

School Nurse attaches
business card here

Communicable Diseases

School personnel should report communicable diseases as listed below to the Public Health Nurse (PHN) assigned to their school. If they are not able to directly contact the PHN, they should call Health Link at 811. They may also consult the PHN or Health Link for health information and direction. For health information, refer to MyHealth.Alberta.ca

Once notified, the PHN or Health Link will report to the AHS Communicable Diseases Unit (CD Unit) and the school will be informed of any further action which should be taken.

Communicable diseases which should be reported as soon as possible:

Chickenpox, when three or more cases in school of unrelated children within a 10 day period

Diphtheria

Haemophilus Influenzae Type b

Hepatitis A

Hepatitis B

Measles - Red

Meningococcal Infection

Mumps

Poliomyelitis

Rubella

Shingles (Zoster Herpes)

Tetanus

Whooping Cough (Pertussis)

Also, report as soon as possible if there is 10% or greater absenteeism related to:

Influenza like illness (Sudden onset of fever, cough, chills)

Any severe diarrhea and/or vomiting

Communicable diseases – consultation is available with Health Link or the Public Health Nurse assigned to the school:

Fifth Disease

Hand, Foot & Mouth Disease

Head Lice

Impetigo

Meningitis

Mononucleosis, Infectious

Pinkeye

Ringworm

Roseola- Baby measles

Scabies

Strep Throat & Scarlet Fever

Definitions:

Incubation Period: The number of days between an exposure to a communicable disease and the appearance of symptoms.

Period of Communicability: The time interval (number of days) during which a communicable disease can be passed from one person to another.

Exclusion Period: The time period that a person with a communicable disease is restricted from having contact with the public.

Disease	Immunization	Incubation Period	Signs and Symptoms	Period of Communicability	Exclusion of Case and/or Contacts
Chickenpox (Varicella)	Varicella vaccine is provided to children over 12 months of age as part of routine provincial vaccination programs. Vaccine is also offered to any susceptible individual including healthcare workers, household and close contacts of immune compromised people and unprotected adults.	10–21 days, usually 14–16 days.	Slight fever – often rash is first sign of illness. Red spots are raised and become blisters, which last 3 to 4 days; they burst easily and scab over. Spots occur over several days. There are more spots on the covered than exposed parts of the body. Spots may be found on the scalp, the mucous membranes of the mouth, upper respiratory tract, and eyes.	Highly infectious 1–2 days before onset of rash. May be communicable up to 5 days after the appearance of the first crop of blisters.	Exclusion has not been shown to be effective in interrupting transmission of varicella virus. Children with mild illness can therefore return to child care or school as soon as they feel well enough to take part in all activities, regardless of the state of the rash. Keep case away from immune-compromised and pregnant persons who are not immune. Cases are reported to the school nurse directly, or if unavailable, Health Link.
Diphtheria	Included in a). DTaP-IPV – Hib vaccine given at ages 2, 4, 6 and 18 months b). between 4 to 6 years of age c). with dTap vaccine given to Grade 9 students. Adults should have one dose of dTap and then boosters of Td are recommended every 10 years.	1 to 10 days, usually 2 to 5 days.	Starts with tiredness and headache. Child looks pale, ill; greyish spots or patches may be present on tonsils; sore throat. There is no skin rash.	Usually 2–4 weeks. Carriers may shed organisms for 6 months or longer. Effective antibiotic therapy promptly terminates shedding.	Case and/or Contacts: Management and/or exclusion under the direction of the CD Unit.
Fifth Disease (Erythema Infectiosum/ Parvovirus B19)	None	Usually 4–14 days, but can be as long as 20 days.	Mild redness of face (slapped face appearance). Usually no fever. Reddening of skin fades and reappears with exposure to sunlight, extremes of environmental or emotional stress. Lace-like appearance of rash on trunk and extremities.	Usually a few days prior to the appearance of the rash. Not communicable after rash appears except in individuals with suppressed immunity who shed virus for a long time.	No exclusion. Pregnant contacts should consult their physician.
Hand, Foot & Mouth Disease (Coxsackie virus)	None	Usually 3–5 days.	Sudden onset of fever and sore throat. Greyish sores may be seen inside the mouth. Blisters occur commonly on the palms of the hands, fingers and soles of the feet.	While the individual is experiencing symptoms, the virus may persist in the stool for several weeks after illness.	No exclusion. However, if child is unwell they should stay home from school/child care until they are feeling better.

