

# **GUIDELINES AND INFORMATION ON CHILDHOOD COMMUNICABLE DISEASES**

*For further information, please call  
Health Connection at  
1-800-361-5653*



<b>DISEASE</b>	<b>INCUBATION PERIOD</b>	<b>TRANSMISSION</b>	<b>SIGNS &amp; SYMPTOMS</b>	<b>INFECTIOUS PERIOD</b>	<b>PREVENTION AND CONTROL OF CONTACT</b>	<b>EXCLUDE</b>	<b>REPORT</b>	<b>COMMENTS</b>
<b>CANDIDA</b> (Monilia) (Fungal Infections)  1) Thrush (oral infection) 2) Candida Diaper Rash	2 - 5 days in infants  variable	<ul style="list-style-type: none"> <li>Most infections are due to changes in immune status or treatment with antibiotics.</li> <li>Where there is transmission, it is by direct contact with secretions of mouth, skin, or faecal matter of infected person.</li> <li>Bottles, nipples and soothers may also become contaminated.</li> </ul>	1) <u>Thrush</u> <ul style="list-style-type: none"> <li>Mouth has a dry appearance.</li> <li>Creamy patches on reddened surface of tongue, gums and inside of cheek.</li> <li>Difficult to wipe off.</li> <li>Some discomfort but usually painless.</li> </ul> 2) <u>Diaper Rash</u> <ul style="list-style-type: none"> <li>Red rash in creases of groin and buttocks.</li> </ul>	<ul style="list-style-type: none"> <li>Most likely while sores are present.</li> </ul>	<ul style="list-style-type: none"> <li>Handwashing of staff and children. (refer to Hand Wash Procedure)</li> <li>Sanitizing infant bottles, nipples and soothers by boiling for 20 minutes.</li> <li>Apply prescribed ointment to rash.</li> <li>Disinfect table after each diaper change.</li> <li>Proper disposal of diapers (refer to Disposable diaper procedure).</li> </ul>	<ul style="list-style-type: none"> <li>No - If child feels well enough to participate in activities.</li> </ul>	No	<ul style="list-style-type: none"> <li>This fungus is normally present in the mouth and bowel, but does not cause illness in healthy persons.</li> </ul>
<b>CHICKENPOX</b> (Varicella-zoster virus)	2 - 3 weeks	<ul style="list-style-type: none"> <li>Person to person. <ol style="list-style-type: none"> <li>Air droplet spread.</li> <li>Direct contact with fluid from lesions.</li> </ol> </li> <li>Contact with articles freshly soiled by discharge from lesions.</li> <li>Highly contagious.</li> </ul>	<ul style="list-style-type: none"> <li>Rash with small blisters on top which become crusted.</li> <li>Itching, mild fever, malaise, headache.</li> <li>Lesions may be so few as to escape observation.</li> </ul>	<ul style="list-style-type: none"> <li>From 1- 2 days before until 5 days after sores appear or until all sores are dry and crusted</li> <li>Susceptible people can be considered contagious from 10 days following exposure until the incubation period has ended at 21 days</li> </ul>	<ul style="list-style-type: none"> <li>Determine presence of the immuno-compromised or pregnant women.</li> <li>Refer to family physician.</li> <li>Disinfect or discard articles soiled by nasal or throat secretions, or discharge from lesions</li> <li>Immunization is available.</li> </ul>	<ul style="list-style-type: none"> <li>No - if child feels well enough to participate in activities.</li> </ul>	Yes – Age, gender, name of centre or school only.	<ul style="list-style-type: none"> <li>Heat makes rash worse.</li> <li>Wear light clothing.</li> <li>Do <b>not</b> give aspirin for fever because of the possibility of Reye's Syndrome</li> <li>Vaccine preventable</li> </ul>

<p><b>COLD WITH FEVER</b></p>	<p>1-3 days but can be up to 14 days</p>	<ul style="list-style-type: none"> <li>• Person to person via saliva and nasal secretions</li> </ul>	<ul style="list-style-type: none"> <li>• Cough, runny nose, sneezing, headache and a low grade fever</li> </ul>	<p>2-7 days</p>	<ul style="list-style-type: none"> <li>• Hand Washing(follow hand wash procedures)</li> <li>• Dispose of used tissues properly</li> <li>• Cover mouth when sneezing and wash hands afterward</li> <li>• Limit contact with immune suppressed people</li> <li>• Encourage fluid intake</li> </ul>	<p>No - if child feels well enough to participate in activities, should be without fever for 24 hours</p>		
