

Managing infections

Refer to this document for information on managing infections in children. Requirements for reporting vary across Canada. Find out which infections are reportable in your province/territory by contacting your local public health unit.

Illness	Transmission	Signs/symptoms	Infectious period	Exclusion	Reporting and notification
Viral respiratory infections					
Viruses include: respiratory syncytial virus, parainfluenza virus, influenza, adenovirus, rhinovirus, coronavirus, metapneumovirus. See page 175 for additional information.	Viruses in the nose and throat spread by: direct contact with respiratory secretions or contaminated hands, indirect contact with toys, tissues, or other objects contaminated with respiratory secretions, or droplets from coughs and sneezes.	Common cold: Runny nose, cough, sneezing, sore throat, headache, possibly fever. Bronchiolitis: Cough, laboured breathing, wheezing, fever. Croup: Hoarseness, barking cough, rapid, laboured or noisy breathing, fever. Influenza: Fever, chills, cough, headache and muscle pains. Pneumonia: Fever, cough, rapid or laboured breathing, poor skin colour.	Depends on the virus but usually 3 to 8 days (longer for children with a weakened immune system). Most infectious while symptoms are present.	Common cold: No, unless the child is too ill to participate in all program activities. Bronchiolitis, croup, influenza, pneumonia: Yes, until the child is well enough to participate in all program activities.	No. No, unless you suspect an outbreak.
Bacterial pneumonia See pages 206, 209 for additional information.	Bacteria usually present in the nose and throat and can cause disease if they get into the lungs.	Fever, cough, rapid or laboured breathing, poor skin colour.	Usually not considered contagious.	Yes, until the child is well enough to participate in all program activities.	No, unless pneumococcus or <i>Haemophilus influenzae</i> type B is isolated during blood testing.
Gastrointestinal infections					
Can be viral or bacterial. See page 186 for additional information.	Germs in stool spread by: direct contact (hand to mouth), or indirect contact with toys, other objects or surfaces contaminated with stool.				
Campylobacter	Bacteria usually ingested in contaminated food (e.g., improperly cooked poultry, unpasteurized milk) or water. Person-to-person spread by direct or indirect contact with stool can occur, especially among young children.	Fever, diarrhea (often with blood and/or or mucus in stool), cramps.	Bacteria excreted in stool for 2 to 3 weeks. Most contagious during the acute illness.	Yes, if a child's diarrhea can't be contained in a diaper, or a toilet-trained child can't control his bowel movements.	Yes, by the testing laboratory. Contact your local public health unit if a child at your facility is diagnosed with <i>Campylobacter</i> gastroenteritis.

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<i>Clostridium difficile</i> (C. difficile)	Bacteria are normally found in soil and in the intestinal tract. Antibiotic treatment permits overgrowth of <i>C. difficile</i> in the gut and may trigger disease. Person-to-person spread by direct or indirect contact with stool can occur.	Diarrhea (sometimes with blood and/or mucus in stool), cramps, fever. Most children under 1 year of age have no symptoms, and most older children have a very mild illness.	Infectious as long as diarrhea lasts.	Yes, if a child's diarrhea can't be contained in a diaper, or a toilet-trained child can't control his bowel movements.	No.
<i>Escherichia coli</i> O157 (E. coli)	Bacteria usually ingested in contaminated food (e.g., poultry, beef, milk, unpasteurized apple juice, raw vegetables), or water contaminated with animal or human feces. Also spread from person to person by direct or indirect contact with stool .	Starts as non-bloody diarrhea, usually progressing to visibly bloody stools, with severe abdominal pain.	Bacteria excreted in stool for about a week. Infectious as long as diarrhea lasts.	Yes, until diarrhea subsides and 2 stool cultures (taken when the child is no longer receiving antibiotics) test negative.	Yes, by the testing laboratory. Contact your local public health unit if a child in your facility is diagnosed with <i>E. coli</i> O157 gastroenteritis.
