

GUIDANCE ON COMMUNICABLE DISEASES

<u>DISEASE</u>	<u>INCUBATION PERIOD</u>	<u>INFECTIOUS PERIOD / MODE OF TRANSMISSION</u>	<u>ADVICE ON RESTRICTIONS AND EXCLUSIONS (SEE NOTES)</u>	<u>SCHOOL CONTACTS</u>	<u>NOTES</u>
Athletes foot	Unknown	Infectious while lesions are present. Spread by direct contact or via contaminated floors, showers, etc.	No exclusion required as transmission requires prolonged contact.	No action required	Treatment is by drying between toes after bathing and applying fungicidal dusting powder to feet
Chicken pox	2-3 weeks	Infectious from 5 days before to 5 days after appearance of spots. Transmission is mainly respiratory but blisters contain some virus	Exclude for at least 5 days after spots first appear or until they become dry	Pregnant non-immune women in the first 20 weeks of gestation or in the last weeks of gestation need to see their GP as this disease can affect them and their foetus severely.	A highly contagious disease that appears to be most infectious around the onset of the rash. Infection confers long immunity and second attacks are rare NB: Shingles is a reactivation of the chickenpox virus and, in general, adults do not require exclusion. For advice on individual cases, however, please consult the Suffolk Health Protection Unit (SHPU) – 01473 329583
Cold sores (Herpes Simplex)	2-12 days	Usually spread by direct contact or saliva. Up to 20% of healthy children are shedding herpes simplex virus at any one time.	No exclusion required – or feasible as virus is shed for up to 8 weeks following development of a cold sore.	No Action	Once acquired, this virus remains in the body, awakening at intervals to cause recurring cold sores
Conjunctivitis “Pink eye”	24-72 hours	Can be infectious while eye is inflamed. Spread by contact, sharing flannels etc.	Exclusion not usually necessary after medical advice given or treatment started	No Action	Good personal hygiene can reduce the risk of transmission
Gastro-enteritis (Diarrhoea and/or vomiting)	Varies according to cause	Multiple linked cases should be reported at the earliest opportunity to the local Environmental Health Department. Under usual circumstances, all individual cases of gastroenteritis should be excluded until well and free from symptoms for 48 hours.			

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Glandular fever	4-6 weeks	Virus may be carried for up to a year after the illness. Spread is usually via kissing.	Exclusion is not routine as most transmission is from asymptomatic carriers of the virus.	No Action	
Hand foot and mouth	3-5 days	Respiratory and faecal-oral spread during illness. Faecal-oral spread alone for some weeks thereafter	No Exclusion required	No Action	Usually mild illness causing blisters on palms, soles and mouth. Virus in faeces for some weeks
Head lice	Head lice can only move from one head to another during head to head contact of at least 1 minute		There is no need to exclude a child from school who has headlice but advice should be given to families about checking and treating all infested people. For further guidance please see information sheet on the Health Protection Agency website at www.hpa.org.uk		All <i>infested</i> members of an affected person's family must be treated
Hepatitis A ("Yellow Jaundice")	2-6 weeks	Faecal-oral transmission, mostly in the week before and the week after jaundice appears	Exclusion mandatory until 1 week after jaundice appears. Person may be ill, but non-infectious, for weeks	Advice should be sought from Suffolk Health Protection Unit at an early stage (Contact details below)	Scrupulous hygiene after using the lavatory is essential for limiting spread
Influenza	1-5 days	Infectious up to one week after onset	Exclusion for 1 week	No Action	Immunisation is available for certain vulnerable groups
Impetigo	1 – 4 days depending upon organism	Infectious usually until lesions healed. The bacteria are usually spread by pus on fingers	Exclusion for 48 hours after treatment commenced unless lesions can be covered	No Action	The three important measures are medical treatment, covering the lesion and personal hygiene
Measles	7-18 days	Infectious from just before illness starts until 3 days after the appearance of the rash	Transmission is unusual after the third day of the rash, so 5 days exclusion is sufficient.	No Action (Most children immunised)	Un-immunised persons can usually be vaccinated successfully if within 3 days of contact
Meningitis	Varies according to cause	Advice should be sought at an early stage from Suffolk Health Protection Unit (Contact details in header above)			

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Molluscum contagiosum	7 days – 6 months	Spread by direct contact or by contaminated materials. Lesions can persist for 2 years.	No exclusion required.	No Action	Most transmission is within families
Mumps	12-25 days	Infectious from 1 week before to 1 week after the onset of facial swelling	Exclusion until 1 week after the onset of swelling	No Action	
Ringworm	10-14 days	Spread by direct contact skin to skin or indirect contact via combs, clothing, etc.	Exclusion not necessary after treatment has started. Scalp ringworm needs oral treatment.	No Action	Pets and farm animals <i>may be</i> a source of infection - but this is not usually so
Roseola infantum		Most transmission is within families	No exclusion required. Most children immune by school age.	No Action	Prolonged asymptomatic shedding common in children and adults.
Rubella “German Measles”	14-23 days	Infectious for about 1 week before, and at least 5 days after, the onset of the rash	Exclusion for 5 days after onset of rash	Non-immune pregnant women should be made aware so that they can consult their doctor for advice	Virus shedding, and thus transmission, wanes from 2 days after the rash appears.
Scabies	2-6 weeks (1-4 days if previously infected)	Infectious until treated. Mites are transferred during skin-to-skin contact. Transmission via bed linen is unusual	Exclusion until the day after the first treatment	Household members and those who have had prolonged skin-to-skin contact should have simultaneous treatment	The mites make tiny burrows in the skin that itch intensely especially at night. Sites include between fingers, wrists, elbows, etc.
Scarlet fever (Charlatan)	1-3 days	Infectious until treated with appropriate antibiotic for 48 hours	Exclusion until 48 hours after treatment started	No Action	

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Slapped cheek disease (Fifth disease) (Parvovirus)	4-20 days	Infectious before onset of rash but probably not after rash appears	Exclusion until clinically well. As not all children are ill, this may mean no exclusion at all	Pregnant women should be made aware so that they can consult their doctor for advice	Rash has a "slapped cheek" appearance followed a day or so later by a lace-like body rash
Threadworms	A few days (the time taken for the worms to transit the gut)	Infectious until treatment. Eggs can be transferred to mouth on fingers if the anus is scratched	None	Contacts and family members should be treated simultaneously	Good hygiene and adequate treatment are essential
Tuberculosis	Highly variable Min. 6 weeks	Only infectious if many germs in the sputum	Smear positive cases will be excluded for two weeks from the start of treatment.		
Verrucae and Warts	2-3 months	Infectious while visible lesions persist	Neither exclusions nor 'verruca socks' have proved useful in limiting spread	No Action	Usually disappear spontaneously. If there is pain on walking, medical advice can be sought
Pertussis (Whooping Cough)	7-10 days	If untreated, infectious from onset until about 3 weeks later. If antibiotics are used very early, this period is reduced to 5 days	Exclusion for 3 weeks from onset if untreated. If treated with antibiotic can return when clinically well	Un-immunised household contacts under 7 years should be excluded until on antibiotic treatment	During an outbreak children under 5 years should not be admitted to school unless known to be immunised

Periods of exclusion are the periods for which the condition is transmissible from one person to another. Obviously, some illnesses last for a longer period than this - hepatitis A, for instance, can lay people low for much longer than the period of transmissibility.