



Government of **Western Australia**  
Department of **Health**

# Communicable Disease Guidelines

For teachers, child care workers,  
local government authorities and  
medical practitioners

2010 Edition



## Disclaimer

These guidelines have been produced by the Department of Health to provide information relevant to the management of some vaccine-preventable and communicable diseases in child care and school facilities. While every reasonable effort has been made to ensure the accuracy of the information in these guidelines, no guarantee is given that the guidelines are free from error or omission. The information provided is not a substitute for medical care and so specific questions about a person's health status should be directed to their health care provider. **Notifiable diseases outlined in this book will be followed up by a Public Health Unit Staff member.**

## Introduction

Day care and school staff have a key role in preventing the transmission of diseases in day-care and the school environment. While it is often difficult to prevent the transmission of common viral infections that occur during the winter season, every effort should be made to minimize the spread of infection by encouraging:

- staff and students to stay at home in the early stages of illness when they are most likely to be shedding the virus or bacteria through coughing and sneezing;
- parents to seek medical advice if their child has ongoing symptoms of illness;
- vaccination against the vaccine preventable diseases listed in the schedule at the end of this book e.g. measles, mumps, rubella (MMR), pertussis, meningococcal C, hepatitis B, seasonal influenza, varicella, DTpa.

An outline of preventative strategies for preventing transmission of disease and recommendations for cleaning the environment can be obtained from "Staying Healthy in Child Care" a government publication that provides comprehensive information about the management of a range of common childhood diseases [www.nhmrc.gov.au/publications/synopses/ch43syn.htm](http://www.nhmrc.gov.au/publications/synopses/ch43syn.htm)

Day-care and school staff have a role in encouraging parents to ensure that their child's immunisation is up to date, requesting copies of immunisation records to up date the immunisation school data base which is kept at the school and day-care for reference when students are reported to have a vaccine preventable disease.

Many of the child hood infectious diseases require student/staff to be excluded from day-care or school for a recommended period of time if they are unable to provide evidence of immunisation against specific diseases that are known to be highly transmissible.

### **Strategies to prevent transmission of infection include:**

- Hand washing with soap and water for at least 15 seconds before preparing or eating food, after using the toilet, changing nappies, after blowing your nose with a tissue and after any contamination of the hands with body fluids such as blood and vomit.
- Effective cleaning with detergent and water, followed by rinsing and drying will remove the bulk of germs from environmental surfaces (refer to your school/day-care policy or Staying Healthy in Childcare Guidelines).
- Use of appropriate cleaning tools and use of protective personal equipment (gloves, masks) is important and should be easily accessible to clean up spills immediately, to prevent aerosol spread of viruses and bacteria.
- Discuss issues related to managing suspected or confirmed cases of infectious diseases with your local public health nurses (telephone numbers on page 32).

### **References:**

- Staying healthy in child care. 4th Edition. National Health Medical Research Committee (NHMRC) Australian Government 2006. <http://www.nhmrc.gov.au/publications/synopses/ch43syn.htm>
- Control of Communicable Diseases Manual. 19th Edition. David L,Heymann Editor. American Public Health Association 2008.

## A

**ACUTE FEBRILE RESPIRATORY DISEASE**

(various viruses, e.g. Parainfluenzavirus, RSV, Adenovirus, Rhinovirus, Coxsackievirus, Echovirus)

A common, acute, respiratory, viral infection. Symptoms include fever, malaise, chills, headache, muscle pain, sore throat, cough and diarrhoea.

<b>Transmission:</b>	Airborne or droplet.
<b>Incubation period:</b>	1 to 10 days.
<b>Infectious period:</b>	Usually for the duration of symptoms.
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Varies according to symptoms.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

**AIDS**

See HIV

**AMOEBIC DYSENTERY**Amoebiasis (*Entamoeba histolytica*)

**\*NOTIFIABLE – discuss with your Public Health staff.**

An uncommon, acute, parasitic infection of the intestines, usually acquired when visiting developing countries. Symptoms include fever, chills, nausea and diarrhoea with blood or mucous.

<b>Transmission:</b>	Faecal-oral.
<b>Incubation period:</b>	Days to months (usually 2 to 4 weeks).
<b>Infectious period:</b>	As long as amoebic cysts are present in faeces.
<b>Exclusion:</b>	Exclude until diarrhoea has ceased.
<b>Treatment:</b>	Antibiotics as recommended by doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## CHICKENPOX

### Varicella

**\*NOTIFIABLE – discuss with your Public Health staff.**

A common, acute, viral infection. Symptoms include fever, fatigue, and a generalised rash characterised by small vesicles (blisters) that rupture to form crusts.

<b>Transmission:</b>	Airborne or droplet; direct or indirect contact with fluid from vesicles of an infected person.
<b>Incubation period:</b>	13 to 17 days.
<b>Infectious period:</b>	From 2 days before rash appears until vesicles have formed crusts.
<b>Exclusion:</b>	Exclude for at least 5 days after vesicles (rash) appear and until vesicles have formed crusts. Note that crusts alone do not warrant exclusion.
<b>Treatment:</b>	Antiviral treatment available – refer to doctor. Do not give aspirin to children with chickenpox under 12 years of age as it may cause Reye's Syndrome.
<b>Contacts:</b>	Refer any immunosuppressed children (e.g. leukaemia patients) to their doctor. Do not exclude other contacts.
<b>Immunisation:</b>	See Appendix 1. Recommended for people 18 months of age or older who have not had chickenpox. May prevent chickenpox in contacts if given within 5 days of exposure – refer to doctor.

## CONJUNCTIVITIS

### (various viruses and bacteria)

A common, acute, viral or bacterial infection of the eyes. Symptoms include sore, itchy eyes and discharge.

