



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

Control of communicable diseases manual

**For teachers, childcare workers,
local government authorities
and health practitioners**

Updated January 2022

Disclaimer

These guidelines have been produced by the WA Department of Health to provide information on the management of some communicable diseases, primarily in child care and school settings. 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 healthcare provider.

Contents

Introduction	6
Immunisation	7
Contact details	9

List of diseases

C

Chickenpox.....	12
Cold sores.....	13
Common cold	14
Conjunctivitis	15
COVID-19.....	16
Cryptosporidiosis.....	17
Cytomegalovirus	18

G

Gastroenteritis.....	19
German measles	20
Glandular fever	20

H

Haemophilus influenzae type b	21
Hand, foot and mouth disease	22
Head lice	23
Hepatitis A.....	24
Hepatitis B.....	25
Hepatitis C.....	26
HIV.....	27
Hookworm	28

I	
Impetigo.....	29
Influenza	30
Influenza-like illnesses	31
M	
Measles.....	32
Meningococcal disease	33
Molluscum contagiosum.....	34
MRSA Infection.....	35
Mumps.....	36
N	
Norovirus	37
P	
Parvovirus B19.....	38
Pediculosis.....	38
Pertussis	39
Pinworm	40
Pneumococcal disease.....	41
R	
Respiratory syncytial virus	42
Ringworm	43
Roseola infantum	44
Rotavirus.....	45
Roundworm	46
Rubella.....	47

S

Scabies	48
Scarlet fever	49
School sores	49
Shingles	50
Slapped cheek	50
Streptococcal infections	51

T

Tetanus	52
Threadworm	52
Tinea	52
Tuberculosis	53
Typhoid/Paratyphoid Fever	54

W

Warts	55
Whipworm	56
Whooping cough	56
Worms (intestinal)	56

Glossary	57
----------------	----

Appendix 1: Signs and symptoms of infections in young children	60
--	----

Appendix 2: Treatment of head lice	61
--	----

Appendix 3: Exclusion from school	63
---	----

References	70
------------------	----

Introduction

The purpose of this booklet is to assist local government authorities, medical practitioners and anyone caring for children in childcare or school settings, to prevent and control the spread of infections in the community.

Many infectious diseases require that children and/or staff be excluded from childcare or school settings for a recommended period of time to reduce the risk of transmission.

For some infections, the duration of exclusion may depend on the child's immunisation status.

The Department of Health is alerted to notifiable diseases. Some may require follow-up by public health staff, particularly where a specific intervention is indicated to reduce the risk of transmission.

Further information on the management of a range of common childhood infections and strategies for preventing their transmission can be obtained from the Australian Government guidelines: *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition)* (www.nhmrc.gov.au/guidelines-publications/ch55). You can also contact your local public health unit regarding these and other communicable diseases (see *Contact details*).

A list of common symptoms and signs of infection in young children is provided in Appendix 1. If you are concerned about a child's health, you should seek medical attention or call **healthdirect Australia** for health advice and information by telephoning 1800 022 222 (24 hours) or at www.healthdirect.gov.au.

Immunisation

Immunisation is a reliable way to prevent some infections and is one of the most important ways to stop the spread of infectious diseases.

The National Immunisation Program funds the vaccines on the National Immunisation Schedule. Information about vaccines and the program for health professionals and community members can be found at www.health.gov.au/initiatives-and-programs/national-immunisation-program.

The current childhood and adult immunisation schedules for Western Australia can be accessed at www.healthywa.wa.gov.au/immunisation.

State-funded vaccines are also available for the management of outbreaks, e.g. measles, hepatitis A and meningococcal ACWY. Vaccines required for other groups e.g. travel, vaccine booster doses, are available from doctor on prescription.

The Australian Immunisation Register (AIR) is a whole-of-life national database that records details of vaccinations given to individuals in Australia, regardless of age. Parents and guardians will be asked to provide a copy of their child's AIR 'immunisation history statement' (a record of the vaccinations the child has received) upon enrolment into a childcare centre or school. The parent/guardian of children under 14 years old can request this by:

- contacting their immunisation provider
- contacting the AIR (ph: 1800 653 809)
- attending a Medicare Service Centre
- using their online Medicare account via myGov (www.my.gov.au)
- using the Express Plus Medicare mobile application (www.humanservices.gov.au/individuals/medicare).

