

Detailed Descriptions and Policies for selected Medical Conditions (CCCCG)

Part 2: Unusual Increases in Illness

Sudden or unusual increases in the number of children/students absent due to illness with similar symptoms should be reported to Public Health. For example, clusters of illness (e.g., several students in a classroom who are away with diarrhea, nausea, or vomiting) should be reported. Public Health may conduct an investigation, issue an advisory, and/or recommend infection prevention and control measures to reduce the spread of illness within the school or childcare centre. An ill child should be separated from well children and supervised until a parent arrives. Ensure all staff and children follow the exclusion criteria to prevent the continued spread of illness.

Increased Absenteeism Due to Diarrhea and/or Vomiting or Respiratory Infections

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
Gastroenteritis (Diarrhea/vomiting)	<ul style="list-style-type: none"> Caused by a bacteria, virus, or parasite Spread from person to person through the fecal-oral route by direct contact with an infected person. Consuming contaminated food or water. Touching contaminated surfaces then putting unwashed hands in your mouth. <p><i>*A virus called norovirus is commonly responsible for this type of illness in the winter months.</i></p>	Depends on cause but includes vomiting and/or diarrhea, abdominal cramps, fever, chills.	Depends on cause.	Exclusions vary depending on cause. Exclude until the child is symptom-free for at least 24 hours after the last episode of vomiting and/or diarrhea.
Viral Respiratory Infections: Respiratory syncytial virus (RVS) Parainfluenza virus Influenza (flu) Adenovirus Coronavirus Metapneumovirus	Viruses in the nose and throat spread person-to-person through: <ul style="list-style-type: none"> Direct contact with respiratory secretions or contaminated hands. Indirect contact with toys, tissues, or other objects contaminated with respiratory secretions or droplets from coughs and sneezes. 	Common cold: Runny nose, cough, sneezing, sore throat, headache, and possibly fever. Bronchiolitis: Cough, laboured breathing, wheezing and fever. Croup: Hoarseness, barking cough, fever, and breathing that is rapid, laboured, or noisy. Influenza: Fever, chills, cough, headache, and muscle pains. Pneumonia: Fever, rapid or laboured breathing and chest pain.	Depends on the virus but usually lasts 3 to 8 days (longer for children with a weakened immune system). Most infectious while symptoms are present.	No exclusion unless the child is too ill to participate in all program activities.

Part 3: Common Childhood Illnesses (Not Reportable to Public Health)

Individual cases of common childhood illnesses (infections) are not reportable to Public Health. Public Health will no longer provide school advisories for common childhood illnesses.

For more information and printable fact sheets that can be copied and shared as needed visit the Canadian Paediatric Society's Caring for Kids website: www.caringforkids.cps.ca.

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
Bacterial Pneumonia	Bacteria are usually present in the nose and throat and can cause disease if they get into the lungs.	Fever, cough, rapid or laboured breathing, chest pain.	Usually not considered contagious.	Exclude until the child is well enough to participate in all program activities.
Cold Sores (Herpes Simplex type 1 virus)	Viruses spread from person to person by direct contact with mucous membranes (mouth, nose, or eyes) with cold sores or saliva. Virus persists in the body for life and may recur.	Ranges from no symptoms to a simple cold sore or many painful ulcers in the mouth and a high fever.	Infectious for at least a week during the first infection.	No exclusion for a child with simple cold sores. Exclude a child with mouth ulcers who is drooling until well enough to eat and participate in all program activities.
Conjunctivitis (Pink eye)	Bacterial or viral. Germs spread easily by direct and indirect contact with eye secretions or droplets from coughs and sneezes when associated with a respiratory virus. May also be caused by an allergy or eye irritation (not contagious).	Scratchy, painful, or itchy red eyes, light sensitivity and tearing with purulent (pus) or mucus discharge.	Bacterial: Infectious until 24 hours of appropriate antibiotic treatment received. Viral: Infectious as long as there is eye discharge.	Exclude until seen by a physician. Bacterial: May return to childcare/school after child has received 24 hours of appropriate antibiotic treatment. Viral: May return with physician approval.
Cytomegalovirus (CMV Infection)	Viruses in saliva and urine spread by direct contact. Virus persists in the body for life and infections may recur.	Children usually have no symptoms. Can infect a fetus if the mother is infected or re-exposed during pregnancy.	Infectious as long as the virus is in the urine and saliva, which may be months.	No exclusion criteria.
Fifth Disease	See Parvovirus B19.			
Hand, Foot, and Mouth Disease (Coxsackie virus)	Intestinal viruses spread person-to-person by direct or indirect contact with stool, or nose and throat secretions.	Fever, headache, sore throat, small painful mouth ulcers and a rash (red spots often with small blisters on top), usually on the hands and feet.	Most infectious during the first week of illness. Virus can remain in stool for up to 11 weeks after onset of illness.	No exclusion criteria. Children can attend childcare/school as long as they feel well enough to participate in all program activities.
Head Lice (Pediculosis)	Head lice are tiny, wingless bugs that live on the head. They spread by direct hair-to-hair contact or indirectly by sharing hats, combs, hairbrushes, and headphones.	Presence of lice or nits (the eggs of mature lice) on the head. They are typically found on the hair close to the scalp, at the bottom of the neck or behind the ears. Head scratching may be present.	Transmissible as long as lice and nits are present in the hair.	No exclusion criteria. Public Health does not have a role in the management of head lice in childcare centres or schools. Information on head lice can be accessed by calling Telehealth Ontario (1-866-797- 0000), consulting with a pharmacist for appropriate treatment, and/or talking to your family physician.

