

Childhood Communicable Diseases

Guidelines & Information for School and
Childcare Administrators



Algoma
PUBLIC HEALTH
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Contents

Introduction.....	1
Stop the Spread.....	1
Hand, Foot & Mouth Disease (<i>Coxsackie virus</i>).....	2
Head Lice (<i>Pediculosis Capitis</i>)	3
Hepatitis A.....	4
Hepatitis B.....	5
Chickenpox (<i>Varicella-zoster virus</i>)	6
Fifth Disease (<i>Erythema Infectiosum; Parvovirus B19</i>).....	7
Gastroenteritis (Diarrhea/Vomiting)	8
Impetigo	9
Measles.....	10
Meningitis.....	11
Mumps.....	12
Noroviruses	13
Pink Eye (Conjunctivitis).....	14
Pinworms	15
Respiratory Illnesses	16
(COVID-19, Rhinovirus, Influenza, Respiratory Syncytial Virus (RSV), Adenovirus, Enterovirus).....	16
Ringworm	17
Rotavirus	18
Rubella.....	19
Scabies	20
Strep Throat.....	21
Scarlet Fever.....	22
Whooping Cough (Pertussis).....	23
Reporting to Algoma Public Health.....	24

Introduction

The purpose of this document is to provide a quick reference for school and childcare administrators regarding diseases commonly experienced by children. It also includes diseases of importance that are rare but can sometimes be discovered in the school/childcare setting (ex. measles). The role of public health regarding infectious disease is to maintain a healthy community through the prevention and control of communicable diseases. This is achieved by monitoring and investigating infectious diseases, immunization, and public education.

For more information about infectious diseases, you can visit:

- [Algoma Public Health](#)
- [Public Health Ontario](#)
- [Public Health Agency of Canada](#)

To report a Disease of Public Health Significance or ask a question about communicable diseases, call the Infectious Diseases team at 705-942-4646, ext. 3274.

This document is not intended to replace the advice, assessment, diagnosis, or treatment of infectious diseases by a healthcare provider. Those who are pregnant, immunocompromised or have complex medical conditions should seek assessment from their healthcare provider if they develop an infectious disease or have any concerns.

School and childcare administrators should direct parents/children to their healthcare provider regarding specific questions about their health or the diseases listed in this document.

Stop the Spread

Specific ways to prevent transmission of each disease can be found throughout this document. To help stop the spread of infectious disease, here are a few healthy habits that you can practice today:

- [Wash your hands](#)
- Practice cough and sneeze etiquette
- Practice [food safety](#)
- Do not share drinks, utensils, or personal items
- Keep surfaces clean
- Stay home when you are sick
- Stay up to date on your [immunizations](#)

Hand, Foot & Mouth Disease (<i>Coxsackie virus</i>)	
What is it?	<ul style="list-style-type: none"> • Hand, foot and mouth disease is an illness that is common in children and most common in the summer and fall. • It causes sores typically found in the mouth, hands, and feet. It is caused by a type of enterovirus called coxsackie virus
What are the signs and symptoms?	<ul style="list-style-type: none"> • Fever, headache, sore throat, loss of appetite, lack of energy • Small painful blisters in the mouth • Blisters on the palms of hands, on fingers, and on soles of feet and occasionally on buttocks or other parts of the body • Blisters may last for 7-10 days and are not itchy
How is it spread?	<ul style="list-style-type: none"> • Direct contact with unwashed hands, discharges from the nose and mouth, stool, or fluid from the blisters of infected people. • Indirect contact with contaminated toys, objects, or surfaces • From coughs and sneezes of an infected person
When is it contagious?	<ul style="list-style-type: none"> • A person can shed the virus from their respiratory tract for about a week and in their stool for several weeks. Some people excreting the virus, including most adults, have no symptoms at all.
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Hand washing after wiping child's nose, changing diaper, using toilet and before preparing food • Disinfect or discard articles soiled with secretions of infected person • Discontinue sensory play • Cleaning and disinfecting practices in childcare centres and schools with HFMD should be enhanced. Clean and disinfect high touch surfaces and shared items, such as toys, at least daily. Disinfectant should be used after the surface is cleaned with soap and water. Enhanced Action Formulation Hydrogen Peroxide (e.g., accelerated hydrogen peroxide) is recommended as a disinfectant, and users must follow the manufacturer's instructions for use.
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children may return to school/childcare when the fever is gone and feeling well enough to participate. • Children with fluid filled blisters, open mouth sores, and/or oozing blisters should not attend school/childcare. Blisters must be dry and crusted before returning.
Other important notes	<ul style="list-style-type: none"> • Although HFMD is typically mild, it is important to seek emergency medical care if your child is showing signs of severe illness such as being unable to eat/drink, persistent vomiting, persistent fever over 39°C, difficulty waking, significantly reduced or no urine output, confusion, and/or rapid breathing.