Further information on WA's immunisation requirements can be found at ww2.health.wa.gov.au/immunisationenrolment.

Specific questions on immunisation should be directed to your vaccination provider (doctor or child health nurse) or your local public health unit: [www.healthywa.wa.gov.au/Articles/A E/Contact-details-for-population-public-health-units](http://www.healthywa.wa.gov.au/Articles/A_E/Contact-details-for-population-public-health-units)

Adverse reactions following immunisation can be reported to the Department of Health via www.safevac.org.au/Home/Info/WA.

For further advice on reporting please call 6456 0208.

Monday to Friday between 8.30am – 4.30pm

Contact details

Public health units in Western Australia

Perth – Metropolitan region	1300 62 32 92
Albany – Great Southern region	9842 7500
Bunbury – South West region	9781 2359
Broome – Kimberley region	9194 1630
Carnarvon – Midwest region	9941 0500
Geraldton – Midwest region	9956 1985
Kalgoorlie-Boulder – Goldfields region	9080 8200
Northam – Wheatbelt region	9690 1720
Port Hedland – Pilbara region	9174 1660

Local government immunisation providers

City of Bayswater	9270 4121
City of Joondalup	9400 4938

Or visit www.healthywa.wa.gov.au/Articles/U_Z/Where-can-I-get-my-vaccination for a list of child and adolescent immunisation clinics and their contact details

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

WA Department of Health

www.healthywa.wa.gov.au

Commonwealth Department of Health

www.health.gov.au

Phone:1800 671 811

Infectious disease prevention and control guidance

Staff at childcare centres and schools have key roles in preventing transmission of infectious diseases. The spread of infections in these settings is facilitated by crowding. While it is often difficult to prevent transmission of common communicable diseases, e.g. colds and gastroenteritis, every effort should be made to minimise the spread of infections by encouraging the following:

- Children attending a childcare centre or school should be fully immunised for their age, and ideally the facility would maintain a register of children's immunisation status for reference if required, e.g. in the event of an outbreak (see *Immunisation*).
- Children and staff should stay home from their childcare centre or school while in the infectious stage of illness to prevent transmission to others by coughing, sneezing, direct or indirect contact, e.g. contamination of surfaces. Guidance on infectious periods of diseases and exclusion periods, where relevant, are included with each of the diseases listed in this booklet. Exclusion periods can also be found at the WA Department of Health website: ww2.health.wa.gov.au/Articles/A_E/Communicable-disease-control-guidelines.
- Parents should seek medical advice if their child has ongoing symptoms of illness and they are concerned.
- Contact your local public health unit if a child has been diagnosed with an important infection, such as measles, meningococcal disease or whooping cough, or if an outbreak of disease is detected.
- General infection prevention and control guidelines should be implemented and include the following strategies.

Strategies to prevent transmission of infection:

Good hand hygiene is an effective way to stop infections spreading. Hand hygiene means cleaning your hands with soap and water or an alcohol-based hand sanitiser. Perform hand hygiene frequently and especially:

- after you cough, sneeze or blow your nose
- before, during and after preparing food
- after going to the toilet or changing a nappy
- when your hands are visibly dirty
- after smoking
- after handling or patting animals
- before and after taking care of someone who is sick.

Practice good respiratory hygiene. It is important that you use disposable tissues rather than your hands or a handkerchief when you cough or sneeze. Make sure you always:

- cover coughs and sneezes with a tissue or use your inner elbow
- put the tissue into a closed-top bin as soon as possible
- then wash your hands with soap and warm water, or use hand sanitiser.

Clean environmental surfaces effectively with detergent and water, followed by rinsing and drying. This will remove the majority of germs from environmental surfaces (refer to your school/childcare policy or the Australian Government guidelines *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition) (www.nhmrc.gov.au/guidelines-publications/ch55)).

Use protective personal equipment (such as gloves and masks) and appropriate cleaning tools to clean up any blood or body fluids immediately, to prevent further environmental contamination and disease transmission.

