



... because health matters!

# Communicable Disease Control in Schools and Child Care Centres

April 2001



# Communicable Disease Control

## Table of Contents

|                                      | Page |
|--------------------------------------|------|
| Introduction .....                   | 1    |
| Reporting Communicable Diseases..... | 2    |
| Reportable Outbreaks.....            | 3    |
| Reporting Diseases(List).....        | 4    |
| Chickenpox.....                      | 5    |
| Conjunctivitis (Pink Eye).....       | 7    |
| Fifth's Disease .....                | 8    |
| Gastroenteritis.....                 | 9    |
| Giardiasis.....                      | 10   |
| Hand Foot and Mouth Disease.....     | 11   |
| Hepatitis A.....                     | 12   |
| Hepatitis B.....                     | 14   |
| Impetigo.....                        | 15   |
| Measles, red (Rubeola).....          | 16   |
| Meningitis (Bacterial).....          | 17   |
| Meningitis (Viral).....              | 18   |
| Mononucleosis                        | 19   |
| Mumps (Infectious Parotitis).....    | 20   |
| Pediculosis (Head Lice).....         | 21   |
| Pertussis (Whooping Cough).....      | 22   |
| Pinworm.....                         | 24   |
| Ringworm.....                        | 25   |
| Roseola.....                         | 26   |
| Rubella (German Measles).....        | 27   |
| Scabies.....                         | 28   |
| Scarlet Fever.....                   | 29   |

## **Introduction**

This guide provides general information on common childhood illnesses. It describes the programs within the Health Unit that are responsible for inquiries, reporting requirements, common features of childhood illnesses, and specific actions to limit the spread of these illnesses to other children and staff.

For more complete information on childhood illnesses and recommended control measures, please call the child's doctor or the Peterborough County-City Health Unit at

(705) 743-1000

Adapted by: Communicable Disease and Outbreak Control Programs  
Peterborough County-City Health Unit  
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Original Document

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## Reporting Outbreaks

An outbreak is defined as two or more linked cases with clinically compatible signs and symptoms of an infection, two or more laboratory confirmed cases or whatever is above normal in the school/centre. Symptoms of illness may include fever, rash, vomiting, diarrhea, headache, and/or general irritability.

A Certified Public Health Inspector or Registered Nurse will visit the premises. An inspection will be performed and control measures will be reviewed with the contact person.



To report an outbreak:

Telephone the Public Health Unit at (705) 743-1000 as soon as you are aware of a suspect or confirmed outbreak situation.

The following information will be requested:

- T** name of school/centre
- T** name of contact person
- T** number of children ill
- T** number of children attending the school
- T** number of staff ill
- T** number of staff at the school
- T** signs/symptoms experienced by ill individuals and onset dates
- T** age/sex/class of ill persons
- T** content of meals recently consumed

## Reporting Communicable Diseases

Under the Health Protection and Promotion Act (1983), school and day nursery staff are required by law to report communicable diseases to the Medical Officer of Health. This is to allow Health Unit staff to promptly investigate and implement measures to protect susceptible children.



To report any communicable disease (except chickenpox):

Telephone the Public Health Unit at (705) 743-1000, as soon as you are aware of a child who has or may have, one of these diseases (refer to the “Reportable Diseases List” on the next page).

The following information will be requested:

- T** name of child
- T** date of birth
- T** home telephone number of child
- T** name of parent/guardian of child
- T** communicable disease



To report chickenpox (varicella):

Telephone the Public Health Unit at (705) 743-1000, every Monday. For each child who had or may have had chickenpox during the previous week, the following information will be requested:

- T** name of child
- T** age of child

# Reportable Diseases

The following specified diseases (Ontario Regulations 559/91 and amendments under the Health Protection and Promotion Act) are to be reported to the local Medical Officer of Health:

Acquired Immune deficiency Syndrome (AIDS)

Amebiasis

**\*Anthrax**

**\*Botulism**

Brucellosis

Campylobacter enteritis

Chancroid

Chickenpox (Varicella)

Chlamydia trachomatis infections

**\*Cholera**

Cryptosporidiosis

Cytomegalovirus Infection, congenital

**\*Diphtheria**

Encephalitis, including:

i) primary, viral

ii) post-infectious

iii) vaccine-related

iv) subacute sclerosing panencephalitis

v) unspecified

**\*Food poisoning, all causes**

**\*Gastroenteritis, institutional outbreaks**

Giardiasis (symptomatic only)

