# Prevention and Control of Communicable Childhood Illnesses: A Quick Reference Guide for Child Care Centres

Prepared by the Infectious Diseases Team
Wellington-Dufferin-Guelph Public Health
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PublicHealth
WELLINGTON-DUFFERIN-GUELPH
*Stay Well.*

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**During WDGPH's regular business hours call 1-800-265-7293, ext. 4752 to report a DoPHS. To report an increase in illness, email congregatesetting@wdgpublichealth.ca or call 1-800-265-7293, ext. 4752.**

**To speak with WDGPH after hours and on holidays, call 1-877-884-8653. Documents can be confidentially faxed to 1-855-934-5463 (1-855-WDGLINE).**

# Land Acknowledgement

We acknowledge that the work of Wellington-Dufferin-Guelph Public Health operates on the traditional lands and home of the Hodinöhsö:ni', Anishinaabek, Tionontati and Attawandaron People, and is steeped in the tradition of many First Nations, Inuit and Metis People.

As an Agency, we encourage our staff, partners, and clients to support the work of reconciliation and promote healing with our Indigenous neighbours. We are also committed to reducing social inequities and will strive to make our services culturally appropriate and safe for all Indigenous people, their families, and their community.

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# Introduction

Children who receive care outside of their homes have a greater risk for infection due to their proximity to children from other households, sharing of toys, interest in putting objects in their mouths, developing immune systems, need for hands-on care, need for assistance with using the washroom, and limited ability to perform hand hygiene. This reference guide was created to provide child care staff with the tools they need to prevent the spread of infections, manage infections, and report infections to Wellington-Dufferin-Guelph Public Health (WDGPH). It should be used in combination with the child care centre's infection prevention and control (IPAC) policies and procedures, and any additional advice provided by a WDGPH representative.

**Refer to the following documents for legislative information:**

Child Care and Early Years Act, 2014, S.O. 2014, c. 11, Sched. 1

Health Protection and Promotion Act, R.S.O., 1990, c. H.7, s. 5, and s. 22

Ontario Regulation 559/91

Ontario Public Health Standards, 2021

Infectious Disease Protocol, 2023

## What causes infections?

Infections are illnesses caused by germs or microorganisms like viruses, bacteria, fungi, and parasites. These microorganisms can be shared between people, animals, and insects; and can be found on surfaces and in food, soil, water, and the air. To cause an infection, the microorganisms must enter the body and multiply.

## How are infections spread?

For microorganisms (the agent) to spread, they must be expelled from where they live (reservoir) such as people, pets, food, or water, through blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, and urine. It is important to note that someone without symptoms can still spread microorganisms. The microorganisms are passed to another person by direct contact with the microorganisms, indirect contact with a contaminated object or surface, and ingestion or inhalation of contaminated particles. This is known as the mode of transmission. Refer to Table 1 for more details. For an infection to occur, the microorganisms must enter another person's body through cuts in the skin, catheters, tubes, their mouth, eyes, and nose. Infants, children, and elderly adults are more susceptible to infections. Individuals who are pregnant, unimmunized, or immunocompromised are also at higher risk of experiencing and infection.

How infections are spread is best represented by the chain of infection – refer to Appendix A. All the links in the chain must be present for an infection to occur. However, breaking any link in the chain can help reduce the risk of infection. Refer to pages 7-11 for more information on routine practices that break the chain of the infection (prevent the spread of infection).

**Table 1: Modes of Transmission**

| Mode of Transmission | Definition | Examples | Prevention* (as applicable) | Infections** |
|---|---|---|---|---|
| **Contact Transmission** | **Direct** contact transmission occurs when an individual encounters blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine from an infected host (person or animal). | Handshake, kissing, hugging, changing diapers or assisting with the washroom, first-aid for a cut or scrape, bites or scratches from animals, petting animals | Hand hygiene, PPE (gloves, gown), physical distancing, cleaning and disinfection, immunization, exclusion | Norovirus, Rotavirus, Hepatitis B, head lice, scabies, Rabies |
| | **Indirect** contact transmission occurs when an individual touches an object or surface that has been contaminated by infected blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine. | Sharing toys, eating utensils, pacifiers, or teething toys; using high-touched areas (e.g., keyboards, railings, doorknobs); flushing the toilet | Hand hygiene, PPE (gloves, gown), cleaning and disinfection, immunization, exclusion | COVID-19, Influenza, RSV, Ringworm, Pinworm |
| **Droplet Transmission** | Droplet transmission occurs when large respiratory droplets are propelled up to 2 metres from the nose or mouth of a person who is unwell and land on another person or surface. | Sneezing, coughing, talking loudly, singing | Hand hygiene, physical distancing, PPE (mask, eye protection), cleaning and disinfection, immunization, exclusion | COVID-19, Influenza, RSV, Mumps, Rubella, Pertussis |
| **Airborne Transmission** | Airborne transmission occurs when small particles in dust or droplets are suspended in the air for long period of time and are inhaled by others. | Sneezing, coughing, talking loudly, singing, caring for open wounds | PPE (N95 respirator), immunization, exclusion | Chickenpox, Measles, Tuberculosis |

| Mode of Transmission | Definition | Examples | Prevention* (as applicable) | Infections** |
|---|---|---|---|---|
| **Vector-borne Transmission** | Vector-borne transmission occurs when an insect bites and ingests the blood of an already infected host (person or animal) and then bites a healthy individual. | Bites from ticks or insects like flies, mosquitos, or fleas | Using insect repellents; staying indoors; wearing light coloured, long-sleeved shirts, and pants | Lyme disease, West Nile Virus, Zika virus, |
| **Vehicle Transmission** | **Food-borne** transmission occurs when a susceptible individual ingests food or beverages that have been contaminated by blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine from an infected host (person or animal). | Consuming raw milk, undercooked meat and eggs, or unwashed vegetables and fruit | Thoroughly cooking meat and eggs; washing fruits and vegetables; washing hands after handing raw meat, eggs, and fruits and vegetables | Hepatitis A, Salmonella, E. coli, Campylobacter, Infant Botulism, |
| | **Water-borne** transmission occurs when a susceptible individual ingests or inhales water that has been contaminated by blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine from an infected host (person or animal). | Swallowing recreational water (e.g., rivers, lakes, pools), drinking untreated water | Regular testing of water, only consuming water known to be safe for drinking | Typhoid fever, Legionella, Cryptosporidium, Poliomyelitis, Giardia |

*Prevention and control strategies required to manage each infection may vary based on the agent. For agent-specific prevention and control information, refer to the Caring for Kids website or BC Centre for Disease Control Quick Guide to Common Childhood Diseases printable fact sheets. Exclusion information can be found in Tables 5 and 6.

**The infections listed in Table 1 are only a few examples of those that could exist in a child care centre. Refer to Table 5 for a more complete list of common childhood illnesses and Table 6 for Diseases of Public Health Significance (DoPHS).

# Preventing the Spread of Infection

## Hand Hygiene

Hand hygiene is the best way to prevent the spread of illnesses and can be achieved by hand washing and using alcohol-based hand rub (ABHR), also known as hand sanitizer.[1] Hand washing is the preferred method of hand hygiene when hands are visibly soiled. Using plain liquid soap (not antibacterial) and water to wash hands removes organisms. Hands should be dried with disposable paper towels. Teach children to wash hands for 20 seconds by singing *Twinkle, Twinkle Little Star* or their ABCs and then rinse well. When soap and water are not available, use an ABHR to kill microorganisms. It is recommended that a minimum concentration of 60 to 90% alcohol be used. Use enough ABHR to keep hands wet for at least 15 seconds. Supervise children while using ABHR. They should avoid touching their eyes, nose or mouth until hands are dry. Apply moisturizers or creams to keep skin healthy and to prevent cracking. A hand hygiene poster for use in a child care centre can be found on the WDGPH website.