<i>Giardia</i> See page 187 for additional information.	Parasites in the stool are spread from person to person by direct or indirect contact with stool or are ingested in contaminated food or water .	Watery diarrhea, recurrent abdominal pain. Some children experience chronic diarrhea with foul-smelling stools, a distended stomach and weight loss. Many infected children have no symptoms.	Infectious as long as cysts are in the stool, which can be for months.	Yes, until diarrhea subsides.	Yes, by the testing laboratory. Contact your local public health unit if a child at your facility is diagnosed with <i>Giardia</i> gastroenteritis. In the case of an outbreak, authorities may screen and/or treat all children and staff, with or without symptoms.
Rotavirus See page 186 for additional information.	Viruses in the stool spread easily from person to person by: Direct or indirect contact with stool and contaminated objects/surfaces .	High fever, vomiting, followed within 12 to 24 hours by profuse, watery diarrhea.	Infectious just before onset of symptoms and as long as 3 weeks later.	Yes, if a child's diarrhea can't be contained in a diaper or a toilet-trained child can't control her bowel movements.	No. Contact your local public health unit if you suspect an outbreak (i.e., 2 to 3 or more children have diarrhea within 48 hours).
<i>Salmonella typhi</i> (gastroenteritis or typhoid fever)	Bacteria in the stool are spread from person to person by direct or indirect contact with stool , or are ingested in contaminated food .	Diarrhea, cramps, fever.	Infectious as long as bacteria are in the stool, which can be for many weeks.	Yes, until diarrhea subsides and 3 stool cultures (taken when the child is no longer receiving antibiotics) test negative.	Yes, by the treating physician and testing laboratory. Inform your local public health unit immediately if a child or adult at your facility is diagnosed with <i>S. typhi</i> infection. Stool cultures for other children and staff may be required.

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<i>Salmonella</i> gastroenteritis (non-typhi)	Bacteria are usually ingested in contaminated food (e.g., meat, poultry, eggs, unpasteurized dairy products, vegetables and fruit). Person-to-person spread may occur from direct or indirect contact with stool . Reptiles and amphibians are also sources of infection.	Diarrhea, cramps, fever.	Infectious as long as bacteria are in the stool, which can be many weeks.	Yes, until the child is well enough to participate in all program activities.	Yes, by the testing laboratory. Contact your local public health unit if a child at your facility is diagnosed with <i>Salmonella</i> gastroenteritis.
<i>Shigella</i> gastroenteritis	Bacteria in stool spread from person to person by direct or indirect contact with stool .	Watery diarrhea, with or without blood and/or mucus, fever, cramps.	Infectious as long as bacteria are in the stool, which can be up to 4 weeks.	Yes, until diarrhea subsides and 2 stool cultures (taken when the child is no longer receiving antibiotics) test negative.	Yes, by the testing laboratory. Contact your local public health unit if a child at your facility is diagnosed with <i>Shigella</i> gastroenteritis. Other children, staff or household contacts with symptoms may need testing.
<i>Yersinia</i> gastroenteritis	Bacteria are ingested in contaminated food (e.g., raw or undercooked pork, unpasteurized milk) or water . Person-to-person spread is rare.	Fever, diarrhea (often with blood and/or mucus in stool).	Infectious as long as bacteria are in the stool, which can be for up to 2 to 3 weeks.	Yes, if a child's diarrhea can't be contained in a diaper, or a toilet-trained child can't control his bowel movements.	Yes, by the testing laboratory. Contact your public health unit if a child at your facility is diagnosed with <i>Yersinia</i> gastroenteritis.
Other illnesses					
Chickenpox (varicella) For more information and important requirements, see pages 198–99 and 375.	Viruses in the throat and from skin lesions spread easily from person to person through the air , and can travel large distances. Viruses in skin lesions spread by contact with fluid from blisters . Virus persists in the body for life and may recur as shingles. Viruses can spread by contact with shingles if lesions are not covered.	Fever and itchy rash. Crops of small red spots turn into fluid-filled blisters that crust over within a few days and become itchy.	Infectious for 2 days before rash starts until all blisters have crusted over and dried (usually about 5 days after start of rash).	No. Children with mild chickenpox can attend child care regardless of the state of their rash, as long as they feel well enough to participate in all program activities.	Yes, in some jurisdictions, by the treating physician and testing laboratory. Contact your local public health unit if there is an outbreak at your facility. Non-immune children and staff may need to see a doctor right away. Preventive treatment (vaccine or immune globulin) may be needed. Notify all parents and staff immediately.