<p><b>INFLUENZA</b></p>	<p>1-4 days</p>	<ul style="list-style-type: none"> <li>• Person to person via droplets, indirect spread via contaminated hands, objects, surfaces.</li> </ul>	<ul style="list-style-type: none"> <li>• Muscle aches, nasal congestion, sore throat, chest discomfort, cough, headache, sneezing, runny nose, fever.</li> </ul>	<ul style="list-style-type: none"> <li>• One day before to seven days after onset.</li> <li>• Children may be infectious for longer periods of time.</li> </ul>	<ul style="list-style-type: none"> <li>• Handwashing (follow Hand Wash Procedure)</li> <li>• Disinfect contaminated objects and surfaces</li> <li>• Fever management - Do <b>not</b> give A.S.A. (aspirin) for fever because of the possibility of developing Reye's Syndrome</li> <li>• Encourage fluid intake</li> <li>• Refer to family physician</li> <li>• Immunization is recommended for all healthy staff and children 6 months of age and older.</li> </ul>	<ul style="list-style-type: none"> <li>• Yes – for three (3) days after onset of symptoms</li> </ul>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• Vaccine is strongly recommended for high risk persons. Please consult with your family doctor.</li> </ul>

<b>CONJUNCTIVITIS</b> (Pink Eye) Bacteria or Virus	1 - 3 days	<ul style="list-style-type: none"> <li>• Direct contact with the discharge from the eye.</li> <li>• Also spread indirectly through contaminated clothing, face cloths &amp; towels.</li> <li>• May also be spread by secretions from the upper respiratory tract of infected people</li> </ul>	<ul style="list-style-type: none"> <li>• Redness, itching, pain and discharge from the eye.</li> </ul>	<ul style="list-style-type: none"> <li>• For duration of illness or until 24 hours after treatment with an appropriate antibiotic has been started.</li> </ul>	<ul style="list-style-type: none"> <li>• Handwashing for staff and children. (Refer to Hand Wash Procedure)</li> <li>• Disinfection of toys, tables, door knobs, railings.</li> <li>• Use only soap dispenser and paper towels until cleared.</li> <li>• No sharing of towels or washcloths</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude only if discharge is pus (yellow, thick) and then only until antibiotic has been taken or applied for one full day.</li> </ul>	No	
<b>COXSACKIE A16</b> (Hand, Foot & Mouth Disease) (Virus)	3-5 days	<ul style="list-style-type: none"> <li>• Direct contact with nasal and throat discharges or feces from infected person.</li> <li>• Spread person to person through the air similar to colds or by touching lesions. As a result, the spread is difficult to control.</li> </ul>	<ul style="list-style-type: none"> <li>• Fever, headache, sore throat, loss of appetite, lack of energy.</li> <li>• Characteristic rash, red spots, often with small blisters on top, appear on hands, feet and in the mouth.</li> </ul>	<ul style="list-style-type: none"> <li>• During acute stage of illness</li> <li>• May last as long as 1 - 2 weeks after onset.</li> </ul>	<ul style="list-style-type: none"> <li>• Handwashing after wiping child's nose, changing diaper, using toilet and before preparing food.</li> <li>• Disinfect or discard articles soiled with secretions of infected person.</li> <li>• Control use of toys (prevent sharing, use washable or disposable toys).</li> </ul>	<ul style="list-style-type: none"> <li>• No. A child may return to childcare centre if well enough to take part in activities.</li> </ul>	No	<ul style="list-style-type: none"> <li>• Encourage medical diagnosis to rule out a more serious viral infection with rash.</li> </ul>
<b>CYTOMEGALOVIRUS</b> (Virus)	3-12 weeks post delivery  3-8 wks post transplant or transfusion	<ul style="list-style-type: none"> <li>• Contact with contaminated secretions such as saliva, urine, breast-milk, cervical secretions and semen.</li> <li>• Can infect fetus during pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>• Could have a fever without associated symptoms</li> <li>• Virus is present in saliva and urine.</li> </ul>	<ul style="list-style-type: none"> <li>• Whenever virus present in urine and saliva.</li> </ul>	<ul style="list-style-type: none"> <li>• Handwashing (refer to Hand Wash Procedure)</li> <li>• Diaper change (refer to Diaper Disposable Procedure)</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>	Yes	<ul style="list-style-type: none"> <li>• Immune suppressed and pregnant women should be referred to family physician.</li> </ul>

