

Resource for the Control of Infectious Diseases in Schools

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infection.control@bchu.org

**BRANT COUNTY
HEALTH UNIT**

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Reportable Diseases of Public Health Significance

The following list of diseases of public health significance outlines those that must be reported to the local Medical Officer of Health, as stated in Ontario Regulation 559/91 and Ontario Regulation 135/18 under the Health Protection and Promotion Act, and the timelines for reporting.

IMMEDIATE REPORTING REQUIRED (Confirmed & Suspect Cases)

Due to the need for public health follow-up, the following diseases must be reported immediately. Immediate reporting is also required: A) for clusters of any reportable diseases, and B) when the Health Unit issues an alert requesting immediate reporting.

Anthrax	Meningococcal disease, invasive
Botulism	Mpox
Brucellosis	Mumps
Carbapenemase-producing <i>Enterobacteriaceae</i> (CPE) outbreaks	Paralytic Shellfish Poisoning (PSP)
<i>Clostridium difficile</i> infection (CDI) outbreaks in public hospitals	Paratyphoid fever
Diphtheria	Pertussis (Whooping Cough)
Food poisoning, all causes	Plague
Gastroenteritis outbreaks in institutions and hospitals	Poliomyelitis, acute
Group A Streptococcal disease (iGAS), invasive	Rabies
<i>Haemophilus influenzae</i> , all types, invasive	Respiratory infection outbreaks in institutions and hospitals
Hantavirus pulmonary syndrome	Rubella
Hemorrhagic fevers, including; Ebola, Marburg and other viral causes	Severe Acute Respiratory Syndrome (SARS)
Hepatitis A	Shigellosis
Influenza, novel (NOT seasonal)	Smallpox
Lassa Fever	Tuberculosis (all sites)
Listeriosis	Typhoid Fever
Measles	Verotoxin-producing <i>E.coli</i> infection indicator conditions, including Haemolytic Uraemic Syndrome (HUS)

REPORT AS SOON AS POSSIBLE & BY NEXT BUSINESS DAY (Confirmed & Suspect Cases)

Acquired Immunodeficiency Syndrome (AIDS)	Hepatitis B
Acute Flaccid Paralysis (AFP)	Hepatitis C
Adverse events following immunizations (AEFIs)	Influenza (Seasonal)
Amebiasis	Legionellosis
Anaplasmosis	Leprosy
Babesiosis	Lyme Disease
Blastomycosis	Meningitis, acute: bacterial, viral, and other
Campylobacter enteritis	Ophthalmia neonatorum
Carbapenemase-producing <i>Enterobacteriaceae</i> (CPE) colonization and infections, cases	Pneumococcal disease, invasive
Chancroid	Powassan virus
Chickenpox (Varicella)	Psittacosis/Ornithosis
<i>Chlamydia trachomatis</i> infections	Q Fever
Cholera	Rubella, congenital syndrome
Creutzfeldt-Jakob Disease, all types	Salmonellosis
Cryptosporidiosis	Syphilis
Cyclosporiasis	Tetanus
Echinococcus multilocularis infection	Trichinosis
Encephalitis including; primary, viral, post-infectious, vaccine-related, subacute sclerosing panencephalitis and unspecified	Tularemia
Giardiasis, except asymptomatic cases	West Nile Virus Illness
Gonorrhea	Yersiniosis
Group B Streptococcal disease, neonatal	

CONTACT INFORMATION:

During regular business hours (8:30 a.m. – 4:30 p.m.)
Phone: 519-753-4937 ext. 454 AND fax: 519-753-9127

After hours, weekends and holidays:
Phone: 519-753-4937 stay on the line and instruct the answering service to contact on-call staff AND fax: 519-753-9127

Exclusion Criteria

If a child/student or staff is having any of the following symptoms, they should automatically be excluded from attending:

- Fever 38.0°C or higher – stay home (self-isolate) and do not attend school until fever free and symptoms have been improving for at least 24 hours.
- Respiratory symptoms that are new or unusual – stay home for 24 hours minimum until symptoms are improving (this includes cough, runny nose, nasal congestion, sore throat, and shortness of breath).
- Gastro symptoms (e.g., nausea, vomiting, diarrhea) that are new or unusual – stay home for 48 hours from last episode.

Please refer to [Self-assessment Ontario](#) for mask requirements.