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
Impetigo	Bacterial infection of the skin caused by Group A Streptococcus or Staphylococcus aureus bacteria. Can occur after a scrape or insect bite. Spread person-to-person by direct contact (e.g., touching skin lesions) or indirect contact such as in contaminated bed linens or clothing.	Fluid-filled blisters usually around the mouth or nose but may occur elsewhere. Blisters break, ooze and become covered by a honey-coloured crust.	Infectious until lesions have dried up. If caused by Group A Streptococcus, infectious until 24 hours after the first dose of an appropriate antibiotic.	Exclude if draining lesions cannot be kept covered. For Group A Streptococcus infections, exclude until 24 hours of appropriate antibiotic treatment has been received.
Mononucleosis (Mono)	Caused by the Epstein-Barr virus (EBV). Virus is found in saliva and spread through direct contact (e.g., coughing, sneezing, and kissing) and indirect contact such as sharing cups, drinking bottles and utensils.	Fatigue, weakness, fever, severe sore throat, large red tonsils covered in pus, swollen lymph nodes in the neck, armpits, and groin, and enlarged spleen.	Infectious for a year or longer.	Exclude until well enough to participate in all program activities.
Parvovirus B19 Infection/Fifth Disease (Erythema infectiosum, slapped-cheek syndrome)	Virus in respiratory secretions spreads by direct contact and (possibly) respiratory droplets. Can also be transmitted from mother to fetus before birth.	Intense red rash on the cheeks followed by a lace-like rash on the torso and arms that spreads to the rest of the body. Sometimes preceded by a low-grade fever or cold symptoms 7 to 10 days before rash appears.	Infectious for several days before the rash and non-infectious once rash appears. *Pregnancy information available on pg. 25	No exclusion criteria. Once rash appears, child is no longer contagious.
Pinworms	Worm eggs are spread by direct contact (e.g., contaminated fingers) or indirect contact such as contaminated bed linens, clothing, and toys; worm eggs are then ingested.	Itching around the anus, disturbed sleep, and irritability.	Infectious as long as worm eggs are being laid on the skin. Worm eggs can live for several weeks outside the body.	No exclusion criteria. Children with pinworms should be treated with appropriate medication prescribed by a physician and can continue to attend childcare/school.
Pink Eye	See Conjunctivitis.			
Pneumococcal Disease	Bacteria that are usually found in the nose and throat (and usually do not cause infection) can spread person-to-person by close, direct contact with mouth secretions (e.g., kissing, or respiratory droplets).	Usually, an ear or sinus infection following a cold. Invasive infections can occur and include fever, pneumonia, and meningitis, in addition to blood, bone and joint infections. Symptoms develop rapidly.	Unknown. Likely not transmissible after 24 hours of appropriate antibiotic therapy.	No exclusion for minor illness (e.g., ear infections sinusitis). Exclude a child with serious illness until a doctor has determined the child is well enough to participate in all program activities.
Ringworm (Tinea)	Fungus spreads person-to-person by direct contact (e.g., skin-to-skin) and indirect contact (e.g., shared combs, unwashed clothes, and shower or pool surfaces). Also acquired from pets that carry the fungus; cats are common carriers.	Ring-shaped itchy, scaly lesions on the scalp, body, groin, or foot (Athlete's foot). Bald spots on the head.	Transmissible as long as the rash is untreated and / or uncovered.	Exclude until the first treatment has been applied.

