

Time Out

Some medical conditions require exclusion from school or child care to prevent the spread of infectious diseases among staff and children. This poster provides information on the recommended minimum exclusion periods for infectious conditions and will assist medical practitioners, schools, pre-schools and child care centres to meet the requirements of the *Public Health Act 2005*.

| Condition | Exclusion of Case (person with infection) | Exclusion of Contacts ⁴ (person exposed to the case with the infection) |
|--|---|---|
| Chickenpox (varicella) | Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised people and less in immunised people. | Anyone with an immune deficiency (eg. leukaemia) or receiving chemotherapy or immunosuppressive therapy may require preventive immunoglobulin and/or exclusion for their own protection. Contact local Population Health Unit for advice. Otherwise not excluded. |
| Cold sores (herpes simplex) | Young children unable to comply with good hygiene practices should be excluded while sores are weeping (sores should be covered with a dressing where possible). | Not excluded. |
| Conjunctivitis | Exclude until discharge from eyes has ceased unless non-infectious conjunctivitis. | Not excluded. |
| Cytomegalovirus (CMV) | Exclusion not necessary. | Not excluded. |
| Diarrhoea² and/or Vomiting (including amoebiasis, campylobacter, cryptosporidium, giardia, rotavirus, salmonella, shigella and viral gastroenteritis, but not norovirus – see separate section) | Exclude until there has not been a loose bowel motion for 24 hours. Exclude staff whose work involves food handling until they have not had any diarrhoea or vomiting for 48 hours. If there are more than 2 cases with loose bowel motions in the same centre or a single case in a food handler notify your nearest Population Health Unit. | Not excluded. |
| Diphtheria³ | Exclude according to Population Health Unit requirements. | Excluded. All contacts (regardless of their vaccination status) should have nose and throat swabs taken, receive prompt antimicrobial prophylaxis and be examined daily for 7 days for evidence of disease. |
| Enterovirus 71 (EV71) Neurological Disease | Written medical clearance is required confirming the virus is no longer present in the child's bowel motions. | Not excluded. |
| Glandular fever (Epstein-Barr virus (EBV), mononucleosis) | Exclusion not necessary. | Not excluded. |
| Haemophilus influenzae type b (Hib) | Exclude until child has received appropriate antibiotic treatment ⁴ for at least 2 days. Written medical clearance from doctor or Population Health Unit is required to return to child care/school, confirming child is not infectious. ⁵ | Not excluded. |
| Hand, foot and mouth disease | Exclude until all blisters have dried. | Not excluded. |
| Head lice | Exclusion is not necessary if effective treatment is commenced prior to the next attendance day (ie. the child does not need to be sent home immediately if head lice are detected). | Not excluded. |
| Hepatitis A³ | Exclude until at least 7 days after the onset of jaundice or illness. Written medical clearance from doctor or Population Health Unit is required to return to child care/school, confirming child is not infectious. ⁵ | Not excluded. |
| Hepatitis B | Exclusion not necessary. | Not excluded. |
| Hepatitis C | Exclusion not necessary. | Not excluded. |
| Human immunodeficiency virus (HIV/AIDS) | Exclusion not necessary. | Not excluded. |
| Influenza and influenza-like illness | Exclude until well. | Not excluded. |

Footnotes

- The definition of 'contact' will vary between diseases and is sometimes complex. If concerned, contact your local Population Health Unit.
- Diarrhoea: the definition is 2 or more consecutive bowel motions that are looser and more frequent than normal or escapes a child's nappy.
- Doctors should notify the local Population Health Unit as soon as possible if children or staff are diagnosed with these conditions.
- Appropriate antibiotic treatment: the definition will vary between diseases. If concerned, contact your local Population Health Unit.
- Observing the exclusion period meets the intent of the Public Health Act 2005 for a person to be not infectious.
- For meningococcal infection, appropriate treatment is the use of rifampicin, ciprofloxacin or ceftriaxone and this will meet the intent of the Public Health Act for a person to be not infectious.

For additional information please refer to the NHMRC publication "Staying Healthy in Child Care" at www.nhmrc.gov.au/publications/index or the Queensland Health website at www.health.qld.gov.au for factsheets about various communicable diseases.

See www.health.qld.gov.au for an electronic copy of this poster.

For further advice and information on any of these conditions contact your nearest Population Health Unit.

