

A GUIDE FOR CAREGIVERS: COMMON CHILDHOOD ILLNESSES

This guide is intended for child care and school settings and provides basic information on common childhood illnesses. It is not an exhaustive list of all infectious diseases and does not include outbreak (where more than normal levels of illness are noted) information. Other sources of information regarding management of infectious diseases in child care and/or school settings include:

- Canadian Paediatric Society – Caring For Kids: caringforkids.cps.ca/handouts/health-conditions-and-treatments#illnesses-and-infections
- The Hospital for Sick Children – About Kids Health: aboutkidshealth.ca

Guidance in this document does not replace the advice, diagnosis or treatment of a primary healthcare provider. Always direct families and staff to speak with their primary healthcare providers about any health concerns they may have.

Pregnant individuals and those who are immunocompromised or have complex medical conditions should always follow-up with their primary care provider as needed to discuss prevention and control of infectious diseases.

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CHICKENPOX (VARICELLA)

DESCRIPTION AND SYMPTOMS	<p>A common preventable childhood illness caused by the varicella virus.</p> <p>Signs and symptoms may include:</p> <ul style="list-style-type: none"> • first begins with a fever, aches and pains • in a day or two, a rash appears that can be very itchy <p>Rash starts as flat pink spots that turn into small water blisters. Blisters dry up and form scabs in four or five days.</p> <p>Since this illness may be of concern to pregnant women, please call the health unit to discuss this further.</p>
IMMUNIZATION AVAILABILITY	<p>Vaccine available.</p> <p>Children 12 months to 12 years of age who have not had chickenpox should receive two doses three months apart. Routinely given at 15 months and 4-to-6-years of age.</p>
HOW IT IS SPREAD	Through the air by droplets or by direct contact with fluid in the chickenpox blister.
INCUBATION PERIOD (exposure date to first signs of illness)	Usually 14 to 16 days, occasionally as short as 10 or as long as 21 days.
INFECTIOUS PERIOD (when the disease can be passed to others)	Usually one to two days before onset of the rash and continuing until all lesions are crusted over (usually about five days).
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay at home until fever is gone for at least 24 hours and child feeling well enough to participate in programming. "Spots" are not a reason to keep the child at home.
REPORTABLE TO HEALTH UNIT	Yes. Reportable to the SMDHU at 705-721-7520 or toll free 1-877-721-7520, ext. 8809.

COVID-19

DESCRIPTION AND SYMPTOMS	<p>Also called coronavirus, COVID-19 is a viral illness.</p> <p>Many people have no symptoms or mild symptoms of:</p> <ul style="list-style-type: none"> • fever or chills • dry cough • loss of taste or smell • extreme tiredness • shortness of breath • digestive symptoms (e.g., upset stomach, vomiting, diarrhea) • headache • muscle aches or joint pain • cold-like symptoms such as nasal congestion, runny nose, sore throat
IMMUNIZATION AVAILABILITY	<p>Vaccine available.</p> <p>Children 6 months of age and older, particularly those at increased risk of severe illness are recommended to receive the vaccine.</p>
HOW IT IS SPREAD	Through respiratory droplets from coughing or sneezing and by direct contact with nose and throat discharge and saliva of an infected person.
INCUBATION PERIOD (exposure date to first signs of illness)	Ranges from one to 14 days but usually five to six days.
INFECTIOUS PERIOD (when the disease can be passed to others)	Still unknown but can be infectious before symptoms start and is most infectious just before or soon after the start of symptoms.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay at home until fever is gone for at least 24 hours and child is feeling well enough to participate in programming.
REPORTABLE TO HEALTH UNIT	Yes. Reportable to the SMDHU at 705-721-7520 or toll free 1-877-721-7520, ext. 8809.

INFLUENZA

DESCRIPTION AND SYMPTOMS	<p>A respiratory illness that is caused by a virus. It tends to occur seasonally. It is commonly known as the flu.</p> <p>Signs and symptoms may include:</p> <ul style="list-style-type: none"> headache chills cough fever runny eyes stuffy nose extreme weakness and fatigue sore throat <p>Children may also have:</p> <ul style="list-style-type: none"> diarrhea nausea vomiting
IMMUNIZATION AVAILABILITY	Vaccine is released annually and is based on the current circulating strains of the virus. The vaccine can be given to anyone over 6 months of age once each year. Children under the age of 9 years receiving the vaccine for the first time will require two doses at least four weeks apart.
HOW IT IS SPREAD	Through the air by droplets from sneezing and coughing, or by touching objects contaminated by the nose and throat secretions of someone else with influenza.
INCUBATION PERIOD (exposure date to first signs of illness)	Ranges from one to four days.
INFECTIOUS PERIOD (when the disease can be passed to others)	May be contagious 24 hours prior to the start of symptoms until five days after first symptoms appear. Children and people that are immunocompromised may be contagious for longer period (e.g., two weeks).
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay home for five days after symptoms start or until symptoms have resolved, whichever is shorter.
REPORTABLE TO HEALTH UNIT	Yes. Reportable to the SMDHU at 705-721-7520 or toll free 1-877-721-7520, ext. 8809.