Chickenpox

(Varicella)

Notifiable disease – discuss with your local public health unit.

A common, acute infection caused by the varicella-zoster virus.

Symptoms include runny nose, mild fever, fatigue, then a generalised rash characterised by small vesicles (blisters) that dry out then crust over.

Transmission

Airborne respiratory droplet or direct or indirect contact with fluid from blisters of infected person.

Incubation period

10 to 21 days. Average 14 to 16 days.

Infectious period

From 2 days before rash appears until all blisters have formed crusts.

Exclusion

Exclude until blisters have dried and formed crusts, which is usually 5 days after rash appears. Note that crusts alone do not warrant exclusion.

Treatment

Antiviral treatment available for complicated or severe cases.

Contacts

Refer any immunosuppressed children (e.g. leukemia patients) to their doctor. Do not exclude other contacts. Post-exposure vaccination can be offered to non-immune contacts, if not contraindicated.

Immunisation

Vaccine-preventable disease (see *Immunisation*)

Non-immune pregnant women should see their doctor urgently as immunisation may prevent chickenpox in contacts within 5 days of exposure. Post exposure immunisation can also be offered to other non-immune contacts to prevent disease.

Chickenpox (varicella) fact sheet: www.healthywa.wa.gov.au/Articles/A_E/Chickenpox-varicella

Cold sores

(Herpes simplex virus)

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

Transmission

Direct contact with infected skin, especially sores or blisters; indirectly from someone with a cold sore via shared items put in the mouth.

Incubation period

2 to 12 days.

Infectious period

Most likely when fluid is present in the blister. People with a history of cold sores may shed the virus in their saliva and infect others even if asymptomatic, i.e. no blister apparent.

Exclusion

Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices, e.g. because they are too young, they should be **excluded until the sores are dry**. Sores should be covered with a dressing where possible.

Treatment

No cure. Antiviral treatments available to help control the size and duration of an outbreak of sores – refer to doctor.

Contacts

Do not exclude.

Immunisation

None available.

Common cold

(various viruses, mostly rhinoviruses and coronaviruses)

A common, respiratory viral infection. Symptoms include runny or blocked nose, sneezing, coughing, watery eyes, headache, mild sore throat and possibly a slight fever.

Transmission

Airborne droplets or indirectly via contact with surfaces contaminated by airborne droplets.

Incubation period

1 to 3 days.

Infectious period

Most infectious from about 1 day before onset and while they have a runny nose with clear nasal discharge.

Exclusion

No need to exclude. However, symptoms are very similar to COVID-19 symptoms and cases should be tested for COVID-19 and isolate at home until they have received a negative result.

Treatment

No specific treatment. Because colds are caused by viruses, antibiotics will not help.

Contacts

Do not exclude.

Immunisation

None available.

Common cold fact sheet www.healthywa.wa.gov.au/Articles/A_E/Common-cold

Conjunctivitis

(various viruses and bacteria)

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

Transmission

Direct or indirect contact with secretions from infected eyes.

Incubation period

1 to 3 days.

Infectious period

While eye discharge is present (if cause was viral or bacterial).

Exclusion

Exclude until discharge from eyes has ceased.

Treatment

Treatment as recommended by doctor – refer to doctor.

Contacts

Do not exclude.

Immunisation

None available.

COVID-19

(SARS-CoV-2)

Notifiable disease – discuss with your local public health unit staff.

A respiratory infection caused by the novel coronavirus SARS-CoV-2. Symptoms are usually mild, most commonly including fever and cough. Others include headache, sore throat, fatigue, shortness of breath, myalgia, anosmia, dysgeusia, runny nose, chills and vomiting.

Transmission

Respiratory droplets, smaller particles (aerosols), direct physical contact with an infected individual, and indirectly through contaminated objects and surfaces.

Incubation period

Estimated 1 to 14 days, usually 5 to 6 days.

Infectious period

1 to 3 days prior to onset until 'Release from Isolation' criteria have been met as per SoNG*.

Exclusion

Exclude until 'Release from Isolation' criteria have been met as per SoNG*.