Gonorrhoea

**\*Group A Streptococcal infections, invasive**

Group B Streptococcal infections, neonatal

**\*Haemophilus influenzae b disease, invasive**

**\*Hemorrhagic fevers, including:**

i. **\*Ebola virus disease**

ii. **\*Marburg virus disease**

iii. **\*Other viral causes**

Hepatitis, viral

i. Hepatitis A

ii. Hepatitis B

iii. Hepatitis C

iv. Hepatitis D (Delta hepatitis)

Herpes, neonatal

Influenza

**\*Lassa Fever**

Legionellosis

Leprosy

Listeriosis

Lyme disease

Malaria

**\*Measles**

Meningitis, acute

i. **\*bacterial**

ii. viral

iii. other

**\*Meningococcal disease, invasive**

Mumps

Ophthalmia neonatorum

**\*Paratyphoid fever**

Pertussis (Whooping Cough)

**\*Plague**

**\*Poliomyelitis, acute**

Psittacosis/Ornithosis

Q Fever

**\*Rabies**

Rubella

Rubella, congenital syndrome

Salmonellosis

**\*Shigellosis**

Syphilis

Tetanus

Trichinosis

Tuberculosis

Tularemia

**\*Typhoid Fever**

**\*Verotoxin-producing E. coli infection**

**indicator conditions including Hemolytic Uremic Syndrome (HUS)**

**\*Yellow Fever**

Yersiniosis

Ontario Ministry of Health 1996

Note: Diseases marked \* (and influenza in institutions) should be reported immediately to the Medical Officer of Health by telephone.

Other diseases are to be reported by the next working day.



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April 2001

For more information please call the Control of Infectious Diseases Program at **(705) 743-1000.**

To report a disease after hours call (705) 760-8127.

## Chicken Pox

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| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995. p. 87   |
| <b>How does the child look?</b>                | <p>Sudden, slight fever and mild symptoms, i.e., runny nose, headache, etc. followed by small spots on the skin with raised areas in the centre. This may appear alone or in clusters (rash). These spots may contain a fluid substance for 3-4 days and then dry up into a scab. They tend to appear more on skin covered by clothing. Lesions may occur on the scalp, armpits, in the mouth and on the smooth surface of the eye.</p> <p>Symptoms can be more severe in older individuals.</p> |
| <b>What is the rash like?</b>                  | Tiny, fluid-filled blisters. They dry up and scab over in about 3-4 days.  |
| <b>How is it spread?</b>                       | Through the air. Also by direct contact with blister fluid, saliva, phlegm, or articles soiled by the sick child (toys, tissues, towels, etc.). Highly infectious.   |
| <b>How long do symptoms take to appear?</b>    | 11-21 days after exposure (usually 13-17 days).  |
| <b>When is it “catching?”</b>                  | From as long as 5 days to usually 1-2 days before the onset of the rash and not more than 5 days after the lesions.  |
| <b>How long should the child stay home?</b>    | A child with mild illness should be allowed to return to school or child care as soon as he or she is well enough to participate normally in all activities (regardless of the state of the rash).   |
| <b>Can siblings attend day care or school?</b> | Yes.   |
| <b>Should I call the Health Unit?</b>          | Yes. Call weekly to report name and age of the child(ren) affected and consult the Health Unit if other children in day care or school have major medical problems.  |

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**What else should be done?**

Thorough hand washing by staff and children. Clean and disinfect soiled articles and surfaces. Avoid giving drugs containing ASA (eg. Anacin, Dristan, Aspirin) to ill child to prevent Reye's syndrome.

Parents of other children in the school or child care facility, particularly parents of immunosuppressed children, should be notified that chickenpox is in the class/facility. Ask them to call the Health Unit if they require more information.