MEASLES (RUBEOLA)

DESCRIPTION AND SYMPTOMS	<p>An intense, sudden-onset, highly contagious viral disease.</p> <p>First symptoms usually are:</p> <ul style="list-style-type: none"> fever (can be as high as 41°C) runny nose dry cough red, watering eyes <p>About 2 to 3 days after the first symptoms appear there may also be tiny white spots inside the mouth, called Koplik spots.</p> <p>About three to five days after the first symptoms, it is common to see a rash. The rash is made up of large, flat spots and small raised bumps, usually starting on the face or neck and spreads down the body.</p>
IMMUNIZATION AVAILABILITY	<p>Vaccine available.</p> <p>Two doses are routinely given as the measles, mumps, rubella (MMR) and varicella (MMRV) vaccines. The first dose is given AFTER the first birthday and the second dose is recommended at 4 to 6 years of age.</p>
HOW IT IS SPREAD	Through the air by droplets from sneezing and coughing and direct contact with saliva and secretions from the nose and throat of infected people.
INCUBATION PERIOD (exposure date to first signs of illness)	Averages 10 to 12 days but may be seven to 21 days from exposure to onset of fever.
INFECTIOUS PERIOD (when the disease can be passed to others)	From four days before the rash to four days after appearance of the rash.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child to stay home for four days after the rash appears. This should apply whether the child had been previously vaccinated or not.
REPORTABLE TO HEALTH UNIT	Yes. Reportable to the SMDHU at 705-721-7520 or toll free 1-877-721-7520, ext. 8809.

MENINGITIS

DESCRIPTION AND SYMPTOMS	<p>An intense, sudden-onset illness that causes inflammation of the membranes covering the brain and spinal cord. Various pathogens can cause meningitis including bacteria, viruses and fungi.</p> <p>Signs and symptoms may include:</p> <ul style="list-style-type: none"> fever stiff neck irritability severe headache drowsiness rash nausea delirium eyes may become sensitive to light vomiting coma
IMMUNIZATION AVAILABILITY	<p>Meningitis is an illness caused by various pathogens. Vaccines are available against some types of bacteria. Meningococcal C is routinely given after the first birthday. Meningococcal ACYW-135 is given in Grade 7. If public health determines that you are a contact of a case of meningitis, there may be a specific vaccine available, depending on the type of meningitis.</p> <p>Meningococcal B is available for certain high-risk children aged 2 months to 17 years.</p>
HOW IT IS SPREAD	<p>Depends on the pathogen.</p> <p>For infections of most concern, close direct contact with nose and throat secretions (from sneezing and coughing) and saliva is required.</p>
INCUBATION PERIOD (exposure date to first signs of illness)	Depends on the pathogen. Contact the health unit for more information.
INFECTIOUS PERIOD (when the disease can be passed to others)	Depends on the pathogen. Contact the health unit for more information.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	If symptoms develop, child should seek emergency care immediately.
REPORTABLE TO HEALTH UNIT	Yes. Reportable to the SMDHU at 705-721-7520 or toll free 1-877-721-7520, ext. 8809.

MUMPS

DESCRIPTION AND SYMPTOMS	<p>A viral illness that occurs commonly during the winter and spring.</p> <p>Signs and symptoms include:</p> <ul style="list-style-type: none"> headache or earache swollen glands in front of the ear to beneath the jawbone (one-third of infections do not have swelling) swelling can occur in one or more glands extreme tiredness fever sore muscles loss of appetite
IMMUNIZATION AVAILABILITY	<p>Vaccine available.</p> <p>Two doses are routinely given as the measles, mumps, rubella (MMR) and varicella (MMRV) vaccines. The first dose is given AFTER the first birthday, and the second dose is recommended at 4-to-6-years of age.</p>
HOW IT IS SPREAD	Through the air by droplets from sneezing and coughing and direct contact with saliva and secretions from the nose and throat of infected people.
INCUBATION PERIOD (exposure date to first signs of illness)	Usually 16 to 18 days, although it can vary from 12 to 25 days.
INFECTIOUS PERIOD (when the disease can be passed to others)	Up to seven days before onset of swelling to five days after onset of swelling.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay home for five days after symptoms first appear. Child can return after five days with symptoms (other than fever) if they have been fever-free for 24 hours.
REPORTABLE TO HEALTH UNIT	Yes. Reportable to the SMDHU at 705-721-7520 or toll free 1-877-721-7520, ext. 8809.

