Health Advice for Children in Schools and Pre-5 Establishments

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Introduction

This document was produced in response to a request from the local education department. This followed awareness that schools issued different information and guidance to parents on various illnesses and the education department felt it was important that every parent received consistent advice.

It is anticipated that this document will be used in all schools and pre-5 establishments in the county, and also by school nurses, health visitors and GP’s to ensure we provide consistent advice.

The document will be circulated to the education department, who will be responsible for issuing it to their schools and pre-5 establishments. Each GP, health visitor, family health nurse and the health promotion department will receive a copy of the advice from the school health department.

Acknowledgements

This document is adapted from the ‘Argyll and Clyde Health Advice for Schools and Pre-5 Establishments’ with kind permission from Dr. K. Budewig, Specialist Registrar in Public Health Medicine and Karen Campbell.

Gill Cooke, Health Visitor, Vicky Anderson, School Nurse and Karen Crichton, Health Promotion Manager, provided invaluable peer review and contributions for this document.
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COMMON COMMUNICABLE DISEASES - GUIDANCE FOR HEAD TEACHERS, NURSERY AND PLAYGROUP LEADERS

Communicable diseases are common in young children. This document is designed to summarise the information needed by those in settings such as playgroups, nurseries and schools to determine the risks of infectious diseases in these settings and to act as an aid memoire for school nurses, health visitors and doctors.

For some diseases, a period of "exclusion" (time away from the school rather than a formal exclusion) is recommended to ensure that the child is fit to resume normal school/playgroup/nursery activities and that he or she does not present a risk to other children and staff. Pupils who have suffered from one of the conditions listed overleaf can safely return to school, playgroup or nursery when well and in accordance with the advice given overleaf on exclusion of the individual. In most instances contacts of the case require no specific exclusion, again refer to the table.

In some instances children will remain unfit for periods longer than the period given overleaf, as they may need time to recover from the illness. It should also be remembered that staff, if suffering from these infectious diseases, also present a risk and it is recommended that their time off work should also reflect the information given here.

Most of the diseases detailed do not require additional intervention from the School Health Service or the NHS Board. There are some, in particular cases of meningococcal disease (meningitis or blood poisoning with the same bacterial cause) or during outbreaks of proven food poisoning when there is a very specific role for these agencies. Specific advice will be given and can be sought from Kathleen Bree, Director of Allied Health Professions and Nursing, Garden House, New Scapa Road, Kirkwall, telephone 885488.

GASTROINTESTINAL INFECTION

Individuals who suffer gastrointestinal illness with symptoms of vomiting or diarrhoea are at increased risk of spreading the infection to others and should be advised to remain off school or away from the playgroup or nursery for at least 48 hours after the symptoms have resolved. This is particularly relevant to the under 5’s who can more readily pass such infections on to their peer group. Close contacts (household, classroom or others) need not normally be excluded, provided they remain well.

For a small number of diseases, bacteriological clearance (where the stools/faeces are shown to be free of any harmful germs by a laboratory) may also be required. For all gastrointestinal diseases, good personal hygiene is the main line of defence in preventing spread of infection. It is essential that at all times everyone should wash their hands immediately after using the toilet and always before meals or preparing or serving food.

FARM VISITS AND PETS

It is particularly important to recognise the added risks of handling animals and their droppings or food. If visiting farms or handling animals at school ensure that handwashing facilities are available and that these are used after touching animals or their surroundings and always before eating.

Contact details for further advice and information:

- Kathleen Bree, Director of Allied Health Professions and Nursing, Garden House, New Scapa Road, Kirkwall, telephone 885488.

- Maureen Swannie and Vicky Anderson, School Health Department, Health Centre, New Scapa Road, Kirkwall, telephone 01856 885462
### DISEASE AND INCUBATION PERIOD