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Scabies	Mites that burrow under the skin. Spread person- to-person by direct (prolonged, close, and intimate) contact.	Itchy red rash usually between fingers and toes, or in the wrists or groin, with thread-like lines and scratch marks. Intense itching especially at night. May be elsewhere on the body in children under 2-years of age.	Transmissible as long as infestation is untreated.	Exclude until after the first treatment has been applied.
Scarlet Fever	See Streptococcal Infections (non-invasive).			
Shingles (A reactivation of the chickenpox virus) <i>*Pregnancy information available on page 25</i>	Virus spreads easily through direct contact with fluid in the blister. A person who is exposed to someone with shingles and who has never had chickenpox will get chickenpox rather than shingles. You cannot get shingles from someone who has shingles.	Painful patch of blisters on the skin which may appear in crops along nerve pathways on one side of the body. Blisters may last 7 to 10 days and heal within 2 to 4 weeks. Residual nerve pain may last for months or years.	Non-immune children and staff may need to see a doctor right away, preventive treatment (vaccine or immune globulin) may be needed.	
Strep Throat	See Streptococcal Infections (non-invasive).			
Streptococcal Infections (non-invasive) Strep Throat Scarlet Fever	Bacteria in the throat spread person-to-person by direct contact or indirect contact with saliva or respiratory droplets.	Strep Throat: Sore throat, fever and swollen tender neck glands. Scarlet Fever: High fever, vomiting, red sandpaper-like rash covering the entire body, strawberry tongue, red cheeks, and whiteness around mouth.	Infectious from illness onset until 24 hours of appropriate antibiotic treatment has been received.	Exclude until at least 24 hours of appropriate antibiotic therapy has been received and a doctor has determined the child has recovered and is well enough to participate in all program activities.

Part 4: Diseases of Public Health Significance

Report the following diseases to Public Health at 1-800-265-7293 ext. 4752 during regular business hours. Diseases that require immediate reporting to Public Health are in red. An advisory may be issued.

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
Chickenpox (Varicella) <i>*Pregnancy information available on page 25</i>	Caused by a virus that can spread easily from person-to-person by: <ul style="list-style-type: none"> • Tiny droplets of the virus released into the air when an infected person breathes, coughs, sneezes, or talks. • Contact with fluid from the blisters. The virus stays in the body for life and may recur as shingles; the virus can spread by direct contact with shingles if lesions are not covered.	Fever and itchy rash. Crops of small red spots turn into fluid-filled blisters that crust over within a few days and become itchy.	Infectious from 2 days before the rash starts until all the blisters have crusted over and dried (usually about 5 days after onset of rash). Immune-suppressed children such as those with leukemia or other cancers, or who have had an organ transplant, may need to see a doctor right away. Preventive treatment (vaccine or immune globulin) may be needed if there was a significant exposure within their classroom.	No exclusion required. Children with mild chickenpox can attend childcare/school regardless of the state of their rash as long as they feel well enough to participate in all program activities. Individual cases of chickenpox do not need to be reported. Use the Chickenpox Monthly Case Report (Appendix A) to keep track of the total number of chickenpox cases and fax the form to Public Health at the end of each month.
Escherichia Coli O157 (E. coli gastroenteritis)	Caused by ingesting bacteria in contaminated food (e.g., poultry, beef, raw/unpasteurized milk and dairy products, unpasteurized apple juice, raw vegetables), or water contaminated with animal or human feces. Also spread from person to person by direct or indirect contact with stool, and animal-to-person (e.g., farms, petting zoos).	Starts as non-bloody diarrhea, usually progressing to visibly bloody stools with severe abdominal pain. Fever is not present in most cases. Children under 5 years are most frequently diagnosed with infection and are at greatest risk for developing Hemolytic Uremic Syndrome (HUS).	Bacteria are excreted in stool for 2 to 3 weeks. Infectious as long as diarrhea lasts.	Children who require toileting assistance and/or diapering may be excluded until Public Health determines testing/treatment requirements are fulfilled.
Giardiasis (Beaver fever, gastroenteritis)	Parasites in the stool are spread from person to person by direct or indirect contact with stool or are ingested through contaminated food or water.	Watery diarrhea and recurrent abdominal pain. Some children have chronic diarrhea with foul-smelling stools, bloating and weight loss. Many infected children have no symptoms.	Infectious as long as cysts are in the stool, which can be from weeks to months.	Children who require toileting assistance and/or diapering may be excluded until Public Health determines testing/treatment requirements are fulfilled.
Group A Strep Infections	See Streptococcal Infections (Invasive Group A Streptococcus).			
Haemophilus Influenzae	Bacteria in the mouth and nose are spread from person to person through direct contact with and inhalation of respiratory droplets. Does not spread easily and requires prolonged close contact.	Symptoms develop rapidly and depend on which part of the body is affected. Can cause pneumonia, meningitis, and epiglottitis, in addition to infection in the blood, bones or joints.	Infectious until at least 24 to 48 hours of appropriate antibiotic therapy received. Antibiotic treatment or vaccine may be required for exposed children.	REPORT TO PUBLIC HEALTH IMMEDIATELY Exclude until Public Health determines testing/treatment requirements are fulfilled and a doctor has determined the child is well enough to participate in all program activities.