<b>Transmission:</b>	Direct or indirect contact with secretions from infected eyes.
<b>Incubation period:</b>	1 to 3 days.
<b>Infectious period:</b>	While eye discharge is present.
<b>Exclusion:</b>	Exclude until discharge from eyes has ceased.
<b>Treatment:</b>	Antibiotics as recommended by doctor – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## CRYPTOSPORIDIOSIS

**\*NOTIFIABLE – discuss with your Public Health staff.**

A common parasitic infection of the intestine, often without symptoms. When present, symptoms include vomiting, loss of appetite, stomach pain and foul smelling diarrhoea.

<b>Transmission:</b>	Faecal-oral.
<b>Incubation period:</b>	10 days.
<b>Infectious period:</b>	2 to 4 weeks.
<b>Exclusion:</b>	Exclude until diarrhoea has ceased.
<b>Treatment:</b>	Antibiotic as recommended by doctor – refer to doctor.
<b>Contacts:</b>	Do not exclude. Reduce transmission by good hygiene, especially hand washing.
<b>Immunisation:</b>	None available.

## CYTOMEGALOVIRUS (CMV)

A common, acute, viral infection, often without symptoms. When present, symptoms include fever and swollen glands. Infection of an unborn baby may result in serious disease

<b>Transmission:</b>	Direct contact with secretions (e.g. saliva, urine, breast milk, cervical secretions) from an infected person or from mother-to-baby during pregnancy or after birth.
<b>Incubation period:</b>	3 to 12 weeks.
<b>Infectious period:</b>	For as long as the virus is shed in secretions (usually months).
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Varies according to symptoms. Antiviral treatment available for serious disease – refer to doctor.
<b>Contacts:</b>	Do not exclude. Reduce transmission by good hygiene, especially hand washing. Refer pregnant contacts to their doctor.
<b>Immunisation:</b>	None available.

## DIARRHOEA

(various viruses or bacteria, e.g. *Campylobacter*, *Giardia*, *Salmonella*, *Shigella*)

D

**\*NOTIFIABLE – *Campylobacter*, *Salmonella*, *Shigella*, *Rotavirus* – discuss with your Public Health staff.**

A range of common infections of the intestines. Symptoms include fever, vomiting, diarrhoea, and abdominal pain.

<b>Transmission:</b>	Faecal-oral.
<b>Incubation period:</b>	Hours to days.
<b>Infectious period:</b>	Days to weeks.
<b>Exclusion:</b>	Exclude until diarrhoea has ceased, for 24 hours.
<b>Treatment:</b>	Varies according to symptoms. Antibiotic or antiparasitic treatment as recommended by doctor – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## GERMAN MEASLES

See Rubella

G

## GLANDULAR FEVER

(Infectious Mononucleosis, Epstein-Barr virus)

A common, acute, viral infection. Symptoms include fever, sore throat, enlarged glands, rash, fatigue.

<b>Transmission:</b>	Direct contact with infectious nose or throat secretions (e.g. saliva).
<b>Incubation period:</b>	4 to 6 weeks.
<b>Infectious period:</b>	Months.
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Varies according to symptoms.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.
<b>Prevention:</b>	Good hygiene practices, e.g. hand washing to avoid salivary contamination from infected individuals. Avoid kissing on the mouth while unwell, avoid drinking from common container to minimise contact with saliva.

## H HAND, FOOT AND MOUTH DISEASE

(various Enteroviruses, mostly Coxsackievirus)

A common, acute, viral infection. Symptoms include fever, vesicles (blisters) in the mouth and on hands and feet. This infection is not related to the Foot and Mouth Disease found in animals.

<b>Transmission:</b>	Airborne or droplet; faecal-oral.
<b>Incubation period:</b>	3 to 7 days.
<b>Infectious period:</b>	As long as there is fluid in the vesicles. Faeces remain infectious for several weeks.
<b>Exclusion:</b>	Exclude until vesicles have formed crusts that are dry.
<b>Treatment:</b>	Varies according to symptoms.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## HAEMOPHILUS INFLUENZAE TYPE B

(Hib)

**\*NOTIFIABLE – discuss with your Public Health staff.**

An uncommon, acute, bacterial infection that may cause meningitis, epiglottitis (swelling of the throat that obstructs breathing), pneumonia, joint infection, cellulitis (infection of the tissue under the skin). Symptoms of meningitis include fever, vomiting, headache, neck stiffness, irritability, and fitting.

<b>Transmission:</b>	Airborne or droplet; direct contact with contaminated nose or throat secretions.
<b>Incubation period:</b>	2 to 4 days.
<b>Infectious period:</b>	Infectious until treated with antibiotics (24–48 hours).
<b>Exclusion:</b>	Exclude until antibiotic treatment completed, 48 hours.
<b>Treatment:</b>	Antibiotics as recommended by doctor – refer to doctor.
<b>Contacts:</b>	Do not exclude. Contact management will be coordinated by Local Public Health staff.
<b>Immunisation:</b>	See Appendix 1.



## HEAD LICE

(Pediculosis)

A common, parasitic infestation of the scalp hair. Symptoms include scratching and the presence of “nits” (eggs) and lice in the scalp hair.

<b>Transmission:</b>	Head-to-head contact with an infested person.
<b>Incubation period:</b>	7 to 10 days.
<b>Infectious period:</b>	Until lice and eggs (nits) are killed.
<b>Exclusion:</b>	Exclude until after treatment has commenced and live lice removed.
<b>Treatment:</b>	See Appendix 4.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None.

## HEPATITIS A

(Hepatitis A virus)

**\*NOTIFIABLE – discuss with your Public Health staff.**

An acute, viral infection of the liver. Symptoms include malaise, abdominal pain, loss of appetite, nausea, fever, jaundice, dark urine and pale faeces.

<b>Transmission:</b>	Faecal-oral.
<b>Incubation period:</b>	15 to 50 days (usually 28 to 30 days).
<b>Infectious period:</b>	Two weeks before onset of symptoms to 7 days after jaundice appears.
<b>Exclusion:</b>	Exclude for 14 days after onset of illness (if not jaundiced) or 7 days after jaundice appears.
<b>Treatment:</b>	Varies according to symptoms – refer to doctor.
<b>Contacts:</b>	Do not exclude. Contact management will be coordinated by Local Public Health staff.
<b>Immunisation:</b>	Recommended for Indigenous children at 1 year and 18 months of age (see Appendix 1), some travellers and occupational groups – refer to doctor.