Hand hygiene should occur:

- Before and after eating/drinking
- Before applying and after removing personal protective equipment (PPE) (e.g., gloves, mask)
- After using the washroom or assisting a child with using the washroom, or changing a diaper
- When hands are visibly dirty
- After blowing your nose or assisting a child with blowing their nose
- After coughing or sneezing
- Before and after playing with shared or sensory toys
- After playing outdoors
- Before giving medication
- After handling animals or animal waste
- After handling garbage or waste

## Respiratory Etiquette

All children and staff should cover their mouths and noses with a tissue when they cough or sneeze. Tissues should be available in all rooms within the facility. Soiled tissues should be discarded in covered wastebaskets. If they do not have a tissue, they should cough or sneeze into their sleeve (not their hand). After coughing or sneezing, they should perform hand hygiene. All children and staff should avoid touching their face, nose, and mouth with unwashed hands.

## Stay Home When Unwell

Staff and children should stay home if feeling unwell. If the staff or child is experiencing gastrointestinal symptoms (e.g., vomiting and diarrhea), the child care centre has an unusual increase in illness (refer to pages 12-13), or the child is receiving antibiotic or anti-diarrheal treatment for

gastrointestinal symptoms, they should stay home until symptom free for 48 hours. If the staff or child is experiencing respiratory symptoms, they should stay home until 24 hours after symptoms improvement, or when symptoms have resolved – whichever occurs sooner. All children should be afebrile when attending the child care centre. The child should be well enough to participate in the centre's activities before returning. If the staff or child is unwell due to a DoPHS, there may be specific exclusion requirements. Refer to page 22 for more information and contact WDGPH.

## Personal Protective Equipment (PPE)

PPE is used to create a barrier between an infectious source, and the well staff or child. PPE should be selected based on the interaction. PPE should be put on (donned) immediately before the interaction and removed (doffed) immediately after the interaction. Refer the how-to videos on the WDGPH website for the correct donning and doffing sequence. If you have question about donning and doffing, and PPE products or labelling, please contact WDGPH. Tips for donning and doffing can be found on the WDGPH website.

### Gloves

Non-latex gloves are to be worn when staff come in contact with blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, urine, and surfaces contaminated with any of the above. Hand hygiene should be performed before donning and after doffing gloves. Gloves are not to be used instead of performing hand hygiene. Gloves are single-use and must never be re-used or washed. Gloves are task-specific and should be changed before moving to a different body site, surface, or child. When the use of gloves is indicated, they should be donned immediately before the interaction, and removed immediately after the interaction. After removing gloves, they should be discarded in a covered wastebasket.

### Masks

A mask is used to prevent microorganisms from entering the nose and mouth and should be worn in addition to eye protection. A mask is to be worn when an interaction could produce splashes or sprays of blood, bodily fluids, vomit, respiratory secretions, stool, or urine. A mask must also be worn when closely interacting (less than 2 metres) with a child who is experiencing respiratory symptoms (e.g., coughing, sneezing, etc.). If tolerated, children with respiratory symptoms should be encouraged to wear a mask. Hand hygiene should be performed before donning and after doffing a mask. Masks are single-use and must never be re-used or washed. While wearing a mask, ensure it covers the mouth and nose, and avoid touching it. While wearing the mask, the coloured side should face out. When the use of a mask is indicated, it should be donned immediately before the interaction, and removed immediately after the interaction. After removing the mask, it should be discarded in a covered wastebasket.

### Eye Protection

Eye protection is used to prevent microorganisms from entering the eyes and should be worn in addition to a mask. Eye protection is to be worn when an interaction could produce splashes or sprays of blood, bodily fluids, vomit, respiratory secretions, stool, or urine. Eye protection must also be worn when closely interacting (less than 2 metres) with a child who is experiencing respiratory symptoms (e.g., coughing, sneezing, etc.). Appropriate eye protection includes goggles and face shields. Prescription eyeglasses are not considered PPE. Eye protection may be disposable or reusable. When the use of eye protection is indicated, it should be donned immediately before the interaction and removed immediately after the interaction. After removing the eye protection, it should be discarded in a covered wastebasket if disposable. If the eye protection is reusable, check the packaging for cleaning and disinfection instructions.

### Gowns

A gown must be worn when an interaction could produce splashes or sprays of blood, bodily fluids, vomit, respiratory secretions, stool, or urine. When the use of a gown is indicated, it should be donned immediately before the interaction and removed immediately after the interaction. Gowns should be removed slowly and rolled away from the body, preventing the contamination of the wearer and other surfaces. After removing the gown, it should be discarded in a covered wastebasket. Gowns are single-use and must never be re-used or washed.

## Environmental Cleaning

Illnesses can spread when an individual touches an object or surface (e.g. doorknob, faucet handles, toys, diaper change pads, sensory tables, etc.) that has been contaminated by infected blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine, and then touches their mouth, nose, or eyes. Some microorganisms can live on these surfaces for long periods of time. To prevent transmission, routine cleaning and disinfection should occur. Refer to Table 2 for a suggested environmental cleaning and disinfection schedule or WDGPH's Child Care Settings Cleaning and Disinfection Schedule Chart.

### Step 1 – Cleaning

Cleaning is the physical removal of debris and microorganisms from an object or surface by scrubbing with soap or detergent and water. Soap or detergent used for cleaning should be labelled correctly, stored in a safe place away from children, and used according to the manufacturers' recommendations and product's safety data sheets (SDS). Staff should confirm what PPE is required for use.[2] Cleaning should occur as soon as possible after contamination and in a process from least soiled to most soiled, or lowest-touch to highest-touch objects and surfaces. If the object or surface is contaminated with bodily fluids, vomit, respiratory secretions, stool, or urine, use a disposable paper towel to soak up the excess before cleaning. Hand hygiene is to be performed before and after cleaning. After cleaning an object or surface, it should be rinsed to remove the detergent film and loose debris or microorganisms.

When cleaning the floors, a detachable and machine washable mop head should be used and should be laundered between uses. The mop bucket should be cleaned and disinfected between uses.

**Step 2 – Disinfection**

Disinfection is the process of killing microorganisms on objects or surfaces using a chemical solution (disinfectant). For use within the child care centre, choose a disinfectant that is easy to use (i.e., premixed solutions, ready-to-use products, or premoistened wipes), broad spectrum and effective against norovirus, non-toxic or non-irritating, and compatible with the materials and furniture within the centre.[3] For more information, refer to WDGPH's Selecting Disinfectant for Child Care Centres fact sheet.

Avoid using spray bottles to prevent the inhalation of the disinfectant. Disinfectants should be labelled correctly, stored in a safe place away from children, and used according to the manufacturers' instructions for use and product's safety data sheets. Staff should confirm what PPE is required for use.[2] Staff should also confirm the disinfectant has a Drug Identification Number (DIN) issued by Health Canada, and a short contact time (the amount of time the disinfectant needs to stay wet on a surface to kill microorganisms).[2] Always check the expiration date before use. For more information, refer to WDGPH's How to Read a Disinfectant Product Label fact sheet. Before disinfecting an area, it should be cleaned and not be visibly soiled. Hand hygiene is to be performed before and after disinfecting. Ensure children are not in the area when using a disinfectant. Disinfection should occur in a process from lowest-touch to highest-touch objects and surfaces.