Population Health Units

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|--------------------|-----------|
| Brisbane Northside | 3624 1111 |
| Brisbane Southside | 3000 9148 |
| Cairns | 4050 3600 |
| Darling Downs | 4631 9888 |
| Gold Coast | 5509 7222 |
| Hervey Bay | 4120 6000 |
| Mackay | 4968 6611 |
| Moreton Bay | 3142 1800 |
| Mount Isa | 4744 4846 |
| Rockhampton | 4920 6989 |
| Sunshine Coast | 5409 6600 |
| Townsville | 4753 9000 |

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| Condition | Exclusion of Case (person with infection) | Exclusion of Contacts ⁴ (person exposed to the case with the infection) |
|---|---|--|
| Measles ³ | Exclude until at least 4 days since the onset of rash. Written medical clearance from doctor or Population Health Unit is required to return to child care/school, confirming child is not infectious. ⁵ | Immunised and immune contacts not excluded. Un-immunised contacts of a case are to be excluded until 14 days after the first day of appearance of rash in the last case, unless they are immunised within 72 hours, or receive an immunoglobulin injection within 7 days, of first contact during the infectious period with the first case. All immunocompromised children and staff should be excluded until 14 days after the first day of appearance of rash in the last case. |
| Meningitis (bacterial) | Exclude until well and has received appropriate antibiotics. ⁴ | Not excluded. |
| Meningitis (viral) | Exclude until well. | Not excluded. |
| Meningococcal infection ³ | Exclude until child is well and has received appropriate antibiotics. ⁶ Written medical clearance from doctor or Population Health Unit is required to return to child care/school, confirming child is not infectious. ⁵ | Not excluded. |
| Molluscum contagiosum | Exclusion not necessary. | Not excluded. |
| Mumps | Exclude for 9 days after onset of swelling. | Not excluded. |
| Norovirus | Exclude until they have not had any diarrhoea or vomiting for 48 hours. | Not excluded. |
| Parvovirus (erythema infectiosum, fifth disease, slapped cheek syndrome) | Exclusion not necessary. | Not excluded (pregnant women should consult their medical practitioner) |
| Pertussis ³ (whooping cough) | Exclude until child has received 5 days of appropriate antibiotics ⁴ or for 21 days from the onset of coughing. Written medical clearance from doctor or Population Health Unit is required to return to child care/school, confirming child is not infectious. ⁵ | Contacts that live in the same house and contacts in the same child care room as the case, and have received less than 3 doses of pertussis vaccine, are to be excluded from child care/school until they have had 5 days of appropriate antibiotics. If antibiotics have not been taken, these contacts must be excluded for 14 days after their last exposure to an infectious case. |
| Poliomyelitis ³ | Exclude for at least 14 days from onset of symptoms and case has recovered. Written medical clearance from doctor or Population Health Unit is required to return to child care/school, confirming child is not infectious. ⁵ | Not excluded unless considered necessary by Population Health Unit. |
| Ringworm/tinea/scabies | Exclude until the day after appropriate treatment has commenced. | Not excluded. |
| Roseola (sometimes referred to as 'baby measles') | Exclusion not necessary. | Not excluded |
| Rubella (German measles) ³ | Exclude until fully recovered or for at least 4 days after the onset of rash. | Not excluded (female staff of childbearing age should check their immunity to rubella with their doctor). |
| School sores (impetigo) | Exclude until appropriate antibiotic treatment ⁴ has commenced. Sores on exposed areas must be covered with a watertight dressing. | Not excluded. |
| Streptococcal sore throat (including scarlet fever) | Exclude until well and has received antibiotic treatment ⁴ for at least 24 hours. | Not excluded. |
| Thrush (candidiasis) | Exclusion not necessary. | Not excluded. |
| Tuberculosis (TB) ³ | Written medical clearance is required from Queensland Tuberculosis Control Centre to return to child care/school, confirming child is not infectious. | Not excluded. |
| Typhoid ³ , paratyphoid | Exclude from child care/school/foodhandling and health care workplaces until there is written medical clearance from doctor or Population Health Unit confirming child is not infectious and has met Population Health Unit requirements. | Not excluded unless considered necessary by Population Health Unit. |
| Whooping cough | See pertussis | See pertussis |
| Worms | Exclude if loose bowel motions present. | Not excluded. |

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- Doctors should notify the local Population Health Unit as soon as possible if children or staff are diagnosed with these conditions.
- Appropriate antibiotic treatment: the definition will vary between diseases. If concerned, contact your local Population Health Unit.
- Observing the exclusion period meets the intent of the Public Health Act 2005 for a person to be not infectious.
- For meningococcal infection, appropriate treatment is the use of rifampicin, ciprofloxacin or ceftriaxone and this will meet the intent of the Public Health Act for a person to be not infectious.

For additional information please refer to the NHMRC publication *"Staying Healthy in Child Care"* at www.nhmrc.gov.au/publications/index or the Queensland Health website at www.health.qld.gov.au for factsheets about various communicable diseases.

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