Disclaimer

These guidelines have been produced by the WA Department of Health to provide information on the management of some communicable diseases, primarily in child care and school settings. While every reasonable effort has been made to ensure the accuracy of the information in these guidelines, no guarantee is given that the guidelines are free from error or omission. The information provided is not a substitute for medical care and so specific questions about a person’s health status should be directed to their healthcare provider.
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Introduction

The purpose of this booklet is to assist local government authorities, medical practitioners and anyone caring for children in childcare or school settings, to prevent and control the spread of infections in the community.

Many infectious diseases require that children and/or staff be excluded from childcare or school settings for a recommended period of time to reduce the risk of transmission.

For some infections, the duration of exclusion may depend on the child’s immunisation status.

The Department of Health is alerted to notifiable diseases. Some may require follow-up by public health staff, particularly where a specific intervention is indicated to reduce the risk of transmission.

Further information on the management of a range of common childhood infections and strategies for preventing their transmission can be obtained from the Australian Government guidelines: Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition) (www.nhmrc.gov.au/guidelines-publications/ch55). You can also contact your local public health unit regarding these and other communicable diseases (see Contact details).

A list of common symptoms and signs of infection in young children is provided in Appendix 1. If you are concerned about a child’s health, you should seek medical attention or call healthdirect Australia for health advice and information by telephoning 1800 022 222 (24 hours) or at www.healthdirect.gov.au.
Immunisation

Immunisation is a reliable way to prevent some infections and is one of the most important ways to stop the spread of infectious diseases.

The National Immunisation Program funds the vaccines on the National Immunisation Schedule. Information about vaccines and the program for health professionals and community members can be found at www.health.gov.au/initiatives-and-programs/national-immunisation-program.

The current childhood and adult immunisation schedules for Western Australia can be accessed at www.healthywa.wa.gov.au/immunisation.

State-funded vaccines are also available for the management of outbreaks, e.g. measles, hepatitis A and meningococcal ACWY. Vaccines required for other groups e.g. travel, vaccine booster doses, are available from doctor on prescription.

The Australian Immunisation Register (AIR) is a whole-of-life national database that records details of vaccinations given to individuals in Australia, regardless of age. Parents and guardians will be asked to provide a copy of their child’s AIR ‘immunisation history statement’ (a record of the vaccinations the child has received) upon enrolment into a childcare centre or school. The parent/guardian of children under 14 years old can request this by:

- contacting their immunisation provider
- contacting the AIR (ph: 1800 653 809)
- attending a Medicare Service Centre
- using their online Medicare account via myGov (www.my.gov.au)

Further information on WA’s immunisation requirements can be found at www2.health.wa.gov.au/immunisationenrolment.
Specific questions on immunisation should be directed to your vaccination provider (doctor or child health nurse) or your local public health unit: www.healthywa.wa.gov.au/Articles/A_E/Contact-details-for-population-public-health-units

Adverse reactions following immunisation can be reported to the Department of Health via www.safevac.org.au/Home/Info/WA.

For further advice on reporting please call 6456 0208.

Monday to Friday between 8.30am – 4.30pm
Contact details

Public health units in Western Australia
Perth – Metropolitan region ......................1300 62 32 92
Albany – Great Southern region .................9842 7500
Bunbury – South West region .....................9781 2359
Broome – Kimberley region .......................9194 1630
Carnarvon – Midwest region ......................9941 0500
Geraldton – Midwest region ......................9956 1985
Kalgoorlie-Boulder – Goldfields region .....9080 8200
Northam – Wheatbelt region .....................9690 1720
Port Hedland – Pilbara region ....................9174 1660

Local government immunisation providers
City of Bayswater........................................9270 4121
City of Joondalup........................................9400 4938

Or visit www.healthywa.wa.gov.au/Articles/U_Z/Where-can-I-get-my-vaccination for a list of child and adolescent immunisation clinics and their contact details

A range of publications and information on communicable diseases and immunisation can be accessed and/or ordered through:

WA Department of Health
www.healthywa.wa.gov.au

Commonwealth Department of Health
www.health.gov.au
Phone:1800 671 811
Infectious disease prevention and control guidance

Staff at childcare centres and schools have key roles in preventing transmission of infectious diseases. The spread of infections in these settings is facilitated by crowding. While it is often difficult to prevent transmission of common communicable diseases, e.g. colds and gastroenteritis, every effort should be made to minimise the spread of infections by encouraging the following:

- Children attending a childcare centre or school should be fully immunised for their age, and ideally the facility would maintain a register of children’s immunisation status for reference if required, e.g. in the event of an outbreak (see Immunisation).

- Children and staff should stay home from their childcare centre or school while in the infectious stage of illness to prevent transmission to others by coughing, sneezing, direct or indirect contact, e.g. contamination of surfaces. Guidance on infectious periods of diseases and exclusion periods, where relevant, are included with each of the diseases listed in this booklet. Exclusion periods can also be found at the WA Department of Health website: ww2.health.wa.gov.au/Articles/A_E/Communicable-disease-control-guidelines.

- Parents should seek medical advice if their child has ongoing symptoms of illness and they are concerned.

- Contact your local public health unit if a child has been diagnosed with an important infection, such as measles, meningococcal disease or whooping cough, or if an outbreak of disease is detected.

- General infection prevention and control guidelines should be implemented and include the following strategies.
Strategies to prevent transmission of infection:
Good hand hygiene is an effective way to stop infections spreading. Hand hygiene means cleaning your hands with soap and water or an alcohol-based hand sanitiser. Perform hand hygiene frequently and especially:

- after you cough, sneeze or blow your nose
- before, during and after preparing food
- after going to the toilet or changing a nappy
- when your hands are visibly dirty
- after smoking
- after handling or patting animals
- before and after taking care of someone who is sick.

Practice good respiratory hygiene. It is important that you use disposable tissues rather than your hands or a handkerchief when you cough or sneeze. Make sure you always:

- cover coughs and sneezes with a tissue or use your inner elbow
- put the tissue into a closed-top bin as soon as possible
- then wash your hands with soap and warm water, or use hand sanitiser.

Clean environmental surfaces effectively with detergent and water, followed by rinsing and drying. This will remove the majority of germs from environmental surfaces (refer to your school/childcare policy or the Australian Government guidelines *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition) (www.nhmrc.gov.au/guidelines-publications/ch55).

Use protective personal equipment (such as gloves and masks) and appropriate cleaning tools to clean up any blood or body fluids immediately, to prevent further environmental contamination and disease transmission.
Chickenpox
(Varicella)

Notifiable disease – discuss with your local public health unit.
A common, acute infection caused by the varicella-zoster virus. Symptoms include runny nose, mild fever, fatigue, then a generalised rash characterised by small vesicles (blisters) that dry out then crust over.

Transmission
Airborne respiratory droplet or direct or indirect contact with fluid from blisters of infected person.

Incubation period
10 to 21 days. Average 14 to 16 days.