For more information: [Hand, Foot and Mouth Disease](#)

Head Lice (<i>Pediculus Capitis</i>)	
What is it?	<ul style="list-style-type: none"> • Head lice are a tiny, flat insects that have no wings, cannot jump or fly, but crawl very quickly. They live and breed on the scalp. • They are only 1-2 mm long, grayish brown in colour, and hard to see. • Adult female lice produce many nits which may be easier to find than the actual bug.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Head scratching/itchy scalp • Nits (eggs) present on hair shaft – may be grey to white in colour and are attached firmly to hair and close to scalp • Live lice move very quickly and may be difficult to see. They do not jump or fly • A healthcare provider can help determine whether or not lice are truly present
How is it spread?	<ul style="list-style-type: none"> • Head-to-head contact is the primary way lice spread • Children should not share combs, hairbrushes, hats or hair accessories
When is it contagious?	<ul style="list-style-type: none"> • Lice can spread until they have been treated
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Treat promptly with an appropriate product • Treatment details vary with product used • Notify parents of other children in the school/centre that head lice is present in the facility
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children with headlice can return to school after the first treatment unless directed otherwise by their healthcare provider. They do not have to be sent home early if lice are found during the school day. • “No nit” policies are not necessary and create undue hardship on children and families.
Other important notes	<ul style="list-style-type: none"> • Head lice are a nuisance, but do not transmit disease, nor do they indicate poor hygiene or lack of cleanliness.

For more information: [Algoma Public Health Head Lice Information Sheet](#)

Hepatitis A	
What is it?	Hepatitis A virus causes an infection of the liver which usually results in mild illness in children but can be more serious in adults, those with liver disease, or weakened immune systems.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Fever • Fatigue • Loss of appetite • Nausea • Jaundice (a yellowing of the skin and whites of the eyes) • Dark urine
How is it spread?	<ul style="list-style-type: none"> • Typically spread by contact with stool from an infected person through: <ul style="list-style-type: none"> ○ Unwashed hands ○ Contaminated food and/or water ○ Contaminated toys and equipment
When is it contagious?	<ul style="list-style-type: none"> • Two to three weeks before the start of symptoms until one week after the onset of jaundice
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Hand washing after toileting and diaper changing, etc. • Avoid sharing of eating and drinking utensils/items • Disinfect diaper tables between changes • Proper disposal of diapers
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children should not attend school/childcare until notified by Algoma Public Health
Other important notes	<ul style="list-style-type: none"> • Highly effective vaccines are available to prevent Hepatitis A but are not funded under the routine schedule.

For more information: [Hepatitis A](#)

Hepatitis B	
What is it?	<ul style="list-style-type: none"> • Hepatitis B is a disease of the liver that can result in liver damage, liver sclerosis, and liver cancer.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Children are often asymptomatic • Adults and some children may present with fatigue, not eating, vague abdominal discomfort, joint pain, fever and jaundice.
How is it spread?	<ul style="list-style-type: none"> • Hepatitis B is spread through body fluids including blood and saliva. • Transmission can occur through very close contact and can be transmitted from mother to newborn.
When is it contagious?	<ul style="list-style-type: none"> • Cases and carriers are highly infectious. Assessment by a clinician can help determine if a person is infectious or not.
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Hepatitis B is vaccine preventable • People with hepatitis B should not share personal care items such as razors or toothbrushes
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children with hepatitis B must not attend school/childcare until notified by Algoma Public health
Other important notes	<ul style="list-style-type: none"> • Vaccine preventable

For more information: [Algoma Public Health – Hepatitis B](#)