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
Hepatitis A Virus (HAV)	<p>Virus in stool is spread from person to person by direct or indirect contact with stool, or contaminated food or water.</p>	<p>Tea-coloured urine, jaundice, and fever. Most young children do not get sick but can still spread the virus to others. Older children and adults are more likely to have symptoms.</p>	<p>Most infectious 2 weeks before onset of illness until 7 days after the onset of jaundice. Contacts may need vaccine and/or immune globulin.</p>	<p>REPORT TO PUBLIC HEALTH IMMEDIATELY</p> <p>Children who require toileting assistance and/or diapering may be excluded until Public Health determines testing /treatment requirements are fulfilled.</p>
Hepatitis B Virus (HBV)	<p>Mainly transmitted through sexual intercourse, from mother to newborn, by sharing contaminated injection/ drug equipment or by transfusion of unscreened blood.</p> <p>May be transmitted if an open wound or the mucous membranes (eyes, mouth, or nasal passages) are exposed to infected blood.</p>	<p>Young children almost always have no symptoms.</p> <p>Older children and adults may have fever, fatigue, loss of appetite and jaundice.</p>	<p>Infectious as long as the virus is in the blood and body fluids.</p> <p>May persist for life, especially in infants infected at birth.</p> <p>*Contact Public Health about any bite that breaks the skin. Blood tests may be required.</p> <p>Staff should follow routine practices when providing first aid or when there is potential contact with blood or body fluids.</p>	<p>No exclusion required.</p> <p>A child with HBV can participate in all program activities.</p>
Hepatitis C Virus (HCV)	<p>Mainly transmitted from mother to newborn. Also transmitted by sharing contaminated injection equipment or by transfusion of unscreened blood.</p> <p>Low risk of transmission if an open wound or the mucous membranes (eyes, nasal passages, or mouth) are exposed to infected blood.</p>	<p>Young children almost always have no symptoms.</p> <p>Older children and adults may have fever and fatigue.</p>	<p>Infectious as long as the virus is in the blood.</p> <p>May persist for life.</p> <p>*Contact Public Health about any bite that breaks the skin. Blood tests may be required.</p> <p>Staff should follow routine practices when providing first aid or when there is potential contact with blood or body fluids.</p>	<p>No exclusion required.</p> <p>A child with HCV can participate in all program activities.</p>
Human Immunodeficiency Virus (HIV)	<p>Children usually acquire HIV from their mothers before, during or after birth (by breastfeeding). Also transmitted through sexual intercourse, by sharing contaminated injection/drug equipment or by transfusion of unscreened blood.</p> <p>May be transmitted if an open wound or the mucous membranes (eyes, nasal passages, or mouth) are exposed to a large amount of infected blood.</p>	<p>Children usually have no symptoms.</p>	<p>Infectious as long as the virus is detectable in the blood and body fluids.</p> <p>*Contact Public Health about any bite that breaks the skin. Blood tests may be required.</p> <p>Staff should follow routine practices when providing first aid or when there is potential contact with blood or body fluids.</p>	<p>No exclusion required.</p> <p>A child with HIV can participate in all program activities.</p>

