

# Common Childhood Illness Reference Sheet

**Direct Contact** – Germs are spread through physical contact with an infected person. This can happen through skin-to-skin contact, contact with mucous membranes (nose, mouth, eyes), or secretions (saliva, coughing/sneezing). Direct contact requires close interaction which can include coughing or sneezing in close proximity.

**Indirect Contact** – Germs are spread by touching objects that have been contaminated from an infected person. Often germs are spread in child-care setting when children put objects in their mouth or when children cough or sneeze onto objects. Germs can enter the body through the mouth, nose or eyes.

The quick reference guide is for information only. Diagnosis of an infection must be made by a health care provider.

A “star image” ★ beside a disease indicates the disease is of public health significance and must be reported to Public Health.

Illness	Symptoms	How it Spreads	When is it Contagious	Treatment	Prevention	Exclusion & Reporting to Health Unit
★ Chicken Pox (Varicella)	Viral Infection Fever and cold-like symptoms followed by a rash Itchy red rash which turns into fluid filled blisters and crust over Usually, a full body rash	Through the air Direct contact with the fluid from blisters or with mucous membranes or secretions A pregnant person can pass it to their baby	1-2 days before rash starts until all blisters have crusted over; (usually 5 days)	Can be treated with antiviral medication, but this is not common	Vaccination can prevent chicken pox Don't touch the fluid in a chicken pox blister Cover your mouth and nose when you cough or sneeze, use your upper sleeve or elbow, not your hands.	Exclusion - No Can attend if children feel well enough to participate Report – Yes Next business day
Fifths Disease (Parvovirus B19, Erythema Infectiosum, or “slapped cheek syndrome”)	Viral infection Fever, headache, mild cold like symptoms Starts with a red rash on the cheeks (Slapped cheek rash), followed by a red lace-like rash on the trunk and arms and rest of the body Rash may come and go for over a week	Direct contact with mucous membranes or secretions Indirect contact	Most contagious a few days before the rash appears. Once the rash appears, the person is no longer contagious	There is no medication to treat it Provide support to keep children comfortable Pregnant staff that has been in contact with the child should contact their doctor	There is no vaccine to prevent the infection Frequent hand-hygiene Clean and disinfect contaminated surfaces and toys Carefully wash or dispose of articles soiled with nose and throat discharges	Exclusion – No Regardless of rash, child can attend if feeling well enough to participate in activities Report – No
★ Gastrointestinal Illness: Vomiting and/or Diarrhea	Viral or bacterial infections; Often the cause is unknown Vomiting, diarrhea (unformed or watery stool), fever, loss of appetite, stomach pain, fatigue, headache	Direct contact with stool or vomit Indirect contact	Variable – usually upon onset of symptoms to 48 hours after symptoms have resolved	No specific treatment Fluid replacement to help prevent dehydration	Frequent hand hygiene especially after changing diapers and toileting Clean contaminated surfaces, toys, clothing and linen	Exclusion - Yes Exclude until 48 hours after symptoms have resolved Report – Yes: Outbreaks only If an unusual increase (i.e. two or more children with gastroenteritis in the same room/group within 48 hours period) for an outbreak assessment and additional support.
Hand, Foot and Mouth Disease (Enterovirus, coxsackie virus)	Viral infection Fever, headache, sore throat, loss of appetite, lack of energy Small painful ulcers in mouth, and a rash most often seen on the hands and feet The rash appears as red spots, often with a blister	Direct contact with the fluid from blisters or with mucous membranes or secretions, stool Indirect contact	Most contagious during the first week of illness and when symptoms are present Virus can be found in the stool for several weeks	There is no medication to treat it Provide support to keep children comfortable Infection usually goes away in 7-10 days	There is no vaccine to prevent the infection Frequent hand-hygiene Clean and disinfect contaminated surfaces and toys Carefully wash or dispose of soiled articles	Exclusion – Yes Exclude until they are feeling well, have been without a fever for 24 hours, and there are no open blisters on the skin or in the mouth Report – No
Head Lice	Tiny wingless, crawling insects that live on the scalp. It does not spread disease. Itchy scalp, but it's possible to have head lice without any symptoms Scratch marks or small red lesions like a rash Lice and nits are often found very close to the scalp, at the bottom of the neck and behind the ears	Direct contact through hair-to-hair contact Indirect contact by sharing hats, combs, hairbrushes, helmets and headphones	As long as there are live lice and nits present	Treatment shampoos and rinses are available at pharmacies without a prescription Removing lice eggs/nits by comb and hand is a must.	Avoid hair-to-hair contact Do not share combs, brushes, towels, headphones, and clothing that comes into contact with the head Dispose of (or wash & dry) lice or nits from items that touch the head (hats, pillowcases, combs) – wash in hot water and dry them using the hot setting of the dryer for at least 15 minutes. Clothing and items that are not washable can be stored and sealed in an airtight bag for 2 weeks	Exclusion - No Children should be treated, but they can continue to attend as usual. ‘No-nit’ policies that keep children with head lice or nits after treatment away from school are not necessary. Report – No
Impetigo - Caused by Streptococcus or Staphylococcus bacteria	Bacterial Skin Infection Cluster of red bumps or blisters that ooze or cause a yellow crust on the mouth, nose or skin that is not covered by clothes May include fever, pain, swelling and feeling weak	Direct contact - touching the impetigo rash Indirect contact: From bed sheets, towels or clothing that have been in contact with someone's skin.	Until blisters have dried up If caused by streptococcus bacteria – until 24 hours after the start of antibiotics	Antibiotics taken by mouth or cream spread on the skin – prescribed by a doctor	Frequent hand-hygiene Clean and disinfect contaminated surfaces and toys Carefully wash or dispose of articles soiled with nose and throat discharges; or fluid from the blisters	Exclusion - Yes Until 24 hours after starting antibiotic treatment Report - No