RABIES - ANIMAL BITES

DESCRIPTION AND SYMPTOMS	<p>Any warm-blooded animals can develop rabies. Wild animals including raccoons, skunks, foxes, coyotes, bats, and other species are sources of infection for humans and domestic animals.</p> <p>Signs and symptoms in humans may include:</p> <ul style="list-style-type: none"> • anxiety • difficulty swallowing • seizures • paralysis and death <p>Note: Once rabies symptoms develop the illness is almost always fatal.</p> <p>All animal bites should be immediately assessed by a physician and reported to the health unit immediately. The health unit will investigate and assess whether the animal involved is suspected of rabies.</p>
IMMUNIZATION AVAILABILITY	Vaccine is available but usually only given after exposure. It must be given prior to any symptoms developing in humans.
HOW IT IS SPREAD	<p>Humans can be exposed to rabies once the virus moves from an infected animal through its saliva. Exposure can occur through:</p> <ul style="list-style-type: none"> • biting • contact with the virus through an open cut, sore or wound • contact with the virus through mucous membranes (mouth, nose, eyes)
INCUBATION PERIOD (exposure date to first signs of illness)	In people, it averages three to eight weeks, and very rarely, as short as a few days or as long as several years.
INFECTIOUS PERIOD (when the disease can be passed to others)	Animals may be infectious with the virus before displaying symptoms of rabies. Infectious time periods vary between species.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Individuals are not required to be excluded following an animal bite but it is critical they are medically assessed.
REPORTABLE TO HEALTH UNIT	Yes. Reportable to the SMDHU at 705-721-7520 or toll free 1-877-721-7520, ext. 8349.

RUBELLA (PATHOGENAN MEASLES)

DESCRIPTION AND SYMPTOMS	<p>A viral illness which is rarely reported since the illness is mild and there are high immunization rates.</p> <p>Signs and symptoms may include:</p> <ul style="list-style-type: none"> • rash that starts on the face and spreads to the rest of the body (lasts about 3 days) • low-grade fever (under 39°C) • headache • nausea • eyes are reddened/inflamed (conjunctivitis) <p>Older children may also have:</p> <ul style="list-style-type: none"> • aching joints • swollen glands in the neck and behind the ears • cold-like symptoms before the rash appears <p>Since this illness may be of concern to pregnant women, please call the health unit for more information.</p>
IMMUNIZATION AVAILABILITY	<p>Vaccine available.</p> <p>While a single dose is recommended for rubella protection, two doses are routinely given as the measles, mumps, rubella (MMR) and varicella (MMRV) vaccines. The first dose is given AFTER the first birthday and the second dose is recommended at 4-to-6-years years of age.</p>
HOW IT IS SPREAD	Through respiratory droplets from coughing or sneezing and by direct contact with nose and throat discharge and saliva of an infected person.
INCUBATION PERIOD (exposure date to first signs of illness)	From 14 to 21 days.
INFECTIOUS PERIOD (when the disease can be passed to others)	For about one week before to at least four days after onset of the rash.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay home until 7 days after the rash appears.
REPORTABLE TO HEALTH UNIT	Yes. Reportable to the SMDHU at 705-721-7520 or toll free 1-877-721-7520, ext. 8809.

WHOOPING COUGH (PERTUSSIS)

DESCRIPTION AND SYMPTOMS	<p>A bacterial illness of the respiratory tract with sudden onset.</p> <p>First symptoms are similar to a cold and may include:</p> <ul style="list-style-type: none"> • sneezing • runny nose • low-grade fever • mild cough <p>Within weeks may have:</p> <ul style="list-style-type: none"> • severe coughing spells followed by a crowing or high-pitched whoop • mucus discharge and vomiting may occur due to cough <p>Young infants may not have “whoop” but may stop breathing momentarily.</p>
IMMUNIZATION AVAILABILITY	<p>Vaccine available.</p> <p>Routinely given as part of the infant series at 2, 4, 6 and 18 months, and as part of the 4-to-6 year booster. A booster is also given at 14 to 16 years.</p> <p>A one-time booster is also recommended for all adults. This one-time booster should replace one of the adult Td boosters recommended every 10 years.</p>
HOW IT IS SPREAD	<p>Through the air by droplets from sneezing and coughing and direct contact with saliva and secretions from the nose and throat of infected people.</p>
INCUBATION PERIOD (exposure date to first signs of illness)	<p>Usually nine to 10 days, although it may range from six to 20 days.</p>
INFECTIOUS PERIOD (when the disease can be passed to others)	<p>Highly infectious in the early stages of symptoms. If not treated, can spread to others up to 21 days after onset of symptoms. If treated, no longer infectious after five days of antibiotics.</p>
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	<p>Child to stay home for 21 days after the onset of symptoms if untreated, or for at least five days after child starts antibiotics.</p>
REPORTABLE TO HEALTH UNIT	<p>Yes. Reportable to the SMDHU at 705-721-7520 or toll free 1-877-721-7520, ext. 8809.</p>