**Table 2: Recommended Environmental Cleaning Schedule**

| Frequency | Washroom | Play and Sleep Areas |
|---|---|---|
| **After each use** | Clean and disinfect potty chairs, diaper change pads/mat, hair combs, and brushes | Clean and disinfect sensory table materials, water play toys, sensory bins, bibs, high-chairs trays and seats, mouthed toys, shared plastic toys; launder cloth bibs and facial cloths |
| **Daily and as needed** | Clean and disinfect hand washing sinks, floors, toilets, countertops, and diaper change table; empty wastebaskets | Clean and disinfect hand washing sinks, floors, and vinyl play mats, all high-touch objects and surfaces; empty wastebaskets; vacuum rugs and mats |
| **Weekly** | Clean and disinfect wastebaskets | Clean and disinfect all toys, wastebaskets, vinyl play mats, floors under area rugs, cribs and cots, high-chairs legs and frame; launder stuffed toys, dress-up clothing, linen and bedding, slipcovers, aprons, any other fabric items; vacuum upholstered furniture |
| **Every 2 weeks** | | Replace sand in sensory bins |
| **Monthly** | | Clean and disinfect shelving |
| **At least every 6 months** | | Steam clean area rugs and carpeting |

If the child care centre uses bleach (chlorine) as a disinfectant, ensure it is diluted with water to the correct concentration. Never mix bleach with any other cleaners or disinfectants. Bleach solutions should be mixed daily, and test strips should be used to confirm the correct concentration of chlorine. Refer to the Public Health Ontario Chlorine Dilution Calculator to determine how much bleach is required to get the desired concentration of chlorine. Refer to Table 3 for recommended bleach solution concentrations.

**Table 3: Recommended Disinfectant Concentrations Using Household Bleach (5.25%)**

| Concentration | Mixing Instructions | Indications for use | Contact time |
|---|---|---|---|
| 500 ppm | Mix 10ml of bleach with 990ml of water | Routine disinfection and disinfection of high-touched objects and surfaces | 2 minutes |
| 1000 ppm | Mix 20ml of bleach with 980ml of water | Increased illness in centre (outbreaks), washrooms, diaper changing areas | 2 minutes |
| 5000 ppm | Mix 100ml of bleach with 900ml of water | Cleaning up blood, bodily fluids, vomit, respiratory secretions, stool, or urine on objects and surfaces | 2 minutes |

## Immunization

Vaccines are a safe and effective way to ensure staff and children have immunity against serious illnesses, further preventing the spread of infections and outbreaks from occurring. It is strongly recommended that children attending a child care centre receive pneumococcal, rotavirus, COVID-19, and seasonal influenza vaccines. Before enrollment at a child care centre, children are required under *The Child Care and Early Years Act, 2014,* to be vaccinated against (or have immunity to) tetanus, diphtheria, polio, measles, mumps, rubella, meningococcal disease (meningitis), pertussis (whooping cough), varicella zoster virus (chickenpox), and Haemophilus influenza type b (Hib).

As per *The Child Care and Early Years Act, 2014,* "Every licensee of a child care centre shall ensure that, before commencing employment, every person employed in a child care centre it operates and every volunteer or student who is on an educational placement with the licensee has a health assessment and immunization as directed by the local medical officer of health." WDGPH's Medical Officer of Health strongly recommends child care centre staff, students (high school or post-secondary), and volunteers to be vaccinated against (or have immunity to) tetanus, diphtheria, pertussis, measles, mumps, rubella, chickenpox, and hepatitis B, prior to their employment placement. It is also encouraged that child care staff, students, and volunteers are vaccinated against hepatitis A, seasonal influenza, and COVID-19 prior to their employment placement. Refer to Table 4 for the documentation required to confirm immunity to the diseases listed above.

Child care centres are required to maintain staff vaccination records or exemption forms and provide them to WDGPH upon request. The Pre-Employment Immunization Form and exemption forms can be found on the Child Care Provided page of the WDGPH website. It is important to note that staff and children with exemptions may be excluded from the child care centre during an outbreak. For more information about routine immunizations, please refer to Ontario's Publicly Funded Vaccine Schedule.

For reporting immunizations or exemptions, contact WDGPH. It is important to note that staff and children with exemptions may be excluded from the child care centre during an outbreak.

**Table 4: Required vaccination documentation for staff, students, and volunteers**

| Vaccine | Disease(s) | Documentation required* |
|---|---|---|
| Tdap/Td | Tetanus<br>Diphtheria<br>Pertussis | 1 dose of Tdap between 14 and 16 years of age, 1 dose of Tdap as an adult, then 1 dose of Td every 10 years. |
| MMR | Measles<br>Mumps<br>Rubella | 2 doses of MMR, or<br>Proof of immunity.<br>Adults born before 1970 are considered immune. |
| Var | Varicella (chickenpox) | 2 doses of varicella vaccine given at least 6 weeks apart, or<br>Self-reported history of chickenpox infection, or<br>Proof of immunity. |
| HB | Hepatitis B | 2 to 4 doses (dependent on series provided), or<br>Proof of immunity. |
| HA | Hepatitis A | 2 or 3 doses (dependent on series provided). |
| Inf | Influenza | 1 dose annually. |
| COVID-19 | COVID-19 | Primary series and additional doses as recommended. |

*Speak to a healthcare provider if proof of immunity (blood work) is required.

**Considerations for Staff, Students, and Volunteers of Childbearing Age**

Due to the risk of harm to a developing fetus, staff, students, and volunteers of childbearing age are strongly encouraged to confirm their immunity to Parvovirus B19 (Fifths disease) and Cytomegalovirus (CMV), in addition to the diseases listed above.

## Monitoring Children for Signs and Symptoms of an Infection (Surveillance)

Staff should monitor children every day when they arrive at the child care centre, and throughout the day for signs and symptoms of an infection. General signs and symptoms of an infection may include:

- Fever
- Coughing or sneezing
- Runny nose and/or eyes
- Ear pain (child may pull on or rub ear)
- Abdominal pain or cramping (child may curl up)
- Sore throat or trouble swallowing (child may drool or avoid drinking/eating)
- Rash* or itchiness
- Unexplained diarrhea, nausea, or vomiting
- Lack or loss of appetite
- Unusual behavior (child may want to be left alone or may be clingy)
- Sleepiness, lethargy, or inability to sleep
- Irritability

If a child develops symptoms, separate them from the other children, notify their parent(s) or guardian(s), and provide the appropriate care until they arrive. Staff should encourage the parent(s) or guardian(s) to have the child assessed by a health care provider. Staff should maintain records of signs and symptoms, onset date and time, any care that was provided, when the child was picked up from the centre, and absenteeism.

*For more information about rashes during childhood, please visit BC Health Link's website.

## Reporting an Unusual Increase in Illness

An outbreak occurs when the number of ill staff or children with similar signs and symptoms exceeds the usual number (baseline) of ill staff and children expected. Child care centres are not required to report an increase in **respiratory illness** to WDGPH. Staff should follow the centre's policies and procedures for managing increased respiratory illness. Refer to Table 4 for exclusion recommendations for respiratory illnesses.

If staff notice an increase in **gastrointestinal illness** (e.g., several children in the same classroom are absent due to nausea, vomiting, or diarrhea; or have had sudden onset of nausea, vomiting, or diarrhea while in the centre) they must report it to WDGPH. To report an increase in gastrointestinal illness from Monday to Friday, between 8:30 a.m. and 4:30 p.m., email congregatesetting@wdgpublichealth.ca or call **1-800-265-7293, ext. 4752.** To speak with WDGPH after hours and on holidays, call 1-877-884-8653. Documents can be confidentially faxed to 1-855-934-5463 (1-855-WDGLINE).

A line list or record of ill staff and children should be maintained by the centre. The record should include the ill person's name, time and date of symptom onset, symptoms experienced, the outcome (e.g., absent, sent home etc.), date symptoms resolved, and date returned to the centre. Refer to the WDGPH website for a sample line list. These records do not need to be shared with WDGPH unless requested.

The case definition for gastroenteritis is two or more diarrhea or vomiting within a 24-hour period or one episode of diarrhea and one episode of vomiting with a 24-hour period.

The gastroenteritis outbreak definition is two cases (staff or children) that meet the above case definition within 48 hours. The outbreak can be declared over by the child care centre's staff after five days have passed since the onset of the last case.

