



Infectious Diseases Exclusion Guidelines for Childcare Providers and Schools Region of Waterloo Public Health – January 2018

DISEASE	HOW TO RECOGNIZE	HOW IT SPREADS	WHEN IT IS CONTAGIOUS	REPORT TO PUBLIC HEALTH	WHAT TO DO WITH THE CHILD	INTERVENTION FOR CONTACTS	CALL PUBLIC HEALTH 519-575-4400 EXT 5275 FOR MORE INFORMATION IF ANY CONTACT IS:
CHICKENPOX	Fever, fatigue, and loss of appetite followed by the appearance of small spots which start off pink in color then change to blisters before crusts form.	Contact with infected person or contact with items of linen and clothing which have been contaminated from the blisters.	Usually 1-2 (could be up to 5) days before rash appears until all blisters become dry. Most infectious before rash and when child is ill.	Yes Call: 519-575-4400	* May return as soon as well enough to participate normally in all activities	Parents of children who are immune-suppressed (e.g., cancer treatment, leukemia, organ transplant, etc.) should be informed of exposure in the classroom.	<ul style="list-style-type: none"> • Pregnant • See fact sheet
CONJUNCTIVITIS (PINK EYE – bacterial or viral)	Runny, red eyes plus crusted discharge.	Direct or indirect contact (articles contaminated could be tissue, towel, door handle, clothing).	Bacterial: Infectious until 24 hours of appropriate antibiotic treatment received. Viral: Infectious as long as there is eye discharge.	No	If bacterial, child can return after 24 hours of appropriate antibiotic treatment. If viral, no need to exclude unless there is an outbreak.	No	

***This recommendation from the Canadian Paediatric Society and the Ontario Ministry of Health came into effect in 1999. Exclusion of children for five days from onset of rash does not slow down the spread of chickenpox. Children are most infectious 1-2 days before the rash and when feeling ill.**

NOTE: School staff is still responsible for informing parents of immune-suppressed children when there is chickenpox activity in the school.

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DIARRHEA	Frequent loose, watery or bloody stools.	Contact with contaminated food, water, soiled articles or fecally contaminated hands.	For duration of illness. In some instances a carrier state may persist for several months.	Yes - ONLY if number of cases are more than usual. Call 519-575-4400	Send child home if two or more episodes and stay home until diarrhea has stopped for 24 hour period. For certain other types of diarrhea, the exclusion period is longer. Please contact 519-575-4400 for more information.	No	
FIFTH DISEASE	Low fever; distinctive rash begins with “slapped cheek” appearance, changes to lace-like body rash on arms then legs (may become worse when exposed to sunlight or heat). Rash may last for weeks or sometimes months.	Primarily by secretions from nose and throat. Outbreaks lasting 2- 6 months may occur every 3- 5 years in a community.	Primarily before onset of rash, until after appearance of rash.	No	No need to stay home. Once the rash appears a child is no longer infectious.	Only for pregnant contacts.	<ul style="list-style-type: none"> • Pregnant • See fact sheet or refer to Board Policies

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FOOD POISONING	May include one or several symptoms such as nausea, vomiting, diarrhea or others. Onset may be gradual or sudden.	Consumption of food or water containing any organism which causes food poisoning or person to person. See Diarrhea Section of this chart.	Varies but especially when symptoms present.	Yes Call 519-575-4400 to arrange for collection of specimens of stool, and suspect food.	Stay home until symptoms are gone. Physician may prescribe medication on a case by case basis.	No	
GIARDIASIS	Symptoms can include chronic diarrhea (pale greasy stools), fatigue, weight loss, stomach pain. May have organism present but not have symptoms.	Contact with contaminated water, food, soiled articles or fecally contaminated hands. Person to person spread most common.	Entire period of infection	Yes Call 519-575-4400	Stay home until free of symptoms for 24 hours. Do not go swimming until free of symptoms for 14 days (e.g., in a pool).	Physician may prescribe medication on a case by case basis.	
HAND, FOOT & MOUTH DISEASE	Small ulcers in mouth, (mildly painful), mild fever, small water spots on the palms, soles, and between fingers and toes, or buttocks. Mainly in children 6 months to 4 years.	Direct contact with nose and throat discharges and feces of infected persons. No isolation is required, as spread is difficult to prevent.	During the acute stage of illness (incubation period is 3 to 5 days). Several weeks if in the stools.	No	Return when fever returns to normal range.	No	