ACUTE RESPIRATORY ILLNESS

DESCRIPTION AND SYMPTOMS	<p>Acute respiratory illnesses (ARI) can be caused by viruses or bacteria. They can range from the common cold to serious diseases like measles. When symptoms start, they are generally broken down into two groups:</p> <ul style="list-style-type: none"> • upper respiratory tract infections involving nose, mouth, throat, ears • lower respiratory tract infections involving trachea (windpipe) and lungs <p>Upper respiratory tract infections (URTI) symptoms:</p> <ul style="list-style-type: none"> • cold-like symptoms (cough, runny nose, watery eyes) • fever • earaches • sore throat most URTI symptoms go away on their own <p>Lower respiratory tract infections (LRTI) symptoms:</p> <ul style="list-style-type: none"> • fever • chest pain • rapid breathing • inability to catch breath • wheezing • loss of appetite • unusually tired • vomiting and diarrhea <p>It is only through testing that you can confirm which organism is causing the symptoms.</p>
IMMUNIZATION AVAILABILITY	Some vaccines available, depending on pathogen.
HOW IT IS SPREAD	Through large respiratory droplets from coughing or sneezing and by direct contact with nose and throat discharge and saliva of an infected person.
INCUBATION PERIOD (exposure date to first signs of illness)	Variable as it depends on the pathogen.
INFECTIOUS PERIOD (when the disease can be passed to others)	Variable but usually while fever is present.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay at home until fever has been gone for at least 24 hours and child is feeling well enough to participate in programming.
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca.</p> <p>Increases in ARIs above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>

CROUP

DESCRIPTION AND SYMPTOMS	<p>An infection caused by viruses, most commonly parainfluenza.</p> <p>Symptoms of croup are similar to other upper respiratory tract infections and include:</p> <ul style="list-style-type: none"> • sudden onset of barking cough • fever • higher-pitch noise on inhale • hoarseness • difficulty breathing • unusually tired <p>Symptoms worse at night.</p>
IMMUNIZATION AVAILABILITY	Some vaccines available, depending on virus.
HOW IT IS SPREAD	Through large respiratory droplets from coughing or sneezing and by direct contact with nose and throat discharge and saliva of an infected person.
INCUBATION PERIOD (exposure date to first signs of illness)	Variable as it depends on the pathogen.
INFECTIOUS PERIOD (when the disease can be passed to others)	Variable but usually while fever is present.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay at home until fever has been gone for at least 24 hours and child is feeling well enough to participate in programming.
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca.</p> <p>Increases in ARIs above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>

FIFTH DISEASE (ERYTHEMA INFECTIOSUM OR PARVOVIRUS B19)

DESCRIPTION AND SYMPTOMS	<p>A mild viral illness common in late winter/early spring that typically starts with:</p> <ul style="list-style-type: none"> • a low-grade fever, headache, nausea and mild cold-like symptoms • a red rash on cheeks that looks like a slap; often referred to as "slap-cheek syndrome" • one to four days later, a red lace-like rash appears, first on the arms, then on the rest of the body • rash comes and goes for several weeks
IMMUNIZATION AVAILABILITY	No vaccine available.
HOW IT IS SPREAD	Through large respiratory droplets from coughing or sneezing and by direct contact with nose and throat discharge and saliva of an infected person.
INCUBATION PERIOD (exposure date to first signs of illness)	Through the air by droplets from sneezing and coughing, or by touching objects contaminated with the nose and throat secretions of an infected person.
EXPOSURE DATE TO FIRST SIGNS OF ILLNESS	Variable, from four to 14 days but can be as long as 21 days.
INFECTIOUS PERIOD (when the disease can be passed to others)	Most infectious before onset of rash (seven to 10 days before rash onset). By the time the rash appears, child is no longer contagious.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay at home until fever has been gone for at least 24 hours and child is feeling well enough to participate in programming. Rash is not a reason to keep the child at home.
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca.</p> <p>Increases in ARIs above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>

GASTROENTERITIS

DESCRIPTION AND SYMPTOMS	<p>An enteric illness caused by a variety of viruses, bacteria and parasites.</p> <p>Signs and symptoms may include:</p> <ul style="list-style-type: none"> • diarrhea • nausea • vomiting • fever • abdominal cramps • dehydration <p>Children with gastroenteritis are more susceptible to dehydration and should be monitored.</p> <p>Signs of dehydration include:</p> <ul style="list-style-type: none"> • sunken eyes • persistent vomiting • decreased urine output
IMMUNIZATION AVAILABILITY	Generally, no vaccines are available for common pathogens that cause enteric symptoms however rotavirus can be prevented by vaccine.
HOW IT IS SPREAD	Pathogens are generally found in stool and can be spread by hands that have not been washed after using the toilet. Also, food or water can be contaminated with pathogens from the stool of an infected person or animal.
INCUBATION PERIOD (exposure date to first signs of illness)	Variable as it depends on the pathogen.
INFECTIOUS PERIOD (when the disease can be passed to others)	While experiencing signs and symptoms of illness, and possibly later while the pathogen continues to be shed in the stool.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay home until symptom-free for 24 hours. Certain reportable infections may require exclusion until tests are negative. The health unit will work with family/guardians on exclusion from child care or school as necessary.
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca.</p> <p>Increases in gastroenteritis above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>

