

Direct Contact: a person carrying germs in the nose, mouth, eyes, stool, or skin lesions usually contaminates their hands, then spreads these germs by touching or being touched by others.

Indirect Contact: an infected person transfers germs by touching or mouthing an object (i.e., toy, doorknob, used tissue) that is then touched by another person which can cause infection when that person touches their eyes, nose, or mouth.

Disease	Symptoms	Transmission	Contagious Period	Treatment	Prevention	Exclusion Requirements
Chicken Pox (Varicella)	Viral Infection. Fever and mild cold-like symptoms, followed by a rash. Rash starts with red spots, turn into fluid-filled blisters that dry up and form scabs.	Through the air or Direct contact with the fluid from blisters. Pregnant women can pass it to their baby.	1-2 days before the rash appears and until all the spots have crusted over (usually 5 days).	Can be treated with antiviral medication, however not usually prescribed. High-risk people should contact their doctor for treatment.	Vaccination can prevent chicken pox. Don't touch the fluid in a chicken pox blister. Cover your mouth and nose with a tissue when you cough or sneeze, put in the waste basket or use your upper sleeve or elbow, not your hands.	No Regardless of rash, can attend if children feel well enough to participate in activities.
Fifth Disease (Parvovirus B19, Erythema Infectiosum, or "slapped cheek syndrome")	Viral infection. Asymptomatic or only mild symptoms. Fever, headache, mild cold like symptoms, and upset stomach. A red rash will appear on the cheeks ("slapped cheek" rash). A red lace-like rash then appears on the trunk and arms, followed by the remainder of the body. Rash may come and go for over a week.	Direct contact with an infected person's saliva or nasal discharge, coughing or sneezing. or Indirect contact with surfaces contaminated with the virus.	Most contagious a few days before the rash appears.	There is no medication to treat it. Provide support to keep children comfortable. Pregnant staff that has been in contact with the child should contact their doctor.	There is no vaccine to prevent the infection. Frequent hand-hygiene. Clean and disinfect contaminated surfaces and toys. Carefully wash or dispose of articles soiled with nose and throat discharges.	No Regardless of rash, can attend if children feel well enough to participate in activities.
Hand, Foot and Mouth Disease (Enterovirus, coxsackie virus)	Viral infection. Fever, headache, sore throat, loss of appetite, lack of energy. Small painful ulcers in mouth, and a rash most often seen on the hands and feet. The rash appears as red spots, often with a blister.	Direct contact with an infected person's saliva and/or stool. or Indirect contact with surfaces contaminated with the virus.	Most contagious during the first week of illness and when symptoms present. Virus can still be found in stool for several weeks.	There is no medication to treat it. Provide support to keep children comfortable. Ease pain, aches, or a fever (medication, rest, hydration). Infection usually goes away in 7-10 days.	There is no vaccine to prevent the infection. Frequent hand hygiene. Clean contaminated surfaces and toys. Carefully wash or dispose of articles soiled with nose and throat discharges.	Yes Children should stay home if they have symptoms.