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HEADLICE (Pediculosis)	Presence of lice or nits (eggs) in hair; head scratching.	Spreads easily through head to head contact. May be spread indirectly through sharing head clothing, brushes, and clips, etc.	As long as lice or eggs remain alive on the person.	No	Refer to child care/school policy regarding management of pediculosis in students and classrooms.	Public Health does not have a role in management or enforcement issues. However, you can access the information line by dialing 519-575-4400, ext. 2286	
HEPATITIS A	Fever, jaundice (yellowing of skin and eyes), loss of appetite, nausea, tiredness. Children may not show symptoms.	Consumption of contaminated water/food; contact with fecally contaminated hands, sexual transmission.	For 14 days from the date of onset of symptoms. If jaundice develops, exclude until 7 days after the onset of jaundice.	Yes Call 519-575-4400, ext. 5275	Stay home until 1 week after onset of jaundice.	Yes Close contacts may be a candidate for immunization.	
HEPATITIS B	Fever, jaundice (yellowing of skin and eyes), loss of appetite, nausea, tiredness.	Blood to blood contact with carrier or case; sexual transmission.	From weeks before onset to months or years after recovery. May be infectious for life (if person is a carrier).	Yes Call 519-575-4400	No exclusion normally required. Call 519-575-4400 for more information.	Yes Call 519-575-4400 for more information.	
IMPETIGO	Infected lesions are pustules on the skin that burst and form thick yellow crusts, often around mouth, nose, diaper area, arms and lower part of legs.	Contact with infected person or articles. Often spread on hands.	While there is pus in the sores or 24-48 hours after treatment begins.	No	Stay home until 24 hours after antibiotic treatment begins.	No	

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INFLUENZA	Sudden onset of fever; chills; headache; muscle aches; cough.	Contact with secretions from nose, throat or mouth.	3-5 days from onset of symptoms in adults; up to 7 days in children.	No	Stay home until symptoms resolve.	Not generally.	<ul style="list-style-type: none"> • Immune-suppressed
MEASLES	Fever; cough; eyes red and sensitive to light; red blotchy rash lasting for at least 3 days, appearing on the face first and then spreading to other parts of the body.	Contact with infected person (coughing and sneezing) or articles soiled with discharge from nose and throat. Extremely infectious.	3-5 days before onset of rash until 4 days after.	Yes Immediately call 519-575-4400, ext. 5275	Stay home for at least 4 days after rash onset.	Yes – see next column for at-risk contacts. Exclusion of incompletely or non-immunized students or at-risk students from school until up to 2 incubation periods after last case.	<ul style="list-style-type: none"> • Pregnant • On chemotherapy • Immune-suppressed due to other reasons • Not immunized • Immunized before 1st birthday
MENINGOCOCCAL MENINGITIS or MENINGOCOCCEMIA	Fever; vomiting; lethargy; headache; stiff neck and back; pinpoint purple rash on skin as illness progresses.	By direct contact with secretions from nose, throat or mouth. Most cases occur as single cases.	Up to 7 days prior to the start of symptoms until 24 hours after starting proper antibiotics.	Yes Immediately call 519-575-4400, ext. 5275		Yes – for those with direct contact with saliva of the case.	<ul style="list-style-type: none"> • Public Health will assess exposed persons to determine if preventive antibiotic and immunization is needed
MENINGITIS (other bacterial such as pneumococcal)	Fever; vomiting; lethargy; headache; stiff neck and back.	Varies.	Not contagious to others.	Yes 519-575-4400, ext. 5275		No	

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MENINGITIS (Viral)	Fever; vomiting; lethargy; headache; stiff neck and back.	By secretions from nose, throat or mouth or from fecally contaminated hands. May be a rare complication of chickenpox, mumps, measles or other viral infections.	Not contagious to others.	Yes 519-575-4400, ext. 5275	Stay home until child is well enough to return.	No There is no contact follow-up or intervention for this type of meningitis.	
MONONUCLEOSIS (Mono)	Fever, sore throat; tender, enlarged glands in neck. Generally mild disease in children.	Direct or indirect contact with saliva. i.e., kissing, sharing utensils or toys.	Most infectious when ill, but can be prolonged for a year or more.	No	Return as long as child is well enough.	No	
MUMPS	Fever, swelling and tenderness of one or both sides of face.	Contact with infected person or articles soiled with discharge from mouth, nose or throat.	From 7 days before swelling and possibly up to 9 days after (minimal after 5 days).	Yes 519-575-4400, ext. 5275	Stay home until 5 days after onset of swelling. (changed to 5 days in accordance with Public Health Agency of Canada in 2010).	Yes – see next column for at-risk contacts. Exclusion of incompletely or non-immunized students or at-risk students from school until up to 2 incubation periods after last case.	<ul style="list-style-type: none"> • Not immunized

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PERTUSSIS (Whooping Cough)	Initial mild cold symptoms followed by irritating dry hacking cough. Coughing becomes paroxysmal (spasms, often with high-pitched “whoop”) within 1 - 2 weeks; coughing paroxysms may be followed by vomiting or gagging. Cough is often worse at night and may last 1 - 2 months or longer.	Contact with infected person (coughing and sneezing) or articles soiled with discharge from nose, mouth or throat.	From beginning of mild cold symptoms to 3 weeks after onset of coughing spasms if not treated with antibiotics <u>or</u> 5 days after beginning treatment with antibiotics.	Yes 519-575-4400, ext. 5275	Stay home for 3 weeks from the onset of cough <u>or</u> until cough stops <u>or</u> 5 days after starting antibiotics (whichever occurs first).	Yes	<ul style="list-style-type: none"> • Pregnant • Infants under 1 year
PINWORMS	Anal itching; disturbed sleep, irritability; and sometimes secondary infection of the scratched skin. Worms may be seen at anus.	Direct transfer of eggs by hand from rectum to mouth or indirectly through clothing, bedding, food, or other articles contaminated with eggs. Eggs can survive up to 3 weeks in environment.	Can be up to 2 weeks after treatment begins.	No	No exclusion required	Assessment and treatment of household contacts may be recommended in some circumstances.	

