























Illness	Spread	Signs/Symptoms	Infectious Period	Exclusion	Reporting/Notification	Advisory
	virus. It can also be caused by an allergy or eye irritation.		as there is eye discharge.	treatment. Please note: If over-the-counter antibiotic ointments are used and if symptoms do not show improvement after 48 hours exclude the child until seen by a physician and treated with a prescribed antibiotic for 24 hours.		
<b>Cytomegalovirus (CMV Infection)</b>	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 virus is in the urine and saliva which can be for months in many healthy infants.	<b>Recommended Exclusion Criteria</b> A child with CMV infection may continue to attend childcare.	No. Refer exposed pregnant staff to the section in this guide on Infectious Diseases of Concern During Pregnancy.	Yes.
<b>Fifth Disease</b>	See Parvovirus B19.					
<b>Group A Strep Infections</b>	See Streptococcal Infections (Invasive Group A <i>Streptococcus</i> ).					
<b>Haemophilus Influenzae B Disease (Hib)</b>	Bacteria in mouth and nose are spread person to person by direct contact with (and inhalation of) respiratory droplets. Does not spread easily and requires prolonged close contact.	Causes fever and pneumonia, meningitis, epiglottitis in addition to blood, bone and joint infections. Symptoms develop	Infectious until at least 24 to 48 hours of appropriate antibiotic therapy received.	<b>Required Exclusion Criteria</b> Yes. A child can return to child care after completing at least 24 to 48 hours of appropriate antibiotic therapy and a doctor has	<b>Report any case immediately to 1-800-265-7293 ext. 4752 during regular business hours or 1-877-884-8653 after</b>	Yes.

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		rapidly.		determined the child is well enough to participate in all program activities.	<b>hours.</b> Antibiotic treatment or vaccine may be required for exposed children.	
<b>Hand-foot-and-mouth Disease</b> (Coxsackie virus)	Intestinal viruses spread person to person by direct or indirect contact with stool, or nose and throat secretions.  Usually occurs in children, particularly in the summer months.	Fever, headache, sore throat, small painful mouth ulcers and a rash (small red spots or small blisters) 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.	<b>Recommended Exclusion Criteria</b> Children can attend child care as long as they feel well enough to participate in all program activities.	No.	Yes.
<b>Hepatitis A Virus</b> (HAV)	Virus in stool spread person to person by direct or indirect contact with stool, or contaminated food or water.	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.	Most infectious 2 weeks before onset of illness until 7 days after onset of jaundice.	<b>Required Exclusion Criteria</b> Yes. Exclude for 14 days from onset of illness (unless all other children and staff have received preventive treatment).	<b>Report any case immediately to 1-800-265-7293 ext. 4752 during regular business hours or 1-877-884-8653 after hours.</b>  Contacts may need vaccine and/or immune globulin.	Yes.
<b>Hepatitis B Virus*</b> (HBV)	Virus in blood and other body fluids (e.g., saliva and genital secretions). Mainly transmitted through sexual intercourse, from mother to newborn, by sharing contaminated injection equipment or by transfusion of unscreened blood.  May be transmitted if an open cut or the mucous membranes (eyes	Young children almost always have no symptoms.  Older children and adults may have fever, fatigue and jaundice.	Infectious as long as the virus is in the blood and body fluids.  May persist for life, especially in infants infected at birth.	<b>Required Exclusion Criteria</b> No. A child with HBV can participate in all program activities.  Parents/legal guardians are not legally required to disclose that their child has a blood-borne disease.	<b>Report to 1-800-265-7293 ext. 4752 during regular business hours.</b>  *Contact Public Health about any bite that breaks the skin. Blood tests may be required.	No.

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	or mouth) are exposed to blood.				Staff should follow routine practices when providing first aid or when there is potential contact with blood or bodily fluids.	
<b>Hepatitis C Virus**</b> (HCV)	<p>Virus in blood. Mainly transmitted from mother to newborn. Also by sharing contaminated injection equipment or by transfusion of unscreened blood.</p> <p>May be transmitted if an open cut or the mucous membranes (eyes or mouth) are exposed to 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><b>Required Exclusion Criteria</b> No. A child with HCV can participate in all program activities.</p> <p>Parents/legal guardians are not legally required to disclose that their child has a blood-borne disease.</p>	<p><b>Report to 1-800-265-7293 ext. 4752 during regular business hours.</b></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 bodily fluids.</p>	No.
<b>Human Immunodeficiency Virus***</b> (HIV)	<p>Virus in blood, genital secretions and breastmilk. Children usually acquire HIV from their mothers before, during or after birth (by breastfeeding). Otherwise, transmitted through sexual intercourse, by sharing contaminated injection equipment or by transfusion of unscreened blood.</p> <p>May be transmitted if an open cut or the mucous membranes (eyes</p>	<p>Children usually have no symptoms.</p>	<p>Infectious as long as the virus is in the blood and body fluids, presumably for life.</p>	<p><b>Required Exclusion Criteria</b> No. A child with HIV can participate in all program activities.</p> <p>Parents/legal guardians are not legally required to disclose that their child has a blood borne-disease.</p>	<p><b>Report to 1-800-265-7293 ext. 4752 during regular business hours.</b></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</p>	No.