Head Lice (Pediculosis)	Tiny wingless, crawling insects that live on the scalp. It does not spread disease. Itchy scalp, but possible to have head lice without any symptoms. Scratch marks or small red lesions like a rash. Lice and nits are usually found very close to the scalp, at the bottom of the neck and behind the ears.	Direct contact through hair-to-hair contact. or Indirect contact by sharing hats, combs, hairbrushes, helmets, and headphones.	As long as live lice and live nits are present.	Treatment (shampoos and rinses) are available at pharmacies without a prescription.	Avoid hair-to-hair contact. Do not share combs, brushes, towels, headphones, and clothing that comes into contact with the head. Get rid of lice or nits from items that touch the head such as hats, pillowcases, combs and brushes. Wash in hot water and dry them using the hot setting of the dryer for at least 15 minutes. Clothing and items that are not washable can be stored and sealed in an airtight bag for 2 weeks.	Yes Children should be treated and then attend as usual. 'No-nit' policies that keep children with head lice or nits after treatment away from school are not necessary.
Impetigo (Staphylococcus or Streptococcus)	Bacterial skin infection. Cluster of red bumps or blisters ooze or cause a yellow crust.	Direct contact: touching an impetigo rash or Indirect contact: with bed sheets, towels or clothing that have been in contact with someone's skin. Then another person can pick up the germs from touching those objects.	Until blisters have dried up. For Streptococcus - until 24 hours of antibiotic treatment.	Antibiotics taken by mouth or spread on the skin as a cream - prescribed by a doctor.	Frequent hand hygiene. Clean and disinfect contaminated surfaces and toys. Carefully wash or dispose of contaminated articles soiled with nose and throat discharges, or fluid from the sores.	Yes Until 24 hours after starting antibiotic treatment.
Norovirus	Viral infection. Nausea, vomiting, diarrhea, abdominal cramps, mild fever, headache, muscle aches and fatigue.	Direct contact with an infected person's stool or vomit. or Indirect contact with contaminated surface such as sink, taps, counter, toys, etc. Breathing in air contaminated with Norovirus when an infected person has vomited.	From time when person feels ill until at least 48 hours after symptoms have stopped.	There is no medication to treat it. Fluid replacement to help prevent dehydration.	Frequent hand hygiene. Clean and disinfect contaminated surfaces and toys. Carefully wash or dispose of articles soiled with vomit or stool. Follow best practice for diaper changing.	Yes Until 48 hours after symptoms have resolved.
Pink Eye (Conjunctivitis)	Viral or bacterial infection. Red, itchy, painful eyes Discharge from eyes cause crusting, often during sleep.	Direct contact with secretions from a person's eye or nose and from coughing and sneezing. or Indirect contact with surfaces contaminated with the virus or bacteria.	Bacterial – at the time when symptoms begin to 24 hours after antibiotic treatment is started. Viral – as long as symptoms are present	Eye drops or ointment may be required if bacterial infection.	Frequent hand hygiene. Do not share towels/washcloths, pillowcases, and bedding. Clean contaminated surfaces and toys. Carefully wash or dispose of articles soiled with tears or eye discharge, or from coughing or sneezing.	No – if cause is viral. Yes – if cause is bacterial; Until 24 hours after starting antibiotic treatment. Can attend as long as children feel well enough to participate.