Staff are required to manage the illness within the centre according to their policies and procedures. Refer to Table 5 for exclusion recommendations during an increase in gastrointestinal illness. Regular communication (e.g., verbal, electronic, etc.) with staff, visitors, and parents or guardians regarding the increased illness in the centre is key to effective outbreak management. If parents or guardians have questions about the illness, encourage them to speak with the child's health care provider. Staff should increase the infection control measures within the centre. Refer to the *Gastroenteritis Illnesses Checklist for Child Care Centres* on the WDGPH website for additional precautions.

## Common Childhood Illnesses Not Reportable to Public Health

There are many illnesses that can affect staff and children at a child care centre. Although not reportable to WDGPH, the table below contains illnesses that may require additional infection control measures, such as exclusion. Refer to Table 1 for prevention measures for the modes of transmission identified for each illness. For more information about caring for children with common illnesses, visit the Caring for Kids website. For printable information sheets, visit BC Centre for Disease Control Quick Guide to Common Childhood Diseases.

**Table 5: Common Childhood Illness** [4,5,6]

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Exclusion |
|---|---|---|---|---|
| **Cold Sores**<br><br>Herpes Simplex Virus, Type 1 | • Direct and indirect contact with the sores or infectious respiratory secretions | • The first infection is most severe.<br>• A small blister or group of blisters on the lips and mouth that get bigger, leak fluid, then crust over.<br>• Tingling, itching, and irritation of the lips and mouth.<br>• Soreness of the lips and mouth that may last from 3 to 7 days. | Incubation Period:<br>2-12 days<br><br>Infectious Period:<br>Onset (sometimes before sore is visible) until the sore is healed.[7] | Exclude child if it is their first infection, they are drooling, or the sore is open and weeping.[8] |
| **Common Cold**<br><br>Rhinovirus, respiratory syncytial virus (RSV), parainfluenza virus, adenovirus, seasonal coronaviruses (not COVID-19), metapneumovirus | • Droplet<br>• Direct and indirect contact with infectious respiratory secretions | • Nasal congestion<br>• Coughing and sneezing<br>• Headache<br>• Sore throat<br>• Loss of appetite<br>• Fatigue<br>• Mild fever<br>• Illness can progress to an ear infection (painful ears), croup (horse, barking cough), bronchiolitis (wheezing), or pneumonia (rapid, laboured breathing). | Incubation Period:<br>2-7 days<br><br>Infectious Period:<br>1 day before to 10 days after symptom onset (could be longer in children with weakened immune systems). | Exclude child until 24-hours after symptom improvement, or when symptoms have resolved (whichever occurs sooner). |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Exclusion |
|---|---|---|---|---|
| **Conjunctivitis (Pink Eye)**<br><br>Viral – adenovirus, herpesviruses etc.<br><br>Bacterial - *Haemophilus influenzae, Streptococcus pneumoniae,* etc. | • Droplet<br>• Direct and indirect contact with infectious eye secretions (e.g. tears, discharge etc.). | • Fever<br>• Pink or red color in the white of the eye(s)<br>• Swollen eyelid(s)<br>• Itchy, irritated, or burning eye(s)<br>• Light sensitivity<br>• Crusting on eyelid(s) or eyelashes<br>• White or yellow discharge (bacterial)<br>• Clear watery discharge (viral)<br>• Cold and flu symptoms (viral) | Incubation Period:<br>1-3 days<br><br>Infectious Period:<br>Symptom onset until discharge resolves (viral), or 24-hours after starting antibiotic treatment (bacterial). | Exclude child until assessed by a health care provider or pharmacist. If the infection is bacterial, exclude the child until 24-hours after starting antibiotic treatment. |
| **CMV**<br><br>Cytomegalovirus | • Direct and indirect contact with infectious blood, bodily fluids, vomit, non-intact skin, respiratory secretions, stool, or urine. | • Generally, children will be asymptomatic.<br>• Fatigue, cough, fever, sore throat, swollen lymph nodes, or rash may appear.[8] | Incubation Period:<br>3-12 weeks<br><br>Infectious Period:<br>Children can shed the virus in bodily fluids for many years.[9] | Exclusion not required. |
| **Fifth Disease (Slapped Cheek)**<br><br>Parvovirus B19 | • Droplet<br>• Direct and indirect contact with infectious respiratory secretions | • A low-grade fever, cough or runny nose may be present 7 days before the rash onset.<br>• The rash will initially be red and raised on the child's cheeks.<br>• After the initial rash, a red, spotty lace-like rash may appear on the arms, chest, back and thighs. | Incubation Period:<br>4-20 days<br><br>Infectious Period:<br>7-10 days before, and until rash onset. | Exclusion not required. Child should attend only if well enough to participate in the centre's activities. |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Exclusion |
|---|---|---|---|---|
| **Gastroenteritis (Stomach Bug)**<br><br>Norovirus, Rotavirus etc. | • Direct and indirect contact with infectious bodily fluids, vomit, or stool<br>• Food-borne | • Fever or chills<br>• Nausea, vomiting, and diarrhea<br>• Abdominal pain or cramps<br>• Headache<br>• Loss of appetite | Incubation Period:<br>1-2 days<br><br>Infectious Period:<br>Symptoms onset to 2 days after recovery. | Exclude food handlers, staff, and children until 48-hours symptom free. Refer to page 12 or reporting increased gastrointestinal illnesses. |
| **Hand, Foot, and Mouth Disease (HFMD)**<br><br>Coxsackie virus | • Direct and indirect contact with the blisters or infectious respiratory secretions, bodily fluids, or stool. | • May be asymptomatic<br>• Fever and chills<br>• Sore throat<br>• Headache<br>• Small painful blisters inside the mouth on the tongue and gums<br>• Blisters that may appear on the palms of a child's hand, on their fingers and on the soles of their feet | Incubation Period:<br>3-6 days<br><br>Infectious Period:<br>7 days from symptom onset. Children can shed the virus in respiratory secretions and stool for many weeks after onset. | Exclusion not required. Child should attend only if well enough to participate in the centre's activities. |
| **Head Lice**<br><br>*Pediculus capitis* | • Direct hair to hair contact or indirect contact with contaminated hats, combs, brushes, tools etc. | • Some children my be asymptomatic.<br>• Itchy scalp<br>• Small red bite marks<br>• Presence of lice or nits on head (typically found close to scalp or neck, or behind the ears) | Incubation Period:<br>14-23 days (period between laid eggs and adult lice)<br><br>Infectious Period:<br>Until treated. | Exclusion not required. Refer to the child care centre's policies and procedures. |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Exclusion |
|---|---|---|---|---|
| **Impetigo**<br><br>*Group A Streptococcus or Staphylococcus aureus* bacteria | • Direct and indirect contact with the rash (or rash discharge) or infectious respiratory secretions | • Fluid-filled blisters (rash) usually around the mouth or nose but may occur elsewhere<br>• Blisters break, ooze, and become covered by a honey-coloured crust | Incubation Period:<br>4-10 days<br><br>Infectious Period:<br>Onset until rash has crusted over, or until 24-hours after starting antibiotic treatment. | Exclude child until 24-hours after starting antibiotic treatment. If rash oozing, ensure appropriately covered. |
| **Molluscum Contagiosum (non-plantar warts)**<br><br>A poxvirus | • Direct and indirect contact with the lesions (warts) | • Small painless raised lesions that get larger over several weeks.[10]<br>• Lesions are pinkish-white and have a small dimple or dip in the centre.[10] | Incubation Period:<br>7 days to 6 months<br><br>Infectious Period:<br>While the lesions are present. | Exclusion not required. |
| **Mononucleosis (Mono)**<br><br>Epstein-Barr virus | • Direct and indirect contact with infectious respiratory secretions | • Fatigue and weakness<br>• Fever<br>• Sore throat<br>• Swollen lymph nodes<br>• Jaundice (yellowing of the skin and eyes) occurs occasionally | Incubation Period:<br>4-6 weeks<br><br>Infectious Period:<br>Unknown. Possible to be infectious up to 1 year after symptom onset. | Exclusion not required. Child should attend only if well enough to participate in the centre's activities. |
| **Pinworms**<br><br>*Enterobius vermicularis* | • Direct and indirect contact with infected affected area | • Itchiness around anus and vagina<br>• Loss of sleep<br>• Irritability | Incubation Period:<br>1-2 months or longer<br><br>Infectious Period:<br>While worms are present and until treatment started. | Exclusion not required. |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Exclusion |
|---|---|---|---|---|
| **Ringworm**<br><br>Tinea or Dermatophytosis | • Direct contact with skin infected with fungus<br>• Indirect contact with surfaces the fungus is on<br>• Direct contact with pets infected with fungus | • Itchy, flat, reddish, circular rash with scaly or crusted border<br>• Rash may blister and ooze.<br>• Rash may be on scalp, body, groin, or foot | Incubation Period:<br>4-14 days<br><br>Infectious Period:<br>Rash onset until treatment started. | Exclude the child until the appropriate treatment has been started. |
| **Roseola (Sixth Disease)**<br><br>Human herpesvirus 6 or Human herpesvirus 7 | • Droplet<br>• Direct and indirect contact with infectious respiratory secretions | • High fever that lasts 3-5 days<br>• Cough<br>• Nasal congestion or runny nose<br>• Sore throat<br>• Swollen lymph nodes in neck<br>• Small flat pink spots or patches (rash)<br>• Irritability<br>• Nausea, vomiting, and diarrhea<br>• Swollen eyelids | Incubation Period:<br>9-10 days<br><br>Infectious Period:<br>Symptom onset until 24-hours after fever has resolved (while symptoms are present). | Exclusion not required. |
| **Scabies**<br><br>Sarcoptes scabiei var. hominis mite | • Prolonged direct and indirect contact with skin infected by mites | • Intense itching (especially at night)<br>• Itchy red rash usually between fingers and toes with thread-like lines and scratch marks. | Incubation Period:<br>2-6 weeks<br><br>Infectious Period:<br>Symptom onset until treatment has killed mite eggs (may take multiple treatments). | Exclude the child until the appropriate treatment has been started. |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Exclusion |
|---|---|---|---|---|
| **Scarlet Fever**<br><br>Group A *Streptococcus pyogenes* bacteria* | • Droplet<br>• Direct and indirect contact with infectious respiratory secretions | • Fever<br>• Nausea and vomiting<br>• Loss of appetite<br>• Red sandpaper-like rash covering the entire body.<br>• Tongue is red and bumpy with swollen lips (Strawberry tongue).<br>• Red cheeks and whiteness around mouth. | Incubation Period:<br>1-3 days<br><br>Infectious Period:<br>2-3 weeks from symptom onset or 24-hours after starting antibiotic treatment. | Exclude children until 24-hours after starting antibiotic treatment and until the child is well enough to participate in the centre's activities. |
| **Shingles or Herpes Zoster (a reactivation of the chickenpox virus)**<br><br>Varicella zoster virus (VZV) | • Direct contact with fluid from blisters<br><br>Only transmissible to those who are not immune to chickenpox (i.e., by previous infection or immunization). | • Fever and chills<br>• Painful, itchy, and tingling rash<br>• Fluid-filled blisters develop in same area as pain and tingling that crust over.<br>• Headache<br>• Nausea | Incubation Period:<br>10-21 days for someone without immunity to develop chickenpox.<br><br>Infectious Period:<br>7-10 days after rash onset or until the rash crusts over. | Exclusion not required. Blisters should be covered while at the centre. |
| **Strep Throat**<br><br>Group A *Streptococcus pyogenes* bacteria* | • Droplet<br>• Direct and indirect contact with infectious respiratory secretions | • Very sore throat<br>• Pain when swallowing<br>• Headache<br>• Swollen and tender lymph nodes<br>• Swollen, red tonsils with white patches | Incubation Period:<br>1-3 days<br><br>Infectious Period:<br>2-3 weeks from symptom onset or 24-hours after starting antibiotic treatment. | Exclude child until 24-hours after starting antibiotic treatment and until the child is well enough to participate in the centre's activities. |