<p><b>ENTERIC DISEASES</b></p> <p><b>A. Parasite</b> (e.g. Giardiasis)</p> <p><b>B. Bacterial</b> (e.g. Salmonellosis,)</p> <p><b>C. Viral</b> (e.g. Rotavirus)</p>	<p>3-25 days</p> <p>30 mins – 10 days</p> <p>1 – 3 days</p>	<ul style="list-style-type: none"> <li>• Contact with feces</li> <li>• Soiled hands</li> <li>• Unsafe water and food</li> <li>• Contaminated toys and equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Watery or bloody diarrhea</li> <li>• Abdominal cramps</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Fever</li> </ul>	<ul style="list-style-type: none"> <li>• Varies depending on disease type (consult with health professional)</li> </ul>	<ul style="list-style-type: none"> <li>• Handwashing by staff and students (refer to Hand Wash Procedure)</li> <li>• Disinfect tables after each diaper change</li> <li>• Proper disposal of diapers. (refer to Disposable Diaper Procedure)</li> <li>• Disinfect all surfaces, toys, furniture</li> </ul>	<ul style="list-style-type: none"> <li>• Yes - until symptom free for 24 hours or depending on the organism identified.</li> </ul>	<p>Yes, if confirmed by doctor</p>	
<p><b><i>E. coli</i> Food Poisoning</b> (Verotoxin-producing <i>E.coli</i>) A.K.A. Hamburger disease</p>	<p>2 – 10 days</p>	<ul style="list-style-type: none"> <li>• Ingestion of contaminated foods such as under-cooked beef (especially ground beef) as well as drinking unpasteurized milk and apple juice.</li> <li>• Contact with feces of an infected person</li> </ul>	<ul style="list-style-type: none"> <li>• Non-bloody to bloody diarrhea</li> <li>• Maybe accompanied by haemolytic uremic syndrome (HUS)</li> </ul>	<ul style="list-style-type: none"> <li>• A week or less following resolution of symptoms</li> <li>• Up to 3 weeks in children</li> </ul>	<ul style="list-style-type: none"> <li>• Handwashing</li> <li>• Cook meats thoroughly especially ground beef to internal temperature of 70°C or until the juices run clear and the meat is no longer pink.</li> <li>• Swim in chlorinated pools, spas and wading pools</li> </ul>	<ul style="list-style-type: none"> <li>• Yes, until two (2) consecutive stool samples (collected 24 hours apart) are cultured negative</li> </ul>	<p>Yes, if confirmed by doctor</p>	
<p><b>FIFTH DISEASE</b> (Erythema Infectiosum) (Slapped Cheeks Syndrome)</p>	<p>4-20 days</p>	<ul style="list-style-type: none"> <li>• Person to person droplet infection, nasal and throat discharge.</li> </ul>	<ul style="list-style-type: none"> <li>• Possible mild fever, sore throat, also discomfort.</li> <li>• Facial rash (slapped face appearance).</li> <li>• Possible lace-like rash on trunk and extremities.</li> <li>• May be exaggerated by exposure to sunlight, heat and emotional stress.</li> <li>• May come and go over the next one to three weeks.</li> </ul>	<ul style="list-style-type: none"> <li>• Before rash appears.</li> </ul>	<ul style="list-style-type: none"> <li>• Handwashing. (refer to Hand Wash Procedure)</li> <li>• Immunosuppressed and pregnant women should be referred to family physician.</li> </ul>	<ul style="list-style-type: none"> <li>• No - a child may return to centre if well enough to take part in activities.</li> </ul>	<p>No</p>	<ul style="list-style-type: none"> <li>• Not infectious by the time that the rash appears.</li> <li>• Majority of adults have had Fifth Disease in childhood and will not get it again if exposed.</li> </ul>

<p><b>HEPATITIS A</b> (Infectious Hepatitis, Viral Hepatitis).</p>	<p>15 - 50 days (average 28 – 30 days)</p>	<ul style="list-style-type: none"> <li>• Spread by consuming food and water contaminated with human feces</li> </ul>	<ul style="list-style-type: none"> <li>• Fever</li> <li>• Fatigue</li> <li>• Loss of appetite</li> <li>• Nausea</li> <li>• Jaundice (a yellowing of the skin and whites of the eyes)</li> <li>• Dark urine</li> <li>• In children symptoms may be mild or may not appear at all (i.e. asymptomatic infection)</li> </ul>	<ul style="list-style-type: none"> <li>• Two weeks prior to onset of symptoms until one week after onset of jaundice</li> </ul>	<ul style="list-style-type: none"> <li>• Hand washing after toileting and diaper changing etc. (refer to Hand Wash Procedure)</li> <li>• Avoid sharing of eating and drinking utensils/items</li> <li>• Disinfect diaper tables between changes.</li> <li>• Disposal of diapers. (refer to Disposable Diaper Procedure)</li> <li>• Have health department staff assess contacts for eligibility for immune globulin</li> </ul>	<ul style="list-style-type: none"> <li>• Yes – for one week from onset of jaundice</li> </ul>	<p>Yes Medical professional to report by positive lab test</p>	<ul style="list-style-type: none"> <li>• Vaccine preventable</li> </ul>