Disease	Immunization	Incubation Period	Signs and Symptoms	Period of Communicability	Exclusion of Case and/or Contacts
Head Lice (Pediculosis)	None	Nits (eggs) hatch in one week. Lice mature in 7–13 days.	Nits or occasionally lice are seen on the head (usually at back of neck and behind ears). Itching of the scalp.	As long as lice or nits are alive on the person or clothing.	Case: No exclusion. However, recommend not attending school/child care until appropriate treatment has been initiated.
<i>Haemophilus influenzae</i> serotype b (Hib)	Hib vaccine available for: a) all children aged 2 months to 5 years. Routinely given at 2, 4, 6 and 18 months of age. Hib vaccine is combined with DTaP-IPV vaccine in one injection for children. b) persons of any age who are eligible by special referral from CD Unit (e.g. asplenic, HIV, HSCT recipients).	2–4 days.	Variable, but symptoms may include fatigue, fever, headache, vomiting, stiff neck and back.	From onset of symptoms until 24–48 hours after starting treatment with appropriate medications.	Case and/or Contact: Management under the direction of the CD Unit.
Hepatitis A	Vaccine given to high risk groups on referral from CD Unit. Recommended for travellers as a purchased vaccine.	15–50 days, usually 28–30 days.	Starts with feeling of unwell (fever, tiredness, loss of appetite), nausea, abdominal pain, usually followed by dark urine, light-coloured stools and jaundice. Children may be asymptomatic or have milder illness.	14 days before symptoms appear until 7 days after jaundice begins (yellow skin).	Case and/or Contact: Management and/or exclusion under the direction of CD Unit.
Hepatitis B	Vaccine given routinely to: a) infants born whose parents have emigrated from a country with high prevalence of Hepatitis B disease. b) Grade 5 students. c) Grade 9 students who have not previously received vaccine. d) Special risk groups.	Usually 45–180 days, average 60–90 days.	Tiredness, loss of appetite, abdominal pain, nausea and vomiting, fever, followed by dark urine, light-coloured stools and jaundice (yellowing) of skin. Some people have no symptoms.	Communicability is variable. Spreads through contact with blood or body fluids.	Case and/or Contact: Management under the direction of the CD Unit.
Impetigo	None	Staphylococcal 4–10 days. Streptococcal 1–3 days.	Infection of the skin. Sore begins as small raised area or blister which becomes larger and develops a golden crust. Most common around mouth and nose.	Communicable as long as lesions continue to drain.	Case: No exclusion from work, school or child care.