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<th>Disease and Incubation Period</th>
<th>Period When Infectious</th>
<th>Period of Exclusion of Infected Person</th>
<th>Exclusion of Contacts and Specific Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athlete’s foot</td>
<td>As long as skin has not fully healed</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchiolitis</td>
<td>Few days prior to onset of symptoms and up to 1 week after symptoms</td>
<td>Until the child is well</td>
<td>None</td>
</tr>
<tr>
<td>2-8 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox* and shingles</td>
<td>5 days before to 5 days after spots develop (7 days for shingles)</td>
<td>For 5 days from the onset of the rash and until the child feels well</td>
<td>None If contact is pregnant, new born or has a compromised immune system, seek medical advice</td>
</tr>
<tr>
<td>15-18 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>While symptoms persist</td>
<td>Until treatment commenced</td>
<td>None</td>
</tr>
<tr>
<td>12 hours to 3 days after contact with infected individual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhoea and vomiting / gastro-enteritis</td>
<td>While having symptoms of diarrhoea</td>
<td>Until 48 hours symptom free and the child feels well. In the under 5’s or persons with doubtful hygiene, 2 negative stool specimens are required for all diseases marked ♦ before return to nursery or play school (3 for S.typhi or paratyphi)</td>
<td>None except Salmonella typhi or S. paratyphi, when strict exclusion of certain groups is required. E.coli 0157 food handlers excluded until 2 negative specimens are obtained after index case negative. Pay particular attention to personal hygiene (e.g. handwashing) In some instances advice may need to be sought from the Public Health Department at Garden House.</td>
</tr>
<tr>
<td>“food poisoning”: Campylobacter, Cryptosporidium, Dysentery ♦, E.coli 0157 ♦, viral gastroenteritis, Giardia, Cholera ♦, Salmonella ♦</td>
<td>Varies, few hours to few days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fifth disease (Parvovirus / Slapped Cheek syndrome)</td>
<td>Infectious before onset of rash</td>
<td>Until child feels well</td>
<td>None If contact is pregnant, seek advice from midwife</td>
</tr>
<tr>
<td>Variable 4-20 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glandular Fever</td>
<td>While virus present in saliva</td>
<td>Until child feels well</td>
<td>None</td>
</tr>
<tr>
<td>Probably 4-6 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand, foot and mouth disease (Coxsackie)</td>
<td>During acute stages of illness</td>
<td>Until child feels well</td>
<td>None</td>
</tr>
<tr>
<td>3-5 days</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: *Denotes diseases for which stool specimens are required for return to nursery or play school.*
<table>
<thead>
<tr>
<th>DISEASE AND INCUBATION PERIOD</th>
<th>PERIOD WHEN INFECTIOUS</th>
<th>PERIOD OF EXCLUSION OF INFECTED PERSON</th>
<th>EXCLUSION OF CONTACTS AND SPECIFIC RISKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head and body lice (Pediculosis)</td>
<td>As long as eggs or lice remain alive</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Eggs hatch in week 1</td>
<td></td>
<td></td>
<td>Check all contacts and treat if live lice found</td>
</tr>
<tr>
<td>Hepatitis A*</td>
<td>2 weeks before first symptoms until 7 days after onset of jaundice or symptoms</td>
<td>None – unless poor hygiene is an issue whereby exclusion would be justified for 5 days from onset of jaundice.</td>
<td>None</td>
</tr>
<tr>
<td>2-6 weeks</td>
<td></td>
<td></td>
<td>Household contacts should seek advice from their GP. Can cause outbreaks.</td>
</tr>
<tr>
<td>Hepatitis B and C*</td>
<td>Not infectious under normal school conditions</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>2 weeks-6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herpes simplex (Cold sores)</td>
<td>Until lesions are healed</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>2-12 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV infection</td>
<td>Not infectious under normal school conditions</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Variable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impetigo</td>
<td>As long as septic spots are discharging pus</td>
<td>Until spots have crusted over</td>
<td>None</td>
</tr>
<tr>
<td>Commonly 4-10 days for Staphylococcus and 1-3 days for Streptococcus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>3-5 days after beginning of symptoms, up to 9 days in children</td>
<td>Until the child feels well</td>
<td>None</td>
</tr>
<tr>
<td>1-3 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles*</td>
<td>1 day before first symptoms until 4 days after onset of rash</td>
<td>Until 5 days after onset of rash and until the child feels well</td>
<td>None</td>
</tr>
<tr>
<td>7-14 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis*</td>
<td>Not infectious under normal school conditions</td>
<td>Until the child feels well</td>
<td>None</td>
</tr>
<tr>
<td>2-10 days depending on causative organism</td>
<td></td>
<td></td>
<td>Only household and very close contacts may be given antibiotics on advice of the Public Health Department at Garden House.</td>
</tr>
<tr>
<td>Molluscum contagiosum</td>
<td>As long as rash persists</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>7 days-6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps*</td>
<td>7 days before and up to 9 days after onset of swelling</td>
<td>Until the child feels well</td>
<td>None</td>
</tr>
<tr>
<td>2-3 weeks, commonly 18 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ringworm on body (Tinea Corporis)</td>
<td>As long as rash is present</td>
<td>None once under treatment</td>
<td>None</td>
</tr>
<tr>
<td>4-10 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISEASE AND INCUBATION PERIOD</td>
<td>PERIOD WHEN INFECTIOUS</td>
<td>PERIOD OF EXCLUSION OF INFECTED PERSON</td>
<td>EXCLUSION CONTACTS AND SPECIFIC RISKS</td>
</tr>
<tr>
<td>-------------------------------</td>
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<td>----------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Roseola</td>
<td>As long as rash persists</td>
<td>Until the child feels well</td>
<td>None</td>
</tr>
<tr>
<td>5-15 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella* (German Measles)</td>
<td>1 week before and at least 4 days after onset of rash</td>
<td>For 5 days after onset of rash and until the child feels well</td>
<td>None If contact is pregnant, seek advice from midwife</td>
</tr>
<tr>
<td>16-18 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scabies</td>
<td>Until mites and eggs are destroyed by treatment</td>
<td>Until the day after treatment</td>
<td>None Household and close contacts should be treated at the same time</td>
</tr>
<tr>
<td>2-6 weeks on initial infection, 1-4 days after re-exposure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarlet Fever and Streptococcal Infection*</td>
<td>From when dry sore throat starts until 24 hours after antibiotics started</td>
<td>For 5 days from commencing antibiotics and until the child feels well</td>
<td>None</td>
</tr>
<tr>
<td>1-3 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threadworm</td>
<td>When eggs are shed in the faeces (stools)</td>
<td>None once treated</td>
<td>None Household contacts should be treated at the same time</td>
</tr>
<tr>
<td>2-6 weeks for life cycle to be complete</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (TB)*</td>
<td>Depending on site of infection</td>
<td>Until the child feels well</td>
<td>None Prolonged close contacts will need screening</td>
</tr>
<tr>
<td>Usually 4-6 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verrucae (Plantar warts)</td>
<td>As long as wart is present. Cover verrucae if swimming, showering or bathing</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>2-3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whooping cough* (Pertussis)</td>
<td>For 7 days before until 21 days after start of coughing. If treated with antibiotics, 5 days after starting course</td>
<td>21 days from onset of paroxysmal coughing or if treated with antibiotics, 5 days after commencing course</td>
<td>None</td>
</tr>
<tr>
<td>7-10 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winter vomiting disease</td>
<td>From when symptoms start until 2 days after symptoms have resolved</td>
<td>Until child feels well</td>
<td>None Pay particular attention to personal hygiene (e.g. handwashing)</td>
</tr>
</tbody>
</table>

*These diseases are required to be notified by the GP or doctor treating the patient to Maggie Mitchell, Public Health Department, Garden House, New Scapa Road, Kirkwall, telephone 01856 885470.

If in doubt or you suspect there is an outbreak involving a number of cases of a notifiable disease, please contact Maggie Mitchell, Public Health Department at NHS Orkney, telephone 01856 885470.
Athlete's Foot

What is it?
Athlete's foot is a fungal infection of the skin. Adults are more frequently affected than children.

How do I know someone has it?
Athlete’s Foot is associated with characteristic scaling or cracking of the skin, especially between the toes or blisters containing a thin watery fluid. In severe cases, similar lesions appear on various parts of the body, especially the hands.

Is it infectious?
Yes, it is infectious. The illness may be passed on directly or indirectly through contact with skin lesions of infected people or contaminated floors, shower stalls and other articles used by infected people. A person is infectious as long as the skin has not fully healed and spores persist on contaminated objects.

What is the incubation period?
The incubation period is unknown.

Is there any treatment?
Lotions should be applied to the affected skin. In severe cases, oral medication may be prescribed. Expose feet to air by wearing sandals and use dusting powders.

What should I do if someone has the illness?
- Maintain strict personal hygiene. Take special care in drying between the toes after bathing.
- Boil socks of heavily infected persons to prevent re-infection.
- Thoroughly clean and wash floors of gyms, showers and similar sources of infection with hypochlorite (1:1000).

How soon can someone return to school/work?
There is no indication to keep the infected person off school/work. Strict personal hygiene should be maintained in gyms, swimming pools or similar environments.
Bronchiolitis (Croup)

What is it?

Bronchiolitis is caused by a virus and is the most common respiratory illness in infants. The most common virus concerned is called respiratory syncytial virus (RSV). This virus can become epidemic in winter and early spring, mainly in children less than 6 months, but can occur in children up to 2 years.

How do I know someone has it?

Bronchiolitis starts like a normal cold. Over 1-2 days the child develops nasal discharge, an irritating cough, rapid and wheezy breathing and may have difficulty feeding. The infection usually lasts 3-10 days but the cough may last several weeks.

Is it infectious?

Yes, it is very infectious and is normally caught from a brother, sister, parent or friend who has a cold or chestiness. It is passed on by infected nasal secretions carried on hands or toys. The secretions are then rubbed into the eyes or nose to cause infection. The illness can be passed on a few days before and up to one week after the start of the symptoms.

What is the incubation period?

2-8 days.

Is there any treatment?

Only the symptoms can be treated.

What should I do if someone has the illness?

