



Communicable Diseases

Please report any person known to have a communicable disease to the Public Health Nurse or the Communicable Disease Unit at 403-955-6750. Consult with the Public Health Nurse if you have any questions or if there are any unusual circumstances. This document is intended to be used as background information.

Your Public Health Nurse can be contacted through the nearest Community Health Centre or rural Public Health Officer.

Acadia	Ph. 403-944-7200	High River	Ph. 403-652-5450
Airdrie	Ph. 403-912-8400	Nanton	Ph. 403-646-2277
Banff	Ph. 403-762-2990	Northwest	Ph. 403-943-9700
Black Diamond	Ph. 403-933-8505	Okotoks	Ph. 403-995-2600
Canmore	Ph. 403-678-5656	Shaganappi	Ph. 403-944-7373
Claresholm	Ph. 403-625-4061	South	Ph. 403-943-9500
Cochrane	Ph. 403-932-8700	Strathmore	Ph. 403-361-7200
Didsbury	Ph. 403-335-7292	Thornhill	Ph. 403-944-7500
Forest Lawn	Ph. 403-944-7300	Village Square	Ph. 403-944-7000
Sheldon Chumir	Ph. 403-944-7300	Vulcan	Ph. 403-485-2285

Definitions

- Period of Communicability:** The time interval (number of days) during which a communicable disease can be passed from one person to another.
- Incubation Period:** The number of days between an exposure to a communicable disease and the appearance of symptoms.
- Exclusion Period:** The time period that a person with a communicable disease is restricted from having contact with the public.

Disease	Vaccination	Incubation	Signs and Symptoms	Period of Communicability	Exclusion of Case and/or Contacts
Chicken Pox	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 prior to onset of rash. May be communicable up to 5 days after the appearance of the first crop of blisters. Communicable Disease Unit	Exclusion has not been shown to be effective in interrupting transmission of varicella virus. Children with mild illness can therefore return to day 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. Cases are reported to the CD unit/ rural Public Health Office.
Diphtheria	Included in DTaP-IPV - Hib vaccine given at ages 2, 4, 6 & 18 months and 4.5 years; and with diphtheria / tetanus / pertussis toxoid (dTdap) vaccine given to grade 9 students. Boosters of tetanus / diphtheria (Td) are recommended every 10 years.	2-5 days, occasionally longer	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 longer. Effective antibiotic therapy promptly terminates shedding.	Case: Exclude until notified by the Communicable Disease Unit that individual may return to school or day care. Contacts: Exclude until notified by the Communicable Disease Unit that individual may return to school or day care.
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 (Coxsackievirus)	None	Usually 3-5 days	Sudden onset of fever and sore throat. Grayish 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 daycare/school until feeling better.
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/day care until treated once with an anti-lice shampoo/creme rinse. Speak to your public health nurse or contact Health Link.
Haemophilus influenzae Type B	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 PRP-T is combined with DTaP-IPV vaccine in one injection for children. (b) persons of any age who are eligible by special referral from CD (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: Exclude until notified by the Communicable Disease Unit that the person is fit to return to school or day care. Contacts: Medication may be used as prevention for household/day care contacts following assessment by the Communicable Disease Unit.

Disease	Vaccination	Incubation	Signs and Symptoms	Period of Communicability	Exclusion of Case and/or Contacts
Hepatitis A	Vaccine given to special risk group. Recommended for travellers as a purchased vaccine.	15-50 days (usually 28-30 days)	Starts with feeling ill, 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: Exclude from school immediately and notify the Communicable Disease Unit by telephone. Contacts: All contacts will be assessed by the Communicable Disease Unit
Hepatitis B	Vaccine given routinely to: a) infants born whose parents have immigrated 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 contacts will be followed by the Communicable Disease 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.	Highly communicable as long as untreated.	Case: No exclusion from school/day care, however recommend the person has received effective antibiotic therapy for at least 24 hours.
Measles (Red Measles)	Given routinely in combination with mumps and rubella vaccine (MMR): a. at 12 months of age b. to adults born in 1970 and later - who have no history of vaccine, or - who have no documented history of disease. c. as a second dose of MMR to all children between 4-6 years of age with DTaP-IPV preschool booster. d. as a second dose of MMR to any other child in school (grades 1-12) without documentation of measles vaccination or physician documented evidence of measles e. adults who are at a greater risk, e.g. travel, post-secondary institutions, health care workers may need a second dose of measles vaccine.	7-18 days. 10 days to fever, 14 days to rash. 2-10 days,	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. Fever, headache, nausea and vomiting, stiff	From the beginning of symptoms (cough, runny nose, eye sensitivity) until 3 days after the rash appears.	Case: Exclude from school/day care immediately and notify the Communicable Disease Unit by telephone. Contacts: 1. All contacts will be assessed by the Communicable Disease Unit and recommendations about exclusion and vaccination will be made. 2. Unvaccinated school/day care contacts (staff and children) will be excluded until vaccinated or until 14 days after the last case has occurred.