<p><b>HEPATITIS B</b> (Serum Hepatitis) (Virus)</p>	<p>45-180 days (Average 120 days) May be undetectable until 6 weeks after exposure.</p>	<ul style="list-style-type: none"> <li>• Spread by contact with blood/body fluids</li> <li>• Exposure to needle - sticks from an infected person</li> <li>• Source of infection is unknown in many cases especially in households with young children.</li> </ul>	<ul style="list-style-type: none"> <li>• Possible loss of appetite</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Jaundice</li> <li>OR</li> <li>• No symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• From weeks before onset to months or years after recovery from illness.</li> <li>• May be infectious for life.</li> </ul>	<ul style="list-style-type: none"> <li>• Immunization with Hepatitis B immune globulin</li> <li>• Beware of cuts, abrasions, biting incidents</li> <li>• Handwashing (refer to Hand Wash Procedure)</li> <li>• Universal precautions</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>	<ul style="list-style-type: none"> <li>• Medical professional to report by positive blood test</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccine preventable.</li> <li>• Rarely spread within childcare centres.</li> <li>• About 100 times more infective than HIV</li> </ul>
<p><b>HERPES</b> Herpes Simplex Virus (HSV) <u>Simplex-I</u> Cold sores, fever blisters <u>Simplex-II</u> Genital Herpes</p>	<p>2-12 days</p>	<ul style="list-style-type: none"> <li>• Person to person through contact with blisters or saliva.</li> <li>• May be spread from mother at time of birth.</li> <li>• Type II –usually by sexual contact</li> </ul>	<ul style="list-style-type: none"> <li>• Blisters on face and lips or in mouth. May recur as cold sore.</li> <li>• May occur as febrile illness with ulcers in mouth and rash.</li> </ul>	<ul style="list-style-type: none"> <li>• For 7 days after sore(s) appear or until dry with initial infection.</li> <li>• Five days during recurrent cold sore.</li> </ul>	<ul style="list-style-type: none"> <li>• Handwashing (refer to Hand Wash Procedure)</li> <li>• Wear gloves with any potentially infectious lesions</li> <li>• Discourage kissing.</li> <li>• Prevent contact with neonates or immunosuppressed.</li> </ul>	<ul style="list-style-type: none"> <li>• No – unless child is too ill to participate</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>	

<p><b>HIV Infection/AIDS</b></p>	<ul style="list-style-type: none"> <li>• Variable</li> <li>• May be undetectable by blood test until (3-6 months after initial contact) 14 weeks after contact</li> </ul>	<ul style="list-style-type: none"> <li>• Virus is present in blood/body fluids</li> <li>• Bloodborne – must have a route of entry into the blood stream (e.g. open cut or sore in order to pose a risk to an uninfected person)</li> <li>• HIV can be transmitted from mother to child through placental processes and at birth</li> </ul>	<ul style="list-style-type: none"> <li>• Can be asymptomatic</li> <li>• Symptoms can be: fever, rash, malaise, persistent infections failure to thrive</li> </ul>	<ul style="list-style-type: none"> <li>• Unknown</li> <li>• Once infected, can transmit virus to others</li> <li>• Will be infectious for life</li> <li>• High during first few months, increases with viral load and worsening clinical status</li> </ul>	<ul style="list-style-type: none"> <li>• Universal precautions (refer to Guidelines in Universal Precautions)</li> <li>• Handwashing (refer to Hand Wash Procedure)</li> <li>• Encourage avoidance or reduction of risky behaviours</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>	<ul style="list-style-type: none"> <li>• Medical professional to report by the blood test</li> </ul>	<ul style="list-style-type: none"> <li>• No risk in routine social or community contact</li> </ul>