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## Conjunctivitis (Pink Eye)

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| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995. p. 106<br>The Merck Manual, 14 edition, 1982, p.  |
| <b>How does the child look?</b>                | Red, swollen eye(s) and or lid(s), then thick, clear or yellow discharge and crusting. Itchiness and/or discomfort may be experienced. |
| <b>What is the rash like?</b>                  | No rash.   |
| <b>How is it spread?</b>                       | By touching the eye or articles soiled with discharges from eyes, nose and throat. Highly infectious.                                  |
| <b>How long do symptoms take to appear?</b>    | 24-72 hours after exposure.  |
| <b>When is it “catching?”</b>                  | Until treated or recovering.   |
| <b>How long should the child stay home?</b>    | Until treated or if whites of eyes are clear and crusting is gone.   |
| <b>Can siblings attend day care or school?</b> | Yes, if not infected.  |
| <b>Should I call the Health Unit?</b>          | Only if several children are infected.   |
| <b>What else should be done?</b>               | Clean and disinfect soiled articles and surfaces. Thorough and frequent hand washing by staff and children.                            |

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## Fifth's Disease

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| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995, p. 172   |
| <b>How does the child look?</b>                | Noticeable redness of the face (slapped cheek appearance) followed in 1-4 days by a lace-like rash on the trunk and extremities. The rash may be itchy or irritating. It fades but may recur for 1-3 weeks on exposure to sunlight or heat (e.g., bathing). |
| <b>What is the rash like?</b>                  | See above.  |
| <b>How is it spread?</b>                       | Primarily through contact with infected respiratory secretions. Also from mother to fetus.  |
| <b>How long do symptoms take to appear?</b>    | Variable; 4-20 days to development of rash.   |
| <b>When is it “catching?”</b>                  | Greatest before onset of rash and probably not communicable after onset of rash.  |
| <b>How long should the child stay home?</b>    | No need to stay home unless not feeling well.   |
| <b>Can siblings attend day care or school?</b> | Yes.  |
| <b>Should I call the Health Unit?</b>          | Only if you have additional questions.  |
| <b>What else should be done?</b>               | Advise any pregnant contacts that they call their family doctor to advise of the exposure.  |

## Gastroenteritis

(e.g. Campylobacter, E. coli, Shigella, Yersinia)

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| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995. p. 197  |
| <b>How does the child look?</b>                | Poor appetite, vomiting, stomach cramps, watery or bloody diarrhea.  |
| <b>What is the rash like?</b>                  | No rash.   |
| <b>How is it spread?</b>                       | By direct contact with stool (hand to mouth), or from food, milk or water. Also spread by people without symptoms who have poor personal hygiene.                              |
| <b>How long do symptoms take to appear?</b>    | Varies; usually 24-72 hours after exposure. 3-5 days for Campylobacter and Yersinia.   |
| <b>When is it “catching?”</b>                  | While symptoms (especially diarrhea) are present. Can be longer depending on the illness. Poor personal hygiene helps to spread the diseases and prolong the communicability.. |
| <b>How long should the child stay home?</b>    | Until 48 hours after symptoms disappear.   |
| <b>Can siblings attend day care or school?</b> | Only if they do not have symptoms, especially diarrhea.  |
| <b>Should I call the Health Unit?</b>          | Only if several children are affected.   |
| <b>What else should be done?</b>               | Clean and disinfect soiled articles and surfaces. Thorough hand washing by staff and children.   |

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## Giardiasis

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| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995. p. 202  |
| <b>How does the child look?</b>                | Frequent, smelly diarrhea, cramps, bloating and weight loss. May not always have symptoms.   |
| <b>What is the rash like?</b>                  | No rash.   |
| <b>How is it spread?</b>                       | By direct contact with stool (hand to mouth), or by contaminated food, water or environmental surfaces. Also spread by people without symptoms who have poor personal hygiene. |
| <b>How long do symptoms take to appear?</b>    | 3-25 days after exposure (usually 7-10 days).  |
| <b>When is it “catching?”</b>                  | Until infection is treated or resolves. Can be longer if people without symptoms have poor personal hygiene.   |
| <b>How long should the child stay home?</b>    | Until 48 hours after symptoms have disappeared.  |
| <b>Can siblings attend day care or school?</b> | Only if they do not have symptoms, especially diarrhea.  |
| <b>Should I call the Health Unit?</b>          | Yes.   |
| <b>What else should be done?</b>               | Clean and disinfect soiled articles and surfaces. Thorough hand washing by staff and children.   |