Infectious period
From 2 days before rash appears until all blisters have formed crusts.

Exclusion
Exclude until blisters have dried and formed crusts, which is usually 5 days after rash appears. Note that crusts alone do not warrant exclusion.

Treatment
Antiviral treatment available for complicated or severe cases.

Contacts
Refer any immunosuppressed children (e.g. leukemia patients) to their doctor. Do not exclude other contacts. Post-exposure vaccination can be offered to non-immune contacts, if not contraindicated.

Immunisation
Vaccine-preventable disease (see Immunisation)
Non-immune pregnant women should see their doctor urgently as immunisation may prevent chickenpox in contacts within 5 days of exposure. Post exposure immunisation can also be offered to other non-immune contacts to prevent disease.

Chickenpox (varicella) fact sheet: www.healthywa.wa.gov.au/Articles/A_E/Chickenpox-varicella
Cold sores
(Herpes simplex virus)
A common, viral infection. Symptoms include vesicles (blisters) around the mouth, fever and malaise.

Transmission
Direct contact with infected skin, especially sores or blisters; indirectly from someone with a cold sore via shared items put in the mouth.

Incubation period
2 to 12 days.

Infectious period
Most likely when fluid is present in the blister. People with a history of cold sores may shed the virus in their saliva and infect others even if asymptomatic, i.e. no blister apparent.

Exclusion
Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices, e.g. because they are too young, they should be excluded until the sores are dry. Sores should be covered with a dressing where possible.

Treatment
No cure. Antiviral treatments available to help control the size and duration of an outbreak of sores – refer to doctor.

Contacts
Do not exclude.

Immunisation
None available.
Common cold
(Various viruses, mostly rhinoviruses and coronaviruses)
A common, respiratory viral infection. Symptoms include runny or blocked nose, sneezing, coughing, watery eyes, headache, mild sore throat and possibly a slight fever.

Transmission
Airborne droplets or indirectly via contact with surfaces contaminated by airborne droplets.

Incubation period
1 to 3 days.

Infectious period
Most infectious from about 1 day before onset and while they have a runny nose with clear nasal discharge.

Exclusion
Exclude until acute symptoms have resolved. There is no need to exclude a child with mild symptoms (e.g. runny nose) if they seem otherwise well, however testing for COVID-19 with a rapid antigen test is recommended.

Treatment
No specific treatment. As colds are caused by viruses, antibiotics will not help.

Contacts
Do not exclude.

Immunisation
None available.

Common cold fact sheet www.healthywa.wa.gov.au/Articles/A_E/Common-cold
Conjunctivitis
(various viruses and bacteria)
A common, acute, viral or bacterial infection of the eyes. Symptoms include sore, itchy eyes and discharge.

Transmission
Direct or indirect contact with secretions from infected eyes.

Incubation period
1 to 3 days.

Infectious period
While eye discharge is present (if cause was viral or bacterial).

Exclusion
Exclude until discharge from eyes has ceased.

Treatment
Treatment as recommended by doctor – refer to doctor.

Contacts
Do not exclude.

Immunisation
None available.
COVID-19
(SARS-CoV-2)

Notifiable disease – discuss with your local public health unit staff.
A respiratory infection caused by the novel coronavirus SARS-CoV-2. Symptoms are usually mild, commonly including a cough, fever, sore throat, runny nose, headache and fatigue. Other symptoms include muscle aches, breathing difficulty and altered smell and taste.

Transmission
Primarily via airborne respiratory droplets and smaller particles (aerosols). Can be transmitted via direct contact with infected individuals or indirectly by touching contaminated objects or surfaces.

Incubation period
3-6 days, with a range of 1 to 14 days.

Infectious period
From 1-2 days prior to symptom onset, until 7 days after symptom onset. Infectiousness is higher while symptoms persist.

Exclusion
Exclude and advise to stay at home for 5 days and until acute symptoms (e.g. fever, sore throat, runny nose) have resolved. Do not work or visit a person in a hospital, residential aged care or disability care facility for 7 days and until acute symptoms have resolved.

Treatment
Generally symptomatic treatment only (e.g. paracetamol). Antiviral treatment is available for the elderly, and adults at risk of severe disease with certain underlying health conditions.

Contacts

Immunisation
Vaccine available.
Cryptosporidiosis

Notifiable disease – discuss with your local public health unit staff. A common infection of the intestine caused by the parasite *Cryptosporidium*, often without symptoms. When present, symptoms include vomiting, loss of appetite, stomach pain and foul smelling diarrhoea.

Transmission
Faecal-oral, person to person and animal to person, water-borne.

Incubation period
1 to 12 days (usually 7 days).

Infectious period
While symptomatic and for up to several weeks after symptoms disappear (usually 2 to 4 weeks).

Exclusion
Exclude for 24 hours after diarrhoea has ceased. Cases should also avoid using public swimming pools for two weeks after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*.

Treatment
Varies according to symptoms – refer to doctor.

Contacts
Do not exclude. Reduce transmission by good personal hygiene, especially hand washing.

Immunisation
None available.

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.
Cytomegalovirus
(CMV)
A common, acute, viral infection, often without symptoms. When present, symptoms include fever and swollen glands. Infection of an unborn baby may result in serious disease.

Transmission
Direct contact with bodily fluids e.g. saliva, urine, breast milk, cervical secretions, from a person with a primary or reactivated infection, including from mother-to-baby during pregnancy or after birth.

Incubation period
The incubation period is uncertain, but most likely 3 to 12 weeks.

Infectious period
For as long as the virus is shed in secretions (usually months).

Exclusion
Do not exclude.

Treatment
Varies according to symptoms. Antiviral treatment available for serious disease – refer to doctor.

Contacts
Do not exclude.
Reduce transmission by practicing good personal hygiene, especially hand washing. Refer pregnant contacts to their doctor.

Immunisation
None available.
Gastroenteritis

(various viruses, bacteria or parasites, e.g. Campylobacter, Giardia, Salmonella, Shigella, adenovirus, or no organism identified).

Symptoms generally include diarrhoea and/or vomiting. See separate sections for Cryptosporidiosis, Norovirus, and Rotavirus.

**Notifiable disease – discuss with your local public health unit staff.**
Campylobacteriosis, cryptosporidiosis, rotavirus, salmonellosis, shigellosis – discuss with your local public health unit staff.

**Transmission**
Faecal-oral, person to person and animal to person, water-borne, food-borne.

**Incubation period**
Hours to days.

**Infectious period**
Days to weeks, while the germs are present in the faeces (if cause was viral, bacterial, or parasitic); usually most infectious while symptomatic.

**Exclusion**
Exclude until symptoms have ceased for at least 24 hours. Exclude for 48 hours after symptoms have ceased if ill person is a high-risk case*; *Shigella dysenteriae* in these cases requires clearance specimens.

