



Guidelines and Information on Childhood Communicable Diseases

DISEASE	INCUBATION PERIOD	HOW IS IT SPREAD	SIGNS & SYMPTOMS	WHEN IS IT CONTAGIOUS	PREVENTION & CONTROL OF CONTACT	EXCLUDE	REPORT	COMMENTS
CHICKEN POX (Varicella-zoster virus)	<ul style="list-style-type: none"> 10-21 days 	<ul style="list-style-type: none"> Spreads easily from person to person through the air (coughing/sneezing) Direct contact with fluid from the blisters or respiratory secretions 	<ul style="list-style-type: none"> Slight fever may be present before an itchy rash develops 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 10 days 	<ul style="list-style-type: none"> From 1 – 2 days before until 5 days after sores appear or until all sores are dry and crusted Susceptible people can be considered contagious from 10 days following exposure until the incubation period has ended at 21 days 	<ul style="list-style-type: none"> Determine presence of the immuno-compromised or pregnant women Refer to family physician Immunization is available 	<ul style="list-style-type: none"> A child with <u>mild</u> illness should be allowed to return to school or childcare as soon as he/she is well enough to participate normally in all activities (regardless of the state of the rash). <u>Mild</u> chickenpox is defined as having a low fever for a short period of time and only a little rash (less than 30 spots). Children with chickenpox who have a fever and/or the ongoing development of many new rash spots are not well and should not be at school or at daycare 	<ul style="list-style-type: none"> Yes – Age, gender, name of centre/ school only 	<ul style="list-style-type: none"> Heat makes rash worse Wear light clothing Do not give aspirin for fever because of the possibility of Reye’s Syndrome Vaccine preventable Parents of other children in the school/childcare facility, particularly parents of immunosuppressed children (i.e. Cancer, HIV), should be notified that chickenpox is in the class/ school/ childcare
CONJUNCTIVITIS (Bacterial) (Pink Eye)	<ul style="list-style-type: none"> 1 – 3 days 	<ul style="list-style-type: none"> Direct contact with the discharge from the eye Also spread indirectly through contaminated clothing, face cloths & towels From coughs and sneezes of an infected person 	<ul style="list-style-type: none"> Redness, itching, pain and discharge from the eye Swollen eyelid may occur Mild sensitivity to light may occur 	<ul style="list-style-type: none"> From start of symptoms until 24 hours after started prescribed treatment (antibiotic eye drops or ointment) 	<ul style="list-style-type: none"> Hand washing Disinfection of toys, tables, door knobs, railings No sharing of towels or washcloths 	<ul style="list-style-type: none"> Exclude until 24 hours after prescribed antibiotic has been started and drainage has stopped 	<ul style="list-style-type: none"> No 	



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DIARRHEA / VOMIT (GASTROENTERITIS)	<ul style="list-style-type: none"> Depends on the cause of illness Commonly caused by Noroviruses and Rotavirus in school and child care settings. See disease specific information. 	<ul style="list-style-type: none"> Caused by viruses, bacteria and/or parasites Spread by fecal-oral route from infected person Contaminated food and/or water Contaminated toys and equipment 	<ul style="list-style-type: none"> Diarrhea Abdominal cramping Poor appetite Vomiting Fever 	<ul style="list-style-type: none"> Throughout acute infection and as long as organisms are in stool 	<ul style="list-style-type: none"> Good hand hygiene Safe food handling Disinfect all surfaces, toys, furniture with high level disinfectant 	<ul style="list-style-type: none"> Yes, until 48 hours after diarrhea/vomit stops Exclusion period may vary based on the cause of illness, number of cases and source of infection 	<ul style="list-style-type: none"> Depends on cause of illness Call Public Health 	
E. coli Food Poisoning (Verotoxin-producing E. coli) (a.k.a. Hamburger disease)	2 – 10 days	<ul style="list-style-type: none"> Ingestion of contaminated foods such as under-cooked beef (especially ground beef) as well as drinking unpasteurized milk and apple juice Contact with feces of an infected person 	<ul style="list-style-type: none"> Non-bloody to bloody diarrhea Maybe accompanied by haemolytic uremic syndrome (HUS) 	<ul style="list-style-type: none"> One week or less following resolution of symptoms Up to 3 weeks in children 	<ul style="list-style-type: none"> Hand washing Cook meats thoroughly especially ground beef to internal temperature of 70°C or until the juices run clear and the meat is no longer pink Swim in chlorinated pools, spas and wading pools 	<ul style="list-style-type: none"> Yes – until 2 consecutive stool samples (collected 24 hours apart, and 48hrs after completion of antibiotics) are cultured negative 	<ul style="list-style-type: none"> Yes – if confirmed by doctor 	
FIFTH DISEASE (Erythema Infectiosum) (Slapped Cheeks Syndrome) (Virus)	<ul style="list-style-type: none"> 4 – 20 days 	<ul style="list-style-type: none"> Direct contact with respiratory secretions 	<ul style="list-style-type: none"> Coughing, sneezing, slight or no fever Very red facial rash that resembles cheeks being slapped Red, lace-like rash on trunk and extremities that spreads over rest of body Exposure to sunlight or heat (e.g. bathing) brings out rash Rash may last up to 3 weeks 	<ul style="list-style-type: none"> Several days before the appearance of the rash Not infectious once rash appears 	<ul style="list-style-type: none"> Hand washing Immunosuppressed and pregnant women should be referred to family physician 	<ul style="list-style-type: none"> No – a child may return to centre if well enough to take part in activities and no fever 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> Not infectious by the time that the rash appears Majority of adults have had Fifth Disease in childhood and will not get it again if exposed Can cause complications in immuno-compromised or pregnant women