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## Hand, Foot and Mouth Disease

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|--|---|
| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995. p. 116   |
| <b>How does the child look?</b>                | Sudden onset, fever, sore throat.   |
| <b>What is the rash like?</b>                  | Discrete grayish lesions which may progress to larger ulcers: in mouth, on palms of hands and soles of feet.                          |
| <b>How is it spread?</b>                       | Direct contact with nose and throat discharges and feces of infected persons (who may be asymptomatic) and by aerosol droplet spread. |
| <b>How long do symptoms take to appear?</b>    | Usually 3-5 days.   |
| <b>When is it “catching?”</b>                  | During the acute stage of the illness and perhaps longer, since these viruses persist in stool for several weeks.                     |
| <b>How long should the child stay home?</b>    | Until fever is gone and child feels well.   |
| <b>Can siblings attend day care or school?</b> | Yes.  |
| <b>Should I call the Health Unit?</b>          | Only if several children have the disease.  |
| <b>What else should be done?</b>               | Clean and disinfect soiled articles and surfaces. Thorough and frequent hand washing by staff and children.                           |

# Hepatitis A

|  |   |
|--|---|
| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995, p. 217   |
| <b>How does the child look?</b>                | Sudden fever, feeling unwell, loss of appetite and nausea, abdominal discomfort, then jaundice (yellowing of eyes and skin). Children may have mild illness without jaundice.   |
| <b>What is the rash like?</b>                  | No rash.  |
| <b>How is it spread?</b>                       | By direct contact with stool (hand to mouth) or by contaminated milk, water or food. Eating of raw or undercooked mollusks (oysters, mussels, snails, etc.) harvested from contaminated water. Also spread by people without symptoms who have poor personal hygiene. |
| <b>How long do symptoms take to appear?</b>    | 15-50 days after exposure (usually 28-30 days).   |
| <b>When is it “catching?”</b>                  | 2 weeks before and until 1 week after start of jaundice. Most infectious before jaundice begins.  |
| <b>How long should the child stay home?</b>    | For the first 2 weeks of illness and until 1 week after start of jaundice if no diarrhea.   |
| <b>Can siblings attend day care or school?</b> | Only if they do not have diarrhea.  |
| <b>Should I call the Health Unit?</b>          | Yes.  |

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**What else should be done?**

Clean and disinfect soiled articles and surfaces. Thorough hand washing by staff and children. Other children and staff may need immune globulin or vaccine and will be advised by Health Unit staff.

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## Hepatitis B

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| <b>Resource</b>                                | Report of the Committee on Infectious Diseases, 24th edition, 1997. p. 247  |
| <b>How does the child look?</b>                | Early in illness, child may complain of painful bones and joints and may develop a rash. Following this, child may experience gradual loss of appetite, abdominal pain, nausea and vomiting, then jaundice (yellowing of eyes and skin). Some may have mild illness without visible symptoms. |
| <b>What is the rash like?</b>                  | Macular (spots), not raised.  |
| <b>How is it spread?</b>                       | By direct contact with blood, saliva, semen or vaginal fluid, on broken skin, eyes and lining of nose or mouth. People without symptoms can spread the infection.   |
| <b>How long do symptoms take to appear?</b>    | 45-180 days after exposure (usually 60-90 days).  |
| <b>When is it “catching?”</b>                  | May be infective many weeks before the onset of first symptoms and remain infective through the acute phase. Chronic carriers may also be infective.  |
| <b>How long should the child stay home?</b>    | Until well enough to return. Call Health Unit if infected children are not toilet trained or have aggressive behaviour (e.g., biting).  |
| <b>Can siblings attend day care or school?</b> | Yes.  |
| <b>Should I call the Health Unit?</b>          | Yes.  |
| <b>What else should be done?</b>               | Clean and disinfect soiled articles and surfaces. Thorough hand washing by staff and children. Other children and staff may need immune globulin or vaccine and will be advised by Health Unit Staff.   |