**Treatment**
Oral rehydration; antibiotics or antiparasitic treatment may be prescribed by a doctor.

**Contacts**
Do not exclude.

**Immunisation**
None available.


*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.
German measles (See Rubella)

Glandular fever
(Infectious mononucleosis, Epstein-Barr virus)
A common, acute, viral infection. Symptoms include fever, sore throat, enlarged glands, rash, fatigue.

Transmission
Direct contact with infectious nose or throat secretions, e.g. nasal mucous or saliva.

Incubation period
4 to 6 weeks.

Infectious period
Months.

Exclusion
Do not exclude. Encourage good hygiene practices, e.g. hand washing, and avoid kissing on the mouth or sharing drinking containers and utensils, to minimise contact with saliva.

Treatment
Varies according to symptoms.

Contacts
Do not exclude.

Immunisation
None available.
Haemophilus influenzae type b
(Hib)

Notifiable disease – discuss with your local public health unit staff. An uncommon, acute infection caused by Haemophilus influenzae type b bacteria, that may cause meningitis, epiglottitis (swelling of the throat that obstructs breathing), pneumonia, joint infection, cellulitis (infection of the tissue under the skin). Symptoms of meningitis include fever, vomiting, headache, neck stiffness, irritability, and fitting.

Transmission
Airborne or droplet; direct contact with contaminated nose or throat secretions.

Incubation period
The incubation period is uncertain, but most likely 2 to 4 days.

Infectious period
Infectious until treated with antibiotics (24 to 48 hours).

Exclusion
Exclude until antibiotic treatment completed.

Treatment
Antibiotics as recommended by doctor.

Contacts
Do not exclude. Contact management will be coordinated by local public health unit staff.

Immunisation
Vaccine-preventable disease (see Immunisation).

Hib fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Haemophilus-influenzae-type-B-Hib
Hand, foot and mouth disease
(various enteroviruses, mostly coxsackievirus)

A common, acute, viral infection. Symptoms include fever, sore throat, vesicles (blisters) in the mouth and on hands and feet. This infection is not related to the foot and mouth disease found in animals.

Transmission
Airborne or droplet; direct or indirect contact with the fluid from blisters; faecal-oral.

Incubation period
Usually 3 to 7 days.

Infectious period
As long as there is fluid in the vesicles. Faeces remain infectious for several weeks.

Exclusion
Exclude until all vesicles have formed crusts that are dry.

Treatment
No specific antiviral treatment, only treatments to relieve the symptoms.

Contacts
Do not exclude.

Immunisation
None available.

Head lice
(Pediculosis)
A common, parasitic infestation of the scalp hair. Symptoms include scratching and the presence of ‘nits’ (eggs) and lice in the scalp hair.

Transmission
Head-to-head contact with an infested person.

Incubation period
7 to 10 days.

Infectious period
Until lice and eggs (nits) are killed.

Exclusion
There is no requirement to keep children home from school or childcare as long as effective treatment begins before the next day of school or childcare.

Treatment
See Appendix 2.

Contacts
Do not exclude.

Immunisation
None available.

Head lice fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Head-lice
Hepatitis A
(Hepatitis A virus)

Notifiable disease – discuss with your local public health unit staff. An acute, viral infection of the liver. Symptoms include malaise, abdominal pain, loss of appetite, nausea, fever, jaundice, dark urine and pale faeces.

Transmission
Faecal-oral; person to person; water-borne; food-borne.

Incubation period
15 to 50 days (usually 28 to 30 days).

Infectious period
2 weeks before symptom onset to one week after onset of jaundice (if it occurs) or 2 weeks after symptom onset (if no jaundice). Children under 6 are less likely to develop symptoms.

Exclusion
Exclude for at least one week after onset of jaundice or two weeks after onset of symptoms (if not jaundiced).

Treatment
No specific antiviral treatment, care is mainly supportive – refer to doctor.

Contacts
Do not exclude. Contact management will be coordinated by local public health staff.

Immunisation
Vaccine-preventable disease (see Immunisation).

Hepatitis A fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Hepatitis-A
Hepatitis B
(Hepatitis B virus)

Notifiable disease – discuss with your local public health unit staff. A viral infection of the liver. Symptoms include malaise, abdominal pain, loss of appetite, nausea, fever, jaundice, dark urine and pale faeces.

Transmission
Blood-to-blood; sexual contact; during birth mother-to-baby.

Incubation period
45 to 180 days (average 60 to 90 days).

Infectious period
Weeks before to months after onset. Some people become carriers and may be infectious for life.

Exclusion
Do not exclude.

Treatment
Varies according to symptoms – refer to doctor.

Contacts
Do not exclude. Vaccination or post-exposure prophylaxis may be recommended. Contact management will be coordinated by local public health unit staff.

Immunisation
Vaccine-preventable disease (see Immunisation).

Hepatitis B fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Hepatitis-B
Hepatitis C
(Hepatitis C virus)

Notifiable disease – discuss with your local public health unit staff. A viral infection of the liver. Symptoms include fever, loss of appetite, nausea, vomiting, joint pains, malaise and jaundice.

Transmission
Blood-to-blood; rarely sexual; low risk of mother-to-baby during pregnancy or birth.

Incubation period
2 weeks to 6 months (usually 6 to 9 weeks).

Infectious period
Weeks before to months after onset. Carriers may be infectious for life.

Exclusion
Do not exclude.

Treatment
Antiviral treatment as recommended by doctor – refer to doctor.

Contacts
Do not exclude.

Immunisation
None available. Hepatitis A and hepatitis B vaccine is recommended for people diagnosed with hepatitis C.

Hepatitis C fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Hepatitis-C
HIV
(Human immunodeficiency virus)

Notifiable disease – discuss with your local public health unit staff. An uncommon, viral infection that attacks the immune system. Symptoms vary according to the stage of the illness.

Transmission
Blood-to-blood; sexual contact; mother-to-baby during pregnancy, birth or breastfeeding.

Incubation period
May experience mild cold/flu like symptoms 1 to 4 weeks after infection, or no symptoms for months to years. Antibodies first detectable <1 to 3 months after infection.

Infectious period
Infectivity is lifelong and is determined by the amount of virus in body fluids.

Exclusion
Do not exclude.

Treatment
Specialised treatment available – refer to doctor.

Contacts
Do not exclude. Pre- and post-exposure prophylaxis treatments are available – refer to doctor.

Immunisation
None available.

Hookworm
*(Ancylostoma duodenale)*

A parasite of the intestines. Symptoms include diarrhoea, abdominal pain, weight loss. May also cause anaemia in young children if untreated.

**Transmission**

Usually through the skin by walking bare foot in soil contaminated by faeces from an infected person. Also by ingestion of mature larvae.

**Incubation period**

A few weeks to several months.

**Infectious period**

Live in the human intestine for usually 1 to 3 years however not communicable person-to-person. Eggs from infected faeces hatch then larvae can mature and survive in wet soil for several months.

**Exclusion**

Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*. 

**Treatment**

Treatment available – refer to doctor.