- Give your child plenty of fluids to drink. It is often easier to feed an ill child small amounts regularly.
- Let the child rest.
- If the child is wheezy from bronchiolitis, sitting with your child in a steamy bathroom can help.
- Wash your hands after touching the child and dispose of the child’s tissues carefully.
- A child should not mix with other people, particularly with other children and the elderly, until he or she has recovered.
- If you have a cold yourself, wash your hands before touching any children.
- Do not share toys.
- See your GP. Do not let your child play with the toys in the waiting room.
- Report to the NHS Board if several children at the nursery or school have been taken ill.

How soon can someone return to school / work?

The child should stay at home until well again.
Chickenpox and Shingles (Varicella-zoster)

What is it?

Chickenpox and shingles are caused by the same virus and are characterised by spots. Chickenpox is rarely a severe illness but can occasionally be serious in newly born babies, the immunocompromised and adults. It can also have serious complications for the unborn.

How do I know if someone has it?

Chickenpox usually begins with a sudden onset of slight fever, feeling unwell and an itchy rash starting with flat red spots, which become raised and filled with fluid. The rash is usually on the body more than on the face and limbs. Spots commonly occur in successive groups and scab over 3-4 days after appearing.

Shingles is characterised by pain and spots on one side of the face or body.

Is it infectious?

Chickenpox is very infectious. It is commonly spread from person to person by viruses shed from the nose and throat as droplets or by direct contact. The fluid inside the spot is infectious. Chickenpox can be passed on during its early stages from up to 5 days before and until 5 days after spots first appear.

Shingles is normally not as infectious, however skin lesions, before drying, are infectious and should be covered up until dry.

What is the incubation period?

Chickenpox may appear between 15 and 18 days after contact with an infected person.

What should I do if someone has the illness?

- The infected person should rest while they have fever and discomfort. Shingles can be treated with a drug that kills the virus.

- The infected person should avoid contact with the following because chickenpox can be more serious for them.
  - newborn babies
  - pregnant women: particularly the first 5 months of the pregnancy and 21 days before the delivery
  - new mothers, particularly during the first 2 weeks following delivery
  - immunosuppressed persons e.g. those with leukaemia, cancer or AIDS

- If a woman who thinks she has not had chickenpox previously gets chickenpox in pregnancy, she should take medical advice.

- Keep a child with a fever cool by reducing the amount of clothing or bedding and by giving paracetamol as prescribed on the bottle.
• Make sure tissues and any article used on spots are washed well in a washing machine. Always wash your hands well after handling any potentially contaminated objects.
• Use a Calamine based lotion or cream on spots to soothe itching.
• Make sure hands are washed after any touching or treating the spots.

How soon can someone return to school/work?

A person should stay away until 5 days from the onset of the rash.
Conjunctivitis

What is it?

Conjunctivitis is an inflammation of the thin, clear membrane (conjunctiva) that covers the white of the eye and inside surface of the eyelid. It can be caused by bacteria or viruses.

How do I know someone has it?

The eye(s) usually look pink and may discharge. This discharge may be watery, or thick with mucus and pus causing the eyelids to stick together. The person often complains of gritty and sticky eye(s), especially in the morning.

Viral conjunctivitis is normally characterised by sudden onset of pain or the feeling of dust in the eye. The eyelids are swollen and tender. Infection may begin in only one eye but usually spreads to involve both.

Is it infectious?

Yes, conjunctivitis is commonly spread from person to person by direct contact with infected discharge from the eyes, in droplets coughed or sneezed into the air, or on hands, towels and washcloths.

Conjunctivitis is infectious as long as symptoms are present.

What is the incubation period?

Symptoms normally appear 12 hours to 3 days after contact with an infected person.

Is there any treatment?

Yes, eye ointment or drops containing antibiotics (prescribed by the doctor) applied to the affected eye(s) work well for bacterial conjunctivitis. Firstly wipe away any discharge with damp cotton wool. Warn older children that the medicine might sting for a few moments. Then gently pull the lower lid down and place one drop (or 1/2 cm ointment) into the space this forms. If possible, ask your child to look up while you are putting in the medication. Avoid touching the dropper or tube to the eye.

Another way to give eye drops is to have your child lie face up with both eyes closed. Place a drop on the inner corner of each eye and then gently pull the lids apart or tell your child to blink. The drops will run into the eye themselves. There is no specific treatment for viral conjunctivitis, but bathing the eyes may be soothing.

What should I do if someone has the illness?

- See a doctor

- Wash hands before, between and after touching eyes.

- Discourage rubbing of the eye(s).

- Use separate bits of damp cotton wool to gently clean each eye as often as necessary and throwaway after use. Wipe from inside to outside of eye with one stroke and discard the cotton wool.
• Apply any eye ointment or drops as prescribed and throw the ointment/drops away after the treatment is finished. Never share the treatment and never keep used bottles/tubes-

• Do not share flannels, eye makeup applicators etc.

• Where possible, children should not attend school until treatment has commenced.

**How soon can someone return to school/work?**

A person should stay away until the eye is either treated or appears normal again. In case of doubt consult the GP.

If there is an outbreak affecting several children at the school or nursery, the NHS Board might suggest longer exclusion periods for any affected children.
Diarrhoea and Vomiting

What is it?

Gastroenteritis is an infection, which causes stomach upset. It may be caused by a number of different bugs including viruses (such as rotavirus or norwalk virus), parasites (such as amoeba or giardia) and bacteria (such as salmonella or campylobacter). These are usually contracted from food, but some can be passed directly from person to person.

How do I know if someone has it?

The main symptoms include diarrhoea, vomiting, nausea, abdominal pain and fever. Different bugs cause different symptoms, but the same bug can cause different symptoms in different people.

Is it infectious?

Not always. Infection is usually caused by eating infected food or drinking infected water. It can sometimes spread directly from person to person, especially if hygiene is poor such as with small children. Good handwashing should be encouraged. It can be spread if someone who is ill prepares food for others.

What is the incubation period?

This varies from a few hours to a few days, depending on the bug and how much infected food was eaten.

Is there any treatment?

Most people will get better with no treatment. For some infections antibiotics may even increase the length of the illness. One or two of the less common bugs may require some specific treatment.

What should I do if someone has the illness?

- Any child with diarrhoea should be separated from other children and stay at home.
- At first, the infected person should drink plenty of clear fluids and not try to eat. Water, non-fizzy fruit drinks, or tea without milk are good. The symptoms will usually clear up in 24 hours.
- If the symptoms last for over 24 hours, or there is blood in the diarrhoea, the person should contact their GP.
- Personal hygiene should be very strict. Everyone should always wash their hands with warm, soapy water and dry them after going to the toilet and before handling food.
- If at all possible, the person who is ill should not prepare food for others.
- The toilet should be kept clean. Make sure that the seat and handle are cleaned.

How soon can someone with the illness return to school/work?

In general people should stay away from work or school until they have been free of symptoms for 48 hours. Those who handle food as part of their work should check with their employers and GP before returning. Similarly, small children younger than 5 years of age or people who find it difficult to maintain basic hygiene carry an increased risk of passing the illness on. Special advice should be sought from the GP or NHS Board. Also, if a germ has been found, the exclusion period will depend on the type of germ.
Fifth Disease ("Slapped Cheek" disease or Erythema Infectiosum)

What is it?

