

Appendix B – Guidance for exclusion periods and when notifications and / or further public health action may be necessary.

Infection	Exclusion period	Thresholds for notification and when further public health action may be required? *	Comments
Athlete's foot	None.	N/A	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	<ol style="list-style-type: none"> 1. a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred**, 2. evidence of severe disease due to an infection, for example if a child / young person or staff member is admitted to hospital***, 3. more than one infection circulating in the same group of children / young people and staff e.g chicken pox and scarlet fever. 	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None.	N/A	Avoid kissing and contact with the sores.
Conjunctivitis	None.	<ol style="list-style-type: none"> 1. a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred, 2. evidence of severe disease due to an infection, for example if a child / young person or staff member is admitted to hospital. 	Advise parents to seek advice from their local pharmacist. Encourage children not to rub their eyes and to wash their hands frequently. Affected persons should avoid sharing towels, flannels and pillows.
Respiratory infections including coronavirus (COVID-19)	<p>Children / young people should not attend whilst they have a high temperature and are unwell.</p> <p>Staff should not attend whilst they are unwell or have a high temperature (if they had one).</p> <p>Children / young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test if possible.</p>	<ol style="list-style-type: none"> 1. a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection or Covid, 2. evidence of severe disease due to an infection, for example if a child / young person or staff member is admitted to hospital. 	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.

	Staff who have a positive test result for COVID-19 should not attend the setting for 5 days after the day of the test if possible.		
Diarrhoea and vomiting	Staff and children / young people can return 48 hours after diarrhoea and vomiting have stopped.	<p>1. a higher than previously experienced and/or rapidly increasing number of staff or student absences due to diarrhoea or vomiting.</p> <p>2. evidence of severe disease due to an infection, for example if a child / young person or staff member is admitted to hospital,</p> <p>Cryptosporidium - 2 or more cases. Food poisoning or Giardia - 2 or more cases with similar symptoms linked in time or place or a greater than expected rate of infection compared with the usual background rate. Typhoid and Paratyphoid fever - 1 case.</p>	<p><u>If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A. For more information see chapter 3</u></p> <p>Some people pose a greater risk to others and may be excluded until they have a negative stool sample(s) e.g pre-school infants, food handlers, and staff working with vulnerable people. UKHSA will advise in these scenarios.</p>
Diphtheria	Exclusion is essential.	1 case	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered	<p>1. a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection,</p> <p>2. evidence of severe disease due to an infection, for example if a child / young person or staff member is admitted to hospital,</p> <p>3. more than one infection circulating in the same group of children / young people and staff.</p> <p>4. a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.</p>	<p>Encourage those in eligible groups to have the flu vaccine.</p> <p>Encourage children and staff with flu-like symptoms to stay at home until recovered.</p> <p>Ask children to cover their noses and mouths with a tissue when coughing or sneezing and discard tissues after use.</p> <p>Ensure regular hand washing with soap and water, especially after coughing or sneezing.</p>

Glandular fever	None	N/A	Encourage staff and children to wash their hands regularly with soap and water to reduce the risk of spread and ensure that used tissues are disposed of straight away.
Hand foot and mouth	None	Large number of children / young people or staff are affected.	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	N/A	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	1 case.	Your local HPT will advise if further control measures are required.
Hepatitis B, C, HIV	Hep B -People with acute hepatitis B will typically be too ill to attend their education or childcare setting and their doctor will advise them when they can return	Hepatitis B - 1 case	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	N/A	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	1 case	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis or septicaemia*	Until recovered.	1 case	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis due to other bacteria	Until recovered.	1 case	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed
Meningitis viral	None.	N/A	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None.	N/A	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.
Mumps	5 days after onset of swelling.	A greater than expected rate of infection compared with the usual background rate for the place and time where cases occurred.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.

Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)	Children / young people and staff with a lesion or wound that cannot be covered should be excluded.	2 or more cases.	
Ringworm	Not usually required.	N/A	Treatment is needed.
Rubella (German measles)	5 days from onset of rash.	1 case	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	1 case	Household and close contacts require treatment at the same time.
Scarlet fever	Exclude until 24 hours after starting antibiotic treatment.	2 or more suspected cases or if chicken pox is also circulating.	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, contact your UKHSA HPT.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed).	A greater than expected rate of infection compared with the usual background rate for the place and time where cases occurred.	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None.	N/A	Treatment recommended for child and household.
Tonsillitis	None.	N/A	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).	1 case of pulmonary TB.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.
	Exclusion not required for non-pulmonary or latent TB infection.		Your local HPT will organise any contact tracing.
	Always consult your local HPT before disseminating information to staff, parents and carers.		
Warts and verrucae	None.	N/A	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics.	1 case	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

Yorkshire and the Humber HPT	Blenheim House, West One Duncombe Street, Leeds, LS1 4PL	Phone: 0113 386 0300	Out of hours advice: 0151 9091219
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Infection Outbreak Notification (ION) form should be sent to LeedsHPTSPOC@leeds.gov.uk

* Further public actions will be determined by the local authority and/or UKHSA health protection teams and communicated to the school.

** It is acknowledged that all education and childcare settings have a baseline level of absences and that it is not always possible to know what children are ill with but that a setting may be able to identify where there is a noticeable change in absences over a few days or successive weeks, for example, 'a rapidly increasing number' may look like a doubling of absences across the setting or in a year group in a short space of time.

*** Being admitted to hospital is generally an indication of severe illness where this requires at least an overnight stay (note: where you are informed that assessment and discharge from a hospital ward have occurred on the same day this is not the same as being admitted and does not indicate a more severe illness)