<b>★ Measles</b>	Viral Infection  Fever, runny nose, cough, drowsiness, irritability, red eyes, small white spots on the inside of the mouth and throat  A blotchy red rash appears on the face 3-7 days after initial symptoms and spreads down the body	Through the air – the virus can survive floating in the air for up to 2 hours  Direct contact with mucous membranes or secretions  Indirect contact	Highly contagious for 4 days before rash and 4 days after rash begins	There is no medication to treat it  Provide support to keep children comfortable  Pregnant staff that have been in contact with the child should contact their doctor	Vaccination is the best protection against measles	Exclusion – Yes  Exclusion is required for cases and some contacts. Public Health will provide direction  Report – Yes, immediately
	Tiny “pinpoints” that turn into smooth and shiny white-pink bumps with a dip in the middle. They can appear anywhere on the body  The average child has 1-20 bumps, but some can have hundreds. Bumps can be itchy, red, sore and/or swollen	Direct contact - touching bumps  Indirect contact: From bed sheets, towels or clothing that have been in contact with someone's skin	The exact time you are contagious is unknown. Once the bumps are gone, it is no longer contagious	There is no specific treatment, and will disappear on its own	There is no vaccine to prevent the infection  Frequent hand-hygiene  Wash contaminated bedding/towels that is used by someone with the infection	Exclusion – No  Can attend as usual  Report – No
<b>Mononucleosis (Caused by Epstein-Barr Virus)</b>	Viral Illness causing fever, sore throat, fatigue, swollen lymph nodes, enlarged spleen, jaundice  50% of people may have no symptoms	Direct contact with mucous membranes or secretions  Indirect contact	Can be infectious for a year or more after infection	There is no medication to treat it  Provide support to keep children comfortable	Frequent hand-hygiene  Clean and disinfect contaminated surfaces and toys  Carefully wash or dispose of articles soiled with nose and throat discharges	Exclusion - No  Can attend as usual, consult physician about physical activity  Report - No
<b>★ Mumps</b>	Viral Infection  Fever, swollen salivary glands at the jaw line on one or both sides of the face, headache	Direct contact with mucous membranes or secretions  Indirect contact	7 days before the onset of swollen salivary glands, to 5 days after the onset of swelling	There is no medication to treat it  Provide support to keep children comfortable	Vaccination can prevent Mumps infection  Frequent hand-hygiene  Clean and disinfect contaminated surfaces and toys  Carefully wash or dispose of articles soiled with nose and throat discharges	Exclusion – Yes  Exclude for 5 days after onset of swollen glands or symptoms onset  Report – Yes
<b>★ Pertussis (Whooping cough)</b>	Starts with cold symptoms, very runny nose, coughing, mild fever  After a week, it often progresses to severe coughing, which may be followed by “whoop” sound during inhalation, difficulty breathing or vomiting	Direct contact with mucous membranes or secretions  Indirect contact	If untreated – can be contagious for up to 3 weeks after onset of symptoms  If treated – contagious for 5 days after the start of medication	If the illness is discovered early enough, before the coughing spells start, antibiotics may help  If treatment is started later, antibiotics won't help. This is because the bacteria have already done their damage. But antibiotics may still be given to prevent the bacteria spreading to someone else	Vaccination can prevent pertussis  Frequent hand-hygiene  Clean and disinfect contaminated surfaces and toys  Carefully wash or dispose of articles soiled with nose and throat discharges	Exclusion – Yes  Avoid contact with young children, infants and women in their third trimester, until the completion of 5 days of appropriate antibiotic treatment or 21 days if not treated. This includes school and daycare.  Report - Yes
<b>Pink Eye – Conjunctivitis</b>	Viral or bacterial infection  Red, itchy, painful eyes  Discharge from eyes cause crusting, often during sleep	Direct contact with mucous membranes or secretions  Indirect contact	<b>Bacterial</b> – at the time when symptoms begin to 24 hours after antibiotic treatment is started  <b>Viral</b> – as long as symptoms are present	Eye drops or ointment may be required if bacterial infection	Frequent hand hygiene  Do not share towels/washcloths, pillowcases and bedding  Clean contaminated surfaces and toys  Carefully wash or dispose of articles soiled with tears or eye discharge, or from coughing or sneezing	<b>Viral</b>  Exclusion – NO  Can attend as long as feel well enough to participate  <b>Bacterial</b>  Exclusion – Yes  Until 24 hours after starting antibiotic treatment  Report - No
<b>Pinworm (Enterobiasis)</b>	Tiny, white thread-like roundworm that live in the rectum  Pinworms can be uncomfortable, but they do not cause disease  Anal itching, disturbed sleep, irritability  Some children have no symptoms	Direct Contact when an infected child scratches the itchy area and transfers eggs to another child's mouth  Indirect contact with items contaminated with the eggs (toys, toilet seats, baths, bedding)	As long as pinworms are present and have not been destroyed by treatment of the child and their environment  Eggs can live for up to 2 weeks outside the body, on clothing, bedding or other objects	Oral medication can be prescribed which takes up to 2 weeks to eliminate pinworms, may require a second dose 2 weeks later  Other family members may need to be treated at the same time to avoid re-infestation	Frequent hand-hygiene  Change and clean bed linens and underclothes of infected children without shaking (which will scatter eggs)  Open blinds and curtains in the bedrooms during the day – eggs are sensitive to sunlight  If laundry is being sent home – keep in sealed plastic bags  Bathing children in the morning using a shower or stand-up tub bath  Advise children and staff to keep fingernails short and avoid nail-biting	Exclusion - No  It is recommended children should be treated, but they can continue to attend as usual.  Report - No