Chickenpox (<i>Varicella-zoster virus</i>)	
What is it?	An infection in childhood caused by the varicella virus, which is usually mild in children but poses risks to pregnant people and those who are immunocompromised. It can also present decades later as a painful rash called shingles.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Begins with a slight fever followed by an itchy rash • Small red spots turn into fluid-filled blisters • Blisters break and form a crust which become scabs • Scabs fall away between the ninth and thirteenth day • Symptoms usually appear within 14-16 days from being exposed to chickenpox, but can appear within 10-21 days.
How is it spread?	<ul style="list-style-type: none"> • Spreads easily from person to person through the air by coughing or sneezing. • Direct contact with fluid from the blisters or respiratory secretions
When is it contagious?	A person is contagious 1-2 days before sores appear and until all sores are dry and crusted (usually about 5 days)
How can we prevent contact and spread?	Chickenpox can be prevented through immunization and staying home when sick
Can the child come to school/childcare?	A child with mild illness should be allowed to return to school or childcare as soon as they are well enough to participate normally in all activities (regardless of the state of the rash)
Other important notes	<ul style="list-style-type: none"> • If you suspect chickenpox, seek assessment from a healthcare professional. If possible, call ahead so they can prepare infection control measures to protect others. • Parents of other children in the school/childcare facility, particularly parents of immunosuppressed children should be notified that chickenpox is in the class/ school / childcare, as directed by Algoma Public Health

For more information: [Algoma Public Health Chicken Pox Information Sheet](#)

Fifth Disease (<i>Erythema Infectiosum; Parvovirus B19</i>)	
What is it?	A viral illness that commonly presents as a bright red rash on the face in children
What are the signs and symptoms?	<ul style="list-style-type: none"> • Initially presents as coughing, sneezing, headache, and low fever • This is followed by a bright red facial rash that resembles cheeks being slapped. Later, red, lace-like rash on trunk and extremities that spreads over rest of body appears • The rash may reappear when exposed to sunlight, exercise, or changing temperatures.
How is it spread?	<ul style="list-style-type: none"> • Direct contact with respiratory secretions including coughing and sneezing • Indirect contact with contaminated toys, objects or surfaces
When is it contagious?	<ul style="list-style-type: none"> • Several days before the appearance of the rash • Not infectious once rash appears
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Hand washing • Respiratory etiquette (covering your cough, etc.)
Can the child come to school/childcare?	<ul style="list-style-type: none"> • A child may return if they are well enough to take part in activities and have no fever • If fever is present, the child should be fever free without fever-reducing medications for 24 hours before returning
Other important notes	<ul style="list-style-type: none"> • It is most common in late winter to early spring • Immunocompromised people or pregnant women with this infection should seek healthcare provider assessment as complications can occur

For more information: [Algoma Public Health Fifth Disease Information Sheet](#)

Gastroenteritis (Diarrhea/Vomiting)	
What is it?	<ul style="list-style-type: none"> • Inflammation of the stomach and/or intestinal lining that causes symptoms like diarrhea and vomiting. • It is commonly caused by viruses in school and childcare settings but can also be caused by bacteria, or parasites
What are the signs and symptoms?	<ul style="list-style-type: none"> • Diarrhea • Abdominal cramping • Poor appetite • Vomiting • Fever • Nausea • Dehydration* <ul style="list-style-type: none"> ○ Persistent vomiting ○ Decreased urine output ○ Inability to keep fluids down ○ Sunken eyes <p>*Children with signs of dehydration should be assessed by a healthcare provider.</p>
How is it spread?	<ul style="list-style-type: none"> • Typically spread by oral contact with stool from an infected person through: <ul style="list-style-type: none"> ○ Unwashed hands ○ Contaminated food and/or water ○ Contaminated toys and equipment
When is it contagious?	Typically contagious for the duration of symptoms, but may be longer depending on the cause
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Hand washing • Safe food handling practices to prevent illness • Disinfect all surfaces, toys, and furniture with high level disinfectant • Discontinue sensory play when illness present in school/childcare
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Exclude the child until 48 hours after diarrhea/vomiting stops. • Some infections/outbreaks may require different guidance to return to school as directed by APH

For more information: [Algoma Public Health Diarrhea and Vomiting Information Sheet](#)