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## Impetigo

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|--|--|
| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995. p. 429-432  |
| <b>How does the child look?</b>                | Blisters, then honey-coloured crusts on red base; often around mouth, nose and diaper area.  |
| <b>What is the rash like?</b>                  | See above.   |
| <b>How is it spread?</b>                       | The hands are the most common way of passing bacteria from one person to another. Infection can be spread to other parts of the body by the child's fingers. |
| <b>How long do symptoms take to appear?</b>    | Varies; usually 4-10 days, but can be 1-3 days.  |
| <b>When is it "catching?"</b>                  | Until sores are dry or 24-48 hours after start of an antibiotic.   |
| <b>How long should the child stay home?</b>    | Until all sores have dried up, or assured that child is under physician's treatment. Lesions if present are to be covered.                                   |
| <b>Can siblings attend day care or school?</b> | Yes.   |
| <b>Should I call the Health Unit?</b>          | Only if several children are infected.   |
| <b>What else should be done?</b>               | Clean and disinfect soiled articles and surfaces. Thorough and frequent hand washing by staff and children. Sharing of clothing or linens is to be avoided.  |

## Measles (Red measles, Rubeola)

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|--|--|
| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995. p. 293<br>Report of the Committee on Infectious Diseases, 24th edition, 1997. p.344   |
| <b>How does the child look?</b>                | Fever, cough, red eyes, runny nose, red spots in mouth, swollen neck glands. Child looks ill.  |
| <b>What is the rash like?</b>                  | Red, blotchy rash appears on the third to seventh day, begins on the face and spreads to rest of the body. Lasts four to seven days and sometimes ends with flaking or peeling skin.   |
| <b>How is it spread?</b>                       | By direct or airborne contact with saliva, phlegm, or articles soiled by the sick child (toys, tissues, towels, etc.). Highly infectious.  |
| <b>How long do symptoms take to appear?</b>    | 7-18 days, usually 10 days. Usually 14 days until rash appears.  |
| <b>When is it “catching?”</b>                  | From 4 days before to 4 days after rash appears.   |
| <b>How long should the child stay home?</b>    | Until 4 days after rash starts, if child feels well.   |
| <b>Can siblings attend day care or school?</b> | Yes, if immunized or immune (see below).   |
| <b>Should I call the Health Unit?</b>          | Yes.   |
| <b>What else should be done?</b>               | Clean and disinfect soiled articles and surfaces. Thorough and frequent hand washing by staff and children. Health Unit staff will determine which students are at risk for measles and exclude them from school until the period of risk is over. Unimmunized children may need measles vaccine or immune globulin. |

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## Meningitis (Bacterial)

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|--|--|
| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995, p. 303  |
| <b>How does the child look?</b>                | Sudden fever, severe headache, nausea, vomiting, stiff neck or a rash.   |
| <b>What is the rash like?</b>                  | Sometimes a fine rash over body (small, pinpoint, non-raised, perfectly round, pimply, and red in colour).   |
| <b>How is it spread?</b>                       | By direct contact with saliva or respiratory droplets from nose and throat when coughing or sneezing.  |
| <b>How long do symptoms take to appear?</b>    | 2-10 days after exposure (usually 3-4 days).   |
| <b>When is it “catching?”</b>                  | Until 24 hours after antibiotics are started.  |
| <b>How long should the child stay home?</b>    | Until 24 hours after beginning treatment and well enough to return.  |
| <b>Can siblings attend day care or school?</b> | Yes (see below).   |
| <b>Should I call the Health Unit?</b>          | Yes.   |
| <b>What else should be done?</b>               | Other children (especially infants) should be watched closely for signs of illness, especially fever. Parents of children at risk will be notified by Health Unit staff. Health Unit staff will advise those at risk regarding the need for antibiotics. |

## Meningitis (Viral)

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|--|---|
| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995, p. 301   |
| <b>How does the child look?</b>                | May experience some or all of: sudden fever, severe headache, nausea, vomiting, stiff neck, eyes sensitive to light, insomnia and/or personality changes, e.g., listless or agitated. |
| <b>What is the rash like?</b>                  | Depending on the virus, a rash may be present or absent.  |
| <b>How is it spread?</b>                       | Varies with each virus.   |
| <b>How long do symptoms take to appear?</b>    | Varies with each virus.   |
| <b>When is it “catching?”</b>                  | Not passed from person to person.   |
| <b>How long should the child stay home?</b>    | Until well enough to return.  |
| <b>Can siblings attend day care or school?</b> | Yes.  |
| <b>Should I call the Health Unit?</b>          | Yes   |
| <b>What else should be done?</b>               | Nothing.  |

## Mononucleosis

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**Resource**

Control of Communicable Diseases Manual, 1995, p.