Disease	Immunization	Incubation Period	Signs and Symptoms	Period of Communicability	Exclusion of Case and/or Contacts
Measles (Red Measles)	Given routinely in combination with mumps and rubella vaccine (MMR) or MMR-Var (Varicella): a) at 12 months of age and between 4 to 6 years. All children up to and including 17 years of age should have 2 documented doses of measles-containing vaccines. b) adults born in 1970 and later. c) adults who are at a greater risk, e.g. travel, post-secondary institutions, health care workers may need a second dose of measles containing vaccine.	7–18 days. 10 days to fever, 14 days to rash.	Starts with watery eyes, runny nose, a slight cough and high fever. A red blotchy rash appears on the third to seventh day. Rash appears first on the face and spreads to the rest of the body. Rash lasts 4–6 days. Common complications are chest and ear infections.	One day prior to the onset of symptoms (cough, runny nose, eye sensitivity) until 4 days after the rash appears.	Case and/or Contact: Management and/or exclusion under the direction of the CD Unit.
Meningococcal Infections (<i>Neisseria meningitidis</i>)	Meningococcal C conjugate vaccine is given routinely to infants at 4 and 12 months of age. Meningococcal ACYW (MenC-ACYW) is routinely given to grade 9 students. Meningococcal ACYW (MenC-ACYW) is given to high risk groups.	2–10 days, usually 3–4 days.	Fever, headache, nausea and vomiting, stiff neck and rash. Occasionally the disease has a sudden onset and a very rapid course (leading to death in a few hours).	From 3–4 days before the onset of the disease until 24 hours after treatment commences.	Case and/or Contact: Management under the direction of the CD Unit.
Meningitis (Excluding <i>Haemophilus influenzae serotype b</i> and <i>Neisseria meningitidis</i>)	None	Dependent on the organism causing the disease.	Fever, headache, weakness, muscle spasm, rash.	Whether or not the disease is communicable depends on the organism causing the disease.	Usually no exclusion.
Mononucleosis-infectious (Mono)	None	4–6 weeks.	Fever, sore throat, swollen glands and fatigue.	Prolonged, may persist in the saliva for a year or more after infection.	No exclusion.
Mumps	Given routinely in combination with measles and rubella vaccine (MMR) or MMR-Var (varicella) at 12 months of age and between 4 to 6 years of age with preschool boosters. a) all children up to 17 years of age should have 2 documented doses of mumps-containing vaccines. b) adults born after 1970 are eligible for 1 dose of mumps containing vaccine. c) adults who are health care workers should have 2 doses of a mumps containing-vaccine.	14–25 days, usually 16–18 days.	Starts with feeling unwell (fever, loss of appetite, tiredness, headache), followed by pain/soreness in jaw/neck and swelling in the parotid or other salivary gland located in the neck under the jaw.	7 days before to 9 days after the onset of swelling; most infectious period is 1 to 2 days prior to onset of swelling and up to 5 days after onset of swelling.	Case and/or Contact: Management and/or exclusion under the direction of the CD Unit.

Disease	Immunization	Incubation Period	Signs and Symptoms	Period of Communicability	Exclusion of Case and/or Contacts
Poliomyelitis	Vaccine given: a) at age 2, 4, 6 and 18 months of age and between 4 to 6 years, within the routine vaccination program. b) high risk groups	3–35 days, usually 7–14 days.	Fever, headache, feeling unwell, nausea/vomiting, severe muscle pain, stiffness of neck and back, with or without paralysis. Rare since vaccine available.	Throat secretions from 36 hours to 7 to 12 days after infection. Feces: from 72 hours to 3–6 weeks or longer after infection	Case and/or Contact: Management and/or exclusion under the direction of the CD Unit.
Red or Pink eye (Conjunctivitis)	None	Dependent on the organism causing the infection. Bacterial: usually 24 to 72 hours.	Red eyes with watery or purulent discharge, which are sometimes sensitive to light.	Contact with discharge from eyes of infected persons.	Case: No exclusion, recommend case should not attend school/child care until 24 hours after starting antibiotic treatment for bacterial infection.
Ringworm	None	4–14 days depending on infectious agent.	Appears as flat spreading ring shaped sores. May affect scalp, body or feet (Athlete's Foot). The sore edges are usually reddish, blistered or pus filled.	As long as untreated, spread through direct contact (skin to skin) or indirect contact (eg. sports gear).	Case: No exclusion, recommend case should not attend sites where direct or indirect contact with lesions can occur i.e., swimming pools, shower stalls, gymnasium floors or mats until 24 hours after starting antibiotic treatment for bacterial infection.
Roseola ('Baby Measles')	None	5–15 days	High fever appears suddenly and lasts 3–5 days. A red raised rash follows the fever. The rash lasts approximately 1 to 2 days and usually fades rapidly. Usually occurs in children under 4 years of age (most common before the age of 2).	Unknown. Believed to be most infectious during the fever stage and before the rash appears.	No exclusion.
Rubella (German Measles)	Given routinely in combination with measles and mumps vaccine (MMR) or MMR-Var (varicella). a) at 12 months of age and at 4 to 6 years. b) adults born on or after 1970 with no history of rubella containing vaccine or disease are eligible for a rubella-containing vaccine. c) adults who are at greater risk. (eg. women of childbearing age, non-immune health care workers and day care workers) may require additional doses of rubella-containing vaccine.	14–23 days, usually 16–18 days	Most often a very mild disease (low grade fever, headache, mild coryza, tiredness, red eyes) with a rash of red pinpoint spots all over body. (The rash occurs only in about half of infections). Swollen lymph nodes in back of neck and/or behind ears are common.	7 days before the onset of rash until 4 days after; most contagious when the rash is erupting.	Case and/or Contact: Management and/or exclusion under the direction of the CD Unit. Contacts: Pregnant women should contact their physician regarding their own immunity.