*These diseases are reportable to the health unit under the Health Protection and Promotion Act

Infectious Disease	Exclusion Period
*Chickenpox	No exclusion – may return to school if feeling well enough to take part in activities
COVID-19	Exclude until fever free and symptoms improving for at least 24 hours (48 hours from last episode of nausea, vomiting and/or diarrhea)
Diarrhea	Until 48 hours since last diarrhea bowel movement
Fifth Disease	No exclusion – may return to school if feeling well enough to take part in activities (please refer to school board policy regarding notifying public)
Hand, Foot, and Mouth Disease	Exclude children if symptomatic. They can return when they are fever free, have no other symptoms for a minimum of 24 hours, and feel well enough to attend and participate in activities (please refer to school board policy regarding notifying public)
Head Lice	No exclusion – follow your school board policy
Impetigo	Until 24 hours after starting antibiotics
*Influenza (flu)	Until 5 days after symptoms begin or until feeling better
*Measles	Until 4 days after the appearance of rash (regardless of immunization history)
*Mumps	Until 5 days after the onset of the swollen glands
*Pertussis (Whooping Cough)	Until 5 days after starting antibiotics
Pink Eye (Conjunctivitis)	If bacterial, child can return after 24 hours of appropriate antibiotic treatment. If viral, no need to exclude unless there is an outbreak.
Pinworms	Until treatment has been started

Pneumococcal Disease, Invasive	Until seen by a physician and permitted to return
Respiratory Syncytial Virus (RSV)	Exclude until fever free and symptoms improving for at least 24 hours
Ringworm	Until treatment has been started. Avoid direct contact sports, swimming/splash pads, and water tables until treatment has been completed.
* Rubella (German Measles)	Until 7 days after the appearance of rash
Scabies	Until 1 application of treatment is complete
Scarlet Fever	Until 24 hours after starting antibiotics
Strep Throat	Until 24 hours after starting antibiotics
Vomiting	Until 48 hours since last episode of vomiting

Reporting a Disease of Public Health Significance

Legal requirements

Student Illness

Principals are legally required to notify public health if a student is suspected to have or is diagnosed with a disease of public health significance (see Reportable Diseases of Public Health Significance List). The Health Protection and Promotion Act R.S.O. 1990, c. H.7, Section 28 states:

“The principal of a school who is of the opinion that a pupil in the school has or may have a communicable disease shall, as soon as possible after forming the opinion, report thereon to the medical office of health of the health department in which the school is located.”

The school may become aware of a student with a suspected or diagnosed disease of public health significance in two ways:

- 1) From the parent (*For example, when the parent phones the school to notify the child is off sick*)
 - The health unit will follow-up with the student’s family to discuss the student’s illness
 - The health unit will contact the school if further public health interventions are required

*Reminder: The Principal is to report any suspected or diagnosed students with a disease of public health significance. This means, the school should not phone physicians confirming the diagnosis
- 2) From the health unit (*For example, during our investigation the school is named, and the disease of public health significance requires notification and follow up with the school*).

Staff Illness

The Health Protection and Promotion Act does not require that principals report illness of staff members to public health.

To report a disease of public health significance, please complete the form below and email to infection.control@bchu.org [Report a Disease of Significance Form](#)

Chickenpox Reporting

The diagnosis of chickenpox does not need to be confirmed by a physician and the health unit does not need to speak with the parent. **To report chickenpox, please complete the form below and email to infection.control@bchu.org**
[Chicken Pox Reporting Form](#)

Once chickenpox is identified in your school, we may recommend:

- Advising the school community (teachers, parents) of the incidence of chickenpox in the school
- Sending our chickenpox fact sheet and notification letter out to the school community
[Chickenpox](#) and [Chickenpox and Pregnancy](#)

Infections and Pregnancy

This page is specific to pregnant people that work in school community settings. It focuses primarily on questions we routinely get from pregnant people working in schools. The information below is intended to help you prevent and manage infections that can be a concern during pregnancy.

What you need to know:

Infections are a normal part of life, and a school community is the perfect setting for infections to spread – lots of people, of all ages, sharing a common space and items, five days a week, for ten months of the year! The other challenge is that it is common for the “infectious period” to begin well before symptoms do. This means staff and students are exposed to infectious diseases before there is any knowledge that the illness is occurring.

Unfortunately, during pregnancy, a person may find it harder to fight off infections and some infections can cause pregnancy complications. The other concern is the risk of spreading an infectious disease to an infant if the pregnant individual is sick or becomes sick at the time of delivery or thereafter. Infants are at higher risk of complications related to infectious diseases because their immune systems have not matured yet.

What you need to do ideally before you get pregnant:

1. **Make sure your vaccines are up to date.** Some vaccine-preventable diseases can cause complications during pregnancy or to a newborn baby. Discuss with your healthcare provider which some vaccines are safe to get during pregnancy.

Ensure you are immune to these infections by having a blood test for:

- Measles, mumps, rubella
- Chickenpox (varicella)

If you are not immune, get vaccinated before you become pregnant

Ensure you are up to date with recommended booster vaccines for:

- Pertussis (whooping cough)
- Influenza
- Tetanus

2. **Have a blood test to check if you are immune to fifth disease (parvovirus B19).** Fifth disease is a common childhood infection that circulates in schools and daycares. It is usually a mild illness and children are not required to be excluded from school. By adulthood, 50 to 80% of people have been exposed and are immune.

