

GUIDELINES FOR COMMON CHILDHOOD COMMUNICABLE DISEASES

REPORTABLE DISEASES				
DISEASE	SIGNS AND SYMPTOMS	HOW TRANSMITTED?	WHEN COMMUNICABLE?	EXCLUDE FROM CHILD CARE CENTRE?
MEASLES Also known as Rubeola, Red Measles Caused by: Measles virus	Fever, cough, runny nose, watery, red eyes for 2 to 4 days before rash starts. Small red spots with white or bluish white centers in the mouth. Dusky red, blotchy rash that begins on the face and spreads all over the body. Rash lasts 4 to 7 days.	Airborne: - Spread easily from person-to-person through the air (highly contagious) Contact: - Direct contact with respiratory secretions of an infected person	4 days before onset of rash until 4 days after onset of rash.	Yes , until 4 days after beginning of rash and when the child is able to participate.
MUMPS Also known as Infectious parotiditis Caused by: Mumps virus	Swollen and painful salivary glands (found in front of and below the ear or under the jaw) on one or both sides of the face. May include fever, malaise, headache, inflamed testicles and respiratory symptoms (especially for children aged five and under).	Droplet: - From coughs and sneezes of an infected person to a distance of < 2 metres Contact: - Direct contact with the saliva or respiratory secretions of an infected person	7 days before to 5 days after onset of swelling.	Yes , until 5 days after gland swelling begins.
RUBELLA Also known as German Measles Caused by: Rubella virus	Low-grade fever, malaise, tiredness and swelling of the glands in the neck and behind the ears. Raised, red, pinpoint rash that starts on the face and spreads downwards. Rash lasts 3-5 days.	Droplet: - From coughs and sneezes of an infected person to a distance of < 2 metres Contact: - Direct contact with respiratory secretions of an infected person	7 days before to at least 4 days after onset of rash.	Yes , for at least 4 days after onset of rash.
HEPATITIS A Caused by: Hepatitis A virus	Fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain and jaundice (yellowing of the skin and eyes).	Contact: - Direct contact with stool of infected person (contaminated hand to mouth) - Indirect contact with contaminated food, water or other objects or surfaces contaminated with stool	2 weeks before to 2 weeks after the onset of symptoms, or 1 week after the onset of jaundice.	Yes , for 2 weeks after the onset of symptoms, or 1 week after the onset of jaundice.

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CHICKENPOX Also known as Varicella Caused by: Varicella-Zoster virus	Slight fever may be present before an itchy rash develops. Crops of small red spots turn into fluid-filled blisters. After the blisters break, open sores will crust over to form dry, brown scabs as they resolve. Usually lasts about 10 days.	Airborne: - Spreads easily from person-to-person through the air (coughing/sneezing) Contact: - Direct contact with the fluid from the blisters or respiratory secretions	1 to 2 days before spots appear, until all blisters have crusted over (usually 5 days after the first blisters appear).	No , if child feels well enough to participate.
DIARRHEAL DISEASES Also known as Gastroenteritis Caused by : - Campylobacter, Salmonella, Shigella, E. coli 0157:H7, Giardia lamblia, Norovirus, Rotavirus - Other bacterial, parasitic and viral organisms	Abnormally loose or frequent stools and sometimes nausea, vomiting, abdominal pain or cramps, mucous, blood or pus in stool. Other systemic symptoms such as fever.	Contact: - Direct contact with stool of infected person or animal (contaminated hand to mouth) - Indirect contact with contaminated food, water or other objects or surfaces contaminated with stool Airborne: - Ingestion of airborne viruses produced when an ill person vomits. This mode of transmission for diarrheal diseases is specific for Norovirus	Throughout acute infection and as long as organisms are in stool.	Yes , until diarrhea is gone for at least 48 hours. Exclusion period varies depending on the causative organism. Consult York Region Public Health.
PERTUSSIS Also known as Whooping Cough Caused by: Bordetella pertussis	Usually begins with low grade fever, runny nose and mild cough. After 1-2 weeks, the cough worsens. Child will cough violently and rapidly, over and over, until no air is left in the lung. Child will then inhale with characteristic “whooping” sound. Loss of breath or vomiting after coughing bouts may occur. Coughing may last for several weeks. Usually start to decrease after about 6 weeks.	Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters	Early stages of illness and communicability gradually decreases in about 3 weeks. If treated with appropriate antibiotics, no longer communicable after 5 days of treatment.	Proposal: Not routine but exclusion may be required by Public Health, especially if people at high risk are present.