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HAND FOOT & MOUTH DISEASE (Coxsackie virus)	<ul style="list-style-type: none"> • 3 – 5 days 	<ul style="list-style-type: none"> • Direct contact with nasal and throat discharges, fluid from blisters, or feces (stool) of infected person • Indirect contact with contaminated toys, objects or surfaces • From coughs and sneezes of an infected person 	<ul style="list-style-type: none"> • Fever, headache, sore throat, loss of appetite, lack of energy • Small painful blisters in the mouth • Blisters on the palms of hands, on fingers, and on soles of feet and occasionally on buttocks • Blisters may last for 7-10 days and are not itchy 	<ul style="list-style-type: none"> • During acute stage of illness • Virus persists in stool for several weeks 	<ul style="list-style-type: none"> • Hand washing after wiping child’s nose, changing diaper, using toilet and before preparing food • Disinfect or discard articles soiled with secretions of infected person • Disinfect all surfaces, toys, furniture with high level disinfectant • Discontinue sensory play 	<ul style="list-style-type: none"> • Not required unless the child is not feeling well enough to participate, has a fever, or there are open mouth sores or oozing blisters. 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • Encourage medical diagnosis to rule out more serious viral infection with rash
HEPATITIS A (Virus)	<ul style="list-style-type: none"> • 15 – 50 days (average 28 – 30 days) 	<ul style="list-style-type: none"> • Person to person by food or water contaminated with infected feces 	<ul style="list-style-type: none"> • Fever • Fatigue • Loss of appetite • Nausea • Jaundice (a yellowing of the skin and whites of the eyes) • Dark urine • In children symptoms may be mild or may not appear at all (i.e. asymptomatic infection) 	<ul style="list-style-type: none"> • 2 weeks prior to onset of symptoms until one week after onset of jaundice 	<ul style="list-style-type: none"> • Hand washing after toileting and diaper changing etc. • Avoid sharing of eating and drinking utensils/items • Disinfect diaper tables between changes • Proper disposal of diapers 	<ul style="list-style-type: none"> • Yes – for one week from onset of jaundice or as determined by APH 	<ul style="list-style-type: none"> • Medical professional to report by positive lab test 	<ul style="list-style-type: none"> • Vaccine preventable • A viral disease that attacks the liver
HEAD LICE (Pediculos) (Mite)		<ul style="list-style-type: none"> • Head to head contact and by sharing hats, helmets, combs, and other head gear • Head lice can only survive one week off the head 	<ul style="list-style-type: none"> • Head scratching • Nits (eggs) present on hair shaft – may be grey to white in colour and are attached firmly to hair and close to scalp • Live lice move very quickly and may be difficult to see 	<ul style="list-style-type: none"> • Children should stay home until first treatment is complete and no live lice are present 	<ul style="list-style-type: none"> • Treat promptly with appropriate product • Treatment details vary with product used • Notify parents of other children in the school/centre that head lice is present in the facility 	<ul style="list-style-type: none"> • Until initial treatment is completed 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • Lice crawl very quickly • They do not jump or fly • Check and treat all family members • Follow product directions carefully



