Here are some illnesses that children often get. All of these spread from person to person. The table shows the following:

- **Disease**: The name your health care professional will call it.
- **Symptoms**: The signs of sickness your child will have or show.
- **Spread**: The way your child can get or spread the disease.
- **Infectious**: The time when your child is most likely to get or spread the disease.
- **Exclusion**: When your child is not allowed to attend school, nursery or day care, with this illness.

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>SYMPTOMS</th>
<th>HOW IT’S SPREAD</th>
<th>INFECTIONOUS</th>
<th>EXCLUSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox (Varicella Virus)</td>
<td>- Fever&lt;br&gt;- Small, fluid filled spots that look like tiny blisters.</td>
<td>- By an infected person coughing or sneezing.&lt;br&gt;- By touching the fluid in the blisters before the blisters are dry.</td>
<td>- 1-2 days before the spots appear up to 6 days after the spots start.</td>
<td>- Until feeling well and the blisters are crusted over and dry.</td>
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<td>Fifth Disease (Parvovirus B19)</td>
<td>- Mild fever&lt;br&gt;- Aches&lt;br&gt;- Tiredness&lt;br&gt;- Cold-like symptoms.&lt;br&gt;- A red face rash ‘slapped cheeks’ appears.&lt;br&gt;- Rash may spread to the body.</td>
<td>- By contact with the nose and throat secretions of an infected person.&lt;br&gt;- The virus can pass from an infected pregnant woman to her unborn baby.</td>
<td>- Before the rash appears.&lt;br&gt;- Probably not contagious after the rash appears.</td>
<td>- Only if not well enough to participate.&lt;br&gt;- Exposed pregnant women should contact their doctor.</td>
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<tr>
<td>Hand, Foot and Mouth Disease (Coxsackie Virus)</td>
<td>- Fever&lt;br&gt;- Sore throat.&lt;br&gt;- Sore(s) in the mouth.&lt;br&gt;- May be sore on the gums, tongue, palms fingers and soles of the feet.</td>
<td>- By contact with the nose and throat secretions and/or feces (stool/bowel movement) of an infected person.</td>
<td>- While symptoms are present (However, the virus can continue to shed in the stool for weeks).</td>
<td>- Only if not well enough to participate.</td>
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<td>Head Lice</td>
<td>- Itchy feeling on head&lt;br&gt;- Feeling something moving on head (small insects)&lt;br&gt;- White spots attached to hair close to scalp, behind ears and near neck</td>
<td>- Sharing hats, headphones, helmets, or just close head to head contact.</td>
<td>- Until the nits and lice are killed and cleared&lt;br&gt;- Treatment is complete</td>
<td>- According to the policy of the facilities including schools, daycare, and after school care.</td>
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<td>Impetigo</td>
<td>- Pus filled pimples that crust over.&lt;br&gt;- These are usually located on the face but may be on other parts of the body not covered by clothes (arms and/or legs).</td>
<td>- By person to person through direct contact with secretions from the sores of an infected person.</td>
<td>- From onset of skin infection until 24 hours after a specific antibiotic has been started.</td>
<td>- Until a full 24 hours after antibiotic treatment has been started.</td>
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<td>Measles (German Measles, Rubella)</td>
<td>- Mild fever.&lt;br&gt;- Runny nose.&lt;br&gt;- Swollen glands.&lt;br&gt;- Sometimes followed by a mild red rash.</td>
<td>- By an infected person coughing or sneezing.&lt;br&gt;- By contact with the nose and throat secretions of an infected person.&lt;br&gt;- The virus can pass from an infected pregnant woman to her unborn baby.</td>
<td>- From 7 days before until 7 days after the rash first appears.</td>
<td>- Until 7 days after the rash first appears.&lt;br&gt;- Exposed pregnant women should contact their doctor.</td>
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<td>Measles (Red Measles, Rubeola)</td>
<td>- High fever.&lt;br&gt;- Runny nose.&lt;br&gt;- Cough.&lt;br&gt;- Inflamed eyes.&lt;br&gt;- Small red spots with bluish-white centers inside the mouth (Koplik spots).&lt;br&gt;- After about 4 days, a bright, red, raised blotchy rash appears.</td>
<td>- By an infected person coughing or sneezing.&lt;br&gt;- By contact with the nose or throat secretions of an infected person.</td>
<td>- From 4 days before onset of symptoms until 4 days after the rash appears.</td>
<td>- Until 4 days after the rash first appears.</td>
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<tr>
<td>Disease</td>
<td>Symptoms</td>
<td>Incubation/Prevention</td>
<td>Duration/Precautions</td>
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<td>Mononucleosis</td>
<td>• Sore Throat&lt;br&gt;• Fever&lt;br&gt;• Swollen, tender lymph glands&lt;br&gt;• Enlarged spleen</td>
<td>• Person to person through saliva. Kissing, sharing of eating utensils or drinking containers, lipstick, cigarettes or musical instruments with mouth pieces.</td>
<td>• People with mononucleosis may be able to spread the disease to others for a prolonged period of time. &lt;br&gt;• Virus is frequently found in the saliva of health people and carried for their entire life &lt;br&gt;• No special precautions are recommended. &lt;br&gt;• Only if not well enough to participate.</td>
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<td>Mumps</td>
<td>• Fever&lt;br&gt;• Swollen salivary glands (below the ears.)</td>
<td>• By an infected person coughing or sneezing. By contact with the nose or throat secretions of an infected person.</td>
<td>• From 7 days before until 9 days after the swelling appears. &lt;br&gt;• Until 9 days after the swelling first appears.</td>
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<td>Norovirus</td>
<td>• Sudden onset diarrhea, nausea, vomiting, stomach cramps, headache, or low grade fever.</td>
<td>• Direct contact with infected people. Touching contaminated surfaces eg. Door handles and shopping carts. Contaminated food.</td>
<td>• Virus can be spread up to 48 hours after client feels better, which can last 24-48 hours. &lt;br&gt;• Stay home if ill. &lt;br&gt;• If you are a food handler, do not prepare food for others. &lt;br&gt;• Further restrictions may include staying home until you are symptom free for 48 hours.</td>
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<td>Pertussis (Whooping Cough)</td>
<td>• Severe coughing spells followed by a high-pitched whoop and often vomiting. &lt;br&gt;• Mild symptoms in older children, often thought to be a “bad cold”.</td>
<td>• By an infected person sneezing or coughing. By contact with nose or throat secretions of an infected person.</td>
<td>• From 2 weeks before and up to 3 weeks after the onset of cough (if untreated), OR until 5 days after treatment with a specific antibiotic. &lt;br&gt;• Until 5 days after treatment with a specific antibiotic. &lt;br&gt;• If untreated, for duration of whoop (usually lasting 3 weeks).</td>
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<td>Pinkeye (Conjunctivitis)</td>
<td>• Scratchy, painful eye(s) and tearing with pus. &lt;br&gt;• Whites of the eyes turn pink or red. &lt;br&gt;• After sleep, eyelids are often stuck together from the pus.</td>
<td>• By contact with the eye pus of an infected person. By contact with the nose or throat secretions of an infected person.</td>
<td>• For duration of illness or until 24 hours after antibiotic treatment has been started. &lt;br&gt;• Until 24 hours after antibiotic treatment has been started. &lt;br&gt;• There is no exclusion for pinworms.</td>
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<td>Pinworm</td>
<td>• Itchiness around anus and vagina where eggs are laid, especially at night.</td>
<td>• By contact with an infected person who has itching the affected area. Eggs get under finger nails and can be ingested by another person. Indirectly eggs from infected person get on objects (toys, toilet seats, clothing, and bedding). Ingesting eggs after touching an infected object.</td>
<td>• Eggs can live on objects for up to 2 weeks. &lt;br&gt;• Pinworm usually develops 3-4 weeks after ingestion of the egg. &lt;br&gt;• Until mites and eggs are killed. &lt;br&gt;• Treatment is usually two times, one week apart. &lt;br&gt;• Treatment is by the same product that is used for head lice. &lt;br&gt;• Until the day after one treatment has been applied. &lt;br&gt;• Close contacts may also need treatment.</td>
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<td>Scabies</td>
<td>• Very itchy rash (mites burrow under the skin and deposit. eggs &amp; faeces/poop in black-red bumps). &lt;br&gt;• In children over 2 years, the rash is usually on fingers, elbows, armpits and tummy. &lt;br&gt;• Younger children may have rash on the entire body.</td>
<td>• By touching someone who has scabies. By sharing clothing or bedding of someone who has scabies. By using other personal items of someone who has scabies.</td>
<td>• Until mites and eggs are killed. &lt;br&gt;• Treatment is applied to the skin usually two times, one week apart. &lt;br&gt;• Treatment is by the same product that is used for head lice. &lt;br&gt;• Until the day after one treatment has been applied. &lt;br&gt;• Close contacts may also need treatment.</td>
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</table>
### Scarlet Fever (Scarlatina)