*It is important to note that invasive Group A Streptococcus (iGAS) infections require **immediate** reporting to WDGPH. Refer to Appendix B for the full list of DoPHS. Invasive infections are determined by a health care provider and WDGPH. Scarlet Fever and Strep Throat are not considered invasive infections and do not require reporting to WDGPH.

# Reportable Diseases of Public Health Significance (DoPHS)

Some infections have severe implications for the child care centre and broader community or cause serious illness, requiring mandatory and timely reporting to WDGPH under the *Health Protection and Promotion Act R.S.O. 1990, c.H.7*. A full list of DoPHS can be found in Appendix B and on the WDGPH website. **Note, some DoPHS require immediate reporting to WDGPH** and the rest should be reported within one business day. If there has been a DoPHS exposure within the child care centre, WDGPH may consider distributing an advisory. Refer to Table 1 for the modes of transmission and associated prevention measures for each DoPHS listed in Table 6. For more information about caring for children with a DoPHS, visit the Caring for Kids website. For printable information sheets, visit the BC Centre for Disease Control Quick Guide to Common Childhood Diseases.

To report a DoPHS from Monday to Friday, between 8:30 a.m. and 4:30 p.m., call **1-800-265-7293, ext. 4752**. To speak with WDGPH after hours and on holidays, call 1-877-884-8653. Documents can be confidentially faxed to 1-855-934-5463 (1-855-WDGLINE).

When reporting a DoPHS, please provide the following information to WDGPH:

- First and last name of child
- Child's date of birth
- Child's gender
- Child's contact number and address
- Parent(s) or guardian(s) name(s) and contact information (if different from the child's)
- The DoPHS in concern
- The name of the physician or location where the DoPHS was diagnosed (emergency department)
- Symptoms and date of onset
- Name, contact number, and address of child care centre
- First and last name of staff member reporting DoPHS

Refer to Table 6 for a list of DoPHS that are more likely to occur in childhood or have implications for child care centres. Table 6 should be used in combination with advice from a WDGPH representative at the time of reporting.