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Pinworm (Enterobiasis)	Tiny, white thread-like roundworm that live in the rectum. Pinworms can be uncomfortable, but they do not cause disease. Anal itching, disturbed sleep, irritability. Some children have no symptoms.	Direct Contact when an infected child scratches the itchy area and transfers eggs to another child's mouth. or Indirect contact with contaminated hands or objects such as toys, toilet seats, baths, or bedding. Eggs can live up to 2 weeks outside the body on objects.	As long as pinworms are present and have not been destroyed by treatment of the child and their environment.	Oral medication can be prescribed which takes up to 2 weeks to eliminate pinworms, may require a second dose 2 weeks later. Other family members may need to be treated at the same time to avoid re-infestation.	Frequent hand-hygiene. Change and clean bed linens and underclothes of infected children often without shaking (which will scatter eggs). Open blinds and curtains in the bedrooms during the day – eggs are sensitive to sunlight. If laundry is being sent home - keep in sealed plastic bags. Bathing children in the morning using a shower or stand-up tub bath. Advise children and staff to keep fingernails short and avoid nail-biting.	Yes Children can return the day after treatment is given.
Rotavirus	Viral infection. Vomiting, fever, watery diarrhea, dehydration.	Direct contact with stool or vomit or touching hands of an infected person. or Indirect contact with surfaces contaminated with the virus.	Upon onset of symptoms until approximately 8 days after onset.	There is no medication to treat it. Fluid replacement to help prevent dehydration.	Vaccination can prevent Rotavirus. Follow best practice for diaper changing. Clean and disinfect contaminated surfaces, toys, clothing, and linen .	Yes Until 48 hours after symptoms have resolved.
Roseola Infantum (Sixth Disease)	Viral infection. A fever appears suddenly and lasts 3-5 days. When the fever ends, a rosy-pink raised rash usually develops on the face and body. The spots (rash) will turn white if you press on them and they may have a lighter colour ring around them.	Direct contact with saliva, nose and throat secretions or Indirect contact from coughing or sneezing by droplets through the air.	Most contagious during the fever stage, before the rash develops.	There is no medication to treat it. Provide support to keep children comfortable. Ease pain, aches, or a fever (medication, rest, hydration).	Frequent hand hygiene. Cover your mouth and nose with a tissue when you cough or sneeze, put in the waste basket or use your upper sleeve or elbow, not your hands. Do not share eating or drinking utensils. Clean and disinfect contaminated surfaces and toys	No Regardless of rash, can attend as long as children feel well enough to participate in activities.
Scabies	Skin condition caused by tiny insects called mites. They burrow under the skin and lay eggs. Scabies can be uncomfortable, but they do not directly cause disease. Itchy red rash, usually between fingers and toes, wrists, or groin with thread-like lines, tiny red bumps and scratch marks.	Direct contact (prolonged) with infested skin or Indirect contact with clothing or personal items of an infested person. The mites can live off the skin up to 3 days.	As long as person is infested and until mites and eggs are destroyed by treatment.	Cream or lotion that is prescribed by a doctor. Everyone who lives in the home and anyone who has had close skin-to-skin contact should be treated at the same time. Treatment may need to be repeated.	Wash all bed linens, towels and clothes in hot water and dry in a dryer at the hottest setting. Items that are not washable can be sealed in an airtight plastic bag for 1 week to kill the mites.	Yes Until the day after the first treatment was applied.
Strep Throat	Bacterial Infection (group A strep bacteria). Sore, red throat; fever, tiredness, headache, sores around mouth, swollen glands in the neck.	Direct contact from saliva or nasal discharge or Indirect contact through coughing or sneezing as droplets through the air.	From onset of illness until 24 hours of antibiotic treatment received.	Antibiotics may be prescribed by a doctor. Provide support to keep children comfortable. Ease pain, aches, or a fever (medication, rest, hydration).	Frequent hand hygiene. Cover your mouth and nose with a tissue when you cough or sneeze, put in the waste basket or use your upper sleeve or elbow, not your hands. Do not share eating or drinking utensils. Clean and disinfect contaminated surfaces and toys.	Yes Until 24 hours after starting antibiotic treatment and if children feel well enough to participate in activities.
Scarlet Fever	Bacterial Infection (group A strep bacteria). Similar to strep throat but includes a pink-red skin rash that feels like sandpaper and "strawberry" tongue (white coating on tongue with bright red patch).	Direct contact from saliva or nasal discharge or Indirect contact through coughing or sneezing as droplets through the air.	From onset of illness until 24 hours of antibiotic treatment received.	Antibiotics may be ordered by health care provider. Provide support to keep children comfortable. Ease pain, aches, or a fever (medication, rest, hydration).	Frequent hand hygiene. Cover your mouth and nose with a tissue when you cough or sneeze, put in the waste basket or use your upper sleeve or elbow, not your hands. Do not share eating or drinking utensils. Clean and disinfect contaminated surfaces and toys.	Yes Until 24 hours after starting antibiotic treatment And if children feel well enough to participate in activities.
Gastrointestinal Illness: Vomiting and/or diarrhea	Viral or bacterial infection. Often cause is unknown.	Direct contact with stool or vomit or touching the hands of an infected person. or Indirect contact with surfaces contaminated with the virus and through coughing or sneezing as droplets through the air.	Variable – usually upon onset of symptoms to 48 hours after symptoms have resolved.	No specific treatment. Fluid replacement to help prevent dehydration.	Frequent hand hygiene especially after changing diapers and toileting. Clean contaminated surfaces, toys, clothing, and linen.	Yes Until 48 hours after symptoms have resolved.
Respiratory Illness – Cold and flu-like symptoms	Usually, a viral illness. Often unknown cause.	Direct contact from saliva or nasal discharge. or Indirect contact with surfaces contaminated with the virus.	Variable	There is no medication for treatment. Provide support to keep children comfortable. Ease pain, aches, or a fever (medication, rest, hydration).	Frequent hand hygiene. Cover mouth and nose when you cough or sneeze. Do not share cutlery, glasses etc. Clean contaminated surfaces and toys.	Yes Remain home until fever and symptoms have improved at least 24hours. Wear a mask for 10 days after symptoms started unless COVID19 test is negative.

References

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Contact the Health Unit for more information.

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