<p><b>MEASLES</b> (Rubeola, Red Measles) (Virus)</p>	<ul style="list-style-type: none"> <li>• Usually 10 days but may vary from 7 to 18 days.</li> </ul>	<ul style="list-style-type: none"> <li>• Airborne by droplet spread.</li> <li>• Contact with nasal or throat secretions</li> </ul>	<ul style="list-style-type: none"> <li>• High fever, rash which begins on face and spreads down body.</li> <li>• Dry cough, cold-like symptoms, inflamed, sensitive eyes, headache, extreme distress.</li> <li>• Koplik spots in the mouth</li> <li>• Complications include ear infections, bronchopneumonia, croup and diarrhea (common in children)</li> </ul>	<ul style="list-style-type: none"> <li>• 3 to 5 days before onset of rash and continues for 4 days after.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all children are immunized.</li> <li>• Exclude immuno-suppressed and refer to family physician.</li> <li>• Exclude unimmunized 14 days following onset of rash in last case.(cannot find source)</li> <li>• Pregnant women or children under 1 year of age, not yet immunized, should consult a physician within 72 hours of exposure.</li> </ul>	<ul style="list-style-type: none"> <li>• Yes - for seven days from onset of illness or four days from when rash first appeared.</li> </ul>	<ul style="list-style-type: none"> <li>• Yes – if confirmed by doctor</li> </ul>	<ul style="list-style-type: none"> <li>• MMR vaccine is given after the first birthday</li> <li>• Vaccine preventable</li> </ul>

<p><b>MENINGITIS</b> Due to: 1. Haemophilus Influenza b (Bacterial)</p>	<p>Unknown but probably 2-4 days</p>	<ul style="list-style-type: none"> <li>• Direct contact with nasal and throat secretion</li> <li>• Airborne by droplet spread</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden onset.</li> <li>• Fever.</li> <li>• Vomiting.</li> <li>• Tiredness, irritable, headache.</li> <li>• Bulging fontanelles in infants</li> <li>• Stiff neck and back in older children.</li> <li>• Possible seizures and/or coma.</li> </ul>	<ul style="list-style-type: none"> <li>• From onset until 24-48 hours after initiation of effective antibiotic therapy.</li> </ul>	<ul style="list-style-type: none"> <li>• Contacts are immediately referred to family physician.</li> <li>• Routine immunizations &gt; 2 months old</li> </ul>	<ul style="list-style-type: none"> <li>• Yes - Re-admit after adequate medical attention.</li> </ul>	<ul style="list-style-type: none"> <li>• Yes, immediately</li> <li>• Public Health Dept. will do case and contact follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccine preventable</li> <li>• Hib infection can cause otitis media and epiglottitis.</li> </ul>
<p><b>MENINGITIS</b> Due to: 2. Meningococcal Infection (Bacterial, Spinal Meningitis)</p>	<p>1-10 days (usually less than four days)</p>	<ul style="list-style-type: none"> <li>• Direct contact with oral secretions incl. respiratory droplets from the nose and throat of infected people, e.g. kissing, sharing beverages, straws or food.</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden onset: <ul style="list-style-type: none"> <li>• headache</li> <li>• fever</li> <li>• nausea</li> <li>• vomiting</li> <li>• rash</li> <li>• malaise</li> <li>• irritability</li> <li>• neck rigidity</li> <li>• confusion</li> <li>• photophobia</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Onset to 24 hours after the start of antimicrobial treatment.</li> <li>• Variable as long as bacteria are present in oral and nasal discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Disinfection of discharges from nose and throat for twenty-four hours after initiation of medical treatment.</li> <li>• Handwashing (refer to Hand Wash Procedure)</li> <li>• Contacts are immediately referred to family physician for prophylaxis.</li> <li>• Vaccination is recommended</li> </ul>	<ul style="list-style-type: none"> <li>• Yes Re-admit after adequate medical attention.</li> </ul>	<ul style="list-style-type: none"> <li>• Yes, immediately</li> <li>• Public Health Dept. will do case and contact follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccine Preventable</li> </ul>