HAND FOOT & MOUTH DISEASE

DESCRIPTION AND SYMPTOMS	<p>A viral illness which may cause:</p> <ul style="list-style-type: none"> • fever • headaches • loss of appetite • painful ulcers in the mouth • sore throat • vomiting • diarrhea • lack of energy • a skin rash that looks like red spots, often with small blisters on top, that appears on the hands (palms) and feet (soles), buttocks and sometimes other places on the body
IMMUNIZATION AVAILABILITY	No vaccine available.
HOW IT IS SPREAD	Through the air by droplets from sneezing and coughing or by touching objects contaminated with the nose and throat secretions of an infected person.
INCUBATION PERIOD (exposure date to first signs of illness)	Three to six days.
INFECTIOUS PERIOD (when the disease can be passed to others)	Most infectious during the first week of illness but the virus can remain in the body for weeks after symptoms go away.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay at home until fever has been gone for at least 24 hours and child is feeling well enough to participate in programming. Rash is not a reason to keep the child at home.
REPORTABLE TO HEALTH UNIT	Individual cases are not reportable. More information available at: caringforkids.cps.ca . Increases in ARIs above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.

HERPES SIMPLEX VIRUS

DESCRIPTION AND SYMPTOMS	<p>During the initial infection, children and adolescents may not display any symptoms.</p> <p>Symptoms may include:</p> <ul style="list-style-type: none"> • fatigue • muscle aches and pains • fever • tender and enlarged glands below lower jaw • irritability • sores on the mouth that more, usually outside the mouth, on lips, nose, cheeks or chin; if inside the mouth, usually on the gums or roof of mouth
IMMUNIZATION AVAILABILITY	No vaccine available.
HOW IT IS SPREAD	Through contact with infected secretions or mucous membranes/skin with lesions from someone who is ill. Transmission of can also occur by respiratory droplets.
INCUBATION PERIOD (exposure date to first signs of illness)	Three to six days.
INFECTIOUS PERIOD (when the disease can be passed to others)	Most infectious during the first week of illness but the virus can remain in the body for weeks after symptoms go away.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay at home until fever has been gone for at least 24 hours and child feeling well enough to participate in programming. Rash is not a reason to keep the child at home.
REPORTABLE TO HEALTH UNIT	Individual cases are not reportable. More information available at: caringforkids.cps.ca .

IMPETIGO

DESCRIPTION AND SYMPTOMS	<p>A common skin infection caused by bacteria (usually the same bacteria that causes strep throat).</p> <p>Symptoms include:</p> <ul style="list-style-type: none"> • a rash with a cluster of red bumps or blisters • blisters may be sore and ooze or be covered with a honey-coloured crust <p>Usually affects:</p> <ul style="list-style-type: none"> • face (mouth, nose), hands, neck and arms/legs <p>**The rash will spread through scratching.</p>
IMMUNIZATION AVAILABILITY	No vaccine available.
HOW IT IS SPREAD	Through direct contact with moist discharge from the blisters.
INCUBATION PERIOD (exposure date to first signs of illness)	Depends on bacteria, usually one to 10 days, rarely longer.
INFECTIOUS PERIOD (when the disease can be passed to others)	From onset of rash until 24 hours after the start of treatment with antibiotics. Impetigo is contagious while lesions are draining and without antibiotics, can be infectious for weeks.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child can attend if all lesions are covered. May attend 24 hours after antibiotic treatment started if lesions are not covered.
REPORTABLE TO HEALTH UNIT	Individual cases are not reportable. More information available at: caringforkids.cps.ca .