## H

**HEPATITIS B**

(Hepatitis B virus)

**\*NOTIFIABLE – discuss with your Public Health staff.**

A viral infection of the liver. Symptoms include malaise, abdominal pain, loss of appetite, nausea, fever, jaundice, dark urine and pale faeces.

<b>Transmission:</b>	Blood-to-blood; sexual contact; during birth mother-to-baby.
<b>Incubation period:</b>	45 to 180 days (average 60 to 90 days).
<b>Infectious period:</b>	Weeks before to months after onset. Carriers may be infectious for life.
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Varies according to symptoms – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	See Appendix 1. Recommended for some travellers and occupational groups – refer to doctor.

**HEPATITIS C**

(Hepatitis C virus)

**\*NOTIFIABLE – discuss with your Public Health staff.**

A viral infection of the liver. Symptoms include fever, loss of appetite, nausea, vomiting, joint pains, malaise and jaundice.

<b>Transmission:</b>	Blood-to-blood; rarely sexual; Mother-to-baby during delivery.
<b>Incubation period:</b>	2 weeks to 6 months (usually 6 to 9 weeks).
<b>Infectious period:</b>	Weeks before to months after onset. Carriers may be infectious for life.
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Antiviral treatment as recommended by doctor – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

Hepatitis A and hepatitis B vaccine is offered to people diagnosed with Hepatitis C.

## HERPES SIMPLEX 1 AND 2

(Cold Sores, Genital Sores)

A common, viral infection. Symptoms include vesicles (blisters) around the mouth or the genital areas, fever and malaise.

<b>Transmission:</b>	Direct contact with weeping vesicles.
<b>Incubation period:</b>	3 to 10 days.
<b>Infectious period:</b>	2 to 7 weeks.
<b>Exclusion:</b>	Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission. Young children unable to comply with good oral hygiene practices should be excluded if lesions are uncovered and weeping.
<b>Treatment:</b>	Antiviral treatment available – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## HIV/AIDS

(Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome)

**\*NOTIFIABLE – discuss with your Public Health staff.**

An uncommon, viral infection that attacks the immune system. Symptoms vary according to the stage of the illness.

<b>Transmission:</b>	Blood-to-blood; sexual contact; mother-to-baby.
<b>Incubation period:</b>	Variable (usually 1 to 3 months).
<b>Infectious period:</b>	As long as HIV infection persists.
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Specialised treatment available – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## H

**HOOKWORM****(Ancylostoma duodenale)**

A common parasite of the intestines. Symptoms include diarrhoea, abdominal pain, weight loss. May also cause anaemia in young children if untreated.

<b>Transmission:</b>	Usually by walking bare foot in soil contaminated by faeces from an infected person.
<b>Incubation period:</b>	A few weeks to several months.
<b>Infectious period:</b>	Not communicable person-to-person. Larvae may survive in soil for several months.
<b>Exclusion:</b>	Exclude until diarrhoea has ceased.
<b>Treatment:</b>	Treatment available – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

**HUMAN HERPES VIRUS 6****(Exanthem subitum, “Sixth” disease, Roseola infantum)**

A common, acute, viral infection. Symptoms include fever followed by a patchy red rash on the body and limbs.

<b>Transmission:</b>	Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-baby.
<b>Incubation period:</b>	5 to 15 days.
<b>Infectious period:</b>	Unknown.
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Varies with symptoms.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## IMPETIGO

(School sores)

A common, acute bacterial infection of the skin caused by staphylococcal or streptococcal bacteria. Symptoms include itchy pustules and scabs.

<b>Transmission:</b>	Direct contact with skin lesions.
<b>Incubation period:</b>	Usually 4 to 10 days.
<b>Infectious period:</b>	As long as there is discharge from untreated lesions.
<b>Exclusion:</b>	Exclude for 24 hours after antibiotic treatment commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing.
<b>Treatment:</b>	Antibiotics treatment available – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## INFLUENZA

(Flu)

**\*NOTIFIABLE – discuss with your Public Health staff.**

A common, acute, respiratory, viral infection. Symptoms include fever, malaise, chills, headache, muscle pain, sore throat and cough.

<b>Transmission:</b>	Airborne or droplet.
<b>Incubation period:</b>	Usually 1–4 days.
<b>Infectious period:</b>	Usually 1 day before onset of symptoms. Until 7 days after.
<b>Exclusion:</b>	Exclude until symptoms resolved.
<b>Treatment:</b>	Varies according to symptoms. Antiviral treatment available as recommended by doctor – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	Refer to doctor.

## LICE

See Head Lice

# MEASLES

(Morbilli virus)

**\*NOTIFIABLE – discuss with your Public Health staff.**

A highly infectious, uncommon, acute, viral infection. Symptoms include lethargy, malaise, cough, sore and swollen eyes and nasal passages, fever and rash.

<b>Transmission:</b>	Airborne or droplet.
<b>Incubation period:</b>	8 to 14 days (usually 10 days).
<b>Infectious period:</b>	About 4 days before to 4 days after rash appears.
<b>Exclusion:</b>	Exclude for 4 days after the onset of the rash, in consultation with Public Health staff.
<b>Treatment:</b>	Varies with symptoms.
<b>Contacts:</b>	Do not exclude vaccinated or previously infected contacts. Susceptible contacts should be excluded until 14 days after the onset of the rash in the last case occurring at a facility. If susceptible contacts are vaccinated with MMR within 72 hours of their first contact with the first case, or Immunoglobulin within 6 days of exposure, then they may return to school following vaccination. Contact management will be coordinated by Public Health staff.
<b>Immunisation:</b>	See Appendix 1.

# MENINGOCOCCAL DISEASE

**\*NOTIFIABLE – discuss with your Public Health staff.**

An uncommon, acute, bacterial infection. Symptoms include fever, vomiting, headache, neck stiffness, muscle and joint pain, rash, drowsiness, irritability, confusion and diarrhoea.