Fifth disease is caused by a virus (human parvovirus). It is usually mild, occurring in small outbreaks among children. More than half of all adults have been infected in the past and are now immune. Infection can occur at all ages, although children aged 5-14 years are at greatest risk. School outbreaks occur usually in early spring. However, it is important to recognise the disease and to prevent further spread particularly because of the risk of complications in pregnant women, people with certain types of blood diseases (haemoglobinopathies) and the immunocompromised (e.g. people with leukaemia).

How do I know if someone has it?

Children with it develop a characteristic red rash on the cheeks, just as though they have been slapped. This is followed by a lace-like rash on the body and limbs which may last up to 3 weeks often fading but returning when exposed to sunlight or heat. Generally children do not feel unwell. Adults may also experience pain and inflammation of their joints (arthritis). A few people get anaemia.

Is it infectious?

Yes, the person is infectious before the onset of the rash. It is most commonly spread by respiratory droplets through coughing, sneezing.

What is the incubation period?

Illness may occur 4-20 days after contact with an infected person.

Is there any treatment?

No treatment is usually necessary.

Who can be seriously affected by the disease?

Pregnant women, particularly during the first 21 weeks of pregnancy, could be affected because the infection may cause miscarriage. Those with poor resistance to infection (the immunosuppressed) and patients with haemoglobinopathies should avoid contact with those who are likely to be infected.

How soon can someone return to school/work?

Once they feel physically well.
Glandular Fever

What is it?

Glandular fever is caused by a virus (Epstein-Barr virus). It is also known as "infectious mononucleosis". It occurs most often in teenagers and young adults.

What are the symptoms?

The most common symptoms are fatigue, sore throat, fever, faint rash and enlargement of the glands in the neck. Tonsillitis is also possible. Some people may develop mild jaundice. Many people have glandular fever without noticing any symptoms at all.

Is it infectious?

Yes. The virus is present in saliva and is therefore spread by salivary contact. In teenagers and young adults it is most often spread by kissing but it can also be spread through unwashed hands or contaminated toys.

What is the incubation period?

It is usually between 4 and 6 weeks. Often the illness is caught from someone who has no symptoms.

Is there any treatment?

There is no specific treatment but most people recover very quickly after a few days rest. A few people do feel a bit tired and run down for up to a month or two, maybe longer. The person should rest and take prescribed paracetamol while there is a fever.

How soon can someone return to school/work?

As soon as they feel well. Many people will not need to take any time off at all.

Should people avoid any specific activities while they have glandular fever?

Not really. People who are feeling unwell or tired should avoid strenuous activity e.g. PE.
Hand, Foot and Mouth Disease

What is it?

Hand, foot and mouth disease is caused by a virus. It usually affects children under 10 years but can occur in adults.

How do I know if someone has it?

The illness usually starts with a sore throat, temperature (fever) and blisters develop on the inside of the mouth and throat. Blisters may also appear on the palms, fingers and soles.

Is it infectious?

The infection can be spread when a person has direct or close contact with discharges from the nose or throat of a person who is in the acute stage of illness. The faeces (motion, stools) are also infectious during the illness and may continue to be infectious for several weeks even after the person feels well. May also be spread by droplet or aerosol.

What is the incubation period?

Illness usually appears 3 to 5 days after a person has been in close contact with an infected person.

Is there any treatment?

There is no specific treatment for the infection. The infected person will get better on their own without treatment. The blisters in the mouth usually clear within 4 to 6 days and the blisters on the body usually last for 7 to 10 days.

What should I do if someone has the illness?

- A child who has a temperature (fever) should be kept cool by a fan and by reducing the amount of clothing/bedding. If advised by a doctor or nurse, give paracetamol to children in the dose prescribed for the child’s age.

- Make sure the handkerchiefs are washed well in a washing machine or in hot soapy water. Always wash your hands well after handling them. Tissues are preferable.

- Make sure that a person with the illness washes his/her hands with warm soapy water after using the toilet and before handling or eating food. Special care should be taken with this for some time after the illness. The virus may persist in faeces for several weeks.

- Make sure the toilet is kept clean. Use diluted bleach (one part bleach in ten parts water) to clean the toilet making sure you clean the handle as well as the seat.

- If worried seek advice from your GP.

How soon can someone with the illness return to school?

A person should stay away from school while they feel ill. However, children with hand, foot and mouth disease do not need to be excluded from school.
Head lice

What are they?

Lice are small wingless insects, which can live on the human scalp and lay their eggs there.

What are the symptoms?

Usually there are no symptoms at all. You may notice black dots (lice droppings) on your clothes or white dots (empty nit shells after the eggs have hatched) in your hair. Your scalp may be itchy.

Are they infectious?

Yes. They can be passed from person to person by head to head contact e.g. in bed. Brushing and combing the hair at night (eggs are usually laid at night) can help prevent the spread of head lice. A person remains infectious while eggs and lice remain alive.

Are they particularly a school problem?

No. They are more a family problem. Pre-school children are often found to be a reservoir of infection. Adults can carry headlice, although children are more likely to transmit them. It is important for the whole family to be treated. Headlice prefer clean hair to dirty hair and short hair to long.

How can you tell if you have them?

You can buy a "nit comb" from the chemist and by running the comb through wet hair find the:
- lice (flesh coloured insects about 3mm long)
- live eggs (very small, dull and flesh coloured cemented just above the roots of individual hairs)
- old shells or nits (white and shiny harmless shells found away from the scalp).

Is there any treatment?

Yes. Lotions are preferable to shampoos because shampoos can be over-diluted and wash off too quickly. These can be bought from the chemist. Check with the pharmacist, school nurse, health visitor or GP as to which preparation is recommended. It is important to follow the instructions on the bottle carefully. It is also very important to check all the family and close contacts at the same time and treat those found with head lice.

Asthmatics and those with skin problems e.g. eczema should use water-based products e.g. shampoos. Pregnant and breast feeding mothers and children under 6 months should be treated under medical supervision.

How soon can you return to school/work?

People with head lice do not need to stay off at all.
Hepatitis A

What is it?

Hepatitis A is a viral disease, which affects the liver. It occurs most often in school children and young adults. It may be known as infectious hepatitis. It is a different disease from Hepatitis B.

How do I know if someone has it?

The illness usually begins with a sudden onset of fever, feeling unwell, loss of appetite, nausea, and stomach pain which is followed within a few days with jaundice: a yellow discolouration of the whites of the eyes and often the skin. Children may have mild infections without jaundice. Younger children may have very mild or no symptoms.

Is it infectious?

Yes, the infection is most commonly spread from person to person by infected faeces (stools). The faeces are infectious for 2 weeks before the person becomes ill and for about 1 week after the jaundice appears. People travelling abroad to developing countries where sanitation is poor are at risk of becoming infected. They should be immunised before travelling.

What is the incubation period?

Illness may appear between 2 to 6 weeks after contact with an infected person.

Is there any treatment?