**Contacts**

Do not exclude.

**Immunisation**

None available.

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.
Impetigo
(School sores)
A common, acute bacterial infection of the skin caused by staphylococcal or streptococcal bacteria. Symptoms include itchy pustules and scabs.

Transmission
Commonly spread through damaged skin by direct contact with the sores or the mucous in the nose or throat of an infected person.

Incubation period
Usually 1 to 3 days for streptococcal infections, and 4 to 10 days for staphylococcal infections.

Infectious period
As long as there is discharge from untreated lesions.

Exclusion
Exclude for 24 hours after antibiotic treatment commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing.

Treatment
Antibiotic treatment available – refer to doctor.

Contacts
Do not exclude.

Immunisation
None available.

Impetigo fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Impetigo-school-sores
**Influenza**

*(Flu)*

Notifiable disease – discuss with your local public health unit staff. A common, acute, respiratory, viral infection. Symptoms include fever, malaise, chills, headache, muscle pain, sore throat and cough.

**Transmission**

Airborne or droplet.

**Incubation period**

1 to 7 days (usually 2 to 3 days).

**Infectious period**

Usually 1 day before onset of symptoms until 7 days after.

**Exclusion**

Exclude until acute symptoms (e.g. fever, sore throat, runny nose) have resolved.

**Treatment**

Varies according to symptoms. Antiviral treatment available.

**Contacts**

Do not exclude.

**Immunisation**

Vaccine-preventable disease (see *Immunisation*).

Influenza fact sheet: https://www.healthywa.wa.gov.au/Articles/F_I/Flu-influenza
Influenza-like illnesses

(Various viral infections causing acute fever
  e.g. parainfluenzavirus, RSV, adenovirus,
  rhinovirus, coxsackievirus, echovirus)

A common, acute, respiratory, viral infection. Symptoms include
fever, malaise, chills, headache, muscle pain, sore throat, cough
and diarrhoea.

Transmission
Airborne or droplet.

Incubation period
1 to 10 days.

Infectious period
Usually for the duration of symptoms.

Exclusion
Exclude until acute symptoms have resolved. There is no need to
exclude a child with mild symptoms (e.g. runny nose) if they seem
otherwise well, however testing for COVID-19 with a rapid antigen
test is recommended.

Treatment
Varies according to symptoms.

Contacts
Do not exclude.

Immunisation
None available.
Measles
(Morbilli virus)

Notifiable disease – discuss with your local public health unit staff. A highly infectious, uncommon, acute, viral infection. Symptoms include lethargy, malaise, cough, sore and swollen eyes and nasal passages, fever and rash – must be confirmed with laboratory testing.

Transmission
Airborne or droplet.

Incubation period
7 to 18 days (usually 10 days) from exposure to fever and usually 14 days until rash appears.

Infectious period
24 hours prior to onset of symptoms, e.g. runny nose, cough until 4 days after the onset of rash. When symptoms are undefined, infectious period should be considered as 4 days before onset of rash.

Exclusion
Exclude for 4 days after the onset of the rash, in consultation with public health unit staff.

Treatment
Varies with symptoms.

Contacts
Do not exclude vaccinated or previously infected contacts. Contact management will be coordinated by public health unit staff.

Immunisation
Vaccine-preventable disease (see Immunisation).

Meningococcal disease

Notifiable disease – discuss with your local public health unit staff. An uncommon, acute infection caused by Neisseria meningitidis bacteria. Symptoms include fever, vomiting, headache, neck stiffness, muscle and joint pain, rash, drowsiness, irritability, confusion and diarrhoea.

Transmission
Airborne or droplet.

Incubation period
Usually 3 to 4 days, can range from 1 to 10 days.

Infectious period
Until Neisseria meningitidis bacteria are no longer present in discharges from nose and mouth, with effective antibiotic therapy, meningococci usually disappear from the nasopharynx within 24 hours.

Exclusion
Exclude until 24 hours of antibiotic treatment has been completed.

Treatment
Antibiotic treatment as recommended by the doctor. Hospitalisation is usually required.

Contacts
Do not exclude. Contacts may require clearance antibiotics or vaccination. Contact management will be coordinated by public health unit staff.

Immunisation
Vaccine available (see Immunisation).

Meningococcal disease fact sheet: www.healthywa.wa.gov.au/Articles/J_M/Meningococcal-disease
Molluscum contagiosum

A common, acute, viral infection of the skin. Symptoms include small, painless, pearly white lesions.

Transmission
Skin-to-skin contact with an infected person or contact with contaminated clothing or linen.

Incubation period
Days to months.

Infectious period
As long as lesions persist.

Exclusion
Do not exclude.

Treatment
Lumps will eventually disappear without treatment. Chemical, thermal or surgical treatment is sometimes used – refer to doctor. Lesions should be covered to prevent transmission.

Contacts
Do not exclude.

Immunisation
None available.

MRSA infection
(Methicillin-resistant Staphylococcus aureus)

MRSA is a form of Staphylococcus aureus that has developed resistance to many commonly used antibiotics. MRSA can live on people’s skin or in their nose and not cause any harm. However, if it gets into the body through broken skin it can cause a range of infections including skin infections such as boils and abscesses or more serious infections like osteomyelitis and bloodstream infection.

Transmission
Direct contact with another person who is infected or carrying the MRSA on their skin (i.e. colonised). Indirect contact from surfaces contaminated with MRSA such as clothing or bed linen.

Incubation period
Variable and indefinite.

Infectious period
As long as purulent lesions continue to drain or the carrier state persists.

Exclusion
Exclude for 24 hours after antibiotic treatment commenced. Any lesions on exposed skin should be covered with a waterproof dressing.

Treatment
Antibiotic treatment and decolonisation can be arranged by the doctor.

Contacts
Do not exclude.

Immunisation
None available.

Mumps

Notifiable disease – discuss with your local public health unit staff. An uncommon, acute, viral infection. Symptoms include painful, swollen salivary glands (parotitis), fever, headache, painful testicles or ovaries.

Transmission
Airborne or droplet; direct contact with saliva from an infected person.

Incubation period
About 12 to 25 days (usually 16 to 18 days).

Infectious period
People with mumps are most infectious 2 days before to 5 days after onset of parotitis (swollen salivary glands). However, people may be infectious for up to 7 days before to 9 days after the onset of parotitis. Asymptomatic cases can also be infectious.

Exclusion
Exclude for 5 days after onset of parotitis. Consult with your public health unit staff.

Treatment
Varies with symptoms.

Contacts
Do not exclude.

Immunisation
Vaccine available (see Immunisation).
Mumps fact sheet: www.healthywa.wa.gov.au/Articles/J_M/Mumps
Norovirus

Transmission
Faecal-oral, person to person, water-borne, food-borne.

Incubation period
Usually 24 to 48 hours, but can be as early as 12 hours.

Infectious period
From symptom onset to at least 2 days after symptoms have ceased.