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COMMON COLD Caused by: Rhinoviruses	Sneezing, runny nose, sore throat, cough, fever, headache, decrease of appetite and lack of energy. Most colds last for 7 to 10 days.	Droplet: - From coughs and sneezes of an infected person to a distance of < 2 metres Contact: - Direct contact with respiratory secretions. - Indirect contact with toys, other objects or surfaces contaminated with respiratory secretions	Highest during the first 2 to 3 days of symptoms and until 7 to 10 days after onset of symptoms.	No , if child feels well enough to participate.
HAND, FOOT & MOUTH DISEASE Caused by: Non-polio enteroviruses	Fever, small painful blisters in the mouth, which make it difficult for the child to eat or drink. Blisters on the palms of child’s hands, on their fingers, and on the soles of their feet and occasionally on their buttocks. Blisters may persist for 7 to 10 days and are not itchy. Headache, vomiting, diarrhea, sore throat, loss of appetite and lack of energy can also occur.	Contact: - Direct contact with stool, saliva, nose and throat secretions or fluid from the blisters of an infected person - Indirect contact with contaminated toys, objects or surfaces Droplet: - From coughs and sneezes of an infected person to a distance of < 2 metres	For duration of illness and up to several weeks after onset of illness.	No , if child feels well enough to participate and has no fever.
HEAD LICE Also known as Pediculosis capitis Caused by: Pediculus humanus capitis	Itchy scalp (may be worse at night), nits (whitish-grey egg shells) attached to hair shafts, scratching marks or small red lesions like a rash, live lice.	Contact: - Direct head-to-head contact (live lice). - Indirect contact by sharing hats, hair brushes, headphones, helmets, etc.	As long as live nits or live lice are present.	No , children should be treated and avoid close head-to-head contact.
FIFTH DISEASE Also known as Erythema Infectiosum Caused by: Parvovirus B19	May have flu-like symptoms before rash start Raised, red rash on child’s cheeks “slapped cheek” appearance. Red, lacy rash on torso and arms, that spreads over the rest of the body. Rash may last up to 3 weeks.	Contact: Direct contact with respiratory secretions	During the week prior to rash appearance. Not infectious after the onset of rash.	No , if child feels well enough to participate.

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PINWORMS Also known as Enterobiasis Caused by: Enterobius vermicularis	Pinworms live in the large intestine. The female worms crawl out of the anus at night and lay eggs on nearby skin. Intense itchiness around the anus and vagina, especially at night, sleeplessness and irritability.	Contact: - Direct contact from fingers contaminated from scratching - Indirect contact from contaminated bed linens, clothing, toys, etc. - Re-infection from contaminated hands	Until treatment is completed.	No , if child feels well enough to participate.
SCABIES Caused by: Sarcoptes scabiei (mite)	Red, very itchy rash which usually appears between fingers, on palms, armpits, wrists, elbows, groin area, buttocks, and shoulder area. Tiny burrows that look like grayish- white or skin-colored lines on the skin may be seen. Itchiness is usually worse at night. Itchiness may persist for several weeks despite successful treatment as the skin lesions in scabies are the result of an allergic reaction to the mite.	Contact: Direct contact from person-to-person, prolonged, close and intimate skin-to- skin contact	Until treated, usually after 1 or 2 courses of treatment, a week apart.	Yes , until after 24 hours of the first treatment given.
PINK EYE Also known as Conjunctivitis Caused by: - Bacteria (Streptococcus pneumonia) - Viruses (Adenoviruses) - Non-infectious causes (allergies)	Red or pink eyeballs, itching, tearing, sensitivity to sunlight and discharge from the eye. Bacterial: thick, yellow-green discharge, sticky eyelids, pain. Viral and non-infectious: watery discharge, mild or no pain.	Droplet: - From coughs and sneezes of an infected person to a distance of < 2 metres Contact: - Direct contact with eye secretions	Bacterial: Until appropriate antibiotic is taken for at least 24 hours. Viral: Until discharge is no longer present.	Yes , for bacterial conjunctivitis until appropriate antibiotic is taken for at least 24 hours.
IMPETIGO Caused by: - Streptococcus pyogenes - Staphylococcus aureus	Clusters of red bumps or blisters filled with clear fluid surrounded by area of redness. There may be fluid oozing out of the blisters and they may develop a honey colored or grey crust. Rash usually appears around the mouth and nose, and on exposed face or limbs.	Contact: - Direct contact with rash of an untreated person - Indirect contact with contaminated bed linens, towels or clothing	From onset of rash until 1 day after start of treatment; as long as rash continues to drain.	Yes , until appropriate antibiotic has been taken for at least 24 hours.

To notify Public Health of a reportable disease or outbreak, please call 1-877-464-9675, ext. 73588.

References:

[Infectious Diseases Protocol-Ontario, Ministry of Health, 2023](#)
[A Quick Guide to Common Childhood Diseases, BC Centre for Disease Control, 2021](#)
[Canadian Paediatric Society](#)

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RINGWORM Also known as Tinea or Dermatophytosis Caused by: Enterobius vermicularis	Scalp: Scaly, itchy patches of hair loss (Most common in children) Body: Red, ring-shaped rash with raised edges May be dry, scaly, or blistered Feet (Athlete’s Foot): Itchy, cracked, or peeling skin between toes May affect soles and heels Nails: Thickened, discolored, brittle nails Nail may separate from the nail bed Often occurs alongside athlete’s foot	Contact: - Direct contact with infected people or animals - Indirect contact with contaminated surfaces and objects such as: - Towels, clothing, bedding - Hairbrushes, hats, barber tools - Shared spaces like locker room showers, benches, and floors - Animal fur or dander (even if the animal shows no symptoms)	As long as rash is untreated and/or uncovered.	Yes , until treatment has started.

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