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Cold sores (herpes simplex type 1 virus) See page 193 for additional information.	Viruses spread from person to person by direct contact of mucous membranes (mouth, nose, eyes) with cold sores or saliva. Virus persists in the body for life and infections may recur.	Range from no symptoms to a simple cold sore or many painful ulcers in the mouth and a high fever.	Infectious for at least a week during the first infection. Recurrences are less contagious for a shorter time.	No, for a child with simple cold sores. Yes, for a child with mouth ulcers who is drooling, until she is well enough to eat and participate comfortably in all program activities.	No.
Conjunctivitis (pink eye) See page 180 for additional information.	Bacterial or viral. Germs spread easily by: direct and indirect contact with eye secretions, or droplets from coughs and sneezes when associated with a respiratory virus. It can also be caused by an allergy or eye irritation, which usually does not cause discharge.	Scratchy, painful or itchy red eyes, light sensitivity, tearing with purulent (pus) or mucousy discharge.	Bacterial: Infectious until 24 hours of appropriate antibiotic treatment received. Viral: Infectious as long as there is eye discharge.	Yes, until seen by a doctor. If bacterial, child can return to the program after starting appropriate antibiotic treatment. If viral, child can return with doctor's approval. No need to exclude if there is no eye discharge, unless there is an outbreak.	No. Contact your local public health unit if you suspect an outbreak (2 or more children in one room have red eyes with watery discharge).
Cytomegalovirus (CMV infection) See pages 184 and 380 for additional information.	Viruses in saliva and urine spread by direct contact . Virus persists in the body for life and infections may recur.	Children usually have no symptoms. Can infect a fetus if the mother is infected or re-exposed during pregnancy.	Infectious as long as virus is in the urine and saliva, which can be for months in many healthy infants.	No.	No.
Group A Streptococcus (GAS) invasive diseases (e.g., toxic shock syndrome, necrotizing fasciitis [flesh-eating disease]) For more information and important requirements, see page 211.	Some strains of GAS cause invasive disease. Bacteria spread from person to person by: direct contact with skin lesions, or respiratory droplets . Children are at highest risk of infection within 2 weeks of having chickenpox.	Toxic shock syndrome: Fever, dizziness, confusion and abdominal pain. Necrotizing fasciitis: Fever, severe, painful localized swelling, and a rapidly spreading red rash.	Infectious until 24 hours of appropriate antibiotic treatment received.	Yes. A child can return to the program once she has received at least 24 hours of appropriate antibiotic therapy, and a doctor has determined she is recovered and well enough to participate in all program activities.	Yes, by the treating physician and testing laboratory. Notify your local public health unit immediately if a child or adult at your facility is diagnosed with invasive GAS. Antibiotic treatment may be required for all exposed contacts, especially if chickenpox is also present. Inform public health authorities if a child or staff member in your program has had a non-invasive GAS infection (e.g., impetigo or pharyngitis) or chickenpox within the previous 2 weeks.

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<i>Haemophilus influenzae</i> type b (Hib) disease For more information and important requirements, see page 206.	Bacteria in mouth and nose are spread by: direct contact and respiratory droplets. Does not spread easily, and requires prolonged close contact.	Causes fever and pneumonia, meningitis, epiglottitis, blood, bone and joint infections. Symptoms develop rapidly.	Infectious until at least 24 hours of appropriate antibiotic therapy received.	Yes. A child can return to the program once she has received at least 24 hours of appropriate antibiotic therapy and a doctor has determined she is well enough to participate in all program activities.	Yes, by the treating physician and testing laboratory. Inform your local public health unit immediately if a child at your center is diagnosed with a Hib infection. Antibiotic treatment or vaccine may be required for exposed children. Notify all parents.