**Table 6: DoPHS with Implications in Child Care Centres [11]**

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Reporting and Exclusion |
|---|---|---|---|---|
| **Amebiasis**<br><br>*Entamoeba histolytica* parasite | • Food-borne<br>• Water-borne | • Can be asymptomatic<br>• Abdominal pain or cramps<br>• Fever<br>• Nausea and diarrhea<br>• Bloody diarrhea<br>• Loss of appetite | Incubation Period:<br>2-4 weeks (but could be months)<br><br>Infectious Period:<br>During the period cysts are passed (can be years). | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclude child until 24-hours after diarrhea resolves or 48-hours after treatment has been completed. |
| **Campylobacter enteritis**<br><br>*Campylobacter spp.* | • Food-borne<br>• Water-borne<br>• Direct contact with infectious stool | • Nausea, vomiting, and diarrhea<br>• Bloody diarrhea<br>• Fever<br>• Abdominal pain | Incubation Period:<br>1-10 days<br><br>Infectious Period:<br>Several days to weeks (as long as bacteria is excreted in stool). | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclude child until 24-hours symptom free or 48-hours after treatment has been completed. |
| **Chickenpox**<br><br>Varicella zoster virus | • Airborne<br>• Droplet<br>• Direct and indirect contact with fluid from chickenpox blisters, and infectious respiratory secretions<br>• Direct contact with fluid from Shingles blisters (if not immune to chickenpox) | • Fever<br>• Fatigue<br>• Headache<br>• Loss of appetite<br>• A rash with small red slat spots that develop into itchy fluid-filled blisters that crust over. | Incubation Period:<br>10-21 days<br><br>Infectious Period:<br>1-2 days before rash onset until blisters crust over (usually 5 days after rash onset). | Report to WDGPH:<br>**IMMEDIATELY**<br><br>Exclusion:<br>Exclusion not required. Child should attend only if well enough to participate in the centre's activities. |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Reporting and Exclusion |
|---|---|---|---|---|
| **COVID-19**<br><br>SARS-CoV-2 virus | • Droplet<br>• Direct and indirect contact with infectious respiratory secretions | • Cough<br>• Fever or chills<br>• Shortness of breath<br>• Headache<br>• Muscle or body aches<br>• Sore throat<br>• New loss of taste or smell<br>• Nausea, vomiting, and diarrhea<br>• Fatigue<br>• Nasal congestion or runny nose | Incubation Period: 2-14 days<br><br>Infectious Period:<br>2 days before and 10 days after symptom onset. | Report to WDGPH:<br>Not required at this time.<br><br>Exclusion:<br>Exclude child until 24-hours after symptom improvement, or when symptoms have resolved (whichever occurs sooner). |
| **Cryptosporidiosis**<br><br>*Cryptosporidium* parasite | • Food-borne<br>• Water-borne<br>• Direct contact with infectious stool | • Nausea, vomiting, and diarrhea<br>• Fever<br>• Abdominal pain<br>• Loss of appetite<br>• Dehydration | Incubation Period:<br>1-12 days<br><br>Infectious Period:<br>Symptom onset to several weeks or months (as long as cysts are excreted in stool). | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclude child until 24-hours after symptoms have resolved. |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Reporting and Exclusion |
|---|---|---|---|---|
| **E. coli O157:H7 or Verotoxin-producing E. coli (VTEC)**<br><br>*Escherichia coli O157:H7* bacteria | • Food-borne<br>• Water-borne<br>• Direct contact with infectious stool | • Nausea, vomiting, and diarrhea<br>• Bloody diarrhea<br>• Abdominal pain<br>• Loss of appetite<br>• Dehydration<br><br>Can lead to Hemolytic Uremic Syndrome (HUS). Signs and symptoms include:<br>• Pale skin<br>• Decreased urine output<br>• Fatigue | Incubation Period:<br>2-10 days<br><br>Infectious Period:<br>While diarrhea present. Children can shed the bacteria in their stool for up to 3 weeks. | Report to WDGPH:<br>**IMMEDIATELY**<br><br>Exclusion:<br>Exclude child until WDGPH has confirmed they have provided 2 consecutive negative stool samples or rectal swabs. |
| **Giardiasis (Beaver Fever)**<br><br>*Giardia duodenali* parasite | • Food-borne<br>• Water-borne<br>• Direct contact with infectious stool | • Can be asymptomatic.<br>• Nausea and frequent diarrhea<br>• “Greasy” pale stool<br>• Fever<br>• Abdominal pain<br>• Weight loss<br>• Bloating and gas<br>• Fatigue | Incubation Period:<br>3-25 days but can be longer.<br><br>Infectious Period:<br>Several weeks or months (as long as cysts are excreted in stool). | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclude child until 24-hours symptom free or 48-hours after treatment has been completed. |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Reporting and Exclusion |
|---|---|---|---|---|
| **Haemophilus Influenzae type B (Hib)**<br><br>*Haemophilus influenzae* bacteria | • Droplet<br>• Direct and indirect contact with infectious respiratory secretions | • Fever<br>• Vomiting<br>• Confusion<br>• Headache<br>• Stiff neck or back<br>• Severe sore throat<br>• Difficulty swallowing<br>• Cough<br>• Difficulty breathing<br>• Bulging fontanelle (infants) | Incubation Period:<br>Unknown but likely 2-4 days<br><br>Infectious Period:<br>Until 24-48 hours of antibiotic treatment. | Report to WDGPH:<br>**IMMEDIATELY**<br><br>All types of Haemophilus Influenzae (not just type B) should be reported to WDGPH immediately.<br><br>Exclusion:<br>Exclude until 24-48 hours of antibiotic treatment and a health care provider has concluded child is well enough to participate in the centre's activities. |
| **Hepatitis A (Hep A)**<br><br>Hepatitis A virus | • Food-borne<br>• Water-borne<br>• Direct and indirect contact with infectious stool | • Can be asymptomatic.<br>• Fever<br>• Nausea and vomiting<br>• Jaundice<br>• Loss of appetite<br>• Abdominal pain<br>• Dark urine | Incubation Period:<br>15-50 days<br><br>Infectious Period:<br>2 weeks before symptom onset to 7 days after jaundice onset. Virus can be excreted up to 6 months in children. | Report to WDGPH:<br>**IMMEDIATELY**<br><br>Exclusion:<br>Exclude child for 14 days after symptom onset or 7 days after jaundice onset – whichever occurs sooner. |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Reporting and Exclusion |
|---|---|---|---|---|
| **Infant Botulism**<br><br>*Clostridium botulinum* bacteria | • Food-borne<br>• Water-borne<br>• Direct contact with the soil or dust that has been contaminated with spores | • Constipation<br>• Muscle weakness<br>• Weak arms and legs<br>• Neck weakness leading to a wobbly head.<br>• Weak cry<br>• Flattened facial expression<br>• Difficulty breathing<br>• Difficulty swallowing | Incubation Period:<br>13-26 hours but can be several days.<br><br>Infectious Period:<br>N/A | Report to WDGPH:<br>**IMMEDIATELY**<br><br>Exclusion:<br>Exclusion not required. |
| **Influenza (Flu)**<br><br>Influenza A and B viruses | • Droplet<br>• Direct and indirect contact with infectious respiratory secretions | • Fever<br>• Cough or sneezing<br>• Nasal congestion or runny nose<br>• Headache, muscle, or body aches<br>• Sore throat<br>• Fatigue and weakness<br>• Nausea, vomiting, and diarrhea | Incubation Period: 1-4 days<br><br>Infectious Period:<br>1 day before to 7 days after symptom onset. | Report to WDGPH:<br>Not required at this time.<br><br>Exclusion:<br>Exclude child until 24-hours after symptom improvement, or when symptoms have resolved (whichever occurs sooner). |
| **Invasive Meningococcal Disease**<br><br>*Neisseria meningitidis* bacteria | • Droplet<br>• Direct contact with infectious respiratory secretions | • Fever<br>• Headache<br>• Stiff neck<br>• Nausea and vomiting<br>• Photophobia<br>• Irritability<br>• Loss of appetite<br>• Drowsiness<br>• A purple-red splotchy rash<br>• Bulging fontanelle (infants) | Incubation Period:<br>2-10 days<br><br>Infectious Period:<br>7 days before symptom onset to 24-hours after starting antibiotic treatment. | Report to WDGPH:<br>**IMMEDIATELY**<br><br>Exclusion:<br>Exclude until 24-hours after starting antibiotic treatment, and a health care provider has concluded child is well enough to participate in the centre's activities. |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Reporting and Exclusion |
|---|---|---|---|---|
| **Lyme Disease**<br><br>*Borrelia burgdorferi* bacteria | • Vector-borne (tick) | • Bullseye like rash<br>• Fever<br>• Fatigue<br>• Headache<br>• Muscle aches<br>• Joint pain | Incubation Period:<br>3-32 days<br><br>Infectious Period:<br>N/A | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclusion not required. |
| **Measles**<br><br>Measles virus | • Airborne<br>• Droplet<br>• Direct and indirect contact with infectious respiratory secretions | • Fever<br>• Cough<br>• Runny nose<br>• Red eyes<br>• Drowsiness<br>• Irritable<br>• Small white spots inside mouth<br>• Red blotchy rash that starts on face and moves down body | Incubation Period:<br>7-21 days<br><br>Infectious Period:<br>4 days before rash onset to 4 days after rash onset. | Report to WDGPH:<br>**IMMEDIATELY**<br><br>Exclusion:<br>Exclude child until 4 days after rash onset. |
| **Mumps**<br><br>Mumps virus | • Droplet<br>• Direct and indirect contact with infectious respiratory secretions | • Fever<br>• Headache<br>• Painful and swollen salivary glands<br>• Parotitis (inflammation of the parotid gland) | Incubation Period:<br>12-25 days<br><br>Infectious Period:<br>7 days before to 5 days after onset of parotitis. | Report to WDGPH:<br>**IMMEDIATELY**<br><br>Exclusion:<br>Exclude child until 5 days after onset of parotitis (or symptom onset if no parotitis present). |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Reporting and Exclusion |
|---|---|---|---|---|
| **Paratyphoid Fever**<br><br>*Salmonella paratyphi* bacteria | • Food-borne<br>• Water-borne<br>• Vector-borne (flies) | • Fever<br>• Headache<br>• Loss of appetite<br>• Diarrhea or constipation<br>• Cough<br>• Abdominal pain | Incubation Period:<br>1-10 days<br><br>Infectious Period:<br>Symptom onset to 2-3 weeks after onset (as long as bacteria is excreted in stool and urine). | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclusion criteria is dependant on antibiotic prescribed and will be provided by WDGPH at time of reporting. |
| **Pertussis (Whooping Cough, 100-day Cough)**<br><br>*Bordetella pertussis* bacteria | • Droplet<br>• Direct contact with infectious respiratory secretions | • Fever<br>• Runny nose<br>• Sneezing<br>• Cough that worsens after 1-2 weeks<br>• Coughing with “whoop” sound<br>• Vomiting after coughing<br>• Coughing fits with shortness of breath | Incubation Period:<br>6-20 days<br><br>Infectious Period:<br>Symptom onset to 3 weeks after onset or until 5 days after starting antibiotic treatment. | Report to WDGPH:<br>**IMMEDIATELY**<br><br>Exclusion:<br>Exclude child until 5 days after starting antibiotic treatment, or 21 days after cough onset with a negative laboratory test if not treated. |
| **Rubella (German Measles)**<br><br>Rubella virus | • Droplet<br>• Direct contact with infectious respiratory secretions | • Fever<br>• Headache<br>• Runny nose<br>• Red eyes<br>• A rash that starts on faces and moves downward<br>• Painful and swollen lymph nodes | Incubation Period:<br>14-21 days<br><br>Infectious Period:<br>1 week before to 4 days after rash onset. | Report to WDGPH:<br>**IMMEDIATELY**<br><br>Exclusion:<br>Exclude child until 7 days from rash onset. |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Reporting and Exclusion |
|---|---|---|---|---|
| **Salmonellosis**<br><br>*Salmonella spp.* bacteria | • Food-borne<br>• Water-borne<br>• Direct and indirect contact with infectious stool<br>• Direct and indirect contact with infected animals and their environment | • Fever<br>• Nausea, vomiting, and diarrhea<br>• Headache<br>• Abdominal pain | Incubation Period:<br>From 6 hours to 7 days, usually about 12-36 hours.<br><br>Infectious Period:<br>Throughout the course of infection and as long as bacteria is excreted in stool (usually persists for 3-4 weeks). | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclude child until symptom free for 24-hours, or symptom free for 48-hours after discontinuing the use of anti-diarrheal medication. |
| **Shigellosis**<br><br>*Shigella spp.* bacteria | • Food-borne<br>• Water-borne<br>• Direct and indirect contact with infectious stool | • Fever<br>• Nausea, vomiting, and diarrhea<br>• Bloody diarrhea<br>• Abdominal pain or cramps | Incubation Period:<br>1-7 days<br><br>Infectious Period:<br>Symptom onset until 4 weeks after onset (as long as bacteria excreted in stool). | Report to WDGPH:<br>**IMMEDIATELY**<br><br>Exclusion:<br>Exclude child until WDGPH has confirmed they have provided a negative stool sample or rectal swab. |