There is no specific treatment for Hepatitis A. Most patients can be looked after at home.

What should I do if someone has the illness?

- Seek advice of your GP. Hepatitis A is a notifiable disease. Close contacts can be protected from infection by immunisation or immunoglobulin
- Make sure there is very strict personal hygiene. Hands must be washed after using the toilet and before handling food. Toilets (handles and seats) must be kept clean, by using diluted bleach (1 part to 10 parts water).
- In institutions it is preferable to use individual disposable towels. Discourage sharing towels.
- Classroom cooking should be discouraged and also sharing snacks and packed lunches.

How soon can someone return to school/work?

A person should stay away till they feel well and at least 7 days after the onset of the jaundice if poor hygiene is an issue.
Hepatitis B

What is it?
Hepatitis B is an inflammation of the liver caused by a virus. It is quite different from hepatitis A.

What are the symptoms?
The main symptom is jaundice, yellowish skin or eyes and dark urine with pale stools. People can also feel a bit tired and achy. Some people do not notice obvious symptoms. Most people recover eventually, but in some it can lead to liver failure, other long term problems and death. Around 10% of people are unable to get rid of the virus and it remains in their blood (“carriers”). They may feel completely well but they can pass on the infection to others.

Is it infectious?
Yes. It is transmitted in 3 ways: by sexual contact, blood contact (e.g. sharing equipment for injecting drugs, tattooing) and from an infected mother to her child. Hepatitis B is more common in other parts of the world.

What is the incubation period?
It can be anything between two weeks and six months.

Can it be prevented?
Yes. Safe sex (condoms) will prevent the spread of hepatitis B in cases where you don't know if your partner has had it. People should have cuts covered when they are clearing up any spillages of blood or other body fluids.

Blood donors are screened. Clean needles are used for all injections.

A vaccine is available. This should be given to the sexual partners and families of people carrying the hepatitis B virus. Vaccine is also available to health care workers and others caring for people with the hepatitis B virus.

Is there any treatment?
Most people with Hepatitis B will get better on their own without any treatment apart from rest. Some people will get better from their jaundice and symptoms and make a complete recovery. Others will still have the virus in their blood. These people should attend their doctor regularly to have their liver tests checked and discuss treatment.

How soon can you return to school/work?
Hepatitis B is not infectious in normal school or work conditions. People can return to work as soon as they feel well.
Herpes simplex (Cold Sores)

What are they?

Cold sores are caused by a type of herpes virus.

What are the symptoms?

The first symptom is often a tingling in the area (usually the mouth or nose) where a blister will appear. This blister will then develop a crust and will heal without scarring. Children who get their first attack can have more widespread blisters even at the eyes and fingers and may also have mouth ulcers and fever which make them feel rather miserable. These blisters and ulcers will also heal after 2 weeks without scarring and if the child has any further attacks they will simply take the form of a cold sore.

Why do cold sores recur?

Once someone has the cold sore virus, it does not completely disappear from the body but becomes dormant. Repeat cold sores can be triggered by factors such as sunlight, cold, stress and illness.

Are they infectious?

Yes, until lesions are healed. They are usually spread by kissing (because the virus is active in the cold sore blister and can be transferred on to another person’s skin during a kiss) or during contact sports such as wrestling. People who know they have an active cold sore should avoid kissing young children. They should also avoid people who are immunocompromised (e.g. have leukaemia) or who have burns or eczema.

What is the incubation period?

It is usually between 2 and 12 days.

Is there any treatment?

Most cold sores do not need any treatment at all and will heal up quickly on their own. Anaesthetic cream, soothing lotions (e.g. calamine) and antiviral ointments can be helpful. Some people have frequent recurrences and may receive tablets from their GP to prevent these.

How soon can someone return to school/work?

Most people will not need to take any time off work at all. Children with their first attack can go back to school as soon as they feel well.
Impetigo

What is it?

Impetigo is a bacterial skin infection. It is caused either by Staphylococcus or Streptococcus bacteria.

How do I know someone has it?

Impetigo commonly affects the facial skin particularly around the nose and mouth with initial redness, which can develop into blistering weeping spots and then crusts. Young children are more likely to get impetigo and they may become quite miserable, irritable and feverish and have difficulty in feeding. The spots will heal up without scarring.

Is it infectious?

Yes. It is mainly infectious whilst the septic spots are discharging pus. It is spread by direct contact with the skin of the infected person and by sharing towels etc. Transmission can be prevented by frequent hand washing.

What is the incubation period?

Usually between 4 and 10 days for Staphylococcus and 1 to 3 days for Streptococcus.

Is there any treatment?

Yes. Antibiotics can be helpful in many cases in tablets or syrup.

What should I do if someone has the illness?

There is no need to cover the infected area. Leave it open to the air. As with any childhood illness, children should be given frequent fluids and, if they are miserable or feverish, paracetamol (Calpol) in the recommended doses. Remember to wash your hands frequently when you are dealing with an infected child.

How soon can someone return to school/work?

Once the spots are healing up and the child is feeling well.
Influenza

What is it?

Influenza is an acute respiratory illness caused by a virus. It sometimes appears in epidemics and can be dangerous in the elderly and chronically ill people.

How do I know someone has it?

Influenza is characterised by fever, headache, muscle pain, a sore throat and cough. Up to 5% of children may also develop nausea, vomiting or diarrhoea. Normally, symptoms disappear within 2-7 days but the cough may last longer.

Is it infectious?

Yes, it is very infectious. A person is infectious from 3-5 days after the beginning of the symptoms, up to 9 days in children. The illness may be passed on through the air, particularly in crowded rooms or school buses, but also through direct contact.

What is the incubation period?

The incubation period is 1-3 days.

Is there any treatment?

No. Only treat the symptoms.

However, there are vaccines available that are recommended for vulnerable people such as people suffering from chronic respiratory, renal disease, the immunosuppressed or the elderly above the age of 65 years.

What should I do if someone has the illness?

- The infected person should rest while they have a fever.
- Keep a child with a fever cool by reducing clothing and bed clothes and by giving paracetamol as prescribed on the bottle. Sponging a child down with cool water will help to bring the temperature down.
- The infected person should avoid contact with other people.
- The patient should follow basic personal hygiene to reduce passing on the illness by coughing or sneezing.

How soon can someone return to school/work

The person may return to school when well again.
Measles

What is it?

Measles is caused by a virus

How do I know someone has it?

Measles usually begins with one or more of the following symptoms: fever, conjunctivitis, a cough and/or spots on the cheek or in the mouth. 3-7 days later a red, blotchy rash appears, which spreads from the face. This rash lasts 4-7 days. The illness can be confirmed by a blood or saliva test.

Is it infectious?

Yes, measles is infectious from one day before the first symptoms appear until 4 days after the onset of the rash. It is spread by direct contact with sneezing or coughing but not necessarily by touching dirty handkerchiefs etc.

What is the incubation period?

This is about 10 days (varying from 7-14 days) from exposure to measles to onset of fever.

Is there any treatment?