Hand-foot-and-mouth disease See page 200 for additional information.	Intestinal viruses spread from person to person by: direct or indirect contact with stool or saliva .	Fever, headache, sore throat, small, painful mouth ulcers and a rash (small red spots or small blisters), usually on the hands and feet.	Virus in saliva for a few days only but can remain in stool for 4 weeks after onset of illness.	Yes. Children should stay home from school and child care if they have symptoms.	No.
Head lice See pages 191–92 for additional information.	Spread from person to person by: direct contact (head to head), or indirect contact (e.g., shared hats, hairbrushes, headphones).	Itchy scalp.	Infectious as long as left untreated.	No. Exclusion is ineffective and unnecessary.	No. Contact your local public health unit for guidance if an outbreak cannot be controlled.
Hepatitis A virus (HAV) For more information and important requirements, see pages 189–90 and 380–81.	Virus in stool spreads from person to person by: direct or indirect contact with stool, or contaminated food or water .	Tea-coloured urine, jaundice and fever. Most young children do not get sick but can still spread the virus to others. Older children and adults are more likely to have symptoms.	Most infectious 1 to 2 weeks before onset of illness until 1 week after onset of jaundice.	Yes, for 1 week after onset of illness (unless all other children and staff have received preventive treatment).	Yes, by the treating physician and testing laboratory. Inform your local public health unit immediately if a child or adult at your facility is diagnosed with HAV. Contacts may need vaccine and/or immune globulin. Notify all parents and staff.
Hepatitis B virus (HBV) For more information and important requirements, see pages 212–14 and 377–78.	Virus in blood and other body fluids (e.g., saliva, genital secretions). Mainly transmitted through sexual intercourse, from mother to newborn, by sharing contaminated injection equipment or by transfusion of unscreened blood. May be transmitted if an open cut or the mucous membranes (eyes, nose or mouth) are exposed to blood.	Young children almost always have no symptoms. Older children and adults may have fever, fatigue, jaundice.	Infectious as long as the virus is in the blood and body fluids. May persist for life, especially in infants infected at birth.	No. A child with HBV can participate in all program activities, unless there are medical or behavioural risk factors (e.g., biting).	Yes, by the treating physician and testing laboratory. Contact your local public health unit about any bite that breaks the skin. Blood tests may be required.

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Hepatitis C virus (HCV) For more information and important requirements, see pages 216 and 378.	Virus in blood. Mainly transmitted from mother to newborn. Also by sharing contaminated injection equipment or by transfusion of unscreened blood. May be transmitted if an open cut or the mucous membranes (eyes, nose or mouth) are exposed to blood.	Young children almost always have no symptoms. Older children and adults may have fever, fatigue, jaundice.	Infectious as long as the virus is in the blood. May persist for life.	No. A child with HCV can participate in all program activities.	Yes, by the treating physician and testing laboratory Contact your local public health unit about any bite that breaks the skin. Blood tests may be required.
Human immunodeficiency virus (HIV) For more information and important requirements, see pages 215–16 and 378–79.	Virus in blood, genital secretions and breast milk. Children usually acquire HIV from their mothers before, during or after birth (by breastfeeding). Otherwise, transmitted through sexual intercourse, by sharing contaminated injection equipment or by transfusion of unscreened blood. May be transmitted if an open cut or the mucous membranes (eyes, nose or mouth) are exposed to a large amount of blood.	Children usually have no symptoms. If AIDS develops, they may have persistent thrush, <i>Candida</i> dermatitis, chronic diarrhea, and be unable to gain weight.	Infectious as long as the virus is in the blood and body fluids, presumably for life.	No. A child with HIV can participate in all program activities.	Yes, by the treating physician and testing laboratory. Contact your local public health unit about any bite that breaks the skin. Blood tests may be required.