| Illness and Agent | Mode of Transmission (Refer to Table 1) | Signs and Symptoms | Incubation and Infectious Period | Reporting and Exclusion |
|---|---|---|---|---|
| **Typhoid Fever**<br><br>*Salmonella typhi* bacteria | • Food-borne<br>• Water-borne<br>• Direct and indirect contact with infectious stool or urine | • Fever<br>• Headache<br>• Loss of appetite<br>• Diarrhea or constipation<br>• Fatigue<br>• Abdominal pain | Incubation Period:<br>3-60 days<br><br>Infectious Period:<br>1 week after symptom onset until a variable time after recovery (as long as bacteria excreted in stool and urine). | Report to WDGPH:<br>**IMMEDIATELY**<br><br>Exclusion:<br>Exclusion criteria is dependant on antibiotic prescribed and will be provided by WDGPH at time of reporting. |
| **West Nile**<br><br>West Nile Virus | • Vector-borne (mosquito) | • May be asymptomatic<br>• Fever<br>• Headache<br>• Rash<br>• Swollen lymph nodes<br>• Nausea, vomiting, and diarrhea<br>• Photophobia | Incubation Period:<br>2-21 days<br><br>Infectious Period:<br>N/A | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclusion not required. |
| **Yersiniosis**<br><br>*Yersinia spp.* bacteria | • Food-borne<br>• Water-borne<br>• Direct and indirect contact with infectious stool<br>• Direct and indirect contact with infected animals and their environment | • Fever<br>• Nausea, vomiting, and diarrhea<br>• Diarrhea with blood or mucous<br>• Abdominal pain or cramps | Incubation Period:<br>3-10 days<br><br>Infectious Period:<br>While symptoms present, generally 2-3 weeks (as long as bacteria excreted in stool). | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclude child until symptom free for 24-hours, or symptom free for 48-hours after completing treatment. |

## Managing Bites

Biting is a normal behaviour for young children, especially when they cannot yet understand that it hurts others and are still learning how to express their emotions.[12] Most bites are harmless and do not break the skin. If a bite does break the skin, it is very rare that the bite is deep enough to draw enough blood to cause an infection. Refer to Table 7 for managing bites in a child care centre. These steps should be used in combination with the centre's first aid and biting policies and procedures.

**Table 7: Managing bites in a child care centre**

| **Bite that <u>does not</u> break the skin** | **Bite that breaks the skin and bleeds** |
|---|---|
| 1. Clean wound with soap and water<br>2. Apply a cold compress.<br>3. Notify the parent(s) or guardian(s) of both children.<br>4. Complete documentation as per the centre's policies and procedures. | 1. Allow wound to bleed without squeezing it.<br>2. Carefully clean the wound with soap and water.<br>3. Notify the parent(s) or guardian(s) of both children.<br>4. Advise parents(s) or guardian(s) to have a health care provider assess the bite.<br>5. Complete documentation as per the centre's policies and procedures. |

Bites are not reportable to WDGPH. The DoPHS listed in Table 8 require direct blood to blood contact for an exposure to occur. The risk of infection with the agents listed in Tabe 8 is low after a bite. **If there is a break in the skin after a bite, parent(s) or guardian(s) should always be advised to have the child assessed by a health care provider.**