MIDDLE EAR INFECTIONS (OTITIS MEDIA)

DESCRIPTION AND SYMPTOMS	<p>A common infection in children caused by viruses or bacteria. Pathogens cause inflammation in the tube connecting the ear to the throat. Inflammation can be caused by a recent illness like a cold or by exposure to irritants such as second-hand smoke or allergies.</p> <p>Symptoms include:</p> <ul style="list-style-type: none"> • complaining that "ear hurts" • an unexplained fever • headache • decreased appetite, vomiting, diarrhea • being cranky/irritable • trouble sleeping • trouble hearing quiet sounds • tugging or pulling of ears <p>Some children may also have fluid draining from the ear.</p>
IMMUNIZATION AVAILABILITY	<p>For most of the viruses and bacteria that cause ear infections, vaccines are not available.</p> <p>Pneumococcal vaccine for children may provide some protection against ear infections. Pneumococcal Conjugate 15 is offered as a part of the routine infant schedule at 2, 4 and 12 months of age.</p> <p>Other vaccines may be available for children with complex medical conditions.</p>
HOW IT IS SPREAD	<p>The pathogens that cause coughs and colds are spread through direct contact with the discharge from nose and mouth from sneezing and coughing.</p>
INCUBATION PERIOD (exposure date to first signs of illness)	<p>Depends on the pathogen.</p>
INFECTIOUS PERIOD (when the disease can be passed to others)	<p>Ear infections themselves are not contagious. However, the pathogens that may cause ear infections such as coughs and colds are contagious. The contagious time period depends on the pathogen.</p>
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	<p>Child should stay at home until fever has been gone for at least 24 hours and child feeling well enough to participate in programming.</p>
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca.</p> <p>Increases in ARIs above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>

MOLLUSCUM CONTAGIOSUM

DESCRIPTION AND SYMPTOMS	<p>A common, mild skin disease caused by a virus. Although Molluscum can occur at any age, it is most common in children 1-to-10-years of age.</p> <p>Symptoms include:</p> <ul style="list-style-type: none"> • raised, round, skin-coloured bumps • small bump with a small dent near the centre • itchy, pink bumps <p>Bumps can be found anywhere on the body.</p>
IMMUNIZATION AVAILABILITY	No vaccine available.
HOW IT IS SPREAD	Transmitted by direct contact with the skin of an infected person or contaminated surfaces/objects.
INCUBATION PERIOD (exposure date to first signs of illness)	Two weeks to six months.
INFECTIOUS PERIOD (when the disease can be passed to others)	As long as the bumps are present.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Can attend.
REPORTABLE TO HEALTH UNIT	Individual cases are not reportable. More information available at: caringforkids.cps.ca .

NOROVIRUS

DESCRIPTION AND SYMPTOMS	<p>A viral infection that is a common cause of enteric outbreaks. Symptoms begin suddenly and last 24 to 72 hours.</p> <p>Most common symptoms include:</p> <ul style="list-style-type: none"> • nausea • vomiting • diarrhea • stomach cramps <p>Symptoms can also include a low-grade fever, chills, headache, muscle aches and fatigue. The most common complication is dehydration.</p>
IMMUNIZATION AVAILABILITY	No vaccine available.
HOW IT IS SPREAD	<p>Norovirus is found in the stool and vomit of an infected person. It is very contagious and can be easily spread through direct contact with an infected person, touching surfaces that have been contaminated, or through contaminated food or water. The virus can survive on environmental surfaces for several days.</p>
INCUBATION PERIOD (exposure date to first signs of illness)	Twelve to 48 hours.
INFECTIOUS PERIOD (when the disease can be passed to others)	Norovirus is most contagious while individuals are experiencing symptoms however it may be spread for two to three weeks after symptoms have ended.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Should stay at home until symptom-free for at least 48 hours. Exclusion period may be increased during an outbreak.
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca.</p> <p>Increases in gastroenteritis above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>

PINK EYE (CONJUNCTIVITIS)

DESCRIPTION AND SYMPTOMS	<p>Pink eye may be caused by bacteria, viruses, or allergies.</p> <p>Symptoms include:</p> <ul style="list-style-type: none"> • pink/red eye • fever • swelling of eye lids • pain in the eye(s) • lots of tears and/or thick sticky drainage from the eye(s) that crusts to eyelids/lashes <p>If caused by pathogens it can be spread from person to person.</p>
IMMUNIZATION AVAILABILITY	No vaccine available.
HOW IT IS SPREAD	<p>Direct contact: When a child with pink eye touches the discharge from their eye and then touches another child.</p> <p>Indirect contact: When an object that is contaminated with the pathogen, such as a tissue, is touched or touches another person's eyes.</p> <p>Droplet: When pink eye is caused by a common cold, droplets from a sneeze or cough can also spread it.</p>
INCUBATION PERIOD (exposure date to first signs of illness)	Depends on the pathogen. Symptoms typically develop in 24 to 72 hours for bacterial infections and five to 12 days or longer for viral infections.
INFECTIOUS PERIOD (when the disease can be passed to others)	Both bacterial and viral pink eye are contagious while symptoms are present. Pink eye caused by bacteria is not contagious once antibiotics have been taken for 24 hours.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Most pink eye infections are viral (like a cold), and therefore child should stay at home until fever is gone for at least 24 hours and child feeling well enough to participate in programming. If a diagnosis of bacterial pink eye is made, child can attend 24 hours after start of antibiotics.
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca.</p> <p>Increases in ARIs above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>