<b>Transmission:</b>	Airborne or droplet.
<b>Incubation period:</b>	About 1 to 4 days.
<b>Infectious period:</b>	Until <i>N. meningitidis</i> bacteria are no longer present in nose and throat secretions.
<b>Exclusion:</b>	Exclude until antibiotic treatment has been completed.
<b>Treatment:</b>	Hospitalisation is usually required.
<b>Contacts:</b>	Do not exclude. Contact management will be coordinated by Public Health staff.
<b>Immunisation:</b>	See Appendix 1.

## MOLLUSCUM CONTAGIOSUM

A common, acute, viral infection of the skin. Symptoms include small, painless, pearly white lesions.

<b>Transmission:</b>	Skin-to-skin contact with an infected person or contact with contaminated clothing or linen.
<b>Incubation period:</b>	Days to months.
<b>Infectious period:</b>	As long as lesions persist.
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Lumps will eventually disappear without treatment. Chemical, thermal or surgical treatment is sometimes used – refer to doctor. Lesions should be covered to prevent transmission.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## MUMPS

**\*NOTIFIABLE – discuss with your Public Health staff.**

An uncommon, acute, viral infection. Symptoms include painful, swollen salivary glands, fever, headache, painful testicles or ovaries.

<b>Transmission:</b>	Airborne or droplet; direct contact with saliva from an infected person.
<b>Incubation period:</b>	About 12 to 25 days (usually 16 to 18 days).
<b>Infectious period:</b>	About 6 days before to 9 days after the onset of salivary gland swelling.
<b>Exclusion:</b>	Exclude for 9 days after onset of symptoms. Consult with your Public Health staff.
<b>Treatment:</b>	Varies with symptoms.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	See Appendix 1.

## PARVOVIRUS B19

(Erythema infectiosum, “Fifth” disease, “Slapped Cheek” Syndrome)

A common, acute, viral infection. Symptoms include fever, red cheeks and neck, itchy lace-like rash on the body and limbs. This infection is not caused by the same parvovirus that infects dogs.

<b>Transmission:</b>	Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-baby.
<b>Incubation period:</b>	1 to 2 weeks.
<b>Infectious period:</b>	Not infectious after the rash appears.
<b>Exclusion:</b>	Exclusion not necessary.
<b>Treatment:</b>	Varies with symptoms.
<b>Contacts:</b>	Do not exclude. Pregnant women who may have been exposed to parvovirus B19 should consult their doctor.
<b>Immunisation:</b>	None available.

## PEDICULOSIS


See Head Lice

## PERTUSSIS

(Whooping Cough, *Bordetella pertussis*)

**\*NOTIFIABLE – discuss with your Public Health staff.**

A highly contagious, acute, respiratory, bacterial infection.

<b>Transmission:</b>	Airborne or droplet; direct contact with contaminated nose or throat secretions.
<b>Incubation period:</b>	About 7 to 10 days.
<b>Infectious period:</b>	From onset of runny nose to 3 weeks (21 days) after onset of cough.
<b>Exclusion:</b>	 Exclude for 14 days from the onset of cough or for 5 days after starting antibiotic treatment.
<b>Treatment:</b>	Antibiotics as recommended by doctor – refer to doctor.
<b>Contacts:</b>	Contact management will be coordinated by Public Health staff.
<b>Immunisation:</b>	See Appendix 1.



## PINWORM

(Enterobiasis, Threadworm)

A common, infection of the intestines. Symptoms include perianal (around the anus) itch, disturbed sleep, irritability, secondary infection of the skin from persistent scratching.

<b>Transmission:</b>	Faecal-oral; indirect contact through clothing, bedding, food or articles contaminated with eggs.
<b>Incubation period:</b>	2 to 6 weeks.
<b>Infectious period:</b>	As long as eggs are excreted. Eggs remain infective for up to 2 weeks.
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Treatment available – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## PNEUMOCOCCAL DISEASE

(Streptococcus pneumoniae)

**\*NOTIFIABLE – discuss with your Public Health staff.**

A common, acute, bacterial infection that can cause septicaemia (blood poisoning), pneumonia, or ear infections. Symptoms depend on the type of infection.

<b>Transmission:</b>	Airborne or droplet.
<b>Incubation period:</b>	About 1–3 days.
<b>Infectious period:</b>	Until Streptococcus pneumoniae bacteria are no longer present in nose and throat secretions (usually 24 hours after antibiotic commencement).
<b>Exclusion:</b>	Exclude until 24 hours after commencement of antibiotics.
<b>Treatment:</b>	Antibiotics as recommended by doctor – refer to doctor.
<b>Contacts:</b>	Do not exclude. Contacts do not require antibiotic treatment or vaccination.
<b>Immunisation:</b>	See Appendix 1.

## R

**RINGWORM**

(Tinea)

A common fungal infection of the skin that usually affects the scalp, skin, fingers, toenails and feet.

<b>Transmission:</b>	Skin-to-skin contact with an infected person, infected animals or contaminated articles.
<b>Incubation period:</b>	Varies with the site of infection.
<b>Infectious period:</b>	As long as lesions are present.
<b>Exclusion:</b>	Exclude until person has received anti-fungae treatment for 24 hours.
<b>Treatment:</b>	Antifungal treatment available – refer to doctor. Bedlinen, towels and clothing should be washed in hot water. Cats/dogs should be examined and treated as necessary.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

**ROUNDWORM**

(Ascariasis)

A parasite that infects the small intestine. Generally associated with few or no symptoms.

<b>Transmission:</b>	Faecal-oral.
<b>Incubation period:</b>	4 to 8 weeks.
<b>Infectious period:</b>	As long as eggs are excreted in faeces.
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Treatment available – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## RUBELLA

(German measles)

**\*NOTIFIABLE** (including congenital rubella syndrome) – discuss with your Public Health staff.

An uncommon, viral disease. Symptoms include fever, sore eyes, swollen glands (especially behind the ears), generalised rash.