- Sore throat.
- Fever
- Chills
- Vomiting
- Headache
- Pink-red rash that feels like sandpaper that starts on the upper body and may spread to cover the whole body.
- “Strawberry tongue” (whitish coating on tongue with bright red patch).

### Strep Throat (Pharyngitis)

- Sore throat, pain when swallowing
- Fever
- Red, swollen tonsils with white spots or streaks
- Swollen lymph glands
- Red spots on roof of mouth (petechiae)

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For more information, or if you have any questions about the diseases covered in this resource please contact your schools designated public health nurse.

### Reporting a Communicable Disease or Absenteeism of greater than 10%.

When reporting a disease to the Medical Officer of Health please contact the infectious disease team at (519) 426-6170 / (905) 318-6623 ext. 3232.

Please provide:

- Name of School
- Number and ages of infected students

Example —“This is SCHOOL we have been informed of two students with chicken pox 6 and 8 years old.”

When reporting school absenteeism greater than 10% (in students or staff) please contact the infectious disease team at (519) 426-6170 / (905) 318-6623 ext. 3232.

Please provide:

- Contact name (who is calling)
- Name of School
- Total number of students at the school
- Total number of students absent due to illness
- Percentage of students absent due to illness (total # of students/# absent due to illness)
- Symptoms that have been reported

Example -This is SALLY from SCHOOL we are reporting a % of students are absent. We have ## students at our school and ## are absent. SYMPTOMS reported include…. 

We appreciate you taking the time to report an increase in student absenteeism to the Haldimand Norfolk Health Unit. Please remember the best way to protect the health of the students and staff is to

- Practice proper hand hygiene (and encourage this for all students and staff)
- Remind families to keep their child home if they are ill
- If a student is ill at school they should be sent home (follow your school protocol)
- Schools are encouraged to increase cleaning practices especially on high touched surfaces in the classroom or school environment that is impacted by the illness that is causing the absenteeism (for example if you see a higher rate of illness in one classroom setting).

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