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	or mouth) are exposed to a large amount of blood.				providing first aid or when there is potential contact with blood or bodily fluids.	
<b>Impetigo</b>	<p>Bacterial infection of the skin caused by Group A <i>Streptococcus</i> or <i>Staphylococcus aureus</i> bacteria. Can occur after a scrape or insect bite.</p> <p>Both spread person to person by direct contact (e.g., by touching skin lesions or indirect contact such as in contaminated bed linens or clothing).</p>	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 Group A <i>Streptococcus</i> , until 24 hours after first dose of an appropriate antibiotic.	<p><b>Recommended Exclusion Criteria</b></p> <p>Exclude the child if draining lesions cannot be kept covered. For Group A <i>Streptococcus</i> infections, until 24 hours of appropriate antibiotic treatment received.</p>	No.	Yes.
<b>Measles</b>	Viruses in respiratory secretions spread 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 over entire body.	Highly infectious from 4 days before and up to 4 days after the rash appears.	<p><b>Required Exclusion Criteria</b></p> <p>A child with measles cannot return to child care/school until at least 4 days after onset of rash.</p> <p>Staff and children who are not immunized or have only 1 MMR vaccination may be excluded until the outbreak is declared over or until they receive a second dose of MMR vaccine which must be at least 28 days after the</p>	<p><b>Report any case immediately to 1-800-265-7293 ext. 4752 during regular business hours or 1-877-884-8653 after hours.</b></p> <p>Exposed susceptible children and staff may need vaccine or immune globulin within 72 hours of the first contact.</p>	Yes.

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				first dose.		
<b>Meningitis, Bacterial and Viral</b>	<p><b>Bacterial:</b> See Meningococcal disease and Haemophilus influenzae type b (Hib) disease.</p> <p><b>Viral:</b> Caused by many different viruses. Enteroviruses are more common in child care settings. Viruses in saliva and stool are spread by direct or indirect contact.</p>	<p><b>Bacterial:</b> Sudden onset of high fever, severe headache, vomiting, confusion, lethargy, extreme irritability, stiff neck, seizures and a bulging fontanel in babies under 18 months old. Usually progresses rapidly. Child may have a rapidly spreading, bruise-like rash.</p> <p><b>Viral:</b> Usually milder, often fever and irritability only.</p>	<p><b>Bacterial meningitis:</b> Infectious until 24 hours of appropriate antibiotic therapy received.</p> <p><b>Enteroviruses:</b> Found in saliva for only a few days but can remain in stool for 4 weeks after onset of illness.</p>	<p><b>Required Exclusion Criteria</b> A child can return to child care after receiving at least 24 to 48 hours of appropriate antibiotic treatment (for bacterial meningitis) and a doctor has determined the child has recovered and feels well enough to participate in all program activities.</p>	<p><b>Report any case immediately to 1-800-265-7293 ext. 4752 during regular business hours or 1-877-884-8653 after hours.</b></p> <p>Antibiotic treatment or vaccine may be recommended for some or all exposed children and staff.</p>	Yes.
<b>Meningococcal Disease</b> (Bacterial meningitis)	Meningococcus is a bacterium found in the mouth and respiratory secretions. Does not spread easily but can be transmitted by close, direct contact (e.g., with saliva or respiratory droplets).	Usually causes a blood infection or meningitis (serious infection of the membranes that cover the brain and spinal cord) with high fever and rapid progression to shock (decreased responsiveness and poor skin colour). Child may have a distinctive rash that starts as small red spots but rapidly progresses to large red-purple bruises.	Infectious 7 days before illness until after 24 hours of appropriate antibiotic treatment received.	<p><b>Required Exclusion Criteria</b> A child can return to child care after receiving at least 24 to 48 hours of appropriate antibiotic therapy and a doctor has determined the child has recovered and feels well enough to participate in all program activities.</p>	<p><b>Report any case immediately to 1-800-265-7293 ext. 4752 during regular business hours or 1-877-884-8653 after hours.</b></p> <p>Exposed children and staff may need antibiotic treatment and/or vaccination.</p>	Yes.