Impetigo	
What is it?	Impetigo is a skin infection caused by streptococcus (strep) and staphylococcus (staph) bacteria. It is common in children.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Blisters filled with fluid that break open leaving thick golden yellow crusts usually on mouth and nose • Fever, pain, swelling & weakness can occur if the infection becomes serious
How is it spread?	<ul style="list-style-type: none"> • Person to person through contact with sores • Indirect contact with contaminated bed linens, towels or clothing
When is it contagious?	<ul style="list-style-type: none"> • It is contagious from the onset of the rash until 24 hours after the start of antibiotics.
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Hand washing • Avoid contact with rash • Wear gloves if touching the rash • Don't share of towels, face, clothes, or toys • Daily disinfection of toys and contaminated articles
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children should stay home until an appropriate antibiotic has been taken for at least 24 hours
Other important notes	<ul style="list-style-type: none"> • Lesions should be adequately covered with light dressings gauze or clothing if possible

For more information: [Algoma Public Health Impetigo Information Sheet](#)

<h2>Measles</h2>	
What is it?	<ul style="list-style-type: none"> • Measles is a highly infectious disease caused by the measles virus. • Complications include diarrhea, pneumonia, blindness, and infections of the brain. • Pregnant women, infants, and individuals with weak immune systems are at higher risk of measles complications.
What are the signs and symptoms?	<ul style="list-style-type: none"> • High fever • Runny nose, cough, and red, sensitive eyes (conjunctivitis) • Drowsiness and irritability • Small spots with white or bluish white centres on a reddish base may be present inside the mouth (Koplik's spots) • Blotchy red rash which begins on face and spreads down the body
How is it spread?	<ul style="list-style-type: none"> • Spreads easily from person to person through the air • Direct contact with nose and throat secretions • May be spread on surfaces and items contaminated with nose and throat secretions (within 2 hours)
When is it contagious?	<ul style="list-style-type: none"> • 4 days before the onset of rash and continues for 4 days after rash appearance
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Ensure all children are fully immunized • Pregnant women or children under 1 year of age who are not yet immunized, consult a physician as soon as possible if exposed to measles
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children with measles must stay home until notified by Algoma Public Health
Other important notes	<ul style="list-style-type: none"> • Measles is vaccine preventable. Unimmunized children may be excluded from school/childcare if an outbreak is present. • When seeking care for measles, call ahead to the clinic or hospital and inform them you may have measles. This will allow them to prepare proper infection control measures

For more information: [Algoma Public Health Measles Information Sheet](#)

Meningitis			
What is it?	<ul style="list-style-type: none"> • An infection of the tissue covering the brain and spinal cord. • It can be caused by bacteria, viruses, or other germs. 		
What are the signs and symptoms?	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Sudden onset • Intense headache • Fever • Chills • Nausea • Vomiting • Rash </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Malaise • Irritability • Neck stiffness • Confusion • Eyes sensitive to light </td> </tr> </table>	<ul style="list-style-type: none"> • Sudden onset • Intense headache • Fever • Chills • Nausea • Vomiting • Rash 	<ul style="list-style-type: none"> • Malaise • Irritability • Neck stiffness • Confusion • Eyes sensitive to light
<ul style="list-style-type: none"> • Sudden onset • Intense headache • Fever • Chills • Nausea • Vomiting • Rash 	<ul style="list-style-type: none"> • Malaise • Irritability • Neck stiffness • Confusion • Eyes sensitive to light 		
How is it spread?	<ul style="list-style-type: none"> • Depends on the germ causing the infection, but often through close direct contact with nose and throat secretions. 		
When is it contagious?	<ul style="list-style-type: none"> • Depends on the germ. Follow the advice of the treating physician or contact Algoma Public Health. 		
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Cover coughs and sneezes • Hand washing • Vaccination is recommended 		
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children with meningitis should not return to school until recovered and notified by their physician or Algoma Public Health. 		
Other important notes	<ul style="list-style-type: none"> • Many types of meningitis are vaccine preventable • Family members and close contacts may require preventive treatment depending on the germ. • If there are concerns for meningitis, children should seek medical assessment immediately. 		