<p><b>MENINGITIS</b> Due to: 3. Viral (aseptic)</p>	<p>Variable with the specific infectious agents</p>	<ul style="list-style-type: none"> <li>• Varies, depending on specific infectious agent.</li> <li>• May be spread by oral-faecal or respiratory route.</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden onset.</li> <li>• Fever, headache, nausea &amp; vomiting.</li> <li>• Stiff neck, possible rash.</li> <li>• Drowsiness.</li> <li>• Usually mild, self-limiting disease.</li> </ul>	<ul style="list-style-type: none"> <li>• Variable, rarely exceeds ten days.</li> </ul>	<ul style="list-style-type: none"> <li>• Disinfect or discard articles soiled with secretions of infected person.</li> <li>• Handwashing.</li> <li>• Correct diapering and disposal for seven days after onset of illness (refer to Diaper Changing Procedure)</li> </ul>	<ul style="list-style-type: none"> <li>• No If child feels well enough to participate in activities.</li> </ul>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• Rarely Communicable</li> </ul>

<p><b>MONONUCLEOSIS</b> (Epstein-Barr Virus) (Kissing Disease)</p>	<p>4-6 weeks</p>	<ul style="list-style-type: none"> <li>Primarily via transfer of oral and throat secretions (saliva). e.g. kissing</li> </ul>	<ul style="list-style-type: none"> <li>Sore throat.</li> <li>Fever.</li> <li>Enlarged Lymph glands.</li> <li>Malaise, headache.</li> <li>Loss of appetite</li> </ul>	<ul style="list-style-type: none"> <li>Unknown.</li> </ul>	<ul style="list-style-type: none"> <li>Refrain from sharing beverages, utensils and any contact with an infected persons saliva.</li> <li>Handwashing.</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>	<p>No</p>	<ul style="list-style-type: none"> <li>Disease could be severe in immuno-suppressed host.</li> <li>Person should not participate in contact sports if spleen enlarged.</li> </ul>
<p><b>MUMPS</b> (Virus)</p>	<p>2-3 weeks Commonly 18 days</p>	<ul style="list-style-type: none"> <li>Contact with nose or throat secretions and droplet spread.</li> </ul>	<ul style="list-style-type: none"> <li>Fever, swelling and tenderness of one or more salivary glands.</li> <li>Children &lt; 5 have been associated with respiratory symptoms and may manifest as a respiratory tract infection</li> </ul>	<ul style="list-style-type: none"> <li>If isolated in saliva - 7 days before and 9 days after parotitis (swollen glands)</li> <li>If Isolated in urine -6 days before and 15 days after parotitis</li> </ul>	<ul style="list-style-type: none"> <li>Ensure all children/staff are vaccinated (immune).</li> <li>Exclude unimmunized contacts until 14? days after exposure.</li> </ul>	<ul style="list-style-type: none"> <li>Yes 9 days after swelling</li> </ul>	<p>Yes</p>	<ul style="list-style-type: none"> <li>Vaccine preventable</li> </ul>
<p><b>PERTUSSIS</b> (Whooping Cough) (Bacteria)</p>	<p>6-20 days</p>	<ul style="list-style-type: none"> <li>Respiratory droplets and contact with nose and throat secretions of infected person.</li> </ul>	<ul style="list-style-type: none"> <li>Possible low grade fever and cold-like symptoms.</li> <li>Paroxysmal cough worsens resulting in a high pitched whoop on inspiration</li> <li>Paroxysms may end with clear, tenacious fluid followed by vomiting.</li> <li>Could last 6 to 10 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>From onset of cold-like symptoms until 3 weeks after onset of whooping cough.</li> </ul>	<ul style="list-style-type: none"> <li>Refer unimmunized contacts to doctor as soon as possible.</li> <li>Exposed children under one year are at particular risk and should receive antibiotics regardless of immunization status.</li> <li>Observe for signs and symptoms of disease (cough) for 14 days from last contact.</li> </ul>	<ul style="list-style-type: none"> <li>Yes - until under antibiotic treatment for 5 days of the 14 day course or 3 weeks if untreated.</li> </ul>	<p>Yes</p>	<ul style="list-style-type: none"> <li>Vaccine preventable Pregnant women who are exposed to a case should be offered antibiotics to prevent infection of the newborn</li> </ul>

<b>PINWORMS</b>	2-6 weeks	<ul style="list-style-type: none"> <li>• Direct transfer of infectious eggs by hand from anus to mouth of same or another person</li> <li>• Indirect transfer via contaminated underwear, food, toys, bed linens, towels</li> </ul>	<ul style="list-style-type: none"> <li>• Itching of anal area, disturbed sleep, irritability, diarrhea, cramps.</li> <li>• May be symptom free.</li> </ul>	<ul style="list-style-type: none"> <li>• Eggs remain infectious in the environment for 2-3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Handwashing (refer to Hand Wash Procedure)</li> <li>• Clean and vacuum house/daycare daily for several days after treatment of case.</li> <li>• Prophylactic treatment of household contacts.</li> <li>• Simultaneous treatment of all family members is recommended</li> </ul>	• No	• No	<ul style="list-style-type: none"> <li>• Daily showers and daily change of underwear, night clothing and bed sheets recommended.</li> </ul>