Exclusion
Exclude until asymptomatic for 24 hours. Exclude until asymptomatic for 48 hours if case is high-risk*.

Treatment
Oral rehydration.

Contacts
Do not exclude.

Immunisation
None available.


*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.
Parvovirus B19
(Erythema infectiosum, ‘fifth’ disease, ‘slapped cheek’ syndrome)

A common, acute, viral infection. Symptoms include fever, red cheeks and neck, itchy lace-like rash on the body and limbs. This infection is different to the parvovirus that infects dogs.

Transmission
Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-baby.

Incubation period
4 to 20 days.

Infectious period
Not infectious after the rash appears.

Exclusion
Exclusion not necessary.

Treatment
Varies with symptoms.

Contacts
Do not exclude. Pregnant women who may have been exposed to parvovirus B19 should consult their doctor.

Immunisation
None available.


Pediculosis
See Head lice
Pertussis (whooping cough/Bordetella pertussis)

Notifiable disease – discuss with your local public health unit staff. A highly contagious, acute, respiratory infection caused by *Bordetella pertussis* bacteria.

**Transmission**
Airborne or droplet; direct contact with contaminated nose or throat secretions.

**Incubation period**
4 to 21 days (usually 7 to 10 days).

**Infectious period**
From onset of catarrhal symptoms to the earlier of:
- 21 days after onset of any cough
- 14 days after onset of paroxysmal cough
- after completion of 5 days of a course of an appropriate antibiotic.

**Exclusion**
Exclude from work, school, preschool, and childcare (especially where there are infants) for:
- 5 days after an appropriate antibiotic treatment, or
- 21 days from the onset of any cough, or
- 14 days after onset of paroxysmal cough.

**Treatment**
Antibiotics as recommended by doctor.

**Contacts**
Contact management will be coordinated by public health unit staff.

**Immunisation**
Vaccine available (see *Immunisation*). Vaccination is recommended for healthcare workers and people working or living with infants, including parents, grandparents, those planning pregnancy and childcare workers, including pregnant women during the second or third trimester (optimal time is between 20 and 32 weeks of pregnancy).

Pinworm
(Enterobiasis, threadworm)

A common, infection of the intestines. Symptoms include perianal (around the anus) itch, disturbed sleep, irritability, secondary infection of the skin from persistent scratching.

Transmission
Faecal-oral; indirect contact through clothing, bedding, food or articles contaminated with eggs.

Incubation period
2 to 6 weeks.

Infectious period
As long as eggs are excreted. Eggs remain infective for up to 2 weeks.

Exclusion
Do not exclude.

Treatment
Treatment available – refer to doctor.

Contacts
Do not exclude.

Immunisation
None available.

Pneumococcal disease

*(Streptococcus pneumoniae)*

Notifiable disease – discuss with your local public health unit staff. A common, acute infection caused by *Streptococcus pneumoniae* bacteria that can cause septicaemia (blood poisoning), pneumonia, or ear infections. Symptoms depend on the type of infection.

**Transmission**

Airborne or droplet.

**Incubation period**

About 1 to 3 days.

**Infectious period**

Until *Streptococcus pneumoniae* bacteria are no longer present in nose and throat secretions (usually 24 hours after antibiotic commencement).

**Exclusion**

Exclude until 24 hours after commencement of antibiotics.

**Treatment**

Antibiotics as recommended by doctor – refer to doctor.

**Contacts**

Do not exclude. Contacts do not require antibiotic treatment or vaccination.

**Immunisation**

Vaccine available (see Immunisation).

Respiratory syncytial virus (RSV)

Notifiable disease – discuss with your local public health unit staff. A common virus that causes respiratory illness, including breathing problems and lung infections, particularly in children.

Transmission
Airborne or droplet.

Incubation period
Usually 5 days, can range from 2 to 8 days.

Infectious period
From just before symptom onset until recovery, which is usually within 10 days.

Exclusion
Exclude until acute symptoms (e.g. fever, sore throat, runny nose) have resolved.

Treatment
Varies according to symptoms.

Contacts
Do not exclude.

Immunisation
None available.
Ringworm  
(Tinea)

A common fungal infection of the skin that usually affects the scalp, skin, fingers, toenails and feet.

Transmission
Skin-to-skin contact with an infected person, infected animals or contaminated articles.

Incubation period
Varies with the site of infection.

Infectious period
As long as lesions are present.

Exclusion
Exclude until the day after commencing antifungal treatment.

Treatment
Antifungal treatment available – refer to doctor.

Contacts
Do not exclude.

Immunisation
None available.
Roseola infantum

(*Exanthem subitum*, ‘sixth’ disease, human herpesvirus 6)

A common, acute, viral infection. Symptoms include fever followed by a patchy red rash on the body and limbs.

**Transmission**
Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-baby.

**Incubation period**
5 to 15 days.

**Infectious period**
Most infectious from a few days before the rash appears until several days after the rash appears.

**Exclusion**
Do not exclude.

**Treatment**
Varies with symptoms.

**Contacts**
Do not exclude.

**Immunisation**
None available.
Rotavirus

Notifiable disease – discuss with your local public health unit staff. A viral infection of the digestive system that causes severe diarrhea and vomiting.

Transmission
Faecal-oral, person-to-person, water-borne.

Incubation period
Usually 48 hours, can range from 24 to 72 hours.

Infectious period
2 days before, to up to 8 days after, illness onset.

Exclusion
Exclude until asymptomatic for 24 hours. Exclude until asymptomatic for 48 hours if case is high-risk*.

Treatment
Oral rehydration.

Contacts
Do not exclude.

Immunisation
Vaccine available (see Immunisation).

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.
Roundworm
(Ascariasis)

A parasite that infects the small intestine. Generally associated with few or no symptoms.

Transmission
Faecal-oral.

Incubation period
4 to 8 weeks.

Infectious period
As long as eggs are excreted in faeces.

Exclusion
Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*.

Treatment
Treatment available – refer to doctor.

Contacts
Do not exclude.

Immunisation
None available.

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.
Rubella

(German measles)

**Notifiable disease** (incl. congenital rubella syndrome) – discuss with your local public health unit staff.
An uncommon, viral disease. Symptoms include fever, sore eyes, swollen glands (especially behind the ears), generalised rash.

**Transmission**
Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-foetus.

**Incubation period**
Usually 14 to 17 days, can range from 14 to 21 days.

**Infectious period**
From 7 days before to at least 4 days after the onset of rash.

**Exclusion**
Exclude for at least 4 days after onset of rash.

**Treatment**
Varies according to symptoms.

**Contacts**
Do not exclude. Refer pregnant contacts to their doctor. Discuss with public health unit staff.

**Immunisation**
Vaccine available (see Immunisation).

**Note**
Women should be tested for immunity to rubella if pregnancy is contemplated, before every pregnancy, or early in the pregnancy irrespective of a previous positive rubella test.

