

Parents/Carers have asked us to clarify exclusion periods from Pre-school after illness. We hope the table below helps.

Disease	Usual Incubation Period (days)	Infectious Period (days)	Minimum period of exclusion of patients from school, day nursery, playgroup, etc	Exclusion of family contacts who attend playgroup, day nursery or school
Threadworms	2-6 weeks to complete life cycle	When eggs are shed in faeces	None once treated	None. Household should be treated at same time
Whooping Cough	7-10	From 7 days after exposure to 21 days after onset of severe coughing fits	Until clinically recovered	None
Chickenpox	13-21	From 1-2 days before, to 5 days after appearance of rash	5 days from onset of rash	None
Shingles	Usually years after chickenpox	Blisters contain chickenpox virus (vermicelli Zoster)	5 days from onset of rash	None
Colds/Flu	1-3 days	While symptoms persist	While child unwell	None
Conjunctivitis	2-3 days	During active infection (with pus and crusting)	Until infection cleared	None
Meningitis (see text)	Varies, depending on cause (meningococcal is less than 7 days - usually 3-4 days)	See text	Until clinical recovery	None
Mumps	12-21 commonly 18 days	2 days before onset of swelling to 5 days after	Until swelling has subsided (5 days minimum)	None
Scabies	Few days to 6 weeks	Until mites and eggs are destroyed by treatment	Day of treatment	None. Household should be treated at the same time
Ear Infections/sticky ears	May be chronic	Usually not infectious	None	None

Fifth disease (slapped cheek)	4-20	1 week+ before the rash develops	Until clinically well. Present of rash does not indicate infectivity	None
Food poisoning (including salmonellas and shigella sonnei but not E coli 0157 - seek further advice)	Varies according to cause	Varies according to cause usually whilst symptomatic (may need to consult CCDC)	Until clinically fit with no diarrhoea or vomiting for 24 hours (48 hours if under 5 years or unable to maintain good personal hygiene, and during outbreaks)	None
German Measles (Rubella)	14-21	From 7 days before to 5 days after onset of rash	5 days from appearance of rash	None. If pregnant woman is in contact, she should consult Gp
Ringworm: Tinea Captitis (head), Tinea Corporis (body), athletes foot	4-10 days	As long as rash present	None (treatment recommended)	None
Glandular Fever	4-6 weeks	Once symptoms have cleared risk is small apart from very close contact e.g. kissing	Until clinical recovery	None
Hand, Foot and Mouth disease	3-5	Probably from 2-3 days before and up to several weeks after onset of symptoms (virus in stools)	Until clinically well. Present of rash does not indicate infectivity	None
Diarrhoea and/or vomiting	Varies	Varies	48 hours from last episode of diarrhoea or vomiting. Exclusion from swimming for 2 weeks following last episode of diarrhoea	None

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Head and Body lice	Eggs hatch in 1 week	As long as live lice or eggs	None. Treatment should be started on day head lice found. No need to send child home	None. Others affected in household should be treated at same time
Hepatitis A	2-6 weeks	From 7-14 days before to 7 days after onset of jaundice	7 days from onset of jaundice	Adults in family should discuss prophylaxis with GP
Hepatitis B (see text)	2 weeks to 6 months	Not infectious under normal conditions	Until the child feels well	None
Herpes Simplex (cold sore)	2-12 days	During infection	None	None
HIV infection (see text)	Variable	Not infectious under normal conditions	None	None
Impetigo/Erysipelas	Impetigo: 4-10 days Erysipelas: 1-3 days	As long as lesions are wet and pus is present	Until lesions are crusted or healed	None
Measles	7-14 days	From a few days before to 5 days after onset of rash	5 days from onset of rash	None