If a pregnant person becomes infected in the first 20 weeks of pregnancy, there is a small chance the virus could pass to the developing baby and the baby may develop anemia. This occurs in less than 5% of all pregnant people who are infected and occurs more often in the first half of the pregnancy. Fifth disease has not been known to cause any physical or mental birth defects.

What you need to do if you are already pregnant and there is a workplace exposure:

1. **Consult with your doctor or midwife** if you become ill or are exposed to an infectious disease during your pregnancy to determine any risks given your specific situation, especially if you know that you are not immune to the infectious disease in question.
2. **Consult with your employer and school board policies.** If there is a workplace exposure to an infectious disease that you know you are not immune to, e.g., fifth disease, discuss whether or not you have any on-going risks by remaining in your current work assignment. Exclusion from work is not necessarily required or recommended when there is a known viral outbreak occurring. The decision to stay away from the workplace is a personal decision for the pregnant person to make after discussion with a doctor and employer.

Resources:

For more information about infections and pregnancy refer to the following fact sheets available at [Infectious Diseases A-Z](#):

- [Infections in Pregnancy](#)
- [Chickenpox and Pregnancy](#)
- [Fifth Disease and Pregnancy](#)
- [Rubella and Pregnancy](#)
- [STI and Pregnancy](#)
- [Toxoplasmosis and Pregnancy](#)

Infection Prevention and Control

Infection Prevention and Control (IPAC) are principles and practices that reduce or prevent the spread of germs. Schools should be incorporating IPAC practices as part of their everyday routines so that children and staff are less likely to get sick. Examples of IPAC practices are handwashing, cleaning and disinfecting and immunization.

Hand Hygiene

Handwashing is the most effective and important infection control measure that staff and children can use to prevent illness. Hands can be washed with either soap and warm water or an alcohol-based hand rub (ABHR) of at least 70% alcohol. ABHR can be used when hands are not visibly soiled. Soap and warm water must be used when hands are visibly dirty.

Cleaning and Disinfection

Cleaning and disinfection of surfaces, equipment, shared objects etc., is very important in preventing transmission of germs to children and staff. Cleaning is the physical removal of dirt and grime from surfaces, including toys and equipment. Cleaning uses soap, warm water and scrubbing to remove dirt where germs can hide. Cleaning must be done before disinfection. Disinfection kills disease-causing microorganisms. Disinfection is the use of chemicals or heat to kill germs left behind after cleaning.

There are many disinfectants on the market, and it is important to choose the right product. All disinfectants must have a drug identification number (DIN) or a Natural Product Number (NPN), with the exception of household bleach. A DIN or NPN is the number found on the label and indicates that the product does what the label claims and is approved by Health Canada for use.

Not all disinfectants are the same it is important to know what germs the disinfectant is able to kill, and this information can be found on the label. For example, most disinfectants routinely used in schools are not able to kill Norovirus, a common virus that causes gastrointestinal illness, therefore when norovirus is suspected it is important to change to a higher level of disinfectant.

The Health Unit recommends that primary classrooms are cleaned and disinfected daily, including tables, play/activity centres and toys.

Increased Absenteeism in Schools

Occasionally, schools may notice an increase in absenteeism due to illness. Schools are required to report to the Health Unit when absenteeism due to illness reaches 30% of the student population. However, if a significant number of students are ill in one class this should still be reported. For example, if a primary classroom has 6-7 children off with similar symptoms within a day or two, this would be significant and should be reported. If absenteeism is below 30%, please refer to internal school protocols and contact the manager of health and safety at your specific school board.

Reporting increased absenteeism to public health serves three purposes:

1. Public health can provide recommendations to prevent further spread of infection to the staff and students;
2. If illness is related to a special event or field trip, it allows for outbreak investigation to prevent another incident from occurring again; and
3. Provides public health surveillance on infectious disease activity and trends within our community.

To report increased absenteeism, please complete the form below and email to schools@bchu.org
[Increased Absenteeism Form](#)

If your school is experiencing increased absenteeism related to illness, follow these general recommendations. Start as soon as you notice the trend.