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
Measles <i>*Pregnancy information available on page 25</i>	Virus is found in respiratory secretions and spreads easily from person to person through the air.	High fever, cough, runny nose, and red eyes 2 to 4 days before a rash first appears on the face, then rash spreads over the entire body.	Highly infectious from 4 days before and up to 4 days after the rash appears. Children and staff may need vaccination or immune globulin within 72 hours of the first contact.	REPORT TO PUBLIC HEALTH IMMEDIATELY Exclude for at least 4 days after the onset of rash. Staff and children who are not immunized or under-immunized may be excluded if there is an outbreak or immediate risk of an outbreak.
Meningitis Bacterial (non-meningococcal)	Depends on infectious cause: usually by direct contact, or droplets, originating from respiratory secretions from the nose or throat.	Sudden onset of high fever, severe headache, vomiting, confusion, lethargy, extreme irritability, stiff neck, seizures, and bulging fontanel in babies under 18 months old.	Infectious until 24 to 48 hours of appropriate antibiotic therapy	REPORT TO PUBLIC HEALTH IMMEDIATELY Exclude until a doctor has determined the child has recovered and is well enough to participate in all program activities and after receiving at least 24 to 48 hours of appropriate antibiotic treatment.
Meningitis, Viral	Caused by many different viruses. Enteroviruses are more common in childcare and school settings. Viruses in saliva and stool are spread by direct or indirect contact.	Usually less severe than bacterial meningitis; often fever and irritability only.	Enteroviruses: Found in saliva for only a few days but can remain in stool for 4 weeks after onset of illness. Exposed contacts of viral meningitis do not need antibiotic treatment and/or vaccination.	Exclude until a doctor has determined the child has recovered and is well enough to participate in all program activities.
Meningitis, Bacterial Meningococcal Disease	Caused by Neisseria meningitidis. Can be transmitted by close, direct contact (e.g., with saliva or respiratory droplets).	Usually progresses rapidly. May have a rapidly spreading, bruise-like rash that starts as small red spots but rapidly progresses to large red-purple bruises. Fever, nausea, loss of appetite, malaise, aches, and pains.	Infectious until 24 to 48 hours of appropriate antibiotic therapy has been received. Meningococcal disease is a more serious cause of meningitis and close contacts of the case may need antibiotic treatment and/or vaccination.	REPORT TO PUBLIC HEALTH IMMEDIATELY Exclude until a doctor has determined the child has recovered and is well enough to participate in all program activities and after receiving at least 24 to 48 hours of appropriate antibiotic treatment.
Mumps <i>*Pregnancy information available on page 25</i>	Virus is found in saliva and respiratory secretions and spreads easily from person to person by direct contact (e.g., respiratory droplets, kissing, sharing food or drinks).	Fever, swollen glands at the jaw line or on the face, and headache.	Infectious from 7 days before onset of swelling until 5 days after. Vaccination for non-immune contacts may be required.	REPORT TO PUBLIC HEALTH IMMEDIATELY Exclude until 5 days after the onset of swelling. Staff and children who are not immunized or under-immunized may be excluded if there is an outbreak or immediate risk of an outbreak.
Pertussis (Whooping cough, 100-day cough)	Bacteria in respiratory secretions spread easily from person to person by droplets from coughs or sneezes.	Runny nose, frequent and severe coughing spells sometimes followed by a whooping sound, gagging or vomiting.	Infectious for up to 3 weeks from onset of illness if not treated, or infectious for 5 days after antibiotic treatment is started. Household contacts of cases, especially high-risk persons (e.g., infants under 1 year of age and	REPORT TO PUBLIC HEALTH IMMEDIATELY Exclude for 21 days from onset of cough or 5 days after starting appropriate antibiotic treatment. Staff and children who are not immunized or under-immunized may be excluded if there is an