Disease	Immunization	Incubation Period	Signs and Symptoms	Period of Communicability	Exclusion of Case and/or Contacts
Scabies	None	2–6 weeks before itching in persons without previous exposure. 1–4 days after re-exposure.	Tiny red lines or pimple-like sores. Prominent around finger webs, at belt lines, inside wrists and elbows, on thighs and abdomen, causes intense itching.	As long as untreated, spread by direct skin contact or contact with contaminated articles e.g., towels, clothing and bedding.	Case: Exclude from work, school/child care until 24 hours after treatment.
Shingles (Herpes Zoster)	Vaccine is not provincially funded. Vaccine is licensed for individuals 50 years and older. May be purchased.	None. Caused by a reactivation of varicella zoster virus that has been latent in an individual with previous chicken pox disease.	Nerve pain ranging from mild to severe; within a few days swelling and redness of the skin appears along with clusters of clear vesicles which develop into blisters. Normally on one side of the body. However, the lesions may be on both sides of the body in certain cases.	For one week after the appearance of lesions. However, shingles is much less contagious than chicken pox. Note: The virus that causes shingles can only be passed on to individuals who are not immune to chickenpox. These individuals develop chickenpox, not shingles.	Case: Management and/or exclusion is under the direction of the CD Unit.
Strep Throat and Scarlet Fever	None	Usually 1–3 days.	Fever, sore throat, pus on tonsils, tender nodes in neck. A red, pin-point rash may follow in 24 hours with paleness around the mouth, indicating scarlet fever.	If untreated, 10–21 days. If adequately treated with antibiotics generally ends within 24 hours after starting treatment.	Case: No exclusion. Recommend case should not attend work, school/child care until treated with antibiotic for 24 hours.
Tetanus (Lockjaw)	Included in a). DTaP-IPV – Hib vaccine given at 2, 4, 6 and 18 months. B). dTap-IPV vaccine given between 4 to 6 years. c). dTap vaccine given as booster dose in Grade 9. Adults should have one dose of dTap, then boosters of Td are recommended every 10 years. In addition age appropriate tetanus-containing vaccine given for wound management, if no dose in previous 5 years.	Usually 3–21 days. May range from one day – several months.	Severe painful spasms primarily of the jaw and neck muscles, abdominal rigidity may be present.	Not directly from person to person.	No exclusion
Pertussis (Whooping Cough)	Included in a). DTaP-IPV-Hib vaccine at age 2, 4, 6 and 18 months. b). dTap-IPV vaccine given between 4 to 6 years. c). dTap vaccine given as booster dose in Grade 9. Adults should have one dose of dTap.	Usually 7–10 days. Rarely exceeds 14 days.	Head cold and dry cough followed by paroxysmal cough (“whoop”) often with vomiting. Symptoms may be modified by immunization.	Highly communicable in the early stage and at the beginning of the paroxysmal cough until 21 days after onset of cough if untreated or five days after start of treatment with an appropriate antibiotic.	Case and/or Contacts: Management and/or exclusion under the direction of the CD Unit.