

HERTFORDSHIRE HEALTH AUTHORITIES
CONTROL OF COMMUNICABLE DISEASES IN SCHOOLS
NURSERIES & PRE-SCHOOL GROUPS

INCUBATION AND EXCLUSION PERIODS OF THE MORE COMMON COMMUNICABLE DISEASES APPLICABLE TO STAFF AND PUPILS/STUDENTS

N.B. IN ALL CASES OF DOUBT, PLEASE CONSULT:

Consultant in Communicable Disease Control (CCDC)
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N.B If a child is unwell or has a temperature, the teacher/leader should consider contacting the parents with a view to sending the child home. Many illnesses are infectious before a diagnosis can be made

All cases of gastroenteritis should be regarded as potentially infectious and should normally be excluded from work/school until free from diarrhoea and vomiting. Children in nursery classes, playgroups, foodhandlers, and older children who may find it difficult to implement a standard of hygiene appropriate to their age should be excluded for 48 hours after the first normal stool. In certain rare circumstances, exclusion may be needed until negative stool samples are obtained.

	<u>Disease</u>	<u>Normal Incubation Period in days</u>	<u>Minimum period of exclusion:</u>	
			<u>Cases (providing the child is well enough to be in school)</u>	<u>Contacts who are well</u>
1.	Chickenpox Herpes Zoster (Shingles)	14-21	6 days from onset of rash. (Not necessary for all scabs to have disappeared).	No need for exclusion. Pregnant women who have not had chickenpox, all immunosuppressed contacts and the parents of a baby under one month whose mother has not had chickenpox should be advised to contact their GP.
2.	Measles	7-18 (Commonly 10 to onset of illness and 14 to appearance of rash)	4 days from onset of rash	No need for exclusion

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3.	Mumps	16-20	4 days from onset of swelling	No need for exclusion
4.	Rubella (German Measles)	14-21	4 days from onset of rash	No need for exclusion. Contacts (parents or staff) who may be pregnant should be advised to contact their GP.
5.	Whooping Cough (Pertussis)	7-10	21 days from onset of spasmodic cough. If antibiotics are given this period may be shortened. Contact CCDC for advice if necessary.	No need for exclusion
6.	Glandular Fever	4-6 weeks	Until acute symptoms have subsided and well enough to return to school.	No need for exclusion
7.	Impetigo		Until dry and healing or 48 hours after antibiotic treatment started, unless lesions can be covered to avoid child picking at them. Hygiene advice essential.	No need for exclusion
8.	Headlice		Exclusion unnecessary but infested individuals and infested contacts should be treated as soon as possible, preferably that evening. Current recommendations for treatment can be obtained from your school nurse, pharmacists or GP. Encourage families to inform <u>all</u> contacts that they have had headlice.	No need for exclusion
9.	Verrucae Plantaris (Plantar Warts)		Exclusion from swimming and other barefoot exercise unnecessary provided the warts remain covered with occlusive plaster.	No need for exclusion
10.	Ringworm of scalp/body		Until treatment initiated. Avoid contact with lesions.	No need for exclusion
11.	Ringworm of feet (Athlete's foot)		Exclusion from barefoot activities unnecessary but treatment and hygiene advice always advisable.	No need for exclusion

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12.	Scabies		Exclusion unnecessary once adequate treatment of the child and family instituted.	No need for exclusion
13.	Molluscum Contagiosum	14-50	None	No need for exclusion
14.	Meningitis\ septicaemia a. Bacterial e.g. Meningococcal, Haemophilus influenzae type b b. Viral	Variable according to cause	Until recovered	No need for exclusion. If specific treatment/action is required CCDC will advise.
15.	Gastroenteritis/Food Poisoning (including campylobacter, salmonellosis, viral gastroenteritis)	Variable according to cause often 2-5 days	Until well, and diarrhoea and/or vomiting has definitely stopped. For food handlers, children in nursery and other pre-school groups and rarely in other situations, 48 hrs should elapse between first normal stool and return to the group or school. Very occasionally negative stool specimens may be required - EHO\CCDC will advise. Also see notes on page 4	Exclusion normally unnecessary
16.	Shigella (Bacillary Dysentery)	1-7	Until recovered and passing formed stools. Negative stool samples may be required in some cases (e.g. foodhandlers, children at nursery and other pre-school groups), EHO\CCDC will advise.	EHO\CCDC will advise about the very rare exceptions.
17.	Typhoid Fever	7-21 (usually 14)	Until recovered and passing formed stools. Negative stool samples may be required in some cases (e.g. foodhandlers, children at nursery and other pre-school groups), EHO\CCDC will advise.	Seek advice from EHO\CCDC
18.	Paratyphoid Fever	1-10 days	Until recovered and after liaison with CCDC.	CCDC will advise
19.	Poliomyelitis	7-14 days	Until recovered and after liaison with CCDC.	CCDC will advise
20.	Tuberculosis	4-12 weeks to primary lesion	Until said to be non-infectious	No need for exclusion
21.	Diphtheria	2-5 days	Until recovered and after liaison with CCDC.	CCDC will advise
22.	Streptococcal Infection (e.g. scarlet fever, also known as scarlatina)	2-5	Until recovered or after at least 48 hours on antibiotics	No need for exclusion

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23.	Hepatitis A	15-40 (Commonly 28)	7 days from onset of jaundice	No need for exclusion
24.	Hepatitis B	40-160 (Commonly 60-90)	None. Contact CCDC if further advice required.	No need for exclusion
25.	Hepatitis C	14-200 (Commonly 42-56)		
26.	Hand, foot and mouth disease	3-5	No need for exclusion.	No need for exclusion.
27.	Erythema, Infectiosum/Slapped cheek/5th Disease/parvovirus	7 – 22	No need for exclusion unless unwell. Presence of rash does not indicate infectivity.	No need for exclusion. contacts (parents or staff) who may be pregnant should be advised to contact their GP.
28.	Conjunctivitis	Bacterial 1-3 Viral 2-7	Until improvement begins, with medication if recommended by GP. Hygiene advice essential.	No need for exclusion
29.	Threadworms	14-21	No need for exclusion but should be treated promptly. Hygiene advice needed.	No need for exclusion but treatment necessary for whole family.

NOTES

If you are uncertain what to do in a particular situation please ask the School Nurse, Health Visitor, Consultant in Communicable Disease Control (CCDC) or Environmental Health Officer (EHO). EHOs can be contacted at your local authority.

If you feel you may be seeing more cases than normal of any illness, please contact your School Nurse, CCDC or EHO.

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The importance of good personal hygiene and especially hand washing after using the toilet and before eating or handling food can not be stressed too strongly.

If an outbreak occurs the advice about contacts may alter after consultation with the CCDC and/or EHO.