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IMPETIGO (Bacteria)	<ul style="list-style-type: none"> 1 – 10 days 	<ul style="list-style-type: none"> Person to person through contact with sores Indirect contact with contaminated bed linens, towels or clothing 	<ul style="list-style-type: none"> Blisters filled with pus that break open leaving thick golden yellow crusts. Usually on mouth and nose Can be spread by scratching 	<ul style="list-style-type: none"> As long as sores are draining or up to 24 hours after start of antibiotic treatment Usually stops after 24 – 48 hours of treatment 	<ul style="list-style-type: none"> Hand washing Avoid contact with discharge Wear gloves if any contact with lesions No sharing of towels, face clothes or toys Daily disinfection of toys and contaminated articles 	<ul style="list-style-type: none"> Yes, until appropriate antibiotic has been taken for at least 24 hours 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> Lesions should be adequately covered with dressings or clothing
MEASLES (Rubeola, Red Measles)	<ul style="list-style-type: none"> Usually 10 days but may vary from 7 to 18 days 	<ul style="list-style-type: none"> Spread easily from person to person through the air Direct contact with nose and throat secretions May be spread by articles freshly soiled with nose and throat secretions Very infectious 	<ul style="list-style-type: none"> High fever Dry cough, cold-like symptoms, inflamed, sensitive eyes, headache, extreme distress Small spots with white or bluish white centres on a reddish base inside the cheek (Koplik's spots) Blotchy red rash which begins on face and spreads down body appears on 3rd to 7th day (lasts 4-7 days) 	<ul style="list-style-type: none"> 4 days before onset of rash and continues for 4 days after rash appearance 	<ul style="list-style-type: none"> Ensure all children are immunized Unimmunized and immunosuppressed will be excluded as directed by Medical Officer of Health Pregnant women or children under 1 year of age, not yet immunized should consult a physician within 72 hours of exposure 	<ul style="list-style-type: none"> Yes – four days from when rash first appeared 	<ul style="list-style-type: none"> Yes – if confirmed by a physician 	<ul style="list-style-type: none"> Vaccine preventable



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MENINGITIS (Bacterial) (Meningococcal)	<ul style="list-style-type: none"> • 1 – 10 days (usually less than 4 days) 	<ul style="list-style-type: none"> • Direct contact with oral secretions including respiratory droplets from the nose and throat of infected people, e.g. kissing, sharing beverages, straws or food 	<ul style="list-style-type: none"> • Sudden onset • Intense headache • Fever • Chills • Nausea • Vomiting • Rash • Malaise • Irritability • Neck stiffness • Confusion • Eyes sensitive to light 	<ul style="list-style-type: none"> • Onset to 24 hours after the start of antimicrobial treatment • Variable as long as bacteria are present in oral and nasal discharge 	<ul style="list-style-type: none"> • Avoid sharing personal items • Cover coughs and sneezes • Hand washing • Contacts are immediately referred to family physician for prophylaxis • Vaccination is recommended 	<ul style="list-style-type: none"> • Yes – exclusion period determined by physician and APH 	<ul style="list-style-type: none"> • Yes – immediately 	<ul style="list-style-type: none"> • Vaccine preventable • Family members and close contacts may require treatment
MONONUCLEOSIS (Epstein-Barr Virus)	<ul style="list-style-type: none"> • 4 – 6 weeks 	<ul style="list-style-type: none"> • Through direct contact with the mouth/nose secretions of an infected person • Indirect contact with contaminated objects 	<ul style="list-style-type: none"> • Sore throat • Fever • Enlarged lymph glands • Fatigue • Headache • Loss of appetite • Enlarged spleen 	<ul style="list-style-type: none"> • Unknown • Prolonged 1 year or longer 	<ul style="list-style-type: none"> • Refrain from sharing beverages, utensils and any contact with an infected person’s saliva • Hand washing • Cover cough and sneezes 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • Disease could be severe in immuno-suppressed host • Person should not participate in contact sports if spleen enlarged
MUMPS	<ul style="list-style-type: none"> • Commonly 16 – 18 days (range 14 – 25 days) 	<ul style="list-style-type: none"> • Person to person through coughing, sneezing, or direct contact with the respiratory secretions of an infected person 	<ul style="list-style-type: none"> • Fever • Swelling and tenderness of one or more salivary glands (along the jaw line) • Children often have respiratory symptoms 	<ul style="list-style-type: none"> • 7 days before to 5 days after parotitis (swollen glands) 	<ul style="list-style-type: none"> • Ensure all children/staff are vaccinated (immune) • Exclude unimmunized contacts as advised by Medical Officer of Health • Good hand hygiene • Cover cough and sneezes 	<ul style="list-style-type: none"> • Yes – for 5 days from onset of parotitis (swelling) or as advised by the Medical Officer of Health 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Vaccine preventable



