

Communicable Disease Guidelines

Note: This information is to assist in making decisions regarding the control of communicable diseases. It is **NOT** intended for the purposes of making diagnoses. Refer to disease specific information sheets for additional information. ***To report a possible case, call the local public health office.**

<https://www.saskhealthauthority.ca/system/files/2023-07/CS-P-0017-CD-Reporting-Requirements-Poster.pdf>

Infection	Transmission	Signs and Symptoms	Time From Exposure to Symptoms	When Can It Spread	When to Exclude	Reporting Requirements
Chickenpox (Varicella Zoster)	Spread person to person through the air and by direct contact with nose and throat secretions (sneezing, coughing, singing), and fluid from blisters.	Begins with a rash followed by small fluid-filled blisters. These become itchy and crust over. Fever may be present.	10 to 21 days, usually 14 to 16 days.	2 days before rash to 5 days after onset, or until crusting occurs.	Exclude ONLY if not well enough to participate in regular activities. Exclude if illness is severe or if entering a new setting with children who have not already been exposed.	Report: Yes Report pregnant or immune suppressed people who may have been exposed.
Diarrhea and Vomiting (Including diarrhea caused by Norovirus, Campylobacter, Giardia, Salmonella) See Shigella.	Germs present in stool and vomit. Spread directly from person to person; indirectly by hands of staff and children, objects, surfaces, food, or water contaminated with germs	Increase in frequency of stools and/or change to unformed, loose or watery stool. Fever, loss of appetite, nausea, vomiting, abdominal pain, mucus, or blood in stool may occur.	Variable depending on the cause.	Usually 48 to 72 hours from last episode of vomiting or diarrhea. Variable depending on the cause.	While symptoms persist and until 48 to 72 hours from last episode of vomiting or diarrhea, or as directed by physician.	Report: If 2 or more children in same class or 2 or more staff are symptomatic.

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Fifth Disease (Parvovirus B19, Slapped Cheeks Syndrome)	Spread person to person through the air or by direct contact with nose and throat secretions or contaminated hands, objects and surfaces.	Red rash commonly on cheeks, followed by lace-like rash on arms then body. May be more easily seen following a warm bath. Rash may come and go for 1 to 3 weeks.	Varies from 4 to 21 days.	Before onset of rash.	No exclusion required.	Report: No
Hand, Foot and Mouth Disease (Coxsackievirus Group A)	Spread person to person by the fluids from the nose and mouth, blisters and stool. Also spread by contaminated hands, objects, and surfaces that may have these fluids on them.	Rash with small fluid-filled blisters appearing on hands, feet and/or in mouth. May appear on buttocks and groin. Rash may persist for 7 to 10 days. May have fever for 1 to 2 days. Blisters in mouth may become ulcers if they break. Infected persons can be asymptomatic.	3 to 6 days.	During acute stage of illness, perhaps longer as viruses persist in stool for several weeks.	Exclude until a diagnosis has been made by a health care provider and the child is well enough to participate in activities.	Report: If several (2 to 3) cases within 1 to 2 weeks.

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Head Lice (Grey, wingless insects)	Direct contact with infested persons and/or objects used by them (e.g. shared combs, clothing, headgear, bedding, and towels).	Most children have no symptoms at first. Will develop itching of scalp. Nits (eggs) are seen attached to hairs near scalp. Occasionally lice can be seen.	Nits (eggs) take 7 to 12 days to hatch. Lice reach maturity in 9 to 12 days.	As long as lice or nits remain alive.	Children with head lice should be treated and can attend school or child care as usual, but should be discouraged from close direct head contact with others.	Report: No May contact school nurse for advice.
Hepatitis A Diagnosis must be confirmed with blood work.	Very contagious. Virus excreted in stool. Spread directly from person to person; indirectly by hands of staff and children, objects, surfaces, food or water contaminated with virus.	Most children have no symptoms, but are still contagious for a period of time. May have fever, loss of appetite, nausea, vomiting, jaundice (yellow colour in skin and eyes).	15 to 50 days, usually 28 to 30 days.	2 weeks before to 1 week after onset of jaundice. If no jaundice is present, consider contagious from 2 weeks before to 1 week after onset of other symptoms.	Exclude for 1 week after onset of illness or 1 week after onset of jaundice if it occurs.	Report: Yes Contacts: Specific preventive therapy may be recommended by the Medical Health Officer for certain contacts.