<b>POISON IVY</b>	• N/A	<ul style="list-style-type: none"> <li>• Direct contact with plant</li> <li>• Indirect by handling contaminated objects, e.g. tools, picnic baskets, clothes, boots or by petting a contaminated animal.</li> </ul>	<ul style="list-style-type: none"> <li>• Itchy dermatitis.</li> <li>• Blisters may form hours or days after contact.</li> </ul>	• N/A	<ul style="list-style-type: none"> <li>* Oil of poison ivy will remain on clothing and footwear for an indefinite period</li> <li>• Clothing contaminated by poison ivy should be thoroughly washed with soap and water or dry cleaned</li> </ul>	• No	• No	<ul style="list-style-type: none"> <li>• Skin lesions are not sources of spread.</li> </ul>
<b>RINGWORM</b> (Fungal Infection)  A) Head (tinea capitis) B) Body (tinea corporis) C) Feet (tinea pedis), or Athletes Foot)	10-14 days  4-10 days  Unknown	<ul style="list-style-type: none"> <li>• Direct skin to skin contact</li> <li>• Indirectly via contaminated scissors, floors, bathroom benches, pools, showers, chairs, combs, clothing, hats and shower stalls</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Head</b> - Small raised lesions on scalp, leaving scaly patches of temporary baldness.</li> <li>• <b>Body</b> - Flat ring-shaped lesions with reddish periphery. May be blister-like or dry and crusty.</li> <li>• <b>Feet</b> - Scaling or cracking of skin between toes or on the soles.</li> </ul>	<ul style="list-style-type: none"> <li>• As long as active lesions are present.</li> </ul>	<ul style="list-style-type: none"> <li>• Infections should be treated promptly with oral and/or topical antifungal</li> <li>• Keep lesions dry</li> <li>• Cover lesion with protective dressings</li> <li>• Handwashing (refer to Hand Wash Procedure)</li> <li>• Good personal hygiene</li> <li>• Launder towels and clothing with hot water and/or fungicidal agent</li> <li>• Avoid contact with contaminated objects and lesions</li> <li>• Observe for signs and symptoms in others.</li> </ul>	• No	• No	<ul style="list-style-type: none"> <li>• Infected person should be excluded from gymnasiums, swimming pools, and activities likely to lead to exposure of others</li> </ul>

<p><b>RUBELLA</b> (German Measles) (Virus)</p>	<p>14-23 days</p>	<ul style="list-style-type: none"> <li>• Direct contact with respiratory droplets and contact with nose and throat secretions of infected person.</li> </ul>	<ul style="list-style-type: none"> <li>• Transient red rash, starting on scalp and face and spread over body.</li> <li>• Mild fever.</li> <li>• Sore throat.</li> <li>• Sore, pink eyes (conjunctivitis).</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Children may have a few or no symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>• 7 days before and at least 4 days after onset of rash</li> <li>• Infants with congenital rubella syndrome often shed the virus for months</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure children and staff are immunized.</li> <li>• Immunosuppressed contacts should be referred to a physician.</li> <li>• Susceptible women in early pregnancy should avoid contact with case and consult physician concerning risk of infection.</li> <li>• Exclude unimmunized contact for 21 days after exposure.</li> <li>• Handwashing (refer to Hand Wash Procedure)</li> </ul>	<ul style="list-style-type: none"> <li>• Yes - for 7 days after onset of rash.</li> </ul>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• Vaccine preventable.</li> <li>• All female staff of child-bearing age should be vaccinated or have a blood test to establish immunity.</li> </ul>