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NOROVIRUSES	<ul style="list-style-type: none"> • 12-48 hours 	<ul style="list-style-type: none"> • Spread by fecal-oral route from infected person • Soiled hands • Unsafe water and food • Contaminated toys and equipment 	<ul style="list-style-type: none"> • Diarrhea • Abdominal cramping Poor appetite • Vomiting • Fever • Diarrhea more common in adults, vomiting more common in children 	<ul style="list-style-type: none"> • Symptom onset to three days after symptoms resolved. • Up to 2 weeks after recovery. 	<ul style="list-style-type: none"> • Good hand washing (children and staff) • Disinfect change table after each diaper change and proper disposal of diapers • Disinfect all surfaces, toys, furniture with high level disinfectant • Discontinue sensory play 	<ul style="list-style-type: none"> • Yes – until symptom free for 48hours 	<ul style="list-style-type: none"> • Yes – if confirmed by doctor or if high levels of absences due to illness 	
PERTUSSIS (Whooping cough) (bacteria)	<ul style="list-style-type: none"> • 6 - 20 days • (average 9 -10 days) 	<ul style="list-style-type: none"> • Direct contact with nose and throat secretions of infected person – such as coughing and sneezing 	<ul style="list-style-type: none"> • Possible low grade fever and cold-like symptoms • Repeated, violent coughing episodes (paroxysmal cough), worsens resulting in a high pitched whoop on inspiration • Vomiting after coughing episode may occur • Could last 6 – 10 weeks 	<ul style="list-style-type: none"> • From onset of cold-like symptoms until 3 weeks after onset of whooping cough 	<ul style="list-style-type: none"> • Refer unimmunized contacts to their physician • Exposed children under one year are at particular risk and should receive antibiotics regardless of immunization status • Observe for signs of symptoms of disease (cough) for 14 days from last contact • Exclude unimmunized contacts 	<ul style="list-style-type: none"> • Yes – until 5 days of treatment have been completed or 3 weeks from the onset of cough if untreated 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Vaccine preventable • Pregnant women who are exposed to a case should be referred to a physician • Family members and close contacts may require treatment
PINWORMS (Parasite)	<ul style="list-style-type: none"> • 2 – 6 weeks 	<ul style="list-style-type: none"> • Parasite eggs are transmitted by hand from anal area to mouth • Direct contact from fingers contaminated from scratching • Indirectly through clothing, bedding, food, toys, or other articles contaminated with pinworm eggs 	<ul style="list-style-type: none"> • Itching of anal area, disturbed sleep and irritability 	<ul style="list-style-type: none"> • Until 1 treatment is completed 	<ul style="list-style-type: none"> • Frequent hand washing very important • Children should be discouraged from sucking fingers, biting nails and scratching anal area • Treatment of whole family may be advisable if several members are infected • Cleaning surfaces with soap and water very important to remove parasite • Discontinue sensory play 	<ul style="list-style-type: none"> • Yes – until 1 treatment has been received (needs to be repeated in 2 weeks) 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • Clean/vacuum house daily for several days after treatment • Wash and change bedding and underwear daily after treatment