For more information: [Algoma Public Health Meningitis Information Sheet](#)

<h2>Mumps</h2>	
What is it?	<ul style="list-style-type: none"> • Mumps is an acute infectious disease caused by the mumps virus. • Characterized by swelling of one or more of the salivary glands, most commonly the parotid glands (parotitis)
What are the signs and symptoms?	<ul style="list-style-type: none"> • Fever • Painful swelling and tenderness of one or more salivary glands (near the jaw line) • Children may have respiratory symptoms such as coughing, sneezing and runny nose • Males may have testicular tenderness/swelling
How is it spread?	<ul style="list-style-type: none"> • Person to person through coughing, sneezing, or direct contact with the respiratory secretions of an infected person • Indirect contact with contaminated surfaces
When is it contagious?	<ul style="list-style-type: none"> • 7 days before to 5 days after swelling of the salivary glands develop (parotitis)
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Mumps is vaccine preventable • Practice respiratory etiquette (cover cough and sneezes)
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children should not return to school until notified by Algoma Public Health.
Other important notes	<ul style="list-style-type: none"> • Mumps is easily preventable through vaccination

For more information: [Algoma Public Health Mumps Information Sheet](#)

Noroviruses	
What is it?	<ul style="list-style-type: none"> • A very common virus that causes diarrhea and vomiting in humans. • Noroviruses are named after the original Norwalk virus and Norwalk-like viruses. • Noroviruses are commonly responsible for outbreaks in places where people have close contact. Common places for outbreaks include nursing homes, banquets, cruise ships, childcare centers, schools and restaurants.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Diarrhea • Abdominal cramping • Vomiting • Fever • Poor appetite • Dehydration* <ul style="list-style-type: none"> ○ Persistent vomiting ○ Decreased urine output ○ Inability to keep fluids down ○ Sunken eyes • *Children with signs of dehydration should be assessed by a healthcare provider.
How is it spread?	<ul style="list-style-type: none"> • Typically spread by oral contact with stool from an infected person through: <ul style="list-style-type: none"> ○ Unwashed hands ○ Contaminated food and/or water • Contaminated toys and equipment
When is it contagious?	<ul style="list-style-type: none"> • Contagious when symptoms are present but may be contagious for 2-3 weeks after recovery.
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Good hand hygiene • Safe food handling practices to prevent illness • Disinfect all surfaces, toys, and furniture with high level disinfectant • Discontinue sensory play when illness present in school/childcare • Staff should wear a disposable mask and gloves when cleaning up vomit
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children should not return to school until fever free and until 48 hours after diarrhea and vomiting stops

For more information: [Algoma Public Health Norovirus Information Sheet](#)

Pink Eye (Conjunctivitis)	
What is it?	<ul style="list-style-type: none"> • Pink eye is a redness and inflammation of the outer lining of the eyeball and eyelid and can be caused by bacteria, virus, physical irritation, allergies, or chemical irritation. • It is very common, particularly in children.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Itchy, irritated, scratchy feeling in the eye & increased tearing • White of the eyes are pink or red • Swelling of the eyelid • Pus or discharge from the eyes that can make the eyelids sticky at night • Pain in the eyes/eyelids
How is it spread?	<ul style="list-style-type: none"> • Direct contact with the discharge from the eye of someone with pink eye • Indirect contact through contaminated clothing, face cloths & towels. • Through coughs and sneezes of an infected person.
When is it contagious?	<ul style="list-style-type: none"> • It is contagious while symptoms are present • If diagnosed by a healthcare provider as bacterial pink eye, they are no longer considered infectious once antibiotics have been taken for 24 hours.
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Hand washing • Disinfection of toys, tables, doorknobs, railings • Don't sharing of towels or washcloths • Wipe tears or discharge from child's eye from the inside out and in one direction, using a clean part of the cloth for each wipe
Can the child come to school/childcare?	<ul style="list-style-type: none"> • If fever is present, children should stay home until fever is gone without fever-reducing medication for 24 hours. • Children with viral pink eye may return when they feel well enough to participate in activities. • Children with bacterial pink eye can return when they have received antibiotics for 24 hours and they feel well enough to do so
Other important notes	<ul style="list-style-type: none"> • n/a

For more information: [Algoma Public Health Pink Eye Information Sheet](#)