<b>Respiratory Illness – Cold and flu-like symptoms</b>	<p>Usually a viral illness (examples: influenza, COVID-19, Rhinovirus, Parainfluenza virus)</p> <p>Cough, runny nose, sore throat, headache, lethargy, poor appetite, muscle/joint/body aches</p> <p>Often unknown cause</p> <p>Complications can include ear infections, breathing problems, dehydration</p>	<p>Direct contact with mucous membranes or secretions</p> <p>Indirect contact</p>	<p>Variable depending on virus causing the symptoms</p>	<p>There is often no medication for treatment</p> <p>Provide support to keep children comfortable</p> <p>Ease pain, aches, or a fever (medication, rest, hydration)</p>	<p>Frequent hand hygiene</p> <p>Cover mouth and nose when you cough or sneeze</p> <p>Do not share cutlery, glasses etc.</p> <p>Clean contaminated surfaces and toys</p>	<p>Exclusion – Yes</p> <p>Remain home until symptoms have improved at least 24 hours, and no fever for 24 hours</p> <p>Report – No**</p> <p>If multiple children are ill that is above average for your facility, please contact the Health Unit for support in reducing the spread of illness.</p> <p>**Outbreaks will generally not be declared; Consideration may be given in circumstances such as severe illness, diseases that can be prevented by vaccine (i.e. pertussis, mumps).</p>
<b>Ringworm</b>	<p>Fungal infection causing ring shaped raised rash on scalp, body, groin or feet</p> <p>Itchy &amp; red, and can cause hair loss</p>	<p>Direct Contact with the rash</p> <p>Indirect contact with (combs, clothing, showers and pool surfaces) or infected animals</p>	<p>As long as rash is untreated and/or uncovered</p>	<p>Skin can be treated with an antifungal ointment or cream for 2-3 weeks</p> <p>For more severe infections, prescription medication may need to be taken by mouth</p>	<p>Frequent hand-hygiene</p> <p>Do not share combs, hairbrushes, face cloths or towels</p> <p>Use flip-flops or shoes on feet in public locker rooms, showers and pools</p> <p>Wash sports clothing regularly</p>	<p>Exclusion - Yes</p> <p>Until treatment has started</p> <p>Report - No</p>
<b>Roseola Infantum (Sixth Disease)</b>	<p>Viral infection</p> <p>A fever appears suddenly and lasts 3-5 days</p> <p>When the fever ends, a rosy-pink raised rash usually develops on the face and body</p> <p>The spots (rash) will turn white if you press on them and they may have a lighter colour ring around them</p>	<p>Direct contact with mucous membranes or secretions</p> <p>Indirect contact</p>	<p>Most contagious during the fever stage, before the rash develops</p>	<p>There is no medication to treat it</p> <p>Provide support to keep children comfortable.</p> <p>Ease pain, aches or a fever (medication, rest, hydration)</p>	<p>Frequent hand hygiene</p> <p>Cover your mouth and nose with a tissue when you cough or sneeze, put in the waste basket or use your upper sleeve or elbow, not your hands</p> <p>Do not share eating or drinking utensils</p> <p>Clean and disinfect contaminated surfaces and toys</p>	<p>Exclusion - No</p> <p>Can attend as long as child is well enough to participate in activities</p> <p>Report - No</p>