<b>Transmission:</b>	Airborne or droplet; direct contact with contaminated nose or throat secretions, mother-to-foetus.
<b>Incubation period:</b>	14 to 21 days. Usually 17 days.
<b>Infectious period:</b>	From 7 days before to at least 4 days after the onset of rash.
<b>Exclusion:</b>	Exclude for 4 days after onset of rash.
<b>Treatment:</b>	Varies according to symptoms.
<b>Contacts:</b>	Do not exclude. Refer pregnant contacts to their doctor.
<b>Immunisation:</b>	See Appendix 1.
<b>Note:</b>	Females should routinely be tested for immunity to rubella before becoming pregnant, and during each pregnancy.

## SCABIES

(*Sarcoptes scabiei*)

An uncommon, acute, parasitic infection, caused by a mite which burrows beneath the surface of the skin. Symptoms include intense itching between the fingers or on the wrists, elbows, armpits, buttocks and genitalia.

<b>Transmission:</b>	Skin-to-skin contact with an infested person or contact with infested clothing, towels or bedding
<b>Incubation period:</b>	2 to 6 weeks before onset of itching if not previously infested. People who have been previously infested may develop an itch 1 to 4 days after re-exposure.
<b>Infectious period:</b>	Until mites and eggs are destroyed.
<b>Exclusion:</b>	Exclude until the day after treatment has commenced.
<b>Treatment:</b>	Treatment available – refer to doctor. Bed linen, towels and clothing used in the previous 5 days should be washed in hot water.
<b>Contacts:</b>	Do not exclude. Family contacts should be treated.
<b>Immunisation:</b>	None available.

## SCHOOL SORES

See Impetigo

## SHINGLES

(Varicella zoster)

**\*NOTIFIABLE – discuss with your Public Health staff.**

A common, acute, reactivation of the varicella (chickenpox) virus. Symptoms include a painful blistering rash, usually on the trunk or face.

<b>Transmission:</b>	Reactivation of previous chickenpox infection.
<b>Incubation period:</b>	Days to weeks.
<b>Infectious period:</b>	Up to 1 week after the appearance of the lesions.
<b>Exclusion:</b>	Do not exclude unless rash is uncovered and weeping.
<b>Treatment:</b>	Antiviral treatment available – refer to doctor.
<b>Contacts:</b>	Do not exclude. Non-immune people may develop chickenpox if they are exposed to vesicle fluid from a person with shingles, they should be referred to their doctor.
<b>Immunisation:</b>	Vaccination against chickenpox reduces the risk of shingles by preventing chickenpox. See Appendix 1.

## STREPTOCOCCAL INFECTIONS

(Streptococcus pyogenes)

An uncommon, acute, bacterial infection. Diseases include throat and ear infections, Rheumatic Fever, skin infections. Symptoms differ depending on the infection.

<b>Transmission:</b>	Airborne or droplet; direct contact with contaminated nose or throat secretions.
<b>Incubation period:</b>	1 to 3 days.
<b>Infectious period:</b>	As long as the bacteria are present in the nose or throat.
<b>Exclusion:</b>	Exclude until person received antibiotic treatment for 24 hours.
<b>Treatment:</b>	Antibiotics as recommended by doctor – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## TETANUS

(*Clostridium tetani*)

**\*NOTIFIABLE – discuss with your Public Health staff.**

An uncommon, acute, bacterial disease. The bacteria produce a toxin that affects the nervous system. Symptoms include lockjaw, painful muscle spasms, respiratory paralysis.

<b>Transmission:</b>	Penetrating skin wounds contaminated by soil, animal or human faeces.
<b>Incubation period:</b>	1 day to several months (usually 3 to 21 days).
<b>Infectious period:</b>	Not communicable person-to-person.
<b>Exclusion:</b>	Do not exclude
<b>Treatment:</b>	Hospitalisation.
<b>Contacts:</b>	Do not exclude
<b>Immunisation:</b>	See Appendix 1.

## TINEA

See Ringworm

## TUBERCULOSIS

(*Mycobacterium tuberculosis*)

**\*NOTIFIABLE – discuss with the Perth Chest Clinic.**

An uncommon bacterial disease that can infect the lungs, bones or any part of the body. Symptoms include malaise, weight loss, fever, night sweats and cough.

<b>Transmission:</b>	Airborne or droplet.
<b>Incubation period:</b>	About 4 to 12 weeks.
<b>Infectious period:</b>	As long as the bacteria are present in discharges.
<b>Exclusion:</b>	Exclude until Medical Certificate of Recovery obtained.
<b>Treatment:</b>	Antibiotics as recommended by doctor – refer to doctor.
<b>Contacts:</b>	Contact management will be coordinated by Department of Health staff, Chest Clinic staff.
<b>Immunisation:</b>	A vaccine against tuberculosis (BCG) is only recommended for specific people. Contact the Perth Chest Clinic (Phone: (08) 9325 3922) for advice.

T

## TYPHOID

(*Salmonella typhi*)

**\*NOTIFIABLE – discuss with your Public Health staff.**

An uncommon, acute, bacterial infection of the intestines, usually acquired when visiting developing countries. Symptoms include fever, headache, constipation, rash, abdominal pain, and diarrhoea with blood.

<b>Transmission:</b>	Faecal-oral.
<b>Incubation period:</b>	3 to 60 days (usually 7-14 days).
<b>Infectious period:</b>	As long as <i>Salmonella typhi</i> bacteria are present in faeces or urine.
<b>Exclusion:</b>	Exclude child care or preschool cases until 3 stool specimens are negative for <i>Salmonella typhi</i> . Exclude other cases until diarrhoea has ceased.
<b>Treatment:</b>	Antibiotics as recommended by doctor – refer to doctor.
<b>Contacts:</b>	Do not exclude. Contact management will be coordinated by Public Health staff.
<b>Immunisation:</b>	Recommended for some travellers – refer to doctor.

W

## WARTS

(Human papilloma virus)

A viral skin infection. Various types of wart infect different areas of the body, including the genital area, hands, knees and feet.