Pinworms	
What is it?	<ul style="list-style-type: none"> • An infection caused by tiny, white thread-like worms that live in the intestines. • The worms crawl out of the anus at night and lay their eggs on nearby skin.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Itching of anal/genital area, often at night • Disturbed sleep and irritability • Abdominal cramps
How is it spread?	<ul style="list-style-type: none"> • Parasite eggs are transmitted by hand from anal area to mouth • Direct contact from fingers contaminated from scratching • Indirectly through clothing, bedding, food, toys, or other articles contaminated with pinworm eggs
When is it contagious?	<ul style="list-style-type: none"> • Until one treatment is completed
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Frequent hand washing very important especially after diaper changing and handling any soiled linens • Children should be discouraged from sucking fingers, biting nails and scratching anal area • Keep fingernails short to avoid nail biting • Treatment of whole family may be advisable if several members are infected • Cleaning surfaces with soap and water helps remove parasites • Discontinue sensory play
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Yes, but it is advised to have 1 treatment completed and it may need to be repeated in 2 weeks.
Other important notes	<ul style="list-style-type: none"> • Clean/vacuum house daily for several days after treatment • Wash and change bedding and underwear after treatment • Showering is preferred to bathing • The eggs are sensitive to sunlight. Open blinds or curtains in bedrooms when children are not sleeping

For more information: [Algoma Public Health Pinworms Information Sheet](#)

<h2 style="margin: 0;">Respiratory Illnesses</h2> <p style="margin: 0;"><i>(COVID-19, Rhinovirus, Influenza, Respiratory Syncytial Virus (RSV), Adenovirus, Enterovirus)</i></p>	
What is it?	Respiratory illness can be caused by many germs including COVID-19, Rhinovirus, Influenza, Respiratory Syncytial Virus (RSV), Adenovirus, Enterovirus
What are the signs and symptoms?	<ul style="list-style-type: none"> • Fever or chills, cough, shortness of breath, runny nose/nasal, congestion, sore throat, headache, extreme fatigue • Less common symptoms could be gastrointestinal symptoms (nausea, vomiting, diarrhea), pink eye, and loss of taste/smell.
How is it spread?	<ul style="list-style-type: none"> • Through droplets which are shed from an infected person when they sneeze, cough or talk. Some may form smaller particles that can hang in the air for extended periods. • Contact with contaminated surfaces without proper hand hygiene
When is it contagious?	<ul style="list-style-type: none"> • This varies depending on the cause of the illness
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Good hand washing (children and staff) • Proper respiratory etiquette (i.e. covering nose and mouth when coughing/sneezing) • Regular cleaning and disinfection practices for surfaces, toys, and furniture • Remove sensory play • Vaccination, including seasonal Flu/COVID immunizations and RSV immunizations for those eligible. • Wear a mask to protect yourself and others • Stay home when sick
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children should not attend childcare/school until symptoms have been improving for 24 hours and the child has had no fever for 24 hours without using fever-reducing medication (or symptom free for 48 hours if vomiting and/or diarrhea were present)
Other important notes	<ul style="list-style-type: none"> • If your child develops worsening or severe symptoms, go to your nearest Emergency room for immediate assessment.

For more information: [Algoma Public Health Influenza Information Sheet](#) OR [Algoma Public Health COVID-19 Information Sheet](#)

<h2 style="margin: 0;">Ringworm</h2> <p style="margin: 0;"><i>Head (tinea capitis); Body (tinea corporis); Feet (tinea pedis or Athlete's Foot)</i></p>	
What is it?	A skin infection caused by a fungus.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Head – Small raised lesions on scalp, leaving scaly patches of temporary baldness • Body – Flat ring-shaped lesions with reddish periphery. May be blister-like or dry and crusty • Feet – Scaling or cracking of skin between toes or on the soles; Incubation period
How is it spread?	<ul style="list-style-type: none"> • Direct skin to skin contact • Indirect contact with contaminated articles such as bathrooms, pools, showers, chairs, combs, clothing, hats and shower stalls
When is it contagious?	<ul style="list-style-type: none"> • As long as rash is present or until treatment is initiated
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Infections should be treated promptly with oral and/or topical antifungal medication • Hand washing • Discourage from sharing personal items (combs, hairbrushes and towels) and wash sports clothing regularly • Encourage children to wear footwear in public showers and pool areas
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children should not return to school/childcare until treatment has started
Other important notes	<ul style="list-style-type: none"> • Until fully treated children should avoid swimming pools and activities likely to lead to exposure of others