PINWORMS

DESCRIPTION AND SYMPTOMS	<p>A common infection in school-aged children and preschoolers. Some people have no symptoms.</p> <p>Pinworm is caused by small, thin, white worms. Female pinworms lay their eggs (which look like white threads) at night on the skin around the anus.</p> <p>Signs and symptoms include:</p> <ul style="list-style-type: none"> • intense itching, mostly at night • itching around the anus, vagina • disturbed sleep • abdominal cramping
IMMUNIZATION AVAILABILITY	No vaccine available.
HOW IT IS SPREAD	The eggs can be transferred onto the hands of an infected person through scratching the area where eggs are. These eggs can then be transferred directly through touching another person's mouth or indirectly by the hands touching shared objects, bedding or food. Eggs can live for two to three weeks outside of the body.
INCUBATION PERIOD (exposure date to first signs of illness)	One to two months or longer.
INFECTIOUS PERIOD (when the disease can be passed to others)	As long as female worms discharge eggs.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Can attend but should increase handwashing and be treated by a healthcare provider.
REPORTABLE TO HEALTH UNIT	Individual cases are not reportable. More information available at: caringforkids.cps.ca .

RESPIRATORY SYNCYTIAL VIRUS

DESCRIPTION AND SYMPTOMS	<p>In infants and young children, RSV is the most common cause of serious lung infections that may require hospitalization.</p> <p>Signs and symptoms may include:</p> <ul style="list-style-type: none"> • coughing • runny nose • fever • wheezing • lack of energy • irritability • poor feeding • sometimes accompanied by apneic (periods of not breathing) episodes <p>Most children will have at least one RSV infection by the age of 2.</p>
IMMUNIZATION AVAILABILITY	<p>All children 0 months to 3 years of age (infants to toddlers), particularly if they are at high risk of severe illnesses from RSV may be eligible for publicly funded immunization. Families should contact their primary care provider for more information.</p>
HOW IT IS SPREAD	<p>Through large respiratory droplets from coughing or sneezing and by direct contact with nose and throat discharge and saliva of an infected person.</p>
INCUBATION PERIOD (exposure date to first signs of illness)	<p>One to two months or longer.</p>
INFECTIOUS PERIOD (when the disease can be passed to others)	<p>People infected with RSV are usually contagious for 3 to 8 days. However, some infants and people with weakened immune systems can be contagious for 4 weeks or longer, even after recovery.</p>
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	<p>Child should stay at home until fever has been gone for at least 24 hours and child feeling well enough to participate in programming.</p>
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca.</p> <p>Increases in ARIs above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>

ROSEOLA INFANTUM

DESCRIPTION AND SYMPTOMS	<p>A viral illness that is most common between 6 months and 2 years of age. It usually occurs in spring and fall.</p> <p>Signs and symptoms may include:</p> <ul style="list-style-type: none"> • sudden high fever (39.5°C and higher) lasting three to five days • once fever is gone a rash of small pinkish-red spots appears, mainly on the trunk and then later on the rest of the body • rash can last hours to up to two days, then fades rapidly • other symptoms may include red, swollen eyes, ear pain, irritability, sore throat, vomiting, diarrhea loss of appetite and cold-like symptoms
IMMUNIZATION AVAILABILITY	No vaccine available.
HOW IT IS SPREAD	Spread to young children is likely to occur from contact with respiratory tract secretions of people infected with the virus. Some may be infected but not show any symptoms.
INCUBATION PERIOD (exposure date to first signs of illness)	Ten days with the usual range being five to 15 days.
INFECTIOUS PERIOD (when the disease can be passed to others)	Child is infectious while they have a fever and for 24 hours after the fever goes away.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Child should stay at home until fever has been gone for at least 24 hours and child feeling well enough to participate in programming.
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca.</p> <p>Increases in ARIs above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>

ROTAVIRUS

DESCRIPTION AND SYMPTOMS	<p>A viral infection that causes gastroenteritis (vomiting, diarrhea).</p> <p>Signs and symptoms may include:</p> <ul style="list-style-type: none"> • onset of fever and vomiting • stomach pain • watery diarrhea 24 to 48 hours after symptom onset • Symptoms generally persist for three to six days. In severe cases, dehydration can occur
IMMUNIZATION AVAILABILITY	<p>Oral vaccine is available and publicly funded. Routinely given at 2 and 4 months of age.</p>
HOW IT IS SPREAD	<p>Rotavirus is found in the stool and vomit of an infected person. It is very contagious and can be easily spread through direct contact with an infected person, touching surfaces that have been contaminated, or through contaminated food or water. The virus can survive on environmental surfaces for several days.</p>
INCUBATION PERIOD (exposure date to first signs of illness)	<p>One to three days.</p>
INFECTIOUS PERIOD (when the disease can be passed to others)	<p>Children can be infectious two days before the start of symptoms. However, a person is most infectious while having diarrhea. Can be infectious up to 10 days after symptoms start and rotavirus can survive well on surfaces such as toys and door handles for several days.</p>
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	<p>Should stay at home until symptom-free for 48 hours. Exclusion period may be increased during an outbreak.</p>
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca. Increases in gastroenteritis above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>