Scabies

(*Sarcoptes scabiei*)

An uncommon, acute, parasitic infection caused by a mite (*Sarcoptes scabiei*) which burrows beneath the surface of the skin. Symptoms include intense itching between the fingers or on the wrists, elbows, armpits, buttocks and genitalia.

**Transmission**

Skin-to-skin contact with an infested person or contact with infested clothing, towels or bedding.

**Incubation period**

2 to 6 weeks before onset of itching if not previously infested. People who have been previously infested may develop an itch 1 to 4 days after re-exposure.

**Infectious period**

Until mites and eggs are destroyed.

**Exclusion**

Exclude until the day after treatment has commenced.

**Treatment**

Treatment available – refer to doctor. Bed linen, towels and clothing used in the previous 5 days should be washed in hot water.

**Contacts**

Do not exclude. Family contacts and those who have had close skin-to-skin contact with the case should be treated.

**Immunisation**

None available.

Scarlet fever
See Streptococcal infection


School sores
See Impetigo
Shingles
(Varicella zoster)

Notifiable disease – discuss with your local public health unit staff.
A common, acute, reactivation of the varicella (chickenpox) virus.
Symptoms include a painful blistering rash, usually on the trunk or face.

Transmission
Reactivation of previous chickenpox infection.

Incubation period
Days to weeks.

Infectious period
Up to 1 week after the appearance of the lesions.

Exclusion
Do not exclude unless rash is uncovered and weeping.

Treatment
Antiviral treatment available – refer to doctor.

Contacts
Do not exclude. Non-immune contacts may develop chickenpox if they are exposed to vesicle fluid from a person with shingles, and should be referred to their doctor.

Immunisation
Vaccination protects individuals from chickenpox and prevents shingles in later life (see Immunisation).

Shingles fact sheet: www.healthywa.wa.gov.au/Articles/S_T/Shingles

Slapped cheek
(Fifth disease)
See Parvovirus B19
Streptococcal infections
(Streptococcus pyogenes)

The most common infections are uncomplicated skin and throat infections and scarlet fever. Sometimes invasive GAS (iGAS) infections occur when the bacteria get into normally sterile parts of the body, such as the bloodstream, muscles or lungs. This can lead to septicaemia, toxic shock syndrome and necrotising fasciitis (where areas of soft tissue below the skin start to die).

**Transmission**
Airborne or droplet; direct contact with contaminated nose or throat secretions.

**Incubation period**
1 to 3 days.

**Infectious period**
As long as the bacteria are present in the nose or throat.

**Exclusion**
Exclude until 24 hours after commencement of antibiotics.

**Treatment**
Antibiotics as recommended by doctor.

**Contacts**
Do not exclude.

**Immunisation**
None available.
Tetanus
(Clostridium tetani)

Notifiable disease – discuss with your local public health unit staff. An uncommon, acute infection caused by Clostridium tetani bacteria. The bacteria produce a toxin that affects the nervous system. Symptoms include lockjaw, painful muscle spasms, respiratory paralysis.

Transmission
Penetrating skin wounds contaminated by soil, animal or human faeces. No direct person-to-person transmission.

Incubation period
1 day to several months (usually 3 to 21 days).

Infectious period
Not communicable person-to-person.

Exclusion
Do not exclude.

Treatment
Treatment includes tetanus antitoxin and antibiotics for mild symptoms and hospitalisation for severe symptoms.

Contacts
Do not exclude.

Immunisation
Vaccine available (see Immunisation).

Threadworm See Pinworm

Tinea See Ringworm
Tuberculosis

(*Mycobacterium tuberculosis*)

Notifiable disease – Contact the WA Tuberculosis Control Program (Anita Clayton Centre) for advice and management.
Phone: 9222 8500
An uncommon disease caused by *Mycobacterium tuberculosis* bacteria that can infect the lungs, bones or any part of the body. Symptoms include malaise, weight loss, fever, night sweats and cough.

Transmission
Airborne or droplet.

Incubation period
About 4 to 12 weeks.

Infectious period
As long as the bacteria are present in respiratory secretions.

Exclusion
Determined by the WA Tuberculosis Control Program Team.

Treatment
Antibiotics as recommended by doctor – refer to doctor.

Contacts
Contact management will be coordinated by the WA Tuberculosis Control Program Team – telephone 9222 8500.

Immunisation
A vaccine against tuberculosis (BCG) is available for children under 6 years of age and may provide protection against the more severe cases of TB in infants. For further information contact the WA Tuberculosis Control Program Team.

Typhoid/Paratyphoid Fever
\((Salmonella Typhi /Salmonella Paratyphi)\)

Notifiable disease – discuss with your local public health unit staff. An uncommon, acute, bacterial infection of the intestines usually acquired when visiting developing countries. Symptoms include fever, headache, constipation, rash, abdominal pain, and diarrhoea with blood.

**Transmission**
Faecal-oral.

**Incubation period**
Typhoid – 3 to more than 60 days (typically 8 to 14 days).
Paratyphoid – 1 to 10 days.

**Infectious period**
As long as *Salmonella Typhi/Salmonella Paratyphi* bacteria are present in faeces or urine.

**Exclusion**
Contact your local public health staff for exclusion advice, including whether clearance testing is required.

**Treatment**
Antibiotics as recommended by doctor – refer to doctor.

**Contacts**
Contact management will be coordinated by public health unit staff.

**Immunisation**
Recommended for some travellers – refer to doctor.

Warts

(Human papillomavirus)

A viral skin infection. Various types of wart infect different areas of the body, including the genital area, hands, knees and feet.

Transmission
Skin-to-skin contact or direct contact with recently contaminated objects and surfaces, e.g. showers, floors, towels and razors.

Incubation period
1 to 20 months (usually about 4 months).

Infectious period
As long as warts remain.

Exclusion
Do not exclude.

Treatment
Warts may resolve naturally, but this may take many months. Chemical, thermal or surgical treatment available – refer to doctor.

Contacts
Do not exclude.

Immunisation
Vaccination available against human papillomavirus strains that cause genital warts. Vaccine available (see Immunisation).
Whipworm

(Trichiuriasis)

A parasite (*Trichuris trichiura*) that infects the large intestine, usually without symptoms.

**Transmission**

Faecal-oral route by ingestion of infected eggs from contaminated hands, objects, or surfaces.

**Incubation period**

Indefinite.

**Infectious period**

Several years in untreated carriers.

**Exclusion**

Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*.

**Treatment**

Treatment available – refer to doctor.

**Contacts**

Do not exclude.

**Immunisation**

None available.

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

Whooping cough  See Pertussis

Worms (intestinal)

(See Hookworm, Pinworm, Roundworm, Whipworm)
Glossary

Acute
Sudden onset, short-term (opposite to ‘chronic’).

Airborne infection
An infection that is spread through the air by droplets from nose or throat secretions when coughing or sneezing.

Communicable
Can be passed from one person to another.