Treatment

No approved treatments to prevent or cure COVID-19. Some treatments can help people who are very seriously ill – refer to doctor.

Contacts

Quarantine for 14 days. Contact management will be coordinated by state and local public health staff.

Immunisation

Vaccine available (see <https://www.healthywa.wa.gov.au/COVID19vaccine>).

COVID-19 fact sheet: www.healthywa.wa.gov.au/Articles/A_E/Coronavirus

*The above information is current as of 15 November 2021. For further information and updates see Australian Government Department of Health, Series of National Guidelines (SoNGs), via www1.health.gov.au/internet/main/publishing.nsf/Content/cdnasongs.htm

Cryptosporidiosis

Notifiable disease – discuss with your local public health unit staff.

A common infection of the intestine caused by the parasite *Cryptosporidium*, often without symptoms. When present, symptoms include vomiting, loss of appetite, stomach pain and foul smelling diarrhoea.

Transmission

Faecal-oral, person to person and animal to person, water-borne.

Incubation period

1 to 12 days (usually 7 days).

Infectious period

While symptomatic and for up to several weeks after symptoms disappear (usually 2 to 4 weeks).

Exclusion

Exclude for 24 hours after diarrhoea has ceased. Cases should also avoid using public swimming pools for two weeks after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*.

Treatment

Varies according to symptoms – refer to doctor.

Contacts

Do not exclude. Reduce transmission by good hygiene, especially hand washing.

Immunisation

None available.

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

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.

Transmission

Direct contact with bodily fluids e.g. saliva, urine, breast milk, cervical secretions, from a person with a primary or reactivated infection, including from mother-to-baby during pregnancy or after birth.

Incubation period

The incubation period is uncertain, but most likely 3 to 12 weeks.

Infectious period

For as long as the virus is shed in secretions (usually months).

Exclusion

Do not exclude.

Treatment

Varies according to symptoms. Antiviral treatment available for serious disease – refer to doctor.

Contacts

Do not exclude.

Reduce transmission by good hygiene, especially hand washing. Refer pregnant contacts to their doctor.

Immunisation

None available.

Gastroenteritis

(various viruses, bacteria or parasites, e.g. *Campylobacter*, *Giardia*, *Salmonella*, *Shigella*, adenovirus, or no organism identified).

Symptoms generally include diarrhoea and/or vomiting. See separate sections for Cryptosporidiosis, Norovirus, and Rotavirus.

Notifiable disease – discuss with your local public health unit staff.

Campylobacteriosis, cryptosporidiosis, rotavirus, salmonellosis, shigellosis – discuss with your local public health unit staff.

Transmission

Faecal-oral, person to person and animal to person, water-borne, food-borne.

Incubation period

Hours to days.

Infectious period

Days to weeks, while the germs are present in the faeces (if cause was viral, bacterial, or parasitic); usually most infectious while symptomatic.

Exclusion

Exclude until symptoms have ceased for at least 24 hours. Exclude for 48 hours after symptoms have ceased if ill person is a high-risk case*; *Shigella dysenteriae* in these cases requires clearance specimens.

Treatment

Oral rehydration; antibiotics or antiparasitic treatment may be prescribed by a doctor.

Contacts

Do not exclude.

Immunisation

None available.

Gastroenteritis fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Gastroenteritis

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

German measles (See Rubella)

Glandular fever

(Infectious mononucleosis, Epstein-Barr virus)

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

Transmission

Direct contact with infectious nose or throat secretions, e.g. nasal mucous or saliva.

Incubation period

4 to 6 weeks.

Infectious period

Months.

Exclusion

Do not exclude. Encourage good hygiene practices, e.g. hand washing, and avoid kissing on the mouth or sharing drinking containers and utensils, to minimise contact with saliva.

Treatment

Varies according to symptoms.

Contacts

Do not exclude.

Immunisation

None available.

Haemophilus influenzae type b

(Hib)

Notifiable disease – discuss with your local public health unit staff.

An uncommon, acute infection caused by *Haemophilus influenzae* type b bacteria, 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.

Transmission

Airborne or droplet; direct contact with contaminated nose or throat secretions.