Impetigo For more information and important requirements, see pages 194–95.	Caused by Group A <i>Streptococcus</i> or <i>Staphylococcus aureus</i> bacteria. Both spread from person to person by: direct contact (e.g., by touching skin lesions), or indirect contact (e.g., via contaminated bed linens or clothing).	Fluid-filled blisters, usually around the mouth or nose, but may occur elsewhere. Blisters break, ooze, and form a honey-coloured crust.	Infectious until lesions have dried up. If Group A <i>Streptococcus</i> , until 24 hours after first dose of an appropriate antibiotic.	Yes, if draining lesions cannot be kept covered. For Group A <i>Streptococcus</i> infections, until 24 hours of appropriate antibiotic treatment received.	No (but community-associated methicillin-resistant <i>S. aureus</i> [CA-MRSA] is reportable by the testing laboratory in some jurisdictions). Contact your local public health unit for advice if you suspect an outbreak (e.g., more than one child in the same room has impetigo within a month).

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Measles For more information and important requirements, see pages 200–01 and 377.	Viruses in respiratory secretions spread easily from person to person through the air.	High fever, cough, runny nose and red eyes 2 to 4 days before a rash appears, first on the face, then over entire body.	Highly infectious from 3 to 5 days before and up to 4 days after the rash appears.	Yes. A child with measles cannot return to child care until at least 4 days after onset of rash. Non-immune children and staff must be excluded for 2 weeks after the onset of rash in the child diagnosed with measles, unless they have been vaccinated within 72 hours of first exposure.	Yes, by the treating physician and testing laboratory. Measles exposure is a medical emergency. Notify your local public health unit immediately if a child or adult at your facility is diagnosed with measles. Exposed susceptible children and staff may require vaccine within 72 hours of the first contact or immune globulin within 6 days of exposure. Notify all staff and parents immediately.
Meningitis (bacterial or enteroviral) For more information and important requirements, see pages 204–06.	Not all forms of meningitis are contagious. Bacterial: See Meningococcal disease and <i>Haemophilus influenzae</i> type b disease. Enteroviruses in saliva and stool are spread by direct or indirect contact.	Bacterial: Fever, lethargy, headache, extreme irritability, vomiting, stiff neck, seizures, a bulging fontanel in babies under 18 months old. Usually progresses rapidly. Child may have a rapidly spreading, bruise-like rash. Viral: Usually milder, often fever and irritability only.	Bacterial meningitis is infectious until 24 hours of appropriate antibiotic therapy received. Enteroviruses are found in saliva for only a few days but can remain in stool for 4 weeks after onset of illness.	Yes. A child can return to the program once she has received at least 24 hours of appropriate antibiotic therapy, and a doctor has determined she has recovered and feels well enough to participate in all program activities.	Bacterial meningitis: Yes, by the treating physician and testing laboratory. Notify your local public health unit immediately if a child or adult at your facility is diagnosed with bacterial meningitis. Antibiotic treatment or vaccine may be mandated for some or all exposed children and staff. Notify all parents and staff immediately.
Meningococcal disease For more information and important requirements, see pages 207–09.	Meningococcus is a bacterium found in the mouth and respiratory secretions. Does not spread easily but can be transmitted by: close, direct contact (e.g. with saliva), or respiratory droplets.	Usually causes sepsis or meningitis, with high fever and rapid progression to shock (decreased responsiveness, poor skin colour). Child may have a distinctive rash that starts as small red spots but rapidly progresses to large red-purple bruises.	Infectious until after 24 hours of appropriate antibiotic treatment received.	Yes. A child can return to child care once he has received at least 24 hours of appropriate antibiotic therapy, and a doctor has determined he has recovered and feels well enough to participate in all program activities.	Yes, by the treating physician and testing laboratory. Inform your local public health unit immediately if a child or adult at your facility is diagnosed with meningococcal disease. Public health authorities may mandate antibiotic treatment and/or vaccination for exposed children and staff. Notify all parents and staff immediately.