Carrier
A person who carries a disease rather than an infection A person who carries an infection but who does not have any signs or symptoms of illness.

Chronic
Long-term (opposite to ‘acute’) infection.

Contact
A person who has had contact with an infected person long enough to acquire the infection.

Decolonisation
The use of treatments to eradicate or reduce asymptomatic carriage of MRSA.

Direct contact
Infection spread by the hand of contaminated person to another person, food or water.

Discharge
Any body fluid, e.g. pus discharging from the body.

Exclusion period
The minimum length of time that a person must be kept away to prevent him/her from infecting other people or to protect him/her from being infected by a person with a communicable disease.
Faecal-oral route
Transmission of an infection from the faeces of an infected person to the mouth of a susceptible person, e.g. by faecally contaminated water or food, or by faecally contaminated hands.

Immune
Protected from infection because of previous infection or vaccination.

Incubation period
The length of time it takes from first contact with an infectious person to the appearance of any symptoms.

Indirect contact
Contact with an organism by touching contaminated surfaces.

Infectious period
The period of time during which an infected person can infect other people.

Immune suppressed
A person whose immune system is less able to fight off infections, e.g. people with cancer or other chronic diseases or taking certain medications.

Jaundice
Yellow discolouration of the white of the eyes and skin.

Koplik spots
Small white vesicles on the inside of the cheeks caused by some infections, e.g. measles.

Medical certificate of recovery
A certificate from a doctor stating that the person is no longer infectious.

Mother-to-baby transmission
An infection transmitted from a mother to her baby during pregnancy, at birth, or through breastfeeding.
**Notifiable disease**
Any medical or nurse practitioner has a legal obligation to report the diagnosis of a notifiable disease to the Department of Health under the *Public Health Act 2016*.

**Parasite**
An organism that lives in or on the body, and feeds upon another organism, e.g. worms, scabies, lice.

**Prophylaxis**
A medication/vaccine given to a person to prevent a specific infection.

**Transmission**
The spreading of an infection from one person to another.

**Vaccine**
A product made from killed or live, weakened strains of viruses or bacteria that stimulates an immune response in people to protect them from these infections.

**Vaccination/Immunisation**
The process of giving a vaccine (usually by injection or by mouth) and stimulating an immune response.

**Vector**
An insect that transmits a disease between people or between animals and people, e.g. mosquito.

**Vesicle**
A small fluid-filled blister.
Appendix 1

Signs and symptoms of infections in young children

Abnormal behaviour
persistent crying, drowsiness, lethargy, limpness, irritability, sleeplessness, disorientation, confusion.

Fever
38.5°C or higher.

Vomiting
severe or persistent.

Diarrhoea
severe or persistent.

Blood
in vomit or faeces (bowel motion).

Low urine output
e.g. fewer than four wet nappies in 24 hours.

Low food or water intake
e.g. person drinking less than half of the usual amount of milk or other fluids.

Breathing difficulties
e.g. panting, wheezing, coughing, breath-holding, particularly in babies less than 6 months of age.

Fitting/convulsions
loss of consciousness accompanied by jerking movements of arms and legs.

Note:
*A child’s normal body temperature ranges between 36.5°C to 37°C
Appendix 2

Treatment of head lice

A fact sheet on the treatment of head lice is available at healthywa.wa.gov.au/Articles/F_I/Head-lice

Children with head lice are required to have commenced treatment and live lice removed before returning to child care or school. This can be achieved by parents using either:

- insecticide treatments, or
- the 10-day hair conditioner treatment.

Insecticide products can be purchased from the local pharmacy and used according to the manufacturer’s instruction. This must be followed by parents physically removing the dead lice and eggs from the hair after the recommended time period. Reapply the insecticide the following day if live lice remain, and at the other recommended time intervals if the 10-day hair conditioner method is not used after the first treatment.

Alternatively, the 10-day hair conditioner method (see next page) of removal can be used. This treatment period is based on the 7–10 days generally taken for eggs to hatch. Any type of hair conditioner may be used (though one that is white in colour may make it easier to see the head lice), together with a metal fine-tooth ‘nit’ comb. Suitable ‘nit’ combs can be purchased from most pharmacies.
10-day hair conditioner treatment

- Apply plenty of hair conditioner to the dry hair until saturated.
- Comb through with an ordinary comb or brush to remove tangles.
- Section and comb the hair thoroughly in four directions (forwards, backwards, left, and right) with the ‘nit’ comb to remove live lice and eggs.
- Wipe the comb on a white paper towel to check that the darker adult lice and the paler hatchlings (young lice) are being removed. You may need to use a magnifying glass and a strong light to see the lice and eggs.
- When combing is completed, rinse the hair conditioner out and dry the hair.
- Repeat this process every 1 to 2 days for 10 days to cover the hatching period of the eggs. This removes the hatchlings which emerge from missed eggs before they can begin laying eggs.
- Check your combings for the darker adult head lice each day. If any are found this will be a new infestation. You will need to start again from day 1, as new eggs may have been laid.
- Check for lice re-infestation once a week for at least 4 weeks after completion of the 10-day treatment. Hair conditioner makes the inspection easier.
- Check all other household members for head lice using the method described above and treat as necessary.
Appendix 3

Exclusion from school

Recommended minimum periods of exclusion from school, pre-school and childcare centres for contacts of and cases with infectious diseases

<table>
<thead>
<tr>
<th>Condition</th>
<th>Exclusion</th>
<th>Exclusion of contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox (Varicella)</td>
<td>Exclude until blisters have dried and formed crusts, usually 5 days</td>
<td>Refer any immunosuppressed children (e.g. leukaemia patients) to their doctor. Do not exclude other contacts</td>
</tr>
<tr>
<td>Cold sores (Herpes simplex virus)</td>
<td>Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing where possible.</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Common cold</td>
<td>No need to exclude. However, symptoms are very similar to COVID-19 symptoms and cases should be tested for COVID-19 and isolate at home until they have received a negative result</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Exclude until discharge from eyes has ceased</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>COVID-19 (SARS-CoV-2)</td>
<td>Exclude until 'Release from Isolation' criteria have been met as per Series of National Guidelines (www1.health.gov.au/internet/main/publishing.nsf/Content/cdnasongs)</td>
<td>Quarantine for 14 days. Contact management will be coordinated by state and local public health staff</td>
</tr>
</tbody>
</table>

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.
<table>
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<tr>
<th>Condition</th>
<th>Exclusion</th>
<th>Exclusion of contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cryptosporidiosis</td>
<td>Exclude for 24 hours after diarrhoea has ceased. Cases should also avoid using public swimming pools for two weeks after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case</td>
<td>Do not exclude. Reduce transmission by good hygiene, especially hand washing</td>
</tr>
<tr>
<td>Cytomegalovirus (CMV)</td>
<td>Do not exclude</td>
<td>Do not exclude. Reduce transmission by good hygiene, especially hand washing. Refer pregnant contacts to their doctor</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Exclude until symptoms have ceased for at least 24 hours. Exclude for 48 hours after symptoms have ceased if ill person is a high-risk case*; *Shigella dysenteriae in these cases requires clearance specimens.</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Glandular fever</td>
<td>Do not exclude. Encourage good hygiene practices, e.g. hand washing, and avoid kissing on the mouth or sharing drinking containers and utensils, to minimise contact with saliva.</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>Exclude until antibiotic treatment completed.</td>
<td>Do not exclude. Contact management will be coordinated by local public health unit staff</td>
</tr>
</tbody>
</table>