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
*Pregnancy information available on page 25			pregnant women in their third trimester), may need antibiotic treatment.	outbreak or immediate risk of an outbreak.
Rubella (German measles) *Pregnancy information available on page 25	Virus spreads from person to person by direct contact with secretions from the nose or mouth or by respiratory droplets.	Mild in children, includes low fever, swollen glands in the neck and behind the ears, and a rash with small red spots.	Infectious from 7 days before to 7 days after rash appears. Advise pregnant women who are unsure of their immune status to see their doctor.	REPORT TO PUBLIC HEALTH IMMEDIATELY Staff and children who are not immunized or under-immunized may be excluded if there is an outbreak or immediate risk of an outbreak.
Salmonella Typhi (Typhoid fever, gastroenteritis)	Bacteria in the stool are spread from person to person by direct or indirect contact with stool or are ingested in contaminated water and food (e.g., shellfish, particularly oysters).	Diarrhea, abdominal cramps, and fever.	Infectious as long as bacteria are in the stool; this can be months.	REPORT TO PUBLIC HEALTH IMMEDIATELY Exclude until Public Health determines testing/treatment requirements are fulfilled.
Salmonella Non-Typhi (Gastroenteritis)	Bacteria are usually ingested in contaminated food (e.g., meat & meat products, chicken, & chicken products such as raw or undercooked chicken nuggets, raw or undercooked eggs, raw/unpasteurized milk and milk products, raw fruit, and vegetables). May also be acquired through contact with reptiles, amphibians, rodents, or other mammals.	Sudden onset of headache, fever, cramps, diarrhea (may contain blood), nausea and sometimes vomiting.	Infectious as long as bacteria are in the stool; this can be months.	Exclude until the child is well enough to participate in all program activities and symptom-free for 24 hours.
Shigellosis (Gastroenteritis)	Bacteria in stool are spread from person to person by direct or indirect contact with stool. The infectious dose for humans is low and as few as 10 to 100 bacteria can cause disease.	Watery diarrhea with or without blood and/or mucous, fever and abdominal cramps.	Infectious as long as bacteria are in the stool; this can be up to 4 weeks after illness.	REPORT TO PUBLIC HEALTH IMMEDIATELY Exclude until Public Health determines testing/treatment requirements are fulfilled.
Streptococcal Infections, Invasive Group A Streptococcus (GAS) Toxic Shock Syndrome (TSS) Necrotizing Fasciitis (Flesh-eating disease)	Some strains of GAS cause invasive disease (bacteria enter sterile parts of the body, such as blood, deep tissue or lining of the brain). Bacteria spread from person to person by direct contact with skin lesions or respiratory droplets. Children are at highest risk of infection within 2 weeks of having chickenpox.	Toxic Shock Syndrome (TSS): Fever, dizziness, confusion, and abdominal pain. Necrotizing Fasciitis: Fever, rapidly spreading red rash, and severe, painful localized swelling.	Infectious until 24 hours of appropriate antibiotic treatment received. Antibiotic treatment may be required for all exposed contacts, especially if chickenpox is also present.	Exclude until at least 24 hours of appropriate antibiotic therapy has been received and a physician has determined the child has recovered and is well enough to participate in all program activities.

Illness	Cause and Spread	Signs/Symptoms	Infectious Period	Exclusion
Tuberculosis (TB) Active TB (infectious) OR Latent or inactive TB (not infectious)	Bacteria from the lungs are spread through the air in respiratory secretions produced by coughing.	Most children with active TB do not show symptoms. Older children, adolescents, and adults with active TB present with fever, cough, coughing up blood, weight loss and night sweats.	A person with active TB is infectious as long as the bacteria are in the respiratory secretions. A person with latent or inactive TB is not infectious. Exposed children and adults may need testing and antibiotic treatment.	REPORT TO PUBLIC HEALTH IMMEDIATELY Active TB: Exclude until Public Health determines testing/treatment requirements are fulfilled. Latent or inactive TB: No exclusion criteria.
Yersiniosis (Gastroenteritis)	Bacteria are ingested in contaminated food (e.g., raw or undercooked meats such as pork, beef, lamb, oysters, fish, raw/ unpasteurized milk), water, and soil. Contact with infected animals/pets (especially puppies and kittens) may also be a source.	Fever and diarrhea (often with blood and/or mucus in stool).	Infectious as long as bacteria are in the stool; this can be up to 2-3 weeks, but 2-3 months if untreated.	Exclude until 24 hours symptom-free or 48 hours after completion of antibiotic treatment or anti-diarrheal medication.