Disease	Vaccination	Incubation	Signs and Symptoms	Period of Communicability	Exclusion of Case and/or Contacts
Meningococcal Infections (Neisseria meningitidis)	Meningococcal C conjugate vaccine is given routinely to infants at 2, 4, 12 months of age. Vaccine is also given to those at greater risk of disease and may be variable depending on infectious agent.	usually 3-4 days	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: Exclude until treated and doctor recommends the person is fit to return to school or day care. Notify the Communicable Disease Unit by telephone. Contacts: Medication and vaccine may be used as prevention for household/day care contacts as assessed by the Communicable Disease Unit.
Meningitis (Excluding Hemophilus influenzae Type B and Neisseria meningitidis)	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 none. Consult with the Communicable Disease Unit.
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.	None
Mumps • Adults born after 1970 are eligible for 1 dose of mumps containing vaccine	<ul style="list-style-type: none"> Given in combination with measles and rubella vaccine (MMR) at 12 months of age and at 4.5 years of age with preschool boosters. 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 ill, followed by pain/soreness in jaw/neck and swelling in the salivary glands located in the neck under the jaw.	6 days before and 9 days after the beginning of swelling	Case: Exclude individual from school/day care for 9 days after onset of swelling. Notify Communicable Disease Unit. Contacts: will be assessed by the Communicable Disease Unit
Poliomyelitis	Vaccine given at age 2, 4, 6 & 18 months and 4.5 years. Within the routine vaccination program	3-35 days, usually 7-14 days	Fever, headache, feeling ill, stiffness of back with or without paralysis. Rare since vaccine available.	Throat secretions from 36 hours to one week after infection. Feces: from 72 hours to 3-6 weeks or longer after infection.	Case: Exclude immediately and notify Communicable Disease Unit by telephone. Contacts: Assessed by the Communicable Disease Unit.
Red or Pink eye (Conjunctivitis)	None	dependent on the organism causing the infection	Red eyes with watery or purulent discharge which are sometimes sensitive to light.	Highly communicable.	Case: No exclusion, recommend case. Should not attend school/day 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 or indirect contact.	Exclusion to sites where direct or indirect contact with lesions can occur i.e. shower stalls, gymnasium floors or mats where these activities could likely lead to exposure of this.
Roseola (Baby Measles) (3 day measles)	None	Usually 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. Usually occurs in children under 4 years of age.	Unknown. Believed to be most infectious during the fever stage and before the rash appears.	None

Disease	Vaccination	Incubation	Signs and Symptoms	Period of Communicability	Exclusion of Case and/or Contacts
Rubella (German Measles)	Given routinely in combination with measles and mumps (MMR) at 12 months of age and at 4.5 years of age with preschool booster. Adults born on or after 1970 with no history of vaccine or disease are eligible for MMR. Women of child-bearing age who lack rubella antibodies should be given MMR vaccine. Non-immune health-care workers and day care workers should receive vaccine given as MMR.	14-23 days, usually 16-18 days	Usually a very mild disease except during pregnancy when high risk to fetus. Rash of small pink spots all over body. Swollen lymph nodes in back of neck and/or behind ears are common.	Highly communicable from one week before rash appears until four days afterwards.	Case: Exclude from school/day care for four days after the beginning of rash. Notify the Communicable Disease Unit. Contacts: Women exposed in the first trimester of pregnancy should contact their physician regarding their own immunity.
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 between 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 towels, clothing and bedding.	Case: Exclude from school/ day care until 24 hours after treatment.
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, 24 hours after starting treatment.	Case: No exclusion, recommend case. Should not attend school/day care until treated with antibiotic for 24 hours.
Whooping Cough (Pertussis)	Included in DTaP-IPV. Hib vaccine at age 2, 4, 6 & 18 months, DTaP IPV vaccine at 4.5 years and dTap given as booster dose in Grade 9.	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 vaccination.	Highly communicable until 21 days after beginning of cough or for five days after start of treatment with an appropriate antibiotic.	Notify the Communicable Disease Unit. Exclude for case: In settings where there are vulnerable individuals (infants less than 1 year or pregnant women in 3rd trimester) until 5 days after antibiotic therapy or after 21 days of onset of paroxysmal cough. Children and adolescents less than 17 years of age who are inadequately vaccinated should receive vaccine. The Public Health Nurse will assist in the identification and referral of symptomatic contacts. Note: Keep babies and toddlers away from the case.