

COMMUNICABLE DISEASES INFORMATION FOR PARENTS

Disease	Incubation period	Infectivity	Exclusion period	Notes
CAMPLYOBACTER	1 to 10 days	Whilst organism present in stools but mainly whilst diarrhoea is present.	Until well and 48 hours after last episode of diarrhoea.	The HPA may extend exclusion period and specimens may be required.
CHICKENPOX	14 to 21 days	1 to 2 days before to 5 days after rash.	5 days from onset of rash. It is not necessary to wait until spots healed or crusted.	Inform school - female staff and vulnerable children need to be made aware.
CONJUNCTIVITIS	Depends on cause	Whilst symptoms persist.	None.	If outbreak occurs contact HPA.
CRYPTOSPORIDIUM	3 to 11 days	Whilst organism present in stools but mainly whilst diarrhoea is present.	Until well and 48 hours after last episode of diarrhoea.	Until well and 48 hours after last episode of diarrhoea.
DYSENTERY	12 hours to 7 days	Whilst organism present in stools but mainly whilst diarrhoea is still present.	Until well and 48 hours after last episode of diarrhoea.	The HPA may extend exclusion period and specimens may be required.
E.COLI 0157	1 to 6 days	Whilst organism present in stools but mainly whilst diarrhoea is present.	Seek advice from the HPA.	Can lead to serious illness.
FIFTHS DISEASE (Slapped cheek syndrome)	6 to 14 days	Uncertain - mainly a few days before appearance of rash.	None.	Inform school - female staff and vulnerable children need to be made aware.
GERMAN MEASLES (Rubella)	14 to 21 days	About 7 days before to about 4/5days after onset of rash.	5 days from onset of rash.	See section on female staff in Early Years and vulnerable children.
GIARDIA	5 to 25 days	Whilst cysts are present in stools but mainly whilst diarrhoea is present.	Until well and 48 hours after last episode of diarrhoea.	The HPA may extend exclusion period and specimens may be required.
GLANDULAR FEVER	4 to 6 weeks	Prolonged infectiousness but once symptoms have subsided risk is very small apart from very close contact.	Until well again	
HAND, FOOT AND MOUTH DISEASE	3 to 5 days	Usually whilst symptoms persist	Until well again	No need to wait until all blisters healed before child can return.

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HEAD LICE	Lice eggs hatch in a week and reach maturity in 8 to 10 days	As long as eggs or lice remain alive.	Not necessary but treatment or wet combing should be started.	Family and contacts should undertake detection combing and treat only if live lice are found.
HEPATITIS A	2 to 6 weeks	From 7 to 14 days before to 7 days after start of jaundice.	Until well again.	Exclusion may be necessary for nursery children. Seek advice from the HPA.
HEPATITIS B	6 weeks to 6 months	Whilst symptoms persist. Some may become carriers.	Until well again	Seek further advice from the HPA.
HEPATITIS C	2 to 6 months usually 6 to 9 weeks	About one week before and then persists indefinitely in 80% of cases.	Until well again.	Seek further advice from the HPA.
HERPES SIMPLEX (cold sore)	2 to 12 days	Whilst sores last but can reoccur.	None.	Advise not to kiss others whilst sores present.
IMPETIGO	4 to 10 days but can occur after several months	As long as lesions persist	Until lesions healed or crusted	Can return sooner if lesion can be reliably covered
INFLUENZA	1 to 3 days	1 day before symptoms until 5 days after onset	Until well again and not symptomatic	
MEASLES	10 to 15 days	Just before onset of symptoms until 5 days after rash	5 days from onset of rash. HPA	HPA should be contacted if any cases of measles, mumps or rubella are diagnosed.
MENINGOCOCCAL INFECTION (meningitis and septicaemia)	2 to 10 days	Whilst organism is present in nose and mouth.	Until well.	HPA should be contacted if a case occurs in a Early Years pupil or member of staff.
MOLLUSCUM CONTAGIOSUM	7 days to six months	Unknown, probably as long as lesion persist.	None.	
MUMPS	12 to 25 days	From a few days before onset of symptoms to subsidence of swelling (often 10 days).	5 days from the onset of swollen glands.	HPA should be contacted if any cases of measles, mumps or rubella are diagnosed.

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NOROVIRUS (Winter vomiting virus)	24-48 hrs	Infectivity lasts for 48 hrs after resolution of symptoms	48 hrs from cessation of symptoms 72 hrs may be recommended	
RINGWORM - FEET (Tinea) (athletes feet)	Unknown	As long as lesions are present.	Exclusion from Early Years or barefoot exercises not necessary once treatment has started.	
RINGWORM - SCALP (Tinea)	10 to 14 days	As long as active lesions are present.	None. Treatment is available	
RINGWORM - BODY (Tinea)	4 to 10 days	As long as lesions are present	None. Treatment is available	
SALMONELLA	12 to 72 hours	Whilst organism present in stools but mainly whilst diarrhoea is present.	Until well and 48 hours after last episode of diarrhoea.	The HPA may extend exclusion period and specimens may be required.
SCABIES	2 to 6 weeks but 1 to 4 days in reexposure	Until eggs and mites are destroyed	Until treatment has begun.	Family and close contacts will need treating at the same time
SCARLET FEVER	1 to 3 days	Whilst organisms present in the nasopharynx or skin lesions.	48 hours from the start of antibiotic treatment.	
SWINE 'FLU	3 Days	Infectious 5 days Adults/7 days children	Until recovered and symptom free	
THREADWORMS	2 to 6 weeks	Until worms treated.	None.	Family members also require treatment
TUBERCULOSIS	25 to 90 days	Whilst organism is present in sputum. Usually non infectious two weeks after starting treatment	HPA will advise.	Screening of contacts is routine policy in cases of pulmonary TB
VERRUCAE	2 to 3 months range 1 to 20 months	Unknown, probably as long as lesions visible	Not necessary. There is no evidence that verruca socks during swimming prevent transmission.	
WHOOPIING COUGH	10 to 14 days	7 days before exposure to 21 days after onset of paroxysmal coughing.	5 days if given appropriate antibiotic.	

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The purpose of this guidance document is to support education staff on managing the health needs of individual children aged between 4-19 years. The information it contains has been extensively reviewed by experts in many areas of health and children's services and provides up-to-date guidance and good practice.