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RESPIRATORY ILLNESSES (e.g., common cold, COVID-19, RSV)	<p>See Resource: Upper Respiratory Illnesses and Children</p>							
RINGWORM (Fungal infection) <ul style="list-style-type: none"> a) Head (tinea capitis) b) Body (tinea corporis) c) Feet (tinea pedis or Athlete's Foot) 	<ul style="list-style-type: none"> • 10 – 14 days • 4 – 10 days • Unknown 	<ul style="list-style-type: none"> • Direct skin to skin contact • Indirect contact with contaminated articles such as bathrooms, pools, showers, chairs, combs, clothing, hats and shower stalls 	<ul style="list-style-type: none"> • Head – Small raised lesions on scalp, leaving scaly patches of temporary baldness • Body – Flat ring-shaped lesions with reddish periphery. May be blister-like or dry and crusty • Feet – Scaling or cracking of skin between toes or on the soles 	<ul style="list-style-type: none"> • As long as lesions are present or until treatment is initiated 	<ul style="list-style-type: none"> • Infections should be treated promptly with oral and/or topical antifungal • Hand washing • Discourage from sharing personal items (combs, hairbrushes and towels) • Encourage children to wear footwear in public showers and pool areas • Good hand washing 	<ul style="list-style-type: none"> • Yes – until treatment has been started 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • While under treatment, infected person should be excluded from swimming pools and activities likely to lead to exposure of others
ROTAVIRUS	1-3 days	<ul style="list-style-type: none"> • Spread by fecal-oral route from infected person • Soiled hands • Unsafe water and food • Contaminated toys and equipment • From coughs and sneezes of an infected person 	<ul style="list-style-type: none"> • Fever • Vomiting • Stomach pain • Diarrhea 	<ul style="list-style-type: none"> • Symptom onset to three days after symptoms resolved. • Can spread to others before symptoms start 	<ul style="list-style-type: none"> • Hand washing by staff and students • Disinfect tables after each diaper change • Proper disposal of diapers • Disinfect all surfaces, toys, furniture with high level disinfectant • Discontinue sensory play 	<ul style="list-style-type: none"> • Yes – until symptom free for 48hours 	<ul style="list-style-type: none"> • Yes – if confirmed by doctor or if high levels of absences due to illness 	



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RUBELLA (German Measles) (Virus)	<ul style="list-style-type: none"> • 14 – 21 days 	<ul style="list-style-type: none"> • Direct contact with respiratory secretions of an infected person • Droplet spread from coughs and sneezes • Infants with congenital rubella syndrome can also spread through urine 	<ul style="list-style-type: none"> • Transient red rash on face and spreading over body • Mild fever, malaise, tiredness, headache and mild runny nose • Sore, red eyes (conjunctivitis) • Enlarged lymph nodes • Note: children may have few or no symptoms 	<ul style="list-style-type: none"> • 7 days before and at least 4 days after onset of rash • Infants with congenital rubella syndrome often shed the virus for months after birth 	<ul style="list-style-type: none"> • Ensure children and staff are immunized • Immunosuppressed contacts should be referred to a physician • Susceptible women in early pregnancy should avoid contact with case and consult physician concerning risk of infection • Exclude unimmunized contact for 21 days after exposure • Hand washing 	<ul style="list-style-type: none"> • Yes – for 7 days after onset of rash 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Vaccine preventable • Very infectious • All female staff of child-bearing age should be vaccinated or have a blood test to establish immunity
SCABIES (Mite)	<ul style="list-style-type: none"> • 2 – 6 weeks for anyone not previously infected <p>Prior infestation: 1 – 4 days after re-exposure</p>	<ul style="list-style-type: none"> • Direct prolonged skin to skin contact • Indirect contact with clothing or articles used by the infested person (e.g. bedding or towels) 	<ul style="list-style-type: none"> • Red, very itchy rash, which appears between fingers on palms, underarms, wrists, soles, elbows, belt line, groin area, buttocks and shoulder area • Rash looks like curvy white threads, tiny red bumps or scratches • Itching is intense, especially at night • Itching may persist for a few days or a few weeks • Itching is caused by a hypersensitivity (allergic) reaction to the mite 	<ul style="list-style-type: none"> • Until mites and eggs are killed by treatment, usually after 1 or occasionally 2 treatments one week apart 	<ul style="list-style-type: none"> • Treatment is with a prescribed lotion or cream • All household members should receive treatment who have direct skin to skin contact • After the treatment is washed off the individual should change into fresh clothes and change the bed linens 	<ul style="list-style-type: none"> • Yes – until one day after treatment 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • Itching may persist 1 -2 weeks after treatment • Rash should be observed for week after treatment
STREP THROAT (bacteria)	<ul style="list-style-type: none"> • 1 – 3 days 	<ul style="list-style-type: none"> • Direct contact with saliva • From coughs and sneezes of an infected person 	<ul style="list-style-type: none"> • Fever • Sore throat • Swollen neck glands 	<ul style="list-style-type: none"> • Until 24 hours of effective antibiotic treatment 	<ul style="list-style-type: none"> • No sharing of personal items (e.g. straws, drinking glasses) • Hand washing 	<ul style="list-style-type: none"> • Yes – until 24 hours of antibiotic treatment 	<ul style="list-style-type: none"> • No 	