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**How does the child look?**

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**What is the rash like?**

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**How is it spread?**

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**How long do symptoms take to appear?**

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**When is it “catching?”**

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**How long should the child stay home?**

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**Can siblings attend day care or school?**

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**Should I call the Health Unit?**

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**What else should be done?**

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## Mumps (Infectious Parotitis)

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| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995, p. 315   |
| <b>How does the child look?</b>                | Onset occurs with chilly sensations, headache, loss of appetite and generally feels unwell. May have a low to moderate fever. Pain on chewing or swallowing. On the second day, swelling of the gland reaches its maximum. Swelling and tenderness in one or more salivary glands (in front of and below the ear) |
| <b>What is the rash like?</b>                  | No rash.  |
| <b>How is it spread?</b>                       | Respiratory route i.e., sneezing, coughing without covering nose and mouth. Also direct contact with saliva or articles soiled by the sick child (toys, tissues, towels, etc.).   |
| <b>How long do symptoms take to appear?</b>    | 12-25 days after exposure (usually 18 days).  |
| <b>When is it “catching?”</b>                  | From 6-7 days before swelling occurs, to 9 days after.  |
| <b>How long should the child stay home?</b>    | Until 9 days after the onset of swelling.   |
| <b>Can siblings attend day care or school?</b> | Yes, if immunized.  |
| <b>Should I call the Health Unit?</b>          | Yes.  |
| <b>What else should be done?</b>               | Clean and disinfect soiled articles and surfaces. Thorough hand washing by staff and children. Health Unit staff will determine which students are at risk for mumps and exclude them from school until the infectious period is over.  |

## Pediculosis (Head Lice)

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|--|---|
| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995. p. 345   |
| <b>How does the child look?</b>                | Itchy scalp. Live lice are tiny wingless insects that crawl in the hair. Nits are tiny, white egg-shaped deposits which are firmly attached to the hair and look like dandruff.                 |
| <b>What is the rash like?</b>                  | No rash.  |
| <b>How is it spread?</b>                       | By direct head-to-head contact or by sharing clothing, head gear, combs and brushes. Lice do not jump or fly.   |
| <b>How long do symptoms take to appear?</b>    | 8-10 days for eggs to hatch, adults immediately after transferring to a new head.   |
| <b>When is it “catching?”</b>                  | Until treated and eggs (nits) are gone.   |
| <b>How long should the child stay home?</b>    | Until treated and the nits are removed.   |
| <b>Can siblings attend day care or school?</b> | Yes, but other family members are often infected.   |
| <b>Should I call the Health Unit?</b>          | No.   |
| <b>What else should be done?</b>               | Launder or dry clean contaminated clothes and bedding. Parents should be responsible for treatment and regular head checks. Consult a pharmacist or the child’s doctor for advice on treatment. |

## Pertussis (Whooping Cough)

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| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995. p. 347  |
| <b>How does the child look?</b>                | Cold-like symptoms with irritating cough. Coughing is prolonged and severe, and it may be characterized by a high-pitched whoop, or crowing. Coughing may persist for several weeks after treatment. Fever is minimal or absent. |
| <b>What is the rash like?</b>                  | No rash.   |
| <b>How is it spread?</b>                       | By direct or air borne contact with saliva, phlegm, or articles soiled by the sick child (toys, tissues, towels, etc.).  |
| <b>How long do symptoms take to appear?</b>    | Usually 7-10 days after exposure but can be 6-20 days.   |
| <b>When is it “catching?”</b>                  | Up to 3 weeks after start of cough or until 5 days after antibiotics are started. Very infectious in early stage.  |
| <b>How long should the child stay home?</b>    | Until treated with antibiotics for at least 5 days and child feels well. A 10 day course of antibiotic treatment must be completed. Otherwise, the child should stay home until 3 weeks after cough starts.                      |
| <b>Can siblings attend day care or school?</b> | Yes, if immunized or immune (see below).   |
| <b>Should I call the Health Unit?</b>          | Yes.   |

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**What else should be done?**

Clean and disinfect soiled articles and surfaces. Thorough and frequent hand washing by staff and children. Health Unit staff will determine which students are at risk for pertussis and exclude them from school until the infectious period is over. Significant contacts under 7 years may need a booster of Diphtheria, Pertussis and Tetanus vaccine and/or an antibiotic.