<b>Transmission:</b>	Skin-to-skin contact or direct contact with recently contaminated objects and surfaces, e.g. showers, floors, towels and razors.
<b>Incubation period:</b>	1 to 20 months (usually about 4 months).
<b>Infectious period:</b>	As long as warts remain.
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Warts may resolve naturally, but this may take many months. Chemical, thermal or surgical treatment available – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None available.

## WHIPWORM

### (Trichiuriasis)

A parasite that infects the large intestine, usually without symptoms.

<b>Transmission:</b>	Faecal-oral route by ingestion of infected eggs from contaminated hands, objects, or surfaces.
<b>Incubation period:</b>	Indefinite.
<b>Infectious period:</b>	Several years in untreated carriers.
<b>Exclusion:</b>	Do not exclude.
<b>Treatment:</b>	Treatment available – refer to doctor.
<b>Contacts:</b>	Do not exclude.
<b>Immunisation:</b>	None.

## WHOOPIING COUGH

See Pertussis

## WORMS, INTESTINAL

(See Hookworm, Pinworm, Roundworm, Whipworm)

## Glossary

<b>Acute</b>	Sudden onset, short-term (opposite to 'chronic').
<b>Airborne infection</b>	An infection that is spread through the air by droplets from nose or throat secretions when coughing or sneezing.
<b>Communicable Carrier</b>	Can be passed from one person to another. A person who "carries" an infection but who does not necessarily have any signs or symptoms of the disease.
<b>Chronic</b>	Long-term (opposite to 'acute') infection.
<b>Contact</b>	A person who has had contact with an infected person long enough to acquire the infection.
<b>Direct contact</b>	Infection spread by the hand of contaminated person to another person, food or water.
<b>Discharge</b>	Any body fluid (e.g. pus) discharging from the body.
<b>Exclusion period</b>	The minimum length of time that a person must be kept away to prevent him/her from infecting other people or to protect him/her from being infected by a person with a communicable disease.
<b>Faecal-oral route</b>	Transmission of an infection from the faeces of an infected person to the mouth of a susceptible person e.g. by faecally contaminated water or food, or by faecally contaminated hands.
<b>Immune</b>	Protected from infection because of previous infection or vaccination.
<b>Immune suppressed</b>	A person whose immune system is less able to fight off infections (e.g. people with cancer or other chronic diseases or taking certain medications).
<b>Incubation period</b>	The length of time it takes from first contact with an infectious person to the appearance of any symptoms.
<b>Infectious period</b>	The period of time during which an infected person may infect other people.



<b>Jaundice</b>	Yellow discolouration of the white of the eyes and skin.
<b>Koplik spots</b>	Small white vesicles on the inside of the cheeks caused by some infections e.g. measles.
<b>“Medical Certificate of Recovery”</b>	A certificate from a doctor stating that the person is no longer infectious.
<b>Mother-to-baby</b>	An infection transmitted from a mother to her baby during pregnancy, at birth, or through breastfeeding.
<b>Parasite</b>	An organism that lives in or on the body, and feeds upon, another organism, e.g. worms, scabies, lice.
<b>Prophylaxis</b>	A medication given to a person to prevent a specific infection.
<b>Transmission</b>	The spreading of an infection from one person to another.
<b>Vaccine</b>	An antigen made from disease-causing organisms that stimulates an immune response in people to protect them from those organisms.
<b>Vaccination/ Immunisation</b>	The process of giving a vaccine (usually by injection or by mouth) and stimulating an immune response.
<b>Vector</b>	An insect that transmits a disease between people or between animals and people, e.g. mosquito.
<b>Vesicle</b>	A small fluid-filled blister.

## Appendix 1

## West Australian Vaccination January 2010 Schedule



Age	Vaccine	Brands supplied by WA DoH	Disease Prevented
Birth	Hep B	H-B-Vax 11 (Paed)	Hepatitis B
2 months	7vPCV ORV <sup>1</sup> DTPa-IPV-HepB-Hib	Prevenar RotaTeq Infanrix Hexa	Pneumococcal Rotavirus Diphtheria, Tetanus, Pertussis, Poliomyelitis, Hepatitis B and Haemophilus Influenzae type b
4 months	7vPCV ORV <sup>1</sup> DTPa-IPV-HepB-Hib	Prevenar RotaTeq Infanrix Hexa	Pneumococcal Rotavirus Diphtheria, Tetanus, Pertussis, Poliomyelitis, Hepatitis B and Haemophilus Influenzae type b
6 months	7vPCV ORV <sup>1</sup> DTPa-IPV-HepB-Hib	Prevenar RotaTeq Infanrix Hexa	Pneumococcal Rotavirus Diphtheria, Tetanus, Pertussis, Poliomyelitis, Hepatitis B and Haemophilus Influenzae type b
6 months to <5years (refer to DOH guidelines)	Flu (annual) <sup>2</sup>	Fluvax, Vaxigrip, Influrac	Influenza
12 months	MMR Hib MenCCV	Priorix Hiberix Neisvac-C	Measles, Mumps, Rubella Haemophilus Influenzae type b Meningococcal C
<u>Special Populations</u> a. Aboriginal children b. Medically at risk children	Hep A 7vPCV	Vaqta Prevenar	Hepatitis A Pneumococcal
18 months	VZV	Varilrix	Varicella (chickenpox)
<u>Special Populations</u> Aboriginal children	HepA 23vPPV	Vaqta Pneumovax 23	Hepatitis A Pneumococcal
4 years	MMR DTPa-IPV	Priorix Quadracel	Measles, Mumps, Rubella Diphtheria, Tetanus, Pertussis, Poliomyelitis
<u>Special Populations</u> Medically at risk children	23vPPV <sup>3</sup>	Pneumovax 23	Pneumococcal
School Year 7	Hep B (two doses – 4 to 6 months apart) dTpa VZV	H-B-Vax 11 (Adult)  Boostrix or Adacel Varilrix	Hepatitis B  Diphtheria, Tetanus, Pertussis Varicella (chickenpox)
<u>Special Populations</u> Females only	HPV <sup>4</sup>	Gardasil	Human Papilloma Virus
Adults ≥15 yrs Aboriginal OR Non-Aboriginal ≥ 65 years  Non-Aboriginal ≥ 65 years, Aboriginal ≥ 50 years, OR Aboriginal ≥15 yrs with a medical at risk condition	Flu (annual) <sup>5</sup>  23vPPV (two doses – 5 or more years apart)	Fluvax, Vaxigrip, Fluvac  Pneumovax	Influenza  Pneumococcal
<u>Special Populations</u> Females 12 years School based program	HPV <sup>4</sup>	Gardasil	Human Papilloma Virus to complete course