<b>Rotavirus</b>	<p>Viral infection</p> <p>Vomiting, fever, watery diarrhea, dehydration</p>	<p>Direct contact with stool or vomit.</p> <p>Indirect contact.</p>	<p>Upon onset of symptoms until approximately 8 days after onset</p>	<p>There is no medication to treat it</p> <p>Fluid replacement to help prevent dehydration</p>	<p>Vaccination can prevent Rotavirus</p> <p>Follow diaper changing best practice</p> <p>Clean and disinfect contaminated surfaces, toys, clothing and linen</p>	<p>Exclusion – Yes</p> <p>Exclude until 48 hours after symptoms have resolved</p> <p>Report - No</p>
<b>Scabies</b>	<p>Skin condition caused by tiny insects called mites. They burrow under the skin and lay eggs</p> <p>Scabies can be uncomfortable, but they do not directly cause disease</p> <p>Itchy red rash, usually between fingers and toes, wrists, or groin with thread-like lines, tiny red bumps and scratch marks</p>	<p>Direct contact (prolonged) with infested skin</p> <p>Indirect contact with clothing or personal items of an infested person</p> <p>The mites can live off the skin up to 3 days</p>	<p>As long as the person is infested and until mites and eggs are destroyed by treatment</p>	<p>Cream or lotion that is prescribed by a doctor</p> <p>Everyone who lives in the home and anyone who has had close skin-to-skin contact should be treated at the same time</p> <p>Treatment may need to be repeated</p>	<p>Wash all bed linens, towels and clothes in hot water and dry in a dryer at the hottest setting</p> <p>Items that are not washable can be sealed in an airtight plastic bag for 1 week to kill the mites</p>	<p>Exclusion – Yes</p> <p>Exclude until the day after the first treatment was applied</p> <p>Report to HU - No</p>
<b>Strep throat &amp; Scarlet Fever</b>	<p>Bacterial Infection (group A strep bacteria)</p> <p>Strep Throat - Sore, red throat; fever, tiredness, headache, sores around mouth, swollen glands in the neck</p> <p>Scarlet Fever – Similar to strep throat but includes a pink-red skin rash that feels like sandpaper and “strawberry” tongue (white coating on tongue with bright red patch)</p>	<p>Direct contact with mucous membranes or secretions</p> <p>Indirect contact</p>	<p>From onset of illness until 24 hours of antibiotic treatment received</p>	<p>Antibiotics may be prescribed by a doctor</p> <p>Provide support to keep children comfortable</p> <p>Ease pain, aches, or a fever (medication, rest, hydration)</p>	<p>Frequent hand hygiene</p> <p>Cover your mouth and nose with a tissue when you cough or sneeze, put in the waste basket or use your upper sleeve or elbow, not your hands</p> <p>Do not share eating or drinking utensils</p> <p>Clean and disinfect contaminated surfaces and toys</p>	<p>Exclusion – Yes</p> <p>Exclude until 24 hours after starting antibiotic treatment and if children feel well enough to participate in activities.</p> <p>Report - No</p>

**References:**

Canadian Paediatric Society. Information for parents from Canada's paediatricians. [Health conditions and treatments | Caring for kids](https://www.cps.ca/en/parents/health-conditions-and-treatments/caring-for-kids) Accessed 12-Sep-2025

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