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## Pinworm

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| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995, p. 170  |
| <b>How does the child look?</b>                | Scratching around anus, especially during sleep. Often, there are no symptoms.   |
| <b>What is the rash like?</b>                  | Sometimes red, itchy rash around anus.   |
| <b>How is it spread?</b>                       | Direct transfer of eggs by hand from anus to mouth of same or another person. Indirectly through clothing, bedding, food or other articles contaminated with eggs of the parasite.                         |
| <b>How long do symptoms take to appear?</b>    | 2-6 weeks after exposure.  |
| <b>When is it “catching?”</b>                  | As long as females are laying eggs on skin near the anus. Eggs are infective in an indoor environment for 2 weeks.   |
| <b>How long should the child stay home?</b>    | No exclusion necessary. Treat with medication. Recurrence is common.   |
| <b>Can siblings attend day care or school?</b> | Yes, but other family members are often infected.  |
| <b>Should I call the Health Unit?</b>          | No.  |
| <b>What else should be done?</b>               | Launder contaminated clothes, towels and bedding. Thorough hand washing by staff and children, especially around nails. Clean and vacuum sleeping and living areas daily for several days after treatment. |

# Ringworm

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| <b>Resource</b>                                | Report of the Committee on Infectious Diseases, 24th edition, 1997, p. 523<br>Control of Communicable Diseases Manual, 1995, p. 133   |
| <b>How does the child look?</b>                | <ol style="list-style-type: none"><li>1. <u>Athlete's Foot</u> - Itchy blisters and cracked, peeling skin between toes, sometimes on hands.</li><li>2. <u>Skin</u> - Flat, red ring-shaped lesions with clear skin in centre and blisters on border.</li><li>3. <u>Scalp</u> - Scaly patches. Hair breaks off close to scalp.</li></ol> |
| <b>What is the rash like?</b>                  | See above.  |
| <b>How is it spread?</b>                       | By touching infected skin or by contact with contaminated clothes, toilet articles or surfaces, (e.g., floors).   |
| <b>How long do symptoms take to appear?</b>    | <ol style="list-style-type: none"><li>1. Unknown.</li><li>2. 4-10 days after exposure.</li><li>3. 10-14 days after exposure.</li></ol>  |
| <b>When is it "catching?"</b>                  | As long as lesions are present. Fungus may persist on contaminated materials for long periods.  |
| <b>How long should the child stay home?</b>    | Until assured that the child is under physician's treatment. Lesions if present are to be covered.  |
| <b>Can siblings attend day care or school?</b> | Yes.  |
| <b>Should I call the Health Unit?</b>          | No.   |
| <b>What else should be done?</b>               | Launder soiled clothes, towels and bedding in hot water. Clean and disinfect environmental surfaces. The infected child is not to participate in activities which would expose others directly to lesions, e.g, swimming. Sharing of clothing, linens, combs or brushes is to be avoided.   |

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## Roseola

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| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995. p. 410<br>The Merck Manual, 14th edition, 1982, p. 184   |
| <b>How does the child look?</b>                | Sudden high (103-105 <sup>EF</sup> , or 39-40 <sup>EC</sup> ) fever, which lasts 3-5 days then falls rapidly. Rash appears when fever falls. Affects children aged 3 months to 4 years. |
| <b>What is the rash like?</b>                  | Red raised rash, which begins on trunk, then spreads to rest of body. Fades rapidly.  |
| <b>How is it spread?</b>                       | Not known.  |
| <b>How long do symptoms take to appear?</b>    | 5-15 days, usually about 10 days.   |
| <b>When is it “catching?”</b>                  | Unknown.  |
| <b>How long should the child stay home?</b>    | No exclusion necessary.   |
| <b>Can siblings attend day care or school?</b> | Yes.  |
| <b>Should I call the Health Unit?</b>          | No.   |
| <b>What else should be done?</b>               | No special measures are needed.   |