- Encourage students, staff and visitors to self screen using [Self-assessment Ontario](#)
- Ensure sick children/staff stay home and follow the exclusion criteria. Encourage good hand hygiene practices such as hand washing, especially before and after meals or snacks.
- Ensure washrooms are supplied with liquid hand soap, paper towels, and are cleaned throughout the day.
- Increase the cleaning and disinfection within the school, at a minimum, done twice daily (and as needed). Pay particular attention to the affected classroom(s), washroom(s), water fountains, common meeting areas, high traffic areas and high touch surfaces (railings and doorknobs, for example).
- Refer to the enhanced cleaning guidelines as outlined by your school board to ensure the correct disinfectant is being used, ideally a high-level disinfectant is being used.
 - Please read and follow the product label to ensure the correct amount of time, contact time, the product needs to be on the surface you're disinfecting.
- Clean and disinfect the large play centers in the primary classrooms.
- Close sensory stations and water play areas if the illness is happening in a kindergarten classroom.
- Remove plush toys/items and play clothes from the classrooms. Infection control measures may vary on a case-by-case basis. Please consult with your Public Health Nurse.
- Clean and disinfect toys in the classroom at the start of the trend.

To consult with a public health nurse please email or phone Healthy Schools program:

- schools@bchu.org or 519-753-4937 or 459

Infectious Diseases A-Z

The Health Unit has developed disease fact sheets.

The following factsheets can be found online at [Infectious Diseases A-Z](#)

Amebiasis	Listeriosis
Bed Bugs	Lyme Disease
Botulism	Measles
Campylobacteriosis	Mononucleosis (Mono)
Chickenpox	Mpox
Chickenpox and Pregnancy	MRSA in the Community Setting
Chlamydia	Mumps
Cleaning	Noroviruses
Clostridium difficile (C. diff)	Pertussis (Whooping Cough)
COVID-19	Pink Eye (Conjunctivitis)
Cryptosporeriosis	Pinworms
Cytomegalovirus (CMV)	Pneumococcal Disease, Invasive
Diarrhea	Polio
Diphtheria	Respiratory Syncytial Virus (RSV)
E. coli	Ringworm
Fifth Disease	Rotavirus
Fifth Disease and Pregnancy	Rubella (German Measles)
Food Borne Disease (Food Poisoning)	Rubella and Pregnancy
Genital Herpes	Salmonellosis
Gonorrhea	Scabies
Hand, Foot, and Mouth Disease	Scarlet Fever
Hand Hygiene	Shigellosis
Head Lice	Shingles
Hepatitis A	STI and Pregnancy
Hepatitis B	Strep Throat
Hepatitis C	Syphilis
Human Immunodeficiency Virus (HIV)	Tetanus
Human Papillomavirus (HPV)	Toxoplasmosis
Impetigo	Toxoplasmosis and Pregnancy
Infections in Pregnancy	Tuberculosis (TB)
Influenza (flu)	Tuberculosis (TB) Skin Test
Invasive Group A Streptococcal (GAS) Infection	Vancomycin-resistant Enterococci (VRE)
Invasive Meningococcal Disease	West Nile Virus and West Nile Encephalitis

Other Resources:

www.caringforkids.cps.ca

Disease of Public Health Significance Reporting Form

Caller Name:	Date Reported:
School Name:	
Address of School:	Contact Information:

Case Information	
Disease Reported:	
Name of Case:	DOB:
	Sex:
Parent/Legal Guardian:	Home Telephone Number:
	Cellphone Number:

Additional Information:

All personal information reported to Brant County Health Unit is handled in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA).

If you have any questions, please email infection.control@bchu.org or call 519-753-4937, ext. 454.

Chickenpox Reporting

The diagnosis of chickenpox does not need to be confirmed by a physician and the health unit does not need to speak with the parent. This form should be used for chickenpox reporting only.

Complete the following document and email to infection.control@bchu.org OR

Call the Infectious Diseases Team: 519-753-4937, ext. 454. Please include the following details below:

Date reported:
School Name:
Principal Contact Information:
Student Name:
DOB:
Additional Notes:

All personal information reported to Brant County Health Unit is handled in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA).

If you have any questions, please email infection.control@bchu.org or call 519-753-4937, ext. 454.

Notification of Increased Absenteeism

Please complete the following form when reporting increased absenteeism at your school and email the completed document to schools@bchu.org.

Date reported:

School Name:

Principal Contact Information:

Type of Illness Reported: Gastroenteritis Respiratory Other (Please list):

Symptoms:	Nausea	Abdominal Cramps	Vomiting
	Diarrhea	Cough (dry and/or productive)	Fever
	Runny Nose	Other (Please list):	

Earliest symptom onset date:

Grades/classes affected:

How many staff and children are ill:

Total student enrollment:

If symptoms are gastrointestinal, please answer the following questions:

- Was there a school event/field trip 5 days prior in those affected classrooms? Yes No

If you answered yes, please provide details of the event and/or trip:

Was lunch provided at the event? Yes No

- If yes, please provide the name and contact information for the food vendor:

If you have any questions, please email schools@bchu.org or call 519-753-4937 ext. 459.