There is no specific treatment for someone with measles. However measles vaccine may be given to close contacts of the ill person if the contacts are not already immunised. The vaccine can be given within 72 hours after exposure. Immunoglobulin can be given to immunocompromised close contacts and those who are up to 13 months old.

Can measles be prevented?

MMR vaccine (Measles, Mumps, Rubella vaccine) is part of the normal childhood vaccination schedule given at 12-15 months and at 4-5 years (booster). It provides very good protection against measles and is a safe vaccine. Immunisation should be postponed only if the child is suffering from an acute illness, if the child has a life-threatening allergy to eggs or if there has been a reaction to the previous dose. Your GP or health visitor will be able to give you advice about this.

What should I do if someone has the illness?

- See a doctor but inform the surgery first that you are bringing someone whom you suspect has measles so that they can put you in a side waiting room.

- The infected person should avoid contact with the following because measles can be more serious in them.

  - persons or babies younger than 13 months who have not been immunised
  - neonates
  - immunosuppressed persons e.g. those with cancer or AIDS.

- The infected person should rest while they have a fever and the rash.

- Keep a child or adult with a fever cool by reducing the amount of clothing or bedding and by giving paracetamol as prescribed on the bottle.

- Make sure hands are washed after touching or treating the spots.
• Ensure that the infected person covers mouth and nose when coughing or sneezing.

**How soon can someone return to school/work?**

The person should stay away from work or school at least until 5 days after the rash first appeared and until the person feels well.
Meningitis

What is it?

Meningitis is an inflammation of the membranes that cover the brain. It can be caused by viruses or bacteria. Young children and teenagers appear to be particularly susceptible.

What are the symptoms?

These are severe headache, light hurting the eyes, stiff neck, fever, vomiting, convulsions and feeling flu-like. Babies may be difficult to wake, may refuse feeds and cry continuously.

Can it be serious?

Yes. Some cases of meningitis are caused by viruses and these may recover on their own without treatment. However bacterial meningitis can be fatal or can lead to problems such as deafness. It is therefore important that any children or young people with the symptoms should be seen urgently by a doctor.

Is it treatable?

Bacterial meningitis must be treated urgently with antibiotics in hospital.

Is it infectious?

Yes it can be. Close (household or "salivary" e.g. kissing) contacts of a person with bacterial meningitis will be given antibiotics. Work or school mates of a person with meningitis are not at increased risk from meningitis.

What is the incubation period?

Between 2 and 10 days depending on the exact type of meningitis.

Can meningitis be prevented?

Some types can be. There is a vaccine against Haemophilus influenza B for children, which is given at 2, 3 and 4 months of age. Haemophilus influenza B meningitis, one of the bacterial meningitis types, is rare in children under 3 months. The rate rises and peaks around 1 year. It then declines to 4 years of age after which infection is uncommon.

A vaccine that protects against meningococcal disease Group A and C strains (other types of bacterial meningitis) is available and may be offered to household and close contacts of cases of these strains. Everybody under the age of 24 years should have received the Men C vaccine. There is no vaccine against group B infections.

Preventive antibiotics are recommended for household and salivary contacts of cases to stop the contacts from spreading the illness.

How soon can someone return to school/work?

As soon as the person feels well.
Molluscum Contagiosum

What is it?

Molluscum contagiosum is a skin infection caused by a virus. The infection is most common in children and immunosuppressed people (e.g. people with AIDS or leukaemia) but can appear in any age group.

How do I know someone has it?

The infection causes smooth-surfaced white or skin-coloured nodes of about 2-5 mm in diameter. These nodes may appear on the face or the body. Normally each lesion disappears after 2-3 months. Usually, all nodes disappear after 6-24 months of infection.

Is it infectious?

Yes, it is infectious as long as the rash persists. It is normally passed on by direct contact, sexual or non-sexual such as through holding hands or infected toys. Re-infection can happen through scratching.

What is the incubation period?

The incubation period is variable from 7 days to 6 months.

Is there any treatment?

The nodes can be removed surgically under local anaesthetic, which shortens the course of infection.

What should I do if someone has the illness and how soon can someone return to school/work?

Contact your GP who may consider removing the nodes.

There is no need to keep the child with molluscum contagiosum at home. S/he can take part in most school activities, including swimming but it is suggested to avoid close contact sports such as wrestling.
Mumps

What is it?

Mumps is caused by a virus. It is most common in children aged 5 to 9 years.

How do I know someone has it?

A person will have fever, swelling and tenderness of one or more salivary glands in the neck and possibly mouth and throat. This can occur in one or both sides of the neck. Deaths are rare although meningitis is a common complication.

Is it infectious?

Yes, mumps is infectious for 7 days before and up to 9 days after the swelling first appears. It is carried from one person to another via droplets e.g. sneezing or direct contact with saliva.

What is the incubation period?

This is normally 18 days but can be 2-3 weeks.

Is there any treatment?

There is no specific treatment but MMR vaccine (Measles Mumps Rubella vaccine) is available to persons older than 13 months.

What should I do if someone has the illness?

- If unsure about the diagnosis, consult a doctor.
- Keep a child or adult cool by reducing the amount of bedding or clothing and by giving paracetamol as prescribed on the bottle.
- The infected person should rest while s/he has a fever.
- Ensure the infected person covers mouth and nose when coughing or sneezing.
- Make sure that handkerchiefs and flannels are washed well in a washing machine or hot soapy water. Always wash your hands well afterwards.
- A person finding it sore to swallow will find thick and smooth drinks (e.g. soups, milkshakes) easier to tolerate.

How soon can someone return to school/work?

The person should stay away until s/he feels well again or at least 5 days after the onset on the swelling.
Ringworm

What is it?

Ringworm is a fungal infection of the skin, hair and nails.

How do I know if someone has it?

It typically appears as flat, spreading, ring-shaped patches. The edges are usually reddish and may be dry and crusted or moist and crusted. As each ring spreads, the middle clears leaving more normal looking skin. On the scalp, it can cause patches of baldness. The hair may become brittle and break easily. If the nails are affected, there will be thickening and discoloration of the nail.

Is it infectious?

Yes, by direct or indirect contact with the infected area of skin. It can also be caught from infected animals.

What is the incubation period?

4 to 10 days for the infection to become established and further 2-3 weeks for symptoms to appear.

Is there any treatment?

Yes. A doctor will prescribe either a lotion or a course of anti-fungal tablets.

What should I do if someone has the illness?

- Consult your doctor who will confirm the diagnosis and decide about treatment.
- The area should be washed carefully with soap and water then dried before lotion is applied.
- Do not share the patient’s clothes, towels and sheets as long as the ringworm is present. Wash them with hot water (60°C).
- Household members and pets should be checked for signs of infection and treated too.
- Maintain high levels of personal and environmental hygiene with attention to hand washing, care of pets, regular cleaning and maintenance of floors and surfaces at home, at schools, in swimming pools and communal changing rooms.

How soon can someone with the illness return to school/work?

They can return to work or school once treatment has started. However, activities involving physical contact or undressing which may lead to exposure of others should be restricted.
Roseola

What is it?

