depending on antibiotic prescribed.	• **Report immediately** to 613-933-1375 or 1 800 267-7120.
Scabies	• Cause: Mite under the skin. • Rash appears as bumps, patches, or tiny red lines often between fingers and toes and folds of the skin. • Intense itching, especially at night.	• Prolonged direct skin-to-skin contact or indirect contact by sharing clothes or towels with an actively infected person.	• 2 to 6 weeks. • 1 to 4 days if re-exposed.	• From beginning of incubation period until treated. • The mites and eggs must be destroyed to stop the transmission. Several treatments may be necessary.	• Until 24 hours after treatment has been completed.	• Not required. • Notify EOHU if more than one case in classroom or facility. • For more information, visit caringforkids.cps.ca.
Scarlet Fever	• See Streptococcus.					

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Shigella	• Cause: Bacteria. • Watery diarrhea, fever, nausea, vomiting, abdominal cramps. • May be symptom-free. • Stool may contain mucous and/or blood.	• Primarily spread person to person through fecal-oral route, either by direct contact with an infected person or indirect contact with contaminated surfaces, water or food handled by an infected person. May also be spread by certain sexual activities involving contact with feces. Poor personal hygiene also increases the risk of transmission as the only significant reservoir for shigella is humans.	• 12 hours to 7 days. • Average 1 to 3 days.	• From onset of symptoms until bacteria is no longer in stools (about 4 weeks). • Use of antibiotics may shorten this timeframe.	**Child Care Centres:** • Exclude symptomatic cases who are food handlers, or daycare attendees until the provision of a negative stool sample or rectal swab collected at least 24 hours after cessation of symptoms OR 48 hours after completion of antibiotic therapy used.	• **Report immediately** to 613-933-1375 or 1 800 267-7120.
Shingles (Herpes Zoster)	• Cause: Virus. • Reactivation of latent varicella (chickenpox) infection in the nerve endings. • Blister-like lesions may appear in irregular crops along nerve pathways. • Accompanied by pain localized to the area. • Pain may persist for prolonged periods.	• It is only possible to get chickenpox from someone with shingles through direct contact with vesicle fluid of the patient with shingles.	• 10 to 21 days. • Average 14 to 16 days.	• Until blisters are crusted over.	• Not required.	• Not required. • For more information, visit caringforkids.cps.ca.
Streptococcus: **Group A Strep (Strep Throat / Scarlet Fever)**	• Cause: Bacteria. **Strep throat:** • Very sore and red throat, fever, swollen and tender lymph nodes. **Scarlet fever:** • High fever, vomiting, “sandpaper” skin rash, “strawberry tongue”, red cheeks and whiteness around mouth. • During convalescence, skin on hands and feet may peel.	• Direct or indirect contact with respiratory secretions.	• 1 to 3 days.	• From onset of symptoms until 24 hours after beginning of antibiotic treatment. • 10 to 21 days if untreated.	• Until 24 hours after treatment began.	• Not required. • For more information on strep throat and scarlet fever, visit caringforkids.cps.ca.

DISEASE	CAUSE/SYMPTOMS	TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	EXCLUSION	REPORTING REQUIREMENTS
Streptococcus: **Invasive Group A (Necrotizing Fasciitis / Toxic Shock Syndrome)**	• Cause: Bacteria. **Necrotizing Fasciitis:** • Fever, localized redness, swelling, blister formation and intense pain. • Redness spreads very quickly. • Can arise from infected chickenpox lesions. **Toxic Shock Syndrome:** • Sudden onset of high fever, vomiting, diarrhea, rash, muscle pains, and shock. • Can be fatal.	• Direct or indirect contact with respiratory secretions or with discharge from wounds.	• 1 to 3 days.	• From onset of symptoms until 24 hours after beginning of antibiotic treatment.	• Until 24 hours after treatment began. • Child is likely to be hospitalized.	• **Report immediately** to 613-933-1375 or 1 800 267-7120.
Tuberculosis (TB)	• Cause: Mycobacterium tuberculosis. **In the lungs**: • Cough producing sputum, lasting over 3 weeks. • Loss of weight, fever, night sweats, tiredness. **Outside of the lungs**: • Varies depending on where the disease is located. • Laboratory tests are required to identify if tuberculosis is present.	• If TB disease is in the lungs: Person to person by airborne droplets. If TB disease is outside of the lungs: Not infectious.	• Several weeks to years for someone to develop tuberculosis disease.	• Varies	• Each case to be discussed with the EOHU.	• Report within 1 working day to 613-933-1375 or 1 800 267-7120.
Vomiting	• See Gastroenteritis (single case).					
Whooping Cough	• See Pertussis.					

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Yersinia	• Cause: Bacteria. • Watery diarrhea, fever, headache. • Stool may contain blood and/or mucus.	• Fecal-oral route. • Direct contact with infected people or animals (such as puppies or kittens) or indirect contact with contaminated food and water. Raw pork and pork products are known sources of infection.	• 3 to 7 days. • Average under 11 days.	• **Fecal shedding occurs as long as symptoms persist, usually 2 to 3 weeks. If untreated, persons may shed 2 to 3 months.**	• Exclude all cases until 24 hours after diarrhea resolves, or 48 hours after completion of antibiotic therapy or antidiarrheal medications.	• Report within 1 working day to 613-933-1375 or 1 800 267-7120.