 Annual influenza vaccine for children aged  
6 months to <5 years (refer to DOH guidelines)

- 1 **Rotavirus vaccine (RotaTeq-ORV):** The RotaTeq vaccine is for ORAL use. The first dose of RotaTeq is given at/before 12 weeks of age. The second dose should be given preferably by 28 weeks of age to allow for a minimum interval of 4 weeks before the third dose. The third dose should be given by 32 weeks of age. Minimum interval of 4 weeks. **Late or catch up doses are not to be given.**
- 2 **Influenza vaccine for children <10** (refer to DOH guidelines): Children who have had 1 or no doses of influenza vaccine ever in their lives should receive 2 doses of vaccine given at least 1 month apart. Children who have had 2 or more doses of Influenza vaccine at any time in their lives prior to the current year, require only 1 dose of vaccine annually.
- 3 **Additional Pneumococcal vaccine for medical at risk children:** A 4th dose of 7vPCV at 12 months of age, and a booster dose of 23vPPV at 4 years of age.
- 4 **Gardasil year 7 school based vaccination program for females 12 years of age**
- 5 **Influenza vaccine eligibility includes:** All pregnant women, all person 65 years of age or older, all Indigenous Australians aged 15 years and older, all individuals aged six (6) months and over with medical conditions predisposing them to severe influenza, namely:
  - cardiac disease
  - chronic respiratory conditions
  - chronic illnesses requiring regular medical follow-up or hospitalisation in the preceding year
  - chronic neurological conditions
  - people with impaired immunity; and
  - children aged six (6) months to 10 years receiving long term aspirin therapy.

**IPV (IPOL) for special population groups, e.g. refugee catch-up immunisations** (as per DOH Protocol): IPOL can be given to persons needing immunity to polio for whom combination vaccines that contain polio antigens are not indicated. Note: IPOL is not funded as a travel vaccine.

**Groups with special vaccination requirements, e.g. medically at risk:** Refer to the 9th edition Immunisation Handbook pages 75–102 for the vaccination guidelines.

## Some Symptoms and Signs of Infections in Young Children

<b>Abnormal behaviour</b>	persistent crying, drowsiness, lethargy, limpness, irritability, sleeplessness, disorientation, confusion.
<b>Fever</b>	38.5°C or higher.
<b>Vomiting</b>	severe or persistent.
<b>Diarrhoea</b>	severe or persistent.
<b>Blood</b>	in vomit or faeces (bowel motion).
<b>Low urine output</b>	e.g. fewer than four wet nappies in 24 hours.
<b>Low food or water intake</b>	e.g. person drinking less than half of the usual amount of milk or other fluids.
<b>Breathing difficulties</b>	e.g. panting, wheezing, coughing, breath-holding, particularly in babies less than 6 months of age.
<b>Fitting/convulsions</b>	loss of consciousness accompanied by jerking movements of arms and legs.

**If you are worried about your child's health, always seek advice from your doctor or ring HealthDirect on 1800 022 222.**

### Note:

- Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor. If a child has influenza or chickenpox, taking aspirin can cause Reye's syndrome, a serious disease affecting the brain and liver.
- Paracetamol overdose may be fatal. Make sure you do not exceed the recommended dosage.
- A child's normal body temperature ranges between 36.5°C to 37°C. To take a child's temperature place a thermometer under the arm (this is safer), not in the mouth. Children may feel cool on the forehead, but they may still have a high body temperature.

## Appendix 3

## Communicable Diseases Contacts and Resources

Specific questions about a child's illness should be referred to the parent and the child's doctor. Your local Public Health Unit can provide information on a range of communicable diseases. See attached Local Public Health telephone numbers on page 32. A wide range of publications and information on communicable diseases can be accessed and/or ordered through:

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**Department of Health:**

[www.public.health.wa.gov.au](http://www.public.health.wa.gov.au)

Phone: 1300 518 963

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**Department of Health and Ageing:**

[www.health.gov.au/pubhlth/index.htm](http://www.health.gov.au/pubhlth/index.htm)

Phone: (02) 6291 1070

## Immunisation Contacts and Resources

Specific questions on immunisation should be directed to your immunisation provider (doctor or child health nurse), your local Public Health Unit, or to the Central Immunisation Clinic on (08) 9321 1312.

A range of publications and information on immunisation can be accessed and/or ordered through:

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**Department of Health:**

[www.public.health.wa.gov.au](http://www.public.health.wa.gov.au)

Phone: 1300 518 963

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**Department of Health and Ageing:**

<http://immunise.health.gov.au>

Phone: 1800 671 811

Parents can check their child's immunisation status through the

**Australia Childhood Immunisation Register**

<http://immunise.health.gov.au>

[www.medicareaustralia.gov.au/providers/program\\_services/about\\_acir.htm](http://www.medicareaustralia.gov.au/providers/program_services/about_acir.htm)

Phone: 1800 653 809

or visit a medicare office and request a print off. A copy of your child's immunisation should be provided at Pre/Primary school entry.

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## Head Lice

A **Head Lice Fact Sheet** is available from:

[www.public.health.wa.gov.au](http://www.public.health.wa.gov.au)  
or 1300 518 963

Local School/Nurse or Public Health Unit telephone number on inside cover.