Roseola, also known as Sixth Disease, is an acute illness with fever, which can be accompanied by a rash. It is caused by a virus. Roseola occurs usually in children under 4 years but is most common before 2 years of age.

How do I know someone has it?

A fever, sometimes as high as 41 °C, appears suddenly and lasts 3-5 days. After the fever has gone, a rash starts on the trunk and later on the rest of the body. The rash is spotty and later develops into little nodes.

The symptoms are generally mild but can be severe in people who are immunocompromised (e.g. people with AIDS or leukaemia). Complications include fits due to the high fever.

Is it infectious?

Yes, it is infectious. A person will remain infectious as long as the lesions persist. However, the way it is passed on is not very clear. It has been suggested that well parents with latent, chronic infections as well as other small children pass on the illness.

What is the incubation period?

The incubation period is 5-15 days.

Is there any treatment?

No. Only treat the symptoms.

What should I do if someone has the illness?

- The infected person should rest while they have a fever.
- Keep a child with a fever cool by reducing clothing and bed clothes and by giving paracetamol as prescribed on the bottle. Sponging a child down with cool water will help to bring the temperature down.
- If possible, babies and people with low resistance to infection (immunosuppression) should avoid contact with the patient.

How soon can someone return to school/work?

The person may return to school when well again.
Rubella (German Measles)

What is it?

Rubella (or German Measles) is caused by a virus. It is associated with a mild fever and a rash. Rubella is important because of its ability to cause serious abnormalities in unborn babies including blindness, deafness or severe mental retardation. Women of child-bearing age in close occupational contacts with children and young adults should ensure their immunity.

How do I know someone has it?

A child may have few symptoms but adults may have a fever, rash, headache and possibly conjunctivitis for up to 5 days. Particularly adults may also experience pain in the joints.

Is it infectious?

Yes, rubella is infectious from one week before until 4 days after the rash first appears. It is spread either by direct contact with sneezing or coughing or via urine.

What is the incubation period?

16-18 days.

Is there any treatment?

There is no specific treatment for rubella but the MMR vaccine is available to children older than 13 months.

What should I do if someone has the illness?

- See a doctor but inform the surgery first that you are bringing someone whom you suspect has rubella so that they can put you in a side waiting room. Rubella is a notifiable disease.

- The infected person should avoid contact with any pregnant woman who has not been immunised against rubella. If a woman is unsure about her rubella status, she should seek advice from her GP.

- The infected person should rest while they have a fever.

- Keep a child or adult cool by reducing the amount of clothing or bedding and by giving paracetamol as prescribed on the bottle.

- Ensure the infected person covers their mouth when coughing and nose when sneezing. Wash hands after blowing nose.

How soon can someone return to school/work?

The person should stay away until the person feels well again or at least 5 days after the beginning of the rash.
Scabies

What is it?

Scabies is a skin infection due to a mite, which burrows under the skin causing bumps and blisters of the skin. It can be uncomfortable but is not a serious disease. Clusters of cases may occur in nurseries or schools. Confirmation of diagnosis is particularly important in these settings.

What are the symptoms?

The main symptom is itching, which is often worse after a hot bath and in bed at night. There can also be a rash on the wrists, fingers, feet and on the trunk, especially around the waist.

Is it infectious?

Yes. It is transmitted by skin to skin contact in a warm environment e.g. in bed or by children holding hands. The scabies mite doesn’t survive for long outside the human body, so you can’t pick it up just from bedclothes. However, clothing and bedding should be laundered on a hot washing machine cycle.

What is the incubation period?

Scabies symptoms may start about 2-6 weeks after contact with an infected person or only 1-4 days after re-exposure.

Is there any treatment?

Yes. You can get scabies lotions from your chemist. These lotions need to be painted on the whole body from the neck down (avoiding the face and head) and washed off after 24 hours. Lotions need to be applied twice, with a second coat 4 -7 days after the first. Some types of scabies need three coats. If you are not sure of the diagnosis, see a doctor.

Are there any problems with the treatment?

The treatment should not be applied after a hot bath. The treatments are safe but anyone who has eczema, epilepsy or who is pregnant or breastfeeding should consult their own doctor. Remember also that itching can continue for up to 2-3 weeks after the treatment has been applied. This itching after treatment can be soothed by calamine lotion.

Who should be treated?

The whole family should be treated at the same time even if only one person in the family has obvious scabies.

How long should you stay off school/work?

You can go back the day after you have been treated.
Scarlet Fever

What is it?
Scarlet fever is a fairly common childhood illness. It is caused by bacteria (streptococci) and is characterised by a rash. These bacteria more often cause a sore throat alone.

How do I know if someone has it?
The main symptoms include a nasty sore throat, "strawberry tongue", vomiting and fever. The rash is a fine, raised, red rash (feels like sandpaper) which disappears momentarily when pressed. It appears most commonly on the neck, chest, under the arms, elbows and inner thighs. The rash does not usually affect the face, which is flushed. During convalescence, the skin usually peels on the fingers and toes.

Is it infectious?
Yes, to close contacts of the patient and rarely by indirect contact through objects or hands. When dry sore throat starts until 24 hours after antibiotic treatment.

What is the incubation period?
Short, usually 1-3 days, rarely longer.

Is there any treatment?
Penicillin reduces the length of the illness and the possibility of rare complications such as arthritis and kidney problems. There are alternatives for people allergic to penicillin.

What should I do if someone has the illness?
- Consult your doctor who will confirm the diagnosis and decide about treatment.
- The infected person should rest while they have a fever.
- Keep a child with a fever cool by reducing clothing and bed clothes and by giving paracetamol as prescribed on the bottle. Sponging a child down with cool water will help to bring the temperature down.
- If possible, babies and people with low resistance to infection (immunosuppression) should avoid contact with the patient.

How soon can someone with the illness return to school/work?
The person should stay away for 5 days after commencing antibiotics and once they feel well.
Threadworms

What are they?

Threadworms are tiny white worms, which live in the bowel. They are not harmful themselves but may be a nuisance. They are common, especially in children, but can affect people of any age. They do not come from pets.

How do I know someone has them?

The most common symptom is itching around the back passage (anus) at night. This is because the worms are most active at night. This may lead to disturbed sleep or infection where the person has been scratching. An infected person may have no symptoms but sometimes worms can be seen in the stool or on the toilet paper.

Are they infectious?

Yes. They can often be passed around within families. Threadworms leave the bowel at night and lay eggs on the skin around the back passage. The eggs frequently cause itchiness. Eggs may get onto the hands or under the fingernails of the person infected through scratching of the itchy area and because of inadequate hand-washing after using the toilet. That person then may pass them on to an uninfected person, for example through food handling. Eggs can also get onto carpets, bed linen, towels, face cloths and into household dust and be passed to other people in this way.

What is the incubation period?

It may be between 2 and 6 weeks after contact with a source of infection before the life cycle is completed and eggs are laid in the newly infected person.

Is there any treatment?