**Table 8: DoPHS requiring direct blood to blood contact for exposure [11]**

| Illness and Agent | Mode of Transmission Refer to Table 1 | Signs and Symptoms | Incubation and Infectious Period | Reporting and Exclusion |
|---|---|---|---|---|
| **Hepatitis B (Hep B)**<br><br>Hepatitis B virus | • Direct contact with infectious blood or bodily fluids containing blood | • Fever<br>• Loss of appetite<br>• Nausea and vomiting<br>• Fatigue<br>• Jaundice<br>• Dark urine<br>• Pale stools<br>• Abdominal pain | Incubation Period:<br>45-180 days<br><br>Infectious Period:<br>Several weeks before symptom onset through course of disease. | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclusion not required. |
| **Hepatitis C (Hep C)**<br><br>Hepatitis C virus | • Direct contact with infectious blood or bodily fluids containing blood | • Fever<br>• Loss of appetite<br>• Nausea and vomiting<br>• Fatigue<br>• Jaundice<br>• Dark urine<br>• Pale stools<br>• Abdominal pain | Incubation Period:<br>2 weeks to 6 months<br><br>Infectious Period:<br>1 or more weeks before symptom onset until treated or cleared. | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclusion not required. |
| **Human Immunodeficiency Virus (HIV/AIDS)**<br><br>Human Immunodeficiency virus | • Direct contact with infectious blood or bodily fluids containing blood | • Delayed physical and developmental growth<br>• Swollen lymph nodes<br>• Intermittent diarrhea<br>• Oral thrush<br>• Reoccurring infections<br>• Pneumonia | Incubation Period:<br>15-90 days<br><br>Infectious Period:<br>Symptom onset until treatment started and maintained. | Report to WDGPH:<br>Within 1 business day<br><br>Exclusion:<br>Exclusion not required. |

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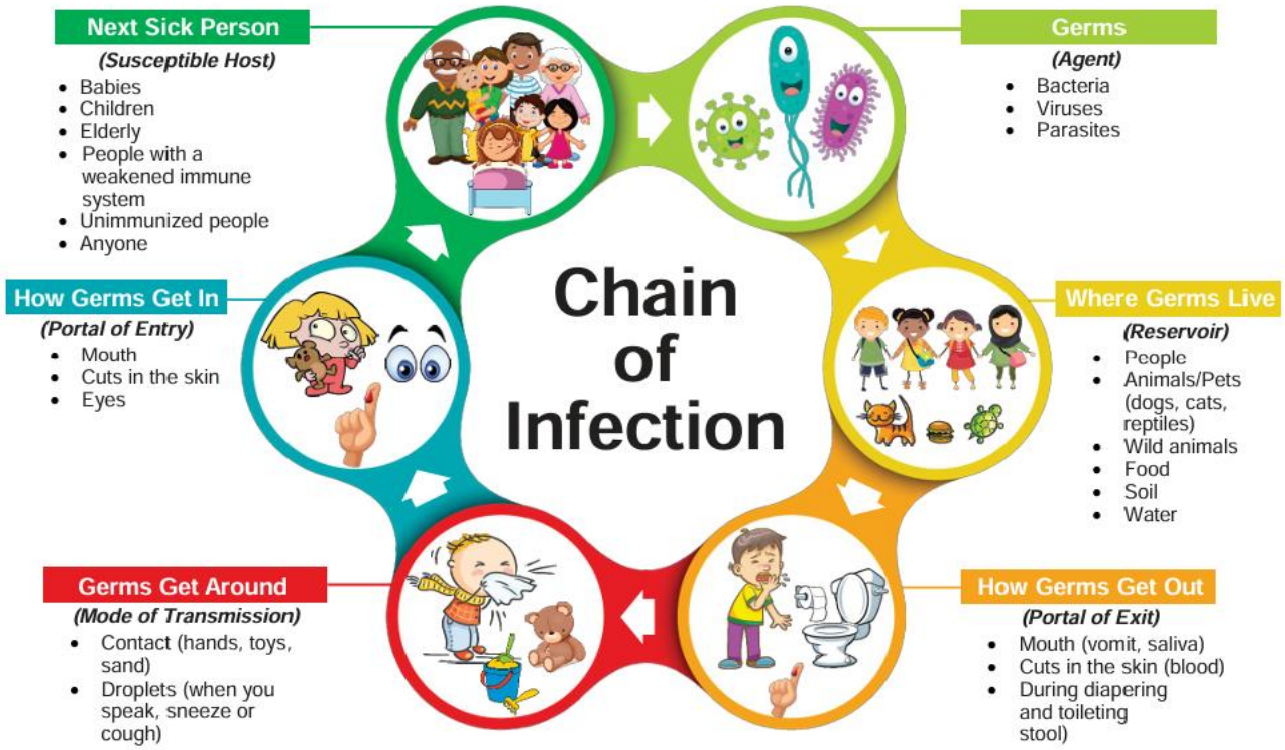
# Appendices

## Appendix A – Chain of Infection

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## Appendix B – List of DoPHS

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

# Diseases of Public Health Significance

Under the *Health Protection and Promotion Act*, certain diseases are of public health significance and must be reported to Public Health to help control the spread of disease.

Report any suspect, probable, or confirmed cases of disease listed below to Public Health:

- **By Telephone**: Monday-Friday, 8:30 a.m. – 4:30 p.m. 1-800-265-7293, ext. 4752
  After hours and holidays: 1-877-884-8653
- **By Fax:** 1-855-934-5463 (1-855-WDGLINE)

### REPORT IMMEDIATELY BY PHONE (followed by fax)

- Acute Flaccid Paralysis (under age 15)
- Anthrax
- Botulism
- Brucellosis
- *Candida auris*
- Carbapenamase-producing Enterobacteriaceae (CPE)
- Chickenpox (Varicella)
- Cholera
- *Clostridium difficile* infection (CDI) outbreaks in public hospitals
- Creutzfeldt-Jakob Disease (all types)
- Diphtheria
- Encephalitis (including primary, viral; post-infectious; vaccine-related)
- Gastroenteritis outbreaks in institutions and public hospitals
- Group A Streptococcal disease, invasive
- *Haemophilus influenzae* disease (all types), invasive
- Hantavirus Pulmonary Syndrome
- Hemorrhagic fevers
- Hepatitis A
- Influenza (novel, non-seasonal)
- Legionellosis (institutional)
- Listeriosis
- Measles
- Meningitis, acute (bacterial, viral, other)
- Meningococcal disease, invasive
- Mumps
- Novel Coronaviruses, including SARS, MERS
- Ophthalmia neonatorum
- Paralytic Shellfish Poisoning (PSP)
- Pertussis
- Plague (*Yersinia pestis)*
- Poliomyelitis, actue
- Psittacosis/Ornithosis
- Q Fever
- Rabies
- Respiratory infection outbreaks in institutions and public hospitals
- Rubella
- Shigellosis
- Smallpox and other Orthopoxviruses, including Mpox
- Tetanus
- Tuberculosis, active human cases (also report positive skin tests in mm)
- Tularemia
- Typhoid Fever
- Verotoxin-producing *E. coli* infection indicator conditions, including Haemolytic Uraemic Syndrome (HUS)

**Please report any clusters of illnesses immediately, as they may be suggestive of an outbreak.**

### REPORT WITHIN 1 WORKING DAY BY EITHER PHONE OR FAX

- Acquired Immunodeficiency Syndrome (AIDS)
- Amebiasis
- Anaplasmosis
- Babesiosis
- Blastomycosis
- *Campylobacter* enteritis
- Chancroid
- *Chlamydia trachomatis* infections
- *Cryptosporidiosis*
- Cyclosporiasis
- *Echinococcus multilocularis* infection
- Food poisoning, all causes
- Giardiasis (except asymptomatic cases)
- Gonorrhea
- Group B Streptococcal disease, neonatal
- Hepatitis B
- Hepatitis C
- Influenza, seasonal
- Leprosy
- Lyme Disease
- Novel Coronavirus (COVID-19)
- Paratyphoid Fever
- Pneumococcal disease (*Streptococcus pneumoniae)*, invasive
- Powassan Virus Infection
- Rubella, congenital syndrome
- Salmonellosis
- Syphilis
- Trichinosis
- Tuberculosis, animal cases
- West Nile Virus illness
- Yersiniosis

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