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RINGWORM a) scalp	Skin infection; scaly; mildly itchy rings. Hair breaks off leaving bald spot.	Direct or indirect contact with skin and scalp lesion. Person to person or animal to human.	As long as lesions are present and viable spores persist on contaminated materials.	No	Can attend once treatment has started.	No	
RINGWORM b) body	Flat, spreading ring-shaped area, moist or crusted. Reddish around edges with white scales in centre.	Direct contact with lesions or contaminated clothing, floors, shower stalls, benches. Person to person or animal to human.	Same as above.	No	Can still attend once treatment has started. Keep child from gym and swimming pools until treatment is completed. Avoid direct contact sports (e.g. wrestling) until treatment is completed.	No	
ROSEOLA	Fever; rash (usually 2 days or less) begins as fever subsides. Most commonly occurs in children under 2 years of age.	Viral infection which may be spread by direct contact with droplets from persons carrying the virus (not very contagious).	During fever phase and possibly by persons who shed virus without any symptoms.	No	Return if child is well enough.	No	

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RUBELLA (German Measles)	Mild fever; cold symptoms; swollen neck glands; rash.	Contact with infected person or articles soiled by body secretions (nose, throat, mouth).	From 1 week before until up to 1 week after onset of rash.	Yes 519-575-4400, ext. 5275	Stay home until 7 days after onset of rash.	Yes – see next column for at-risk contacts. Exclusion of incompletely or non-immunized students or at-risk students from school until up to 2 incubation periods after last case.	<ul style="list-style-type: none"> • Pregnant • Not immunized
SCABIES	Lesions round finger webs, wrists, elbows, skin folds, armpits, lower portion of buttocks, beltline. Itching more intense at night.	Usually direct skin-to-skin contact. Through clothing only if the infected person wore it immediately beforehand.	Until all mites are destroyed, usually after 1–2 treatments.	No	Stay home until the day after treatment.	Yes Consult family physician: possible preventative treatment of those with extensive direct skin-to-skin exposure.	
SCARLET FEVER	Fever; headache; sore throat; vomiting/ fine red rash that feels like sandpaper; flushing of cheeks; white area around mouth. (Strep throat with a sunburn- like rash on the body)	It is a form of streptococcal disease – usually through direct contact with infected person or large respiratory droplets. May occur as individual cases or cause outbreaks.	For 24 hours after starting antibiotics.	No	Stay home until 24 hours after starting antibiotics treatment.	No	

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STREP THROAT	Fever; sore throat; redness and white spots on throat. Most common in children ages 6 to 12.	Usually through direct contact with respiratory droplets (coughs, sneezes) with infected person.	For 24 hours after starting antibiotic.	No	Stay home until 24 hours after starting antibiotics treatment.	No	
STREPTOCOCCAL INFECTIONS – INVASIVE	A very rare form of streptococcal infection causing Necrotizing Fasciitis (a deep muscle & skin infection) or Sepsis (overwhelming infection of the blood).	Usually occurs as an isolated case – spread is extremely rare but slightly increased for family members exposed to saliva or drainage from case.	Until 24 hours after starting antibiotic.	Yes 519-575-4400, ext. 5275	Intensive medical treatment required.	Yes – for those with direct contact with saliva of case or contacts.	
TUBERCULOSIS (TB)	<u>Pulmonary</u> (lungs) Cough for more than 3 weeks, fatigue, fever, weight loss, night sweats. <u>Extra-pulmonary</u> (outside of lungs) Weight loss, feeling unwell, swollen gland(s), or other symptoms depending on location of infection. TB can occur in almost any part of the body.	On droplets in the air expelled when a person with active pulmonary TB coughs or sneezes.	Only Pulmonary TB is contagious. Can spread from when cough symptoms begin until approximately 2 weeks after treatment is begun or as advised by physician. Contagiousness of these cases varies greatly – requires close and prolonged exposure (household contact). Extra-pulmonary or latent tuberculosis is not contagious to others	Yes	Region of Waterloo Public Health staff and physician will advise regarding length of exclusion.	Region of Waterloo Public Health staff will advise as to whether follow-up is necessary for contacts in classroom.	

Fact Sheets: Current fact sheets on common childhood infections are available from the Canadian Pediatric Society at:

www.cps.ca → Caring for Kids → Illnesses and Infections