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Impetigo (Common skin infection)	Spread person to person by direct contact.	Blisters or crusted rash on face around nose and mouth or exposed parts of body (arms and/or legs). Often follows a scrape or insect bite.	1 to 10 days.	From onset of symptoms or until 24 hours after treatment started.	Exclude until antibiotic treatment has been taken for 24 hours.	Report: No
Influenza	Spread person to person through the air and by direct contact with nose and throat secretions (sneezing, coughing, singing), contaminated hands, objects, and surfaces.	Sudden onset of fever, chills, non-productive cough, headache, fatigue, and muscle aches. Other respiratory symptoms may include sore throat and runny nose. Nausea, vomiting and diarrhea may be present.	1 to 4 days.	24 hours before and 5 to 7 days after onset, or while there are symptoms.	5 to 7 days after onset or while there are symptoms.	Report: Report if 10% or more of children or staff are absent with Influenza-like illness.

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Measles (Red Measles, Rubeola) Diagnosis must be confirmed with blood work.	Very contagious. Spread person to person through the air and by direct contact with nose and throat secretions, contaminated hands, objects, and surfaces.	Fever, cough, runny nose, inflamed eyes for 1 to 3 days before onset of rash. Red blotchy rash which often joins together; starts on face and spreads rapidly over body. Illness lasts 5 to 10 days.	7 to 21 days, usually 8-12 days.	4 days before onset of rash until 4 days after onset of rash.	From start of symptoms until 4 days after start of rash.	Report: Yes, immediately. Contacts: Specific preventive therapy may be recommended by the Medical Health Officer for certain contacts.
Molluscum Contagiosum	Spread by skin to skin contact or indirect contact with contaminated objects (towels, toys).	Small, firm, pink or flesh colored raised bumps that may have a dimpled center.	2-7 weeks but could be up to 6 months.	As long as bumps are present.	No exclusion required. Cover bumps with tape or bandage if not covered by clothing.	Report: No

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Mumps Diagnosis must be confirmed with blood work.	Spread person to person by direct contact with saliva, and nose and throat secretions of an infected person.	Enlargement of salivary glands causing swelling of cheeks and face. May have fever, headache and abdominal pain. Some children have respiratory symptoms, without the swelling.	12 to 25 days, usually 16 to 18 days.	7 days before and up to 5 days after swelling starts. Most infectious during the 2 days before and up to 4 days after onset of swelling.	Exclude 5 days after onset of swelling (9 days if still symptomatic).	Report: Yes
Pinkeye (Conjunctivitis)	Spread person to person by contact with eye secretions, respiratory secretions, or from contaminated hands or objects.	Redness, itching, pain, and discharge from eye, often with matted eyelids after sleep (allergies may cause similar symptoms).	1 to 3 days.	From onset of symptoms or until 24 hours after treatment started. Viral causes cannot be treated with antibiotics—stay home until eye no longer tearing or crusted.	If there is discharge from the eye the child should be assessed by a health care provider. If an antibiotic is prescribed, exclude until treated for 24 hours.	Report: No