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<b>Molluscum Contagiosum</b> (Non-plantar warts)	Skin infection caused by a virus. Spread person to person by direct (skin-to-skin) contact with lesions or indirect contact (e.g., with bed linens contaminated with material from the lesions).  Not very contagious.	Smooth, shiny pinkish-white bumps with a dip in the middle and a cheesy material inside, anywhere on the body	Unknown.  Molluscum disappears after several months without treatment.	<b>Recommended Exclusion Criteria</b> No. A child with molluscum contagiosum may continue to attend child care.	No.	No.
<b>Mononucleosis</b> (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 neck, armpits and groin, and enlarged spleen.	Infectious for a year or longer.	<b>Recommended Exclusion Criteria</b> A child may return to child care when they are well enough to participate in all program activities.	No.	No.
<b>Mumps</b>	Virus in saliva and respiratory secretions spreads easily from person to person by direct contact (e.g., kissing or respiratory droplets).	Fever and swollen glands at the jaw line or on the face, and headache.	Infectious from 7 days before onset of swelling until 5 days after.	<b>Required Exclusion Criteria</b> Yes, for 5 days from the onset of swelling.  Staff and children who are not immunized or have only 1 MMR vaccination may be excluded until the outbreak is declared over or until they receive a second dose of MMR vaccine which must be at least 28 days after the first dose.	<b>Report any case immediately to 1-800-265-7293 ext. 4752 during regular business hours or 1-877-884-8653 after hours.</b>  Vaccination for non-immune contacts may be required.	Yes.
<b>Otitis Media</b> (Middle ear infections)	Viral or bacterial, usually a complication of the common cold. Non-contagious.	Earache, irritability and possibly fluid draining from ears. Child may	Non-contagious.	<b>Recommended Exclusion Criteria</b> No, unless child is too ill to	No.	No.



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		have fever or cold symptoms.		participate in program activities.		
<b>Parvovirus B19 Infection / Fifth Disease</b> (Erythema infectiosum, slapped-cheek syndrome)	Virus in respiratory secretions spreads by direct contact and (possibly) respiratory droplets.  Can also be transmitted from mother to child 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.	<b>Recommended Exclusion Criteria</b> No. Once rash appears, a child is no longer contagious.	No.  Advise exposed pregnant staff and parents to contact their doctor. Refer to section in this guide on Infectious Diseases of Concern During Pregnancy.	Yes.
<b>Pertussis</b> (Whooping cough, 100 day cough)	Bacteria in respiratory secretions spread easily from person to person by droplets from coughs and sneezes.	Runny nose, frequent and severe coughing spells sometimes followed by a whooping sound, gagging or vomiting. Babies may have serious difficulty breathing.	Infectious for up to 3 weeks from onset of illness if not treated and for 5 days if appropriate antibiotic treatment is received.	<b>Required Exclusion Criteria</b> Yes. Cases and contacts under the age of 7 who are not immunized or under immunized may be excluded until 5 days of appropriate antibiotic treatment received.	<b>Report any case immediately to 1-800-265-7293 ext. 4752 during regular business hours or 1-877-884-8653 after hours.</b>  Household contacts of cases, specifically infants under 1 year of age and pregnant women in the third trimester, may need antibiotic treatment.	Yes
<b>Pinworms</b>	Worm eggs spread by direct contact (e.g., contaminated fingers or indirect contact such as	Anal itching, disturbed sleep and irritability.	Infectious as long as worm eggs are being laid on skin.	<b>Recommended Exclusion Criteria</b> Yes. A child can return to	No.	Yes.