## Rubella (German Measles)

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| <b>Resource</b>                                    | Control of Communicable Diseases Manual, 1995. p. 405<br>Report of the Committee on Infectious Diseases, 24th<br>edition, 1997. p. 456  |
| <b>How does the child look?</b>                    | Mild fever. May also experience headache,<br>cough, red eyes, runny nose. Swollen glands<br>at back of neck. May not feel ill. The<br>younger the child, the less symptoms occur. |
| <b>What is the rash like?</b>                      | Mottled or tiny raised spots spreading from<br>face to neck to body over 12-24 hours.<br>Unrecognized in 50% of cases.  |
| <b>How is it spread?</b>                           | By droplet contact and/or direct contact with<br>phlegm, saliva, or articles soiled by the sick<br>child. People without symptoms can spread<br>the infection.                    |
| <b>How long do symptoms take<br/>to appear?</b>    | 14-23 days after exposure (usually 16-18<br>days).  |
| <b>When is it “catching?”</b>                      | 7 days before to at least 4 days after rash<br>begins. Most infectious while rash is starting.  |
| <b>How long should the child<br/>stay home?</b>    | Until 4 days after rash starts. Avoid contact<br>with non-immune, pregnant women.   |
| <b>Can siblings attend day care<br/>or school?</b> | Yes, if immunized.  |
| <b>Should I call the Health Unit?</b>              | Yes.  |
| <b>What else should be done?</b>                   | Clean and disinfect soiled articles and<br>surfaces. Thorough and frequent hand<br>washing by staff and children.   |

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## Scabies

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| <b>Resource</b>                                    | Control of Communicable Diseases Manual, 1995, p. 415<br>Pamphlet - How to Recognize and treat Scabies, Block<br>Drug Co. (Canada) Ltd.  |
| <b>How does the child look?</b>                    | Small, wavy, thread-like, greyish-white<br>burrows (tunnel-like markings) on the skin.<br>Seen between fingers, on wrists, folds of<br>elbows and armpits, abdomen, buttocks and<br>thighs. May be hard to see due to redness<br>from scratching. Intense itching, especially at<br>night. |
| <b>What is the rash like?</b>                      | See above.   |
| <b>How is it spread?</b>                           | By touching infected skin, soiled underclothes<br>or bedding.  |
| <b>How long do symptoms take<br/>to appear?</b>    | Can be days or weeks after exposure.   |
| <b>When is it “catching?”</b>                      | Until mites and eggs are destroyed by<br>treatment.  |
| <b>How long should the child<br/>stay home?</b>    | Until 1 day after treatment. Rash and itching<br>may persist after mites are destroyed.  |
| <b>Can siblings attend day care<br/>or school?</b> | Yes, but other family members are often<br>infected.   |
| <b>Should I call the Health Unit?</b>              | Only if several children are infected.   |
| <b>What else should be done?</b>                   | Launder or dry clean soiled clothes and<br>bedding. Other children and staff may need<br>treatment.  |

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## Scarlet Fever

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| <b>Resource</b>                                | Control of Communicable Diseases Manual, 1995, p. 439<br>Encyclopedia and Dictionary of Medicine and Nursing,<br>1972, p. 858                                       |
| <b>How does the child look?</b>                | Sore throat, fever, swollen glands.   |
| <b>What is the rash like?</b>                  | Fine red rash, which feels like sandpaper and fades on pressure. Most often on neck, chest, folds of armpits, elbows, groin and inner part of thighs.               |
| <b>How is it spread?</b>                       | By droplets when sneezing or coughing or direct contact with phlegm, saliva or articles soiled by the sick child. People without symptoms can spread the infection. |
| <b>How long do symptoms take to appear?</b>    | 1-3 days after exposure.  |
| <b>When is it “catching?”</b>                  | In untreated, uncomplicated cases, for 10-21 days or 24 hours after antibiotics are started.  |
| <b>How long should the child stay home?</b>    | Until 24 hours after antibiotics are started, if child feels well.  |
| <b>Can siblings attend day care or school?</b> | Yes, if well.   |
| <b>Should I call the Health Unit?</b>          | Only if several children are infected.  |
| <b>What else should be done?</b>               | Clean and disinfect soiled articles and surfaces. Thorough hand washing by staff and children.  |

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