For more information: [Algoma Public Health Ringworm Information Sheet](#)

Rotavirus	
What is it?	<ul style="list-style-type: none"> • Rotavirus is a common virus that causes a mild to severe diarrhea in humans. • Infants and young children in childcare centres and children’s hospitals are most often infected. The virus is also a common cause of diarrhea in the elderly living in long-term care facilities and homes for older adults. • Sometimes, the virus can cause traveller’s diarrhea in healthy adults.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Fever • Vomiting • Stomach pain • Diarrhea • Loss of appetite • Dehydration* <ul style="list-style-type: none"> ○ Persistent vomiting ○ Decreased urine output ○ Inability to keep fluids down ○ Sunken eyes <p>*Children with signs of dehydration should be assessed by a healthcare provider.</p>
How is it spread?	<ul style="list-style-type: none"> • Typically spread by oral contact with stool from an infected person through: <ul style="list-style-type: none"> ○ Unwashed hands ○ Contaminated food and/or water • Contaminated toys and equipment
When is it contagious?	<ul style="list-style-type: none"> • 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. • Rotavirus can survive on surfaces such as toys and door handles for several days.
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Hand washing • Disinfect tables after each diaper change • Proper disposal of diapers • Disinfect all surfaces, toys, and furniture with high level disinfectant • Discontinue sensory play • Rotavirus vaccination • Staff wear a disposable mask and gloves when cleaning up vomit
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children should stay home until symptom free for 48 hours
Other important notes	<ul style="list-style-type: none"> • Vaccine Preventable

For more information: [Algoma Public Health Rotavirus Information Sheet](#)

Rubella	
What is it?	Rubella is caused by the rubella virus and is very contagious. It is usually a mild illness but can lead to serious complications, most notably birth defects if rubella infection occurs during pregnancy.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Transient red rash on face and spreading over body • Mild fever, malaise, tiredness, joint pain, headache and mild runny nose • Sore, red eyes (conjunctivitis) • Enlarged lymph nodes
How is it spread?	<ul style="list-style-type: none"> • Direct contact with respiratory secretions of an infected person • Droplet spread from coughs and sneezes
When is it contagious?	<ul style="list-style-type: none"> • 7 days before and at least 4 days after onset of rash • Infants with born with rubella infection from the mother often shed the virus for months after birth
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Rubella is vaccine preventable • People who are pregnant and exposed to rubella should seek medical attention immediately • Hand washing and respiratory etiquette (ie. covering coughs)
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children with rubella must not attend school/childcare until notified by Algoma Public health
Other important notes	<ul style="list-style-type: none"> • Vaccine preventable

Scabies	
What is it?	A parasitic disease of the skin caused by a mite that can only be seen with a microscope.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Very itchy rash, which often appears between fingers on palms, underarms, wrists, soles, elbows, belt line, groin area, buttocks and shoulder area • In babies and young children, the rash can appear on the head, face, neck, chest, abdomen, and back • Rash looks like curvy white threads, tiny red bumps or scratches • Itching is intense, especially at night •
How is it spread?	<ul style="list-style-type: none"> • Direct prolonged skin to skin contact • Indirect contact with clothing or articles used by the infested person (e.g. bedding or towels)
When is it contagious?	<ul style="list-style-type: none"> • Until mites and eggs are killed by treatment
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Treatment is with a prescribed lotion or cream • All household members should receive treatment who have direct skin to skin contact •
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children can attend school once the first treatment is completed.
Other important notes	<ul style="list-style-type: none"> • Itching may persist 1 -2 weeks after treatment • Rash should be observed for week after treatment

For more information: [Algoma Public Health Scabies Information Sheet](#)

Strep Throat	
What is it?	Strep throat is a bacterial infection caused by streptococcal bacteria. It causes irritation, inflammation and pain in the throat and tonsils.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Sore throat • Painful swallowing • Swollen tonsils • Enlarged lymph nodes • Fever
How is it spread?	<ul style="list-style-type: none"> • From coughs and sneezes of an infected person • Sharing food, drinks, or anything put in the mouth with an infected person
When is it contagious?	<ul style="list-style-type: none"> • Until 24 hours of effective antibiotic treatment
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Don't share personal items (e.g. straws, drinking glasses) • Hand washing
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children can attend school after 24 hours of antibiotic treatment
Other important notes	<ul style="list-style-type: none"> • Scarlet fever and strep throat are both caused by streptococcal bacteria. • Rheumatic fever may occur as a result of untreated streptococcal infection.