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	contaminated bed linens, clothing and toys. Worm eggs are ingested.		Worm eggs can survive for several weeks outside the body.	child care once they complete treatment with appropriate medication prescribed by a physician.		
<b>Pink Eye</b>	See Conjunctivitis.					
<b>Pneumococcal Disease</b>	Bacteria are normally found in the nose and throat and usually do not cause infection.  Possible person-to-person spread by close, direct contact with mouth secretions (e.g., kissing or respiratory droplets).	Usually an ear or sinus infection following a cold.  Invasive infections include fever and pneumonia, meningitis in addition to blood, bone and joint infections. Symptoms develop rapidly.	Not usually considered infectious. Probably not transmissible after 24 hours of appropriate antibiotic therapy.	<b>Recommended Exclusion Criteria</b> No, for minor illness (e.g., ear infections and sinusitis).  A child with serious illness can return to child care once a doctor has determined child is well enough to participate in all program activities.	No.	No.
<b>Ringworm (Tinea)</b>	Fungus spreads from person to person by direct contact (skin-to-skin), and indirect contact (e.g., shared combs, unwashed clothes, and shower or pool surfaces).  Also acquired from pets, especially cats.	Ring-shaped itchy, scaly lesions on scalp, body or feet (Athlete's foot). Bald spots on the scalp.	Transmissible as long as rash is untreated and/or uncovered.	<b>Recommended Exclusion Criteria</b> Yes, until the first treatment has been applied.	No.	Yes.
<b>Roseola</b>	Virus probably spreads from person to person by direct and indirect contact with nose/mouth secretions or respiratory droplets.  Often found in saliva of people with no symptoms.	High fever and crankiness for 3 to 5 days. When the fever subsides, a rash of small red spots appears on the face and body, lasting a few hours to 2 days.	Infectious while symptoms are present.	<b>Recommended Exclusion Criteria</b> No. A child with roseola can continue to attend child care if well enough to participate in all program activities.	No.	No.
<b>Rubella (German measles)</b>	Virus spreads from person to person by direct contact with nose/mouth secretions or respiratory droplets.	Mild in children with low fever, swollen glands in the neck and behind the ears, and a rash with	Infectious from 7 days before to 7 days after the rash appears.	<b>Required Exclusion Criteria</b> Yes, for 7 days after the rash is first noticed. Children and staff who are	<b>Report any case immediately to 1-800-265-7293 ext. 4752 during regular business</b>	Yes.

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		<p>small red spots.</p> <p>More severe in adults. If acquired in pregnancy, may seriously affect the fetus.</p>		<p>not immune would be excluded for the duration of the outbreak and recommended MMR vaccination.</p> <p>Note: MMR vaccine cannot be given during pregnancy.</p>	<p><b>hours or 1-877-884-8653 after hours.</b></p> <p>Advise pregnant staff and parents who are unsure of their immune status to see their doctor. Refer to the section in this guide on Infectious Diseases of Concern During Pregnancy.</p>	
<b>Scabies</b>	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.	<b>Recommended Exclusion Criteria</b> Yes, until the first treatment has been applied.	No.	Yes.
<b>Scarlet Fever</b>	See Streptococcal Infections.					
<b>Shingles</b> (A reactivation of the chickenpox virus)	<p>Spreads easily through direct contact with fluid in the blister.</p> <p>A person who is exposed to someone with shingles and who has never had chickenpox will get chickenpox rather than shingles.</p> <p>You cannot get shingles from someone who has shingles.</p>	<p>Painful patch of blisters on the skin which may appear in crops along nerve pathways on one side of the body.</p> <p>Blisters may last 7 to 10 days and heal within 2 to 4 weeks. Residual nerve pain may last for months or years.</p>	Less infectious than chickenpox. Infectious until the rash has developed crusts.	<b>Recommended Exclusion Criteria</b> No. Blisters should be covered until crusted over.	<p>No.</p> <p>Non-immune children and staff may need to see a doctor right away.</p> <p>Preventive treatment (antiviral medication, vaccine or immune globulin) may be needed.</p> <p>Refer exposed pregnant staff to the section in</p>	No