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Molluscum contagiosum See page 197 for additional information.	Virus spreads from person to person by direct (skin-to-skin) contact with lesions , or indirect contact (e.g., with bed linens contaminated with material from the lesions) . Not very contagious.	Smooth, shiny pinkish-white bumps with a dip in the middle and a cheesy material inside, anywhere on the body.	Unknown. Molluscum disappears after several months without treatment.	No.	No.
Mumps For more information and important requirements, see pages 184 and 376–77.	Virus in saliva and respiratory secretions spreads easily from person to person by: direct contact (e.g. kissing), or respiratory droplets .	Fever, swollen glands at the jaw line or on the face, headache.	Infectious from 2 days before onset of swelling until 9 days after.	Yes, for 5 days after onset of swelling. Public health authorities may exclude non-immune children or staff for at least 26 days after symptom onset in the last person with mumps in a child care setting.	Yes, by treating physician and testing laboratory. Notify your local public health unit immediately if a child or adult at your facility is diagnosed with mumps. The authorities may mandate vaccination for non-immune contacts.
Otitis media (middle ear infections) See page 178 for additional information.	Viral or bacterial, usually a complication of the common cold. Non-contagious.	Earache, irritability, possibly fluid draining from ears. Child may have fever or cold symptoms.	Non-contagious.	No, unless child is too ill to participate in program activities.	No.
Parvovirus B19 infection (fifth disease, erythema infectiosum, or “slapped cheek” syndrome) For more information and important requirements, see pages 201–02 and 379–80.	Virus in respiratory secretions spreads by: direct contact , and (possibly) respiratory droplets . Can also be transmitted from mother to child before birth.	Red rash on the cheeks followed by a lace-like rash on the torso and arms that spreads to the rest of the body. Sometimes preceded by a low fever or cold symptoms 7 to 10 days before rash appears.	Infectious for several days before the rash, and non-infectious once rash appears.	No. Once rash appears, a child is no longer contagious.	No. Notify all parents and staff. Advise exposed pregnant staff and parents to contact their doctor.
Pertussis (whooping cough) For more information and important requirements, see pages 182–83 and 379.	Bacteria in respiratory secretions spread easily from person to person by droplets from coughs and sneezes .	Runny nose, frequent and severe coughing spells, sometimes followed by a whooping sound, gagging or vomiting. Babies may have serious difficulty breathing.	Infectious for up to 3 weeks from onset of illness if not treated, and for 5 days if appropriate antibiotic treatment is received.	Not routine but exclusion may be mandated by public health authorities, especially if people at high risk are present. Exclude until 5 days of appropriate antibiotic treatment received or for 3 weeks from onset of illness, if not treated.	Yes, by the treating physician and testing laboratory. Inform your local public health unit immediately if a child or adult at your facility is diagnosed with pertussis. Antibiotic treatment and/or vaccination may be mandated. Notify all parents and staff immediately.

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Pinworms See pages 190–91 for additional information.	Worm eggs spread by: direct contact (e.g., contaminated fingers), or indirect contact (e.g., contaminated bed linens, clothing, toys).	Anal itching, disturbed sleep, irritability.	Infectious as long as eggs are being laid on skin. Eggs are infective for 2 to 3 weeks indoors.	No.	Contact your local public health unit if an infestation persists. Treating all household members and close contacts may be needed.
Pneumococcal disease See pages 209–10 for additional information.	Bacteria are normally found in the nose and throat and usually do not cause infection. Possible person-to-person spread by: close, direct contact with mouth secretions (e.g., kissing), or respiratory droplets .	Usually an ear or sinus infection following a cold. Invasive infections include fever and pneumonia, meningitis, blood, bone and joint infections. Symptoms develop rapidly.	Not usually considered infectious. Probably not transmissible after 24 hours of appropriate antibiotic therapy.	No, for minor illness (e.g., otitis, sinusitis). A child with serious illness can return to child care once a doctor has determined he is well enough to participate in all program activities.	Yes (for invasive pneumococcal infections only), by the treating physician and testing laboratory.