SCABIES

DESCRIPTION AND SYMPTOMS	<p>An infection of the skin by tiny mites that burrow into the skin.</p> <p>Symptoms include:</p> <ul style="list-style-type: none"> • scratch marks or white, curvy, thread-like lines that are very itchy, especially at night • tiny red bumps, rash • scratching may change the appearance <p>With scratching, areas may become:</p> <ul style="list-style-type: none"> • raw • crusted <p>Can be anywhere on body. Common areas include:</p> <ul style="list-style-type: none"> • between fingers • in the skin folds of wrist, elbow, knee or armpit • on the genitals, nipples, waist, buttocks, shoulder blades
IMMUNIZATION AVAILABILITY	No vaccine available.
HOW IT IS SPREAD	By direct contact with skin or from objects like towels, clothing or bedding if used or touched right away by another person.
INCUBATION PERIOD (exposure date to first signs of illness)	Usually two to six weeks.
INFECTIOUS PERIOD (when the disease can be passed to others)	Until mites and eggs are destroyed by treatment.
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Children can attend 24 hours after first treatment has been completed.
REPORTABLE TO HEALTH UNIT	Individual cases are not reportable. More information available at: caringforkids.cps.ca .

STREP THROAT (GROUP A STREP) OR SCARLET FEVER

DESCRIPTION AND SYMPTOMS	<p>An illness caused by the bacteria group A streptococcus. Illness can result in scarlet fever or strep throat.</p> <p>Complications as a result of untreated group A strep infections are rare.</p> <p>Scarlet fever symptoms may include:</p> <ul style="list-style-type: none"> • red rash over body which feels like sandpaper • strawberry tongue • flushed cheeks • high fever • nausea • vomiting • sore throat • muscle aches • headache <p>Strep throat symptoms may include:</p> <ul style="list-style-type: none"> • sudden onset of fever • sore throat with severe pain on swallowing • red throat • swollen tonsils • tender, enlarged nodes in the neck
IMMUNIZATION AVAILABILITY	<p>No vaccine available.</p>
HOW IT IS SPREAD	<p>Through large respiratory droplets from coughing or sneezing, and by direct contact with nose and throat discharge and saliva of an infected person.</p>
INCUBATION PERIOD (exposure date to first signs of illness)	<p>Usually two to five days, rarely longer.</p>
INFECTIOUS PERIOD (when the disease can be passed to others)	<p>No longer contagious after 24 hours of antibiotic use.</p>
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	<p>Can attend 24 hours after start of antibiotics.</p>
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca.</p> <p>Increases in ARIs above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>

SHINGLES

DESCRIPTION AND SYMPTOMS	<p>Shingles looks like chickenpox and is caused by the same virus. But it usually appears on only one part of the body, where it causes pain. It can be itchy or tingly as well.</p> <p>Shingles can happen in people who have already had chickenpox but usually many years later had after a person has chickenpox, as the virus stays with us in an inactive form.</p> <p>Shingles is the reactivation of the chickenpox virus (varicella).</p>
IMMUNIZATION AVAILABILITY	A shingles vaccine exists for adults who are 50 years and older and/or with weakened immune systems.
HOW IT IS SPREAD	<p>You cannot get shingles from someone with shingles. Although rare, if someone has never had chickenpox or the chickenpox vaccine, they can get chickenpox from someone with shingles if they have:</p> <ul style="list-style-type: none"> • direct contact with the fluid from the shingles rash blisters; and/or • breathing in virus particles that come from the blisters.
INCUBATION PERIOD (exposure date to first signs of illness)	Same as for chickenpox. Usually 14 to 16 days, occasionally as short as 10 or as long as 21 days.
INFECTIOUS PERIOD (when the disease can be passed to others)	Same as for chickenpox. Usually one to two days before onset of the rash and continuing until all lesions are crusted over (usually about five days).
RECOMMENDATION FOR ATTENDANCE AT CHILD CARE OR SCHOOL	Same as for chickenpox. Child should stay at home until fever is gone for at least 24 hours and child feeling well enough to participate in programming. "Spots" are not a reason to keep the child at home.
REPORTABLE TO HEALTH UNIT	<p>Individual cases are not reportable. More information available at: caringforkids.cps.ca.</p> <p>Increases in ARIs above baseline are reportable for licensed child care settings and overnight children's camps. Contact the Infection Prevention and Control (IPAC) team at 705-721-7520 or toll free 1-877-721-7520, ext. 5744.</p>