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SCARLET FEVER (bacteria)	<ul style="list-style-type: none"> • 1 – 3 days 	<ul style="list-style-type: none"> • Direct contact with saliva • From coughs and sneezes of an infected person 	<ul style="list-style-type: none"> • Fever, swollen glands, sore throat and vomiting • Sore throat followed by red rash (sandpaper like) covering the entire body. Commonly seen on neck, chest, underarms, elbow, groin and inner surface of thighs • Strawberry tongue • Typically, rash does not involve face but there may be flushing of the cheeks 	<ul style="list-style-type: none"> • Until 24 hours of effective antibiotic treatment 	<ul style="list-style-type: none"> • No sharing of personal items (e.g. straws, cups) • Hand washing • Concurrent daily disinfection of toys, tables, door knobs, contaminated articles etc. 	<ul style="list-style-type: none"> • Until 24 hours of effective antibiotic treatment and the child is well enough to participate in activities 	<ul style="list-style-type: none"> • No 	



Is it a cold, or COVID?

Upper Respiratory Illnesses and Children

Possible causes of upper respiratory infections:

- COVID-19
- Common Cold (Rhinovirus)
- Influenza
- RSV (respiratory syncytial virus)
- Adenovirus
- Enterovirus

COVID-19 Symptoms:

Any one or more of: fever or chills, cough, shortness of breath, decreased or loss of taste or smell.

Two or more of: runny nose/ nasal congestion, sore throat, headache, achy muscles/joints, gastrointestinal symptoms (vomiting or diarrhea), extreme fatigue.

Other Respiratory Symptoms (less likely to be COVID-19):

Only one of: runny nose/ nasal congestion, sore throat, headache, achy muscles/joints, gastrointestinal symptoms (vomiting or diarrhea), extreme fatigue.

Any number of: abdominal pain, pink eye, decreased or no appetite.

What to do if your child has symptoms of an upper respiratory infection:

Anyone who is feeling sick or has any new symptoms of illness should **stay home when sick**. This means staying home until:

- Symptoms have been improving for 24 hours (or 48 hours if symptoms include vomiting and/or diarrhea)
- They do not have a fever, and
- They do not develop any new symptoms

For 10 days following symptom onset or positive test (whichever came first), take **additional precautions following COVID-19 symptoms, a positive COVID-19 test result, or close contact exposure** including:

- Wear a well-fitted mask in all public settings (including school and child care)
- Avoid non-essential activities where you need to take off your mask (music, sports, dining out)
- Avoid visiting anyone who is immunocompromised or at higher risk of illness (e.g. seniors)
- Avoid visits to high risk settings (long-term care homes, hospitals)
- Close contacts including household contacts are no longer required to self-isolate but they are recommended to take these additional precautions for 10 days from their last exposure to the individual with symptoms of COVID-19 or a positive COVID-19 test.

Individuals who are asymptomatic but test positive for COVID-19 do not need to self-isolate, but they should follow the above noted additional precautions for 10 days following the positive test date.

Individuals who are immunocompromised should isolate for at least 10 days from symptom onset or positive test result, whichever came first, and until they no longer have a fever and their symptoms are improving for at least 24 hours (or 48 hours if symptoms include vomiting and diarrhea).

If symptoms worsen, if fever lasts more than 5 days or if symptoms do not improve after one week have your child assessed by a health care professional. If your child develops severe symptoms including shortness of breath go to your nearest Emergency Room for assessment immediately.

COVID Information

For further information on current COVID-19 testing eligibility, COVID prevention measures, COVID-19 vaccination, and COVID case management please visit the Algoma Public Health website at: algomapublichealth.com/COVID-19

Screen for COVID-19 before attending school or child care. To self-screen visit: covid-19.ontario.ca/school-screening/