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Respiratory Infections including coronavirus (COVID-19)	Spread person to person through the air and by direct contact with nose and throat secretions (sneezing, coughing, singing), contaminated hands, objects, and surfaces.	Respiratory symptoms may include runny nose, sneezing, sore throat, fatigue and chills lasting 2 to 7 days.	Variable depending on the cause.	Usually 24 hours before and 5 days after onset, or while there are symptoms.	5 to 7 days after onset or while there are symptoms.	Report: if 10% or more of children or staff are absent with Influenza-like illness.
Ringworm Common locations are Scalp, Body, or feet (Athlete's Foot)	Scalp - Direct skin to skin contact or indirect contact with contaminated objects. Body - Direct contact with infected humans, animals or indirectly by contaminated surfaces. Athlete's Foot - Direct or indirect contact with infected skin or indirectly from contaminated surfaces.	Scalp - Begins as a small area of redness. Develops into scaly patches, spreading outward. Hair becomes brittle and breaks easily. Body - Flat, ring shaped areas, outer edge reddish, small blisters, pus, scaly or crusted. Athlete's Foot - Cracking and scaling of skin, especially between toes, soles of feet. Can be itchy	Scalp – Usually 10 -14 days. Body – Usually 4 – 10 days. Athlete's Foot - Unknown.	All Cases - As long as scaling or lesions are present.	All Cases - Exclude from skin to skin contact sports and activities (wrestling, gyms, swimming, spas) until seen by health care provider and appropriate therapy started.	Report: No

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Rubella (German Measles) Diagnosis must be confirmed with blood work.	Spread person to person through the air and by direct contact with nose and throat secretions.	Small red spots that start on head /face and spread over entire body. May have mild fever, sore throat, and/or swollen glands in neck before start of rash.	14 to 21 days, usually 16 to 18 days.	4 to 7 days before until 7 days after onset of rash.	Exclude for 7 days after onset of rash. There is risk of severe damage to a fetus if a non-immune pregnant woman gets Rubella during the first trimester.	Report: Yes, immediately.
Scabies (Itch Mites)	Spread person to person and requires close, prolonged direct contact and indirect, close contact with bedclothes, towels, or shared clothing.	Very itchy rash which may occur anywhere on body, but usually appears between fingers and around wrists and elbows.	2 to 6 weeks.	Until treatment is complete.	Exclude until after treatment completed.	Report: Only if more than 2 cases in a classroom in a month.
Shigella	Very contagious. Spread person to person by direct contact with stool, contaminated hands, food, water, objects, and surfaces.	Watery or loose stool with fever and nausea. Vomiting and cramping may occur. Mucous or blood may be present in the stool.	1 to 7 days, usually 1 to 3 days.	Usually up to 1 week from onset of symptoms, but may be up to 4 weeks. Treatment may reduce spread to a few days.	Until permitted by Medical Health Officer	Report: Yes, immediately.

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Staphylococcal Infections (Wound or skin infections)	Spread person to person, most often by unwashed hands.	Varies depending on the site of infection. Boils can occur if hair follicles or oil glands become infected. Impetigo at the site of a break in the skin. Cellulitis if the infection occurs in the deep layers of the skin.	Commonly 4 to 10 days.	As long as areas are open or draining.	Exclusion is not required. Affected areas should be covered.	Report: No
Strep Throat (Scarlet Fever, Scarletina)	Spread person to person by direct contact with nose and throat secretions.	Fever and sore throat. Rough, fine rash occurs with Scarlet fever; no facial involvement. May have headache, nausea and vomiting	2 to 5 days.	Until 24 hours after treatment begins.	Exclude until 24 hours after treatment begins	Report: Only if an outbreak occurs (e.g. more than 2 cases in a month in 1 classroom).

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Whooping Cough (Pertussis)	Spread person to person by direct contact with nose and throat secretions (sneezing, coughing, singing).	Begins as a cold with runny nose and cough. Cough gets worse over 1 to 2 weeks and occurs in spasms which may be followed by vomiting. Cough may last 1-2 months. Fever is rare.	5 to 21 days, usually 7 to 10 days.	From onset of runny nose until 3 weeks after onset of coughing, or until on antibiotics for a full 5 days. Most contagious during the first 2 weeks of symptoms.	Exclude until 5 days after start of antibiotics if they will be around infants under 1 year old or women pregnant in their 3rd trimester. Contacts may need antibiotics and/or vaccine.	Report: Yes, immediately.