### Head infestation

Children with head lice infestation are required to have their hair cleared of lice before returning to school. This can be achieved by parents using an insecticide product purchased from the local pharmacy and used according to the manufacturer's instruction. However, this must be followed by parents physically removing the lice from the hair after the recommended time period using a special knit comb. Hair will need to be checked by parents on a daily basis for the following 10-days to ensure that all lice and eggs have been removed from the hair. Refer to the Department of Health, Head lice fact sheet [www.public.health.wa.gov.au](http://www.public.health.wa.gov.au)

Alternatively, for those parents who do not wish to use an insecticide the **10-day hair conditioner method** of removal can be used.

Head lice can be more easily removed by applying plenty of hair conditioner to dry hair before combing to remove live lice and eggs (nits). Any type of hair conditioner may be used, including generic 'home' brands, together with a metal fine-tooth 'nit' comb. Suitable 'nit' combs can be purchased from most pharmacies.

### What to do

- Apply **plenty** of hair conditioner to the **dry** hair until saturated.
- Comb through with an ordinary comb or brush to remove tangles.
- Section and comb the hair thoroughly with a metal fine-tooth 'nit' comb in 4 directions – forwards, backwards, left, and right.
- Wipe the comb on a white paper towel to check that the dark adult lice or the paler hatchlings are being removed. Hatchlings are young lice which emerge from eggs. You may need to use a magnifying glass and a strong light to see the lice and eggs.

## What to do (cont.)

- Using white hair conditioner may make it easier to see the head lice.
- When combing is completed rinse the hair conditioner out and dry the hair.
- Repeat this process **daily** for 10-days to cover the hatching period of the eggs. This removes the hatchlings which emerge from missed eggs.
- Check your findings for **adult** head lice each day after commencing the 10-day combing period. If any are found this will be a new infestation.  
You will need to start again from Day 1, as new eggs may have been laid.
- Check for lice **reinfestation** once a week for at least 4 weeks after completion of the 10-day treatment. Hair conditioner makes the inspection easier.
- Check all other household members for head lice infestation using the method described above, and treat as necessary.

## General Health

General health information can be obtained from **HealthInfo**: 1300 135 030

**Healthinsite** is a Commonwealth Government initiative that provides access to quality information about human health: [www.healthinsite.gov.au](http://www.healthinsite.gov.au)

## Regional Public Health Units

Perth Metropolitan – Lower North	(08) 9380 7746
Perth – Upper North	(08) 9380 7745
Perth – South	(08) 9431 0200
Albany – Great Southern	(08) 9842 7506
Bunbury – South West	(08) 9781 2350
Broome – Kimberley	(08) 9194 1630
Carnarvon – Midwest	(08) 9941 0515
Geraldton – Midwest	(08) 9956 1985
Kalgoorlie-Boulder – Goldfields	(08) 9080 8200
Northam – Wheatbelt	(08) 9956 1985
Port Hedland – Pilbara	(08) 9172 8333


## Local Government Immunisation Providers

City of Armadale	(08) 9399 0111
City of Bayswater	(08) 9400 4938
City of Joondalup	(08) 9400 4000
City of Melville	(08) 9364 0666
City of Stirling	(08) 9345 8555
City of Wanneroo	(08) 9405 5000

If you are worried about a child's health, always seek medical advice or ring **HealthDirect** on 1800 022 222 (24 hours).



## Recommended minimum periods of exclusion from school, pre-school and child care centres for contacts of and cases with infectious diseases

CONDITION	EXCLUSION	EXCLUSION OF CONTACTS
Chicken pox	Exclude until all vesicles have crusted.	Refer any immunosuppressed children (e.g. leukaemia patients) to their doctor. Do not exclude other contacts.
Conjunctivitis	Exclude until discharge from eyes has ceased.	Do not exclude.
Diarrhoea	Exclude until diarrhoea has ceased for 24 hours.	Do not exclude.
Hand, Foot and Mouth disease	Exclude until vesicles have crusted/dry.	Do not exclude.
Hepatitis A	Exclude until 14 days after onset of illness or 7 days after jaundice appears.	Do not exclude. Contact management will be coordinated by Public Health staff.
Herpes simplex "Cold Sores"	Young children unable to comply with good oral hygiene practices should be excluded if lesions are uncovered and weeping.	Do not exclude.
Impetigo	Exclude until after antibiotic treatment has commenced Lesions on exposed skin surfaces should be covered with a waterproof dressing.	Do not exclude.
Measles	Exclude for 4 days after the onset of rash.	Do not exclude vaccinated or previously infected contacts. All other contacts should be excluded until 14 days after the onset of the rash in the last case. If susceptible contacts are vaccinated within 72 hours of their first contact with the first case they may return to school following vaccination. Contact management will be coordinated by Public Health staff.
Meningococcal infection	Exclude until after treatment has been completed.	Do not exclude. Discuss with Public Health staff.
Molluscum contagiosum	Do not exclude.	Do not exclude.
Mumps	Exclude for 9 days after onset of symptoms.	Do not exclude.
Parvovirus (B19 erythema infectiosum, fifth disease)	Exclusion not necessary.	Pregnant women who have been exposed to parvovirus B19 should consult their doctor.
Ringworm, scabies, pediculosis (lice), trachoma	Exclude until person has received antifungal treatment for 24 hours. For head lice exclude until hair is treated, lice removed. For scabies, trachoma, exclude until person has received treatment.	Do not exclude.
Rubella (german measles)	Exclude for 4 days after onset of rash.	Do not exclude. Refer pregnant contacts to their doctor. Discuss with Public Health staff.
Streptococcal infection (including scarlet fever)	Exclude until person has received antibiotic for 24 hours.	Do not exclude.
Whooping cough	Exclude until 5 days after appropriate antibiotics treatment or for 14 days onset of coughing. 	Contact management will be coordinated by Public Health staff.
Worms (intestinal)	Exclude until diarrhoea has ceased.	Do not exclude.

### Emergency after hours Advice

Contact **HealthDirect 1800 022 222**

**Notes:**

**Notes:**

This document can be made available in alternative formats such as computer disc, audio tape or Braille, on request.