<p><b>SCABIES</b> (Mite)</p>	<p>2 - 6 weeks for anyone not previously infected.</p> <p><b>Prior infestation:</b> 1 - 4 days after re-exposure.</p>	<ul style="list-style-type: none"> <li>• Direct skin-to-skin contact.</li> <li>• Mite does not survive long (i.e. less than 3 days) on clothing and does not jump from person to person.</li> </ul>	<ul style="list-style-type: none"> <li>• Red, very itchy rash, often between fingers, palms, underarms, wrists, soles, elbows, head and neck.</li> <li>• Scratching can lead to skin excoriations.</li> <li>• Itching may persist for a few days or a few weeks.</li> <li>• Itching is caused by a hypersensitivity (allergic) reaction to the mite.</li> </ul>	<ul style="list-style-type: none"> <li>• Until mites and eggs are killed by treatment. Usually after 1-2 courses of treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Simultaneous treatment of all infected individuals with topical anti-parasitic medication should be considered.</li> <li>• Concurrent preventive treatment for those who have direct skin to skin contact with infested people is strongly recommended.</li> <li>• Bedding, clothes, towels, and personal effects (used in the 72 hours prior to treatment) should be washed with hot soapy water, then put in hot dryer cycle</li> <li>• Store clothes which can't be laundered and toys in a plastic bag for at least one week.</li> <li>• Vacuum carpets, mattresses and furniture.</li> </ul>	<ul style="list-style-type: none"> <li>• Yes - until one day after application of therapeutic lotion.</li> </ul>	<p>No</p>	<ul style="list-style-type: none"> <li>• Over-treatment should be avoided because of possible drug side effect.</li> </ul>

<b>STREPTOCOCCAL DISEASE</b> (Bacteria)								
1) Impetigo	1 - 3 days.	<ul style="list-style-type: none"> <li>By direct contact with draining sores of infected person</li> </ul>	<p>1) <u>Impetigo</u>: Skin infection with pustules or yellow crusted rash on face or limbs.</p> <ul style="list-style-type: none"> <li>Lesions should be covered adequately with dressing.</li> </ul>	<ul style="list-style-type: none"> <li>From onset of rash until one day after start of antibiotic therapy.</li> <li>10-21 days, if not treated.</li> </ul>	<p>Handwashing (refer to Hand Wash Procedure)</p> <ul style="list-style-type: none"> <li>Concurrent daily disinfection of toys, tables, door knobs, contaminated articles, etc.</li> <li>Use only soap dispenser and paper towels until cleared.</li> <li>No sharing of towels or wash cloths.</li> </ul>	<ul style="list-style-type: none"> <li>Yes - each case dealt with individually.</li> </ul>	No	
2) Strep Throat	1-3 days	<ul style="list-style-type: none"> <li>Contact with nasal and throat secretions of infected person.</li> </ul>	<p>2) <u>Strep Throat</u>: Fever and sore throat</p>	<ul style="list-style-type: none"> <li>With adequate treatment, communicability ends within 24 hrs</li> </ul>	<p><u>Strep and Scarlet Fever</u></p> <ul style="list-style-type: none"> <li>No sharing of cups or kissing.</li> <li>Handwashing (refer to Hand Wash Procedure)</li> <li>Concurrent daily disinfection of toys, tables, door knobs, contaminated articles, etc.</li> <li>Use only soap dispenser and paper towels until cleared.</li> <li>No sharing of towels or wash cloths.</li> </ul>	<p>Yes - until treatment with antibiotic for at least 24 hours.</p>	No	
3) Scarlet Fever			<p>3) <u>Scarlet Fever</u>:</p> <ul style="list-style-type: none"> <li>Fever, nausea and vomiting.</li> <li>Sore throat followed by red rash commonly seen on neck, chest, axilla, elbow, groin and inner surface of thighs.</li> <li>Strawberry tongue.</li> <li>Typically, rash does not involve face but there may be flushing of the cheeks.</li> </ul>					

<p><b>WARTS</b> (Human Papillomavirus, HPV)</p>	<p>2-3 months</p>	<ul style="list-style-type: none"> <li>• Direct contact with wart or skin shed from wart or blood from wart.</li> <li>• Contaminated floors, showers, pools.</li> </ul>	<p><u>Common Wart:</u></p> <ul style="list-style-type: none"> <li>• Usually appear on hands or fingers</li> <li>• Dome shaped, rough appearance</li> <li>• Painless</li> </ul> <p><u>Plantar Wart:</u></p> <ul style="list-style-type: none"> <li>• On feet.</li> <li>• Skin lesion, varying in size, elevated with black or dark brown dot present.</li> <li>• Usually painful.</li> </ul>	<ul style="list-style-type: none"> <li>• Unknown, probably as long as visible lesions are present.</li> </ul>	<p><u>Common Wart:</u></p> <ul style="list-style-type: none"> <li>• Avoid contact with lesions.</li> </ul> <p><u>Plantar Wart:</u></p> <ul style="list-style-type: none"> <li>• Avoid activities where affected person would be barefoot until lesions healed.</li> <li>• Discourage sharing of shoes.</li> </ul>	<p>No</p>	<p>No</p>	
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