Scarlet Fever	
What is it?	A disease caused by streptococcus bacteria that causes rash and fever.
What are the signs and symptoms?	<ul style="list-style-type: none"> • Fever, swollen glands, sore throat and vomiting • Sore throat followed by red rash (sandpaper like feel). • Strawberry tongue (bright red bumpy tongue) • Typically, rash does not involve face but there may be flushing of the
How is it spread?	<ul style="list-style-type: none"> • From coughs and sneezes of an infected person • Sharing food, drinks, or anything put in the mouth with an infected person
When is it contagious?	<ul style="list-style-type: none"> • Until 24 hours of effective antibiotic treatment
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Don't share personal items (e.g. straws, drinking glasses) • Hand washing
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children can attend school after 24 hours of antibiotic treatment

For more information: [Algoma Public Health Scarlet Fever Information Sheet](#)

Whooping Cough (Pertussis)	
What is it?	<ul style="list-style-type: none"> • A very contagious disease of the respiratory tract, caused by bacteria found in the nose and throat of a person who is infected • Young infants are at highest risk and have the most serious complications
What are the signs and symptoms?	<ul style="list-style-type: none"> • Begins with a low-grade fever, runny nose, and mild cough • Repeated violent coughing episodes (paroxysmal cough) resulting in a high-pitched whoop, commonly followed by vomiting
How is it spread?	<ul style="list-style-type: none"> • Direct contact with nose and throat secretions of infected person – such as coughing and sneezing
When is it contagious?	<ul style="list-style-type: none"> • Very contagious in the early stages and for 3 weeks after coughing spells develop • It is no longer contagious after 5 days of effective treatment
How can we prevent contact and spread?	<ul style="list-style-type: none"> • Whooping cough is preventable through immunization • Staying home when sick • Respiratory etiquette (ie. covering coughs)
Can the child come to school/childcare?	<ul style="list-style-type: none"> • Children with pertussis must not attend school/childcare until notified by Algoma Public health
Other important notes	<ul style="list-style-type: none"> • Vaccine preventable • Pregnant women who are exposed to a case should be assessed by a healthcare provider • Family members and close contacts may require preventive treatment

For more information: [Algoma Public Health Pertussis Information Sheet](#)

Reporting to Algoma Public Health

In order to protect the public from Diseases of Public Health Significance (DOPHS), some diseases are reportable to Algoma Public Health. This is a requirement under the [Health Protection and Promotion Act](#) for individuals including but not limited to school principals and administrators of childcare centres. The table below lists reporting requirements for the diseases referenced in this document.

Not all reportable diseases are listed below. For a full list of reportable diseases, please see our [website](#).

Disease	Reportable	Notes
Chickenpox	Yes	
Gastroenteritis	Yes	Individual cases are not reportable. Outbreaks or multiple cases above baseline should be reported.
Fifth Disease	No	
Hand Foot, and Mouth Disease	No	
Hepatitis A	Yes	
Hepatitis B	Yes	
Head Lice	No	
Impetigo	No	
Measles	Yes	
Meningitis	Yes	
Mononucleosis	No	
Mumps	Yes	
Norovirus	Yes	Individual cases are not reportable. Outbreaks or multiple cases above baseline should be reported.
Pink Eye	No	
Pinworms	No	
Respiratory Viruses	Yes	Some respiratory illnesses are reportable if the pathogen is known (ie. influenza, pertussis). When the cause is not known, individual cases are not reportable. Outbreaks or multiple cases above baseline should be reported.
Ringworm	No	
Rotavirus	No	
Rubella	Yes	
Scabies	No	
Strep Throat	No	
Scarlet Fever	No	
Whooping Cough (Pertussis)	Yes	

If you are unsure if you should report a specific disease or if your organization is required to report, contact Algoma Public Health's Infectious Disease program at 705-942-4646, ext. 3274