Ringworm See pages 195–96 for additional information.	Fungus spreads from person to person by: direct contact (skin-to-skin), and indirect contact (e.g., shared combs, unwashed clothes, or shower or pool surfaces). Also acquired from pets, especially cats .	Ring-shaped itchy, scaly lesions on scalp, body or feet (athlete's foot). Bald spots on the scalp.	Transmissible as long as rash is untreated and/or uncovered.	Yes, until the first treatment has been applied.	No.
Roseola See page 203 for additional information.	Virus probably spreads from person to person by direct contact with saliva . Often found in saliva of people with no symptoms.	High fever and crankiness for 3 to 5 days. When the fever subsides, a rash of small red spots appears on the face and body, lasting a few hours to 2 days.	Infectious while symptoms are present.	No. A child with roseola can continue to attend child care as long as she is well enough to participate in all program activities.	No.
Rubella (German measles) For more information and important requirements, see pages 203–04 and 376.	Virus spreads from person to person by: direct contact with nose/mouth secretions , or respiratory droplets .	Mild in children, with low fever, swollen glands in the neck and behind the ears, and a rash with small red spots. More severe in adults. If acquired in pregnancy, may seriously affect the fetus.	Infectious from 7 days before to 7 days after the rash appears.	Yes, for 7 days after the rash is first noticed.	Yes, by the treating physician and testing laboratory. Rubella exposure is a medical emergency. Notify your local public health unit immediately if a child or adult at your facility is diagnosed with rubella. Non-immune children and staff may need immunization. Notify all parents and staff immediately. Advise pregnant staff and parents who aren't sure of their immune status to see their doctor.

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Scabies See pages 192–93 for additional information.	Mites spread from person to person by direct (prolonged, close and intimate) contact .	Itchy red rash, usually between fingers and toes, or the wrists or in the groin, with thread-like lines and scratch marks. May be elsewhere on the body in children under 2 years of age.	Transmissible as long as infestation is untreated.	Yes, until the first treatment has been applied.	No. Contact your local public health unit for guidance if an outbreak cannot be controlled.
Streptococcal pharyngitis (strep throat) and scarlet fever See pages 181–82 for additional information.	Bacteria in throat spread from person to person by: direct contact with saliva, or respiratory droplets .	Sore throat, fever, swollen tender neck glands. Scarlet fever is strep throat with a red sunburn-like rash covering the entire body.	Infectious from onset of illness until 24 hours of appropriate antibiotic treatment received.	Yes. A child can return to the program once he has received at least 24 hours of appropriate antibiotic treatment, and the child is well enough to participate in all program activities.	Scarlet fever is reportable by the treating physician in some jurisdictions. Contact your public health unit if you suspect an outbreak at your facility (more than 2 cases in a month).
Thrush and Candida diaper rash See pages 196–97 for additional information.	Fungus is normally present in the body without causing illness, and rarely spreads from person to person. Thrush can be transmitted to an infant by contact with contaminated bottle nipples or soothers.	Thrush presents as whitish-gray patches on the inside of the cheek or on the tongue. <i>Candida</i> diaper rash is a painful bright-red rash in the deepest creases of a baby's groin, on the buttocks or in moist neck folds.	Usually not spread from person to person.	No.	No. Make sure bottle nipples and soothers aren't shared between children.
Tuberculosis (TB) For more information and important requirements, see pages 210–11 and 381.	Bacteria from the lungs spread through the air in particles produced by coughing .	For infectious TB: fever, cough, difficulty breathing. Young children rarely have infectious TB.	If infectious TB: As long as bacteria are in the respiratory secretions.	If infectious TB: Yes, for at least 2 weeks after starting appropriate antibiotic treatment, and until the treating physician or local public health unit states that a child or staff member is no longer infectious.	Yes, by the treating physician and testing laboratory. Notify your local public health unit immediately if a child or adult at your facility is diagnosed with TB. Exposed children and adults may need testing and antibiotic treatment. Notify all parents and staff immediately.