



What it's called	What it's like	Going to school	Getting treatment	More advice
<b>Chicken Pox</b>	Rash begins as small, red, flat spots that develop into itchy fluid-filled blisters	●	Pharmacy	Back to school 5 days after on-set of the rash
<b>Common Cold</b>	Runny nose, sneezing, sore throat	●	Pharmacy	Ensure good hand hygiene
<b>Conjunctivitis</b>	Teary, red, itchy, painful eye(s)	●	Pharmacy	Try not to touch eye to avoid spreading
<b>Flu</b>	Fever, cough, sneezing, runny nose, headache body aches and pain, exhaustion, sore throat	●	Pharmacy	Ensure good hand hygiene
<b>German measles</b>	Fever, tiredness. Raised, red, rash that starts on the face and spreads downwards.	●	G.P.	Back to school 6 days from on-set of rash
<b>Glandular fever</b>	high temperature, sore throat; usually more painful than any before and swollen glands	●	G.P.	Child needs to be physically able to concentrate
<b>Hand, foot &amp; mouth disease</b>	Fever, sore throat, headache, small painful blisters inside the mouth on tongue and gums (may appear on hands and feet)	●	G.P.	Only need to stay off if feeling too ill for school
<b>Head lice</b>	Itchy scalp (may be worse at night)	●	Pharmacy	
<b>Impetigo</b>	Clusters of red bumps or blisters surrounded by area of redness	●	G.P.	Back to school when lesions crust or 48 hours after start of antibiotics
<b>Measles</b>	Fever, cough, runny nose, and watery inflamed eyes. Small red spots with white or bluish white centres in the mouth, red, blotchy rash	●	G.P.	Back to school 4 days from on-set of rash
<b>Ringworm</b>	Red ring shaped rash, may be itchy rash may be dry and scaly or wet and crusty	●	G.P.	
<b>Scabies</b>	Intense itching, pimple-like rash Itching and rash may be all over the body but commonly between the fingers, wrists, elbows, arm	●	G.P.	Back to school after first treatment
<b>Shingles</b>	Pain, itching, or tingling along the affected nerve pathway. Blister-type rash	●	G.P.	Only stay off school if rash is weeping and cannot be covered
<b>Sickness bug/ diarrhoea</b>	Stomach cramps, nausea, vomiting and diarrhoea	●	Pharmacy	See GP if symptoms persist after 48 hours
<b>Threadworms</b>	Intense itchiness around anus	●	Pharmacy	Ensure good hand hygiene
<b>Tonsilitis</b>	Intense Sore throat	●	Pharmacy	See GP if temperature lasts more than 48 hours or cannot swallow
<b>Whooping cough</b>	Violent coughing, over and over, until child inhales with "whooping" sound to get air into lungs	●	G.P.	Back to school after 5 days of antibiotics or 21 days from onset of illness

See [www.patient.co.uk](http://www.patient.co.uk) for further information on each of these conditions

This leaflet has been produced in partnership between



This information is a guide and has been checked by health professionals however, if you are unsure about your child's wellbeing we recommend you contact your pharmacy or GP to check.

## 2. Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per " <a href="#">Green Book</a> ")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child

Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

### 3. Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

## 4. Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

## 5. Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures

Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good Hygiene Practice</i>
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.