Yes. There are medicines (powder, syrup or tablets) which will get rid of the worms which your doctor can prescribe for you or which can be bought at the chemist. It is important that all people living in the same household are treated at the same time as it is quite likely they will be infected as well. An initial course of treatment should be followed by a second course two weeks later to kill worms that have matured in the mean time. There are several things you can do to help get rid of worms:

- A morning bath will remove eggs laid during the night.
- Wash hands after using the toilet and before preparing or eating food.
- Make sure everyone in the family uses their own towel and washcloth.
- During treatment change the night clothes, underwear and bedsheets of the person with the infection as often as possible.
- Vacuum the carpets often.
- Keep the nails of the person with the infection short.
- In order to prevent threadworms, wash hands as above and keep toilet and toilet area clean.

How soon can someone return to school/work?

As soon as they have received treatment.
Tuberculosis

What is it?

Tuberculosis (TB) is caused by a bacterium called Mycobacterium tuberculosis or, more rarely, by Mycobacterium bovis.

What are the symptoms?

Symptoms of TB are extremely varied and usually depend upon which part of the body is affected. TB of the lung (pulmonary TB) can give symptoms of cough with phlegm (sometimes with blood in it), breathlessness, fever and loss of appetite and weight. TB of the lymph glands will cause enlargement of the glands. TB affecting other parts of the body (most commonly the kidneys, pelvis, bones or joints) will have different symptoms depending on the area of the body affected. Other symptoms that can occur with TB are fever and loss of weight. Remember that most people with these symptoms will not always have TB.

Is it infectious?

Yes, if it is TB of the lung. This is spread by infected phlegm (sputum). Prolonged, close contact is necessary for transmission. TB of the lung is not infectious after 2 weeks of treatment. The other types of TB are not infectious.

What is the incubation period?

It is usually between 4 and 6 weeks. Is there any treatment?

Yes. Most people are completely cured by a course of antibiotics. Usually 3 or 4 antibiotics have to be taken together for a course of 6 months. It is very important that someone taking these tablets should finish the course.

Can TB be prevented?

Yes. TB is an uncommon disease in this country but is more common in some other countries of the world, especially the Indian subcontinent and Africa.
In the UK, BCG vaccination is routinely given to children aged 13 years and over and should also be given to babies born to parents who originate from countries where TB is more common than in Britain. TB is also more common in people who are immunosuppressed e.g. people with leukaemia.

People who have been in close contact (usually a household contact) with a person who has been diagnosed with TB of the lung will have to attend the TB clinic. They will be tested for TB by skin testing and possibly chest X-ray.

If you need more information, contact your GP

How soon can someone return to school/work?

People with TB of the lung can return once they have taken two weeks of treatment. People with other types of TB can return as soon as they feel well.
Verrucae

What is it?

A verruca is a type of wart caused by a virus.

How do I know someone has it?

A verruca is a black spot, which can vary in shape and size. Often the skin will be slightly raised and hardened and the contour lines of the skin will deviate around the spot. Sometimes it is painful to stand or walk on a verruca.

Is it infectious?

Yes, verrucae are infectious as long as they are present. They are probably spread on damp or wet surfaces e.g. in baths or swimming pools. School age children and young adults are more often affected. Other bare foot activities, in the gym for example, may also favour the spread of verrucae.

What is the incubation period?

2-3 months is common but longer is possible.

Is there any treatment?

Verrucae normally disappear without any treatment within months to years. If the verruca is painful, very large or there are lots of them, then treatment might be necessary. It is best to first arrange to visit your GP or state registered chiropodist before buying treatments over the counter. Your GP or state registered chiropodist may treat you her/himself or occasionally send you to the hospital outpatient department.

What should I do if someone has a verruca?

- Cover the verruca with a rubber sock or waterproof plaster when the foot is going to become wet or damp e.g. while swimming, showering or bathing.
- Visit your GP or state registered chiropodist if the verruca is sore.
- Follow the instructions on any prescribed treatments. Some of these are acid based and should be used as instructed.

How soon can someone return to school/work?

A person does not need to stay away from school or work and can go swimming if the verruca is covered with a waterproof plaster.
Whooping Cough

What is it?

Whooping cough (pertussis) is a chest infection caused by bacteria. It is most common in young children but can occur at any age.

What are the symptoms?

Initial symptoms are a catarrh and a cold, which then develops into a cough. Children often whoop or vomit after a spasm of coughing. Babies can become quite exhausted by the coughing and may have difficulty feeding because of it. The illness may last for a number of weeks and severe cases, although rare, can occasionally result in brain damage.

Is it infectious?

Yes. People with whooping cough are infectious from 7 days before they start coughing until up to 21 days afterwards. Antibiotics can lessen the infectious period to 5 days after starting the course.

What is the incubation period?

Usually between 7 and 10 days.

Is there any treatment?

Whooping cough can be treated with antibiotics. Babies need to be observed carefully. Lift them if they cough to prevent inhalation of vomit. Feed them carefully. Some children may need to be nursed in hospital.

Can whooping cough be prevented?

Whooping cough (pertussis) vaccine is part of the normal childhood vaccination schedule given at 2, 3 and 4 months and at 3-5 years (booster). It provides very good protection against whooping cough. Immunisation should be postponed only if the child is suffering from an acute illness, or, in the case of a second, third and fourth dose, if there has been a reaction to the previous dose. Your GP, school nurses or health visitor will be able to give you advice about this. It is also important to treat people who are living in the same house as the ill person.

How soon can someone return to school/work?

When they feel well and until 15 days after starting antibiotics or 3 weeks after the start of the cough.
Winter Vomiting Disease

What is it?

It is an infection caused by a small virus that scientists find difficult to isolate. It is usually transmitted during the winter months.

What are the symptoms?

The virus causes fever, sickness and diarrhoea, and lasts for about 24-48 hours. The onset can be very sudden and it typically starts with an attack of vomiting, which can be severe.

Is it infectious?

Yes. The virus needs close proximity between people to be transferred. It is usually transferred through contamination with faecal waste or via infected vomit. It can also be spread from person to person via coughing and sneezing, and projectile vomiting, one of the characteristics of the disease. You can also get the disease from infected food and water.

What is the incubation period?

The virus remains infectious for two days after the symptoms stop.

Is there any treatment?

Most people will get better with no treatment.

What should I do if someone has the illness?

- Any child with winter vomiting disease should be separated from other children and stay at home.
- Drink plenty of clear fluids. Water, non-fizzy fruit drinks or tea without milk are good.
- Personal hygiene should be very strict. Everyone should always wash their hands with warm, soapy water and dry them after going to the toilet and before handling food.
- Use paper tissues to blow your nose and seal them in a polythene bag before throwing them in the bin.
- The illness should get better by itself but if it persists for longer than 48 hours, or your health becomes rapidly worse, you should see your doctor.

How soon can someone with the illness return to school / work?

People should stay away from school or work until they have been free of symptoms for 48 hours. Those who handle food as part of their work should check with their employers and GP before returning. Similarly, small children younger than 5 years of age, or people who find it difficult to maintain basic hygiene, carry an increased risk of passing the illness on. Special advice should be sought from the GP, school nurses or Health Visitor.
References