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.
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<tbody>
<tr>
<td>Hand, foot and mouth disease</td>
<td>Exclude until all vesicles have formed crusts that are dry</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Head lice (Pediculosis)</td>
<td>There is no requirement to keep children home from school or childcare as long as effective treatment begins before the next day of school or childcare</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Exclude for at least one week after onset of jaundice or two weeks after onset of symptoms (if not jaundiced)</td>
<td>Do not exclude. Contact management will be coordinated by local public health staff</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Do not exclude</td>
<td>Do not exclude. Vaccination or post-exposure prophylaxis may be recommended. Contact management will be coordinated by local public health unit staff</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Do not exclude</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>HIV (Human immunodeficiency virus)</td>
<td>Do not exclude</td>
<td>Do not exclude. Pre- and post-exposure prophylaxis treatments are available – refer to doctor</td>
</tr>
<tr>
<td>Hookworm (<em>Ancylostoma duodenale</em>)</td>
<td>Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*</td>
<td>Do not exclude</td>
</tr>
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</table>

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Impetigo (School sores)</strong></td>
<td>Exclude for 24 hours after antibiotic treatment commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing</td>
<td>Do not exclude</td>
</tr>
<tr>
<td><strong>Influenza (Flu)</strong></td>
<td>Exclude until symptoms resolved</td>
<td>Do not exclude</td>
</tr>
<tr>
<td><strong>Influenza-like illness</strong></td>
<td>Exclude until symptoms resolved. Symptoms are very similar to COVID-19 symptoms and cases should be tested for COVID-19 and isolate at home until they have received a negative result</td>
<td>Do not exclude</td>
</tr>
<tr>
<td><strong>Measles (Morbilli virus)</strong></td>
<td>Exclude for 4 days after the onset of the rash, in consultation with public health unit staff</td>
<td>Do not exclude. Vaccinated or previously infected contacts. Contact management will be coordinated by public health unit staff</td>
</tr>
<tr>
<td><strong>Meningococcal disease</strong></td>
<td>Exclude until 24 hours of antibiotic treatment has been completed</td>
<td>Do not exclude. Contacts may require clearance antibiotics or vaccination. Contact management will be coordinated by public health unit staff</td>
</tr>
<tr>
<td><strong>Molluscum contagiosum</strong></td>
<td>Do not exclude</td>
<td>Do not exclude</td>
</tr>
<tr>
<td><strong>MRSA infection (Methicillin-resistant Staphylococcus aureus)</strong></td>
<td>Exclude for 24 hours after antibiotic treatment commenced. Any lesions on exposed skin should be covered with a waterproof dressing</td>
<td>Do not exclude</td>
</tr>
</tbody>
</table>

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Exclusion</th>
<th>Exclusion of contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps</td>
<td>Exclude for 5 days after onset of parotitis. Consult with your public health unit staff</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Norovirus</td>
<td>Exclude until asymptomatic for 24 hours. Exclude until asymptomatic for 48 hours if case is high-risk*</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Parvovirus B19 (Erythema infectiosum, ‘fifth’ disease, ‘slapped cheek’ syndrome)</td>
<td>Exclusion not necessary</td>
<td>Do not exclude. Pregnant women who may have been exposed to parvovirus B19 should consult their doctor</td>
</tr>
<tr>
<td>Pertussis (Whooping cough/ Bordetella pertussis)</td>
<td>Exclude from work, school, preschool, and childcare (especially where there are infants) for: • 5 days after an appropriate antibiotic treatment, or • 21 days from the onset of any cough, or • 14 days after onset of paroxysmal cough</td>
<td>Contact management will be coordinated by public health unit staff</td>
</tr>
<tr>
<td>Pinworm (Enterobiasis, threadworm)</td>
<td>Do not exclude</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Pneumococcal disease (Streptococcus pneumoniae)</td>
<td>Exclude until 24 hours after commencement of antibiotics</td>
<td>Do not exclude. Contacts do not require antibiotic treatment or vaccination</td>
</tr>
<tr>
<td>Respiratory syncytialvirus (RSV)</td>
<td>Exclude until symptoms resolved</td>
<td>Do not exclude</td>
</tr>
</tbody>
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<tr>
<td>Ringworm (tinea)</td>
<td>Exclude until the day after commencing antifungal treatment</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Roseola infantum (Exanthem subitum, ‘sixth’ disease, human herpes virus 6)</td>
<td>Do not exclude</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>Exclude until asymptomatic for 24 hours. Exclude until asymptomatic for 48 hours if case is high-risk*</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Roundworm (Ascariasis)</td>
<td>Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>Exclude for at least 4 days after onset of rash</td>
<td>Do not exclude. Refer pregnant contacts to their doctor. Discuss with public health unit staff</td>
</tr>
<tr>
<td>Scabies (Sarcoptes scabiei)</td>
<td>Exclude until the day after treatment has commenced</td>
<td>Do not exclude. Family contacts and those who have had close skin-to-skin contact with the case should be treated</td>
</tr>
</tbody>
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<tr>
<td>Shingles (Varicella zoster)</td>
<td>Do not exclude unless rash is uncovered and weeping</td>
<td>Do not exclude. Non-immune contacts may develop chickenpox if they are exposed to vesicle fluid from a person with shingles, and should be referred to their doctor</td>
</tr>
<tr>
<td>Streptococcal infections</td>
<td>Exclude until 24 hours after commencement of antibiotics</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>(Group A streptococcus (GAS)/Streptococcus pyogenes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus (Clostridium tetani)</td>
<td>Do not exclude</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Tuberculosis (Mycobacterium tuberculosis)</td>
<td>Determined by the WA Tuberculosis Control Program Team</td>
<td>Contact management will be coordinated by the WA Tuberculous Control Program Team – telephone 9222 8500</td>
</tr>
<tr>
<td>Typhoid/Paratyphoid Fever</td>
<td>Contact your local public health staff for exclusion advice, including whether clearance testing is required</td>
<td>Contact management will be coordinated by public health unit staff</td>
</tr>
<tr>
<td>(Salmonella Typhi/ Salmonella Paratyphi)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warts (Human papillomavirus)</td>
<td>Do not exclude</td>
<td>Do not exclude</td>
</tr>
<tr>
<td>Whipworm (Trichiuriasis)</td>
<td>Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*</td>
<td>Do not exclude</td>
</tr>
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References