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					this guide on Infectious Diseases of Concern During Pregnancy.	
<b>Strep Throat</b>	See Streptococcal Infections.					
<b>Streptococcal Infections (Non-invasive)</b> <b>Strep Throat</b> <b>Scarlet Fever</b>	Bacteria in throat spread person to person by direct contact or indirect contact with saliva or respiratory droplets.	<b>Strep Throat:</b> Sore throat, fever and swollen tender neck glands. <b>Scarlet Fever:</b> High fever, vomiting, red sandpaper-like rash covering the entire body, strawberry tongue, red cheeks and whiteness around mouth.	Infectious from onset of illness until 24 hours of appropriate antibiotic treatment received.	<b>Recommended Exclusion Criteria</b> Yes. A child can return to child care/school after receiving at least 24 hours of appropriate antibiotic treatment and a doctor has determined the child has recovered and feels well enough to participate in all program activities.	Report to 1-800-265-7293 ext. 4752 during regular business hours.	Yes.
<b>Streptococcal Infections</b> <b>Invasive Group A Streptococcus (GAS)</b> <b>Toxic Shock Syndrome (TSS)</b> <b>Necrotizing Fasciitis (Flesh-eating disease)</b>	Some strains of GAS cause invasive disease. Bacteria spread 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.	<b>Toxic Shock Syndrome (TSS):</b> Fever, dizziness, confusion and abdominal pain. <b>Necrotizing Fasciitis:</b> Fever, severe, painful localized swelling and a rapidly spreading red rash.	Infectious until 24 hours of appropriate antibiotic treatment received.	<b>Required Exclusion Criteria</b> Yes. A child can return to the child care/school once they have received at least 24 hours of appropriate antibiotic therapy and a doctor has determined the child is recovered and well enough to participate in all program activities.	<b>Report any case of invasive GAS immediately to 1-800-265-7293 ext. 4752 during regular business hours or 1-877-884-8653 after hours.</b>  Antibiotic treatment may be required for all exposed contacts, especially if chickenpox is also present.  Inform Public Health if a child or staff member in your program has had a non-invasive GAS infection (e.g., impetigo or strep throat) or chickenpox within the previous 2 weeks.	Yes.

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<b>Thrush and <i>Candida</i> Diaper Rash</b>	<p>Fungus is normally present in the body without causing illness and rarely spreads from person to person.</p> <p>Thrush can be transmitted to an infant by contact with contaminated bottle nipples or soothers.</p>	<p>Thrush presents as whitish-gray patches on the inside of the cheek or on the tongue.</p> <p><i>Candida</i> diaper rash is a painful bright-red rash in the deepest creases of a baby's groin, on the buttocks or in moist neck folds.</p>	<p>Usually not spread from person to person.</p>	<p>No.</p>	<p>No.</p> <p>Make sure bottle nipples and soothers are not shared between children.</p>	<p>No.</p>
<p><b>Tuberculosis (TB)</b></p> <p><b>Active TB</b> (Infectious)</p> <p><u>OR</u></p> <p><b>Latent or Inactive TB</b> (Not infectious)</p>	<p>Bacteria from the lungs spread through the air in respiratory secretions produced by coughing.</p>	<p>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.</p>	<p>A person with active TB is infectious as long as bacteria are in the respiratory secretions.</p> <p>A person with latent or inactive TB is not infectious.</p>	<p><b>Required Exclusion Criteria</b></p> <p><b>For active TB:</b> Exclude until the treating physician or Public Health advises that the child or staff is no longer infectious.</p> <p><b>For latent or inactive TB:</b> No exclusion.</p>	<p><b>Report staff or child with suspected or physician diagnosed active TB immediately to 1-800-265-7293 ext. 4752 during regular business hours or 1-877-884-8653 after hours.</b></p> <p>Exposed children and adults may need testing and antibiotic treatment.</p>	<p>Yes.</p>









Infectious Disease	How is it spread?	What are the concerns / complications?	What do you do if you are exposed?
		<p>One out of 10 babies who are born with rubella will die during the first 12 months of life.</p> <p>There is no treatment for rubella in babies.</p>	<p>get the MMR vaccine as soon as possible <b>after</b> giving birth. The MMR vaccine cannot be given to a pregnant woman.</p> <p><b>Prevention</b> Before you plan to get pregnant have your blood tested to see if you are immune to rubella. The MMR vaccine (contains rubella vaccine) can be given up to one month before pregnancy.</p>
<p><b>Toxoplasmosis</b></p>	<p>A parasite found in raw or undercooked infected meats (lamb, pork or beef); unpasteurized goat's milk or cheese; poorly washed raw vegetables; cat and animal feces; and contaminated garden soil.</p>	<p>Early trimester infection may result in fetal death, miscarriage or neonatal defects such as hearing loss, visual impairment or learning disabilities.</p>	<p>Blood tests are done to see if the parasite has crossed the placenta. Treatment is available but not without risks.</p> <p><b>Prevention</b> Wash vegetables and fruit thoroughly.</p> <p>Make sure all meat is well cooked. Always wash your hands after touching raw meat and before eating.</p> <p>Do not drink unpasteurized milk or cider, or eat unpasteurized dairy products or cheese.</p> <p>Avoid direct contact with soil and sand. If you do, wear gloves and wash your hands after.</p> <p>Avoid changing cat litter. If you do, wear gloves and wash your hands after.</p>