Incubation period

The incubation period is uncertain, but most likely 2 to 4 days.

Infectious period

Infectious until treated with antibiotics (24 to 48 hours).

Exclusion

Exclude until antibiotic treatment completed.

Treatment

Antibiotics as recommended by doctor.

Contacts

Do not exclude. Contact management will be coordinated by local public health unit staff.

Immunisation

Vaccine-preventable disease (see *Immunisation*).

Hib fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Haemophilus-influenzae-type-B-Hib

Hand, foot and mouth disease

(various enteroviruses, mostly coxsackievirus)

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

Transmission

Airborne or droplet; direct or indirect contact with the fluid from blisters; faecal-oral.

Incubation period

Usually 3 to 7 days.

Infectious period

As long as there is fluid in the vesicles. Faeces remain infectious for several weeks.

Exclusion

Exclude until all vesicles have formed crusts that are dry.

Treatment

No specific antiviral treatment, only treatments to relieve the symptoms.

Contacts

Do not exclude.

Immunisation

None available.

Hand, foot and mouth fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Hand-foot-and-mouth-disease

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.

Transmission

Head-to-head contact with an infested person.

Incubation period

7 to 10 days.

Infectious period

Until lice and eggs (nits) are killed.

Exclusion

There is no requirement to keep children home from school or childcare as long as effective treatment begins before the next day of school or childcare.

Treatment

See Appendix 2.

Contacts

Do not exclude.

Immunisation

None available.

Head lice fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Head-lice

Hepatitis A

(Hepatitis A virus)

Notifiable disease – discuss with your local public health unit staff.

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

Transmission

Faecal-oral; person to person; water-borne; food-borne.

Incubation period

15 to 50 days (usually 28 to 30 days).

Infectious period

2 weeks before symptom onset to one week after onset of jaundice (if it occurs) or 2 weeks after symptom onset (if no jaundice). Children under 6 are less likely to develop symptoms.

Exclusion

Exclude for at least one week after onset of jaundice or two weeks after onset of symptoms (if not jaundiced).

Treatment

No specific antiviral treatment, care is mainly supportive – refer to doctor.

Contacts

Do not exclude. Contact management will be coordinated by local public health staff.

Immunisation

Vaccine-preventable disease (see *Immunisation*).

Hepatitis A fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Hepatitis-A

Hepatitis B

(Hepatitis B virus)

Notifiable disease – discuss with your local public health unit staff.

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

Transmission

Blood-to-blood; sexual contact; during birth mother-to-baby.

Incubation period

45 to 180 days (average 60 to 90 days).

Infectious period

Weeks before to months after onset. Some people become carriers and may be infectious for life.

Exclusion

Do not exclude.

Treatment

Varies according to symptoms – refer to doctor.

Contacts

Do not exclude. Vaccination or post-exposure prophylaxis may be recommended. Contact management will be coordinated by local public health unit staff.

Immunisation

Vaccine-preventable disease (see *Immunisation*).

Hepatitis B fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Hepatitis-B

Hepatitis C

(Hepatitis C virus)

Notifiable disease – discuss with your local public health unit staff.

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

Transmission

Blood-to-blood; rarely sexual; low risk of mother-to-baby during pregnancy or birth.

Incubation period

2 weeks to 6 months (usually 6 to 9 weeks).

Infectious period

Weeks before to months after onset. Carriers may be infectious for life.

Exclusion

Do not exclude.

Treatment

Antiviral treatment as recommended by doctor – refer to doctor.

Contacts

Do not exclude.

Immunisation

None available. Hepatitis A and hepatitis B vaccine is recommended for people diagnosed with hepatitis C.

Hepatitis C fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Hepatitis-C

HIV

(Human immunodeficiency virus)

Notifiable disease – discuss with your local public health unit staff.

An uncommon, viral infection that attacks the immune system.

Symptoms vary according to the stage of the illness.

Transmission

Blood-to-blood; sexual contact; mother-to-baby during pregnancy, birth or breastfeeding.

Incubation period

May experience mild cold/flu like symptoms 1 to 4 weeks after infection, or no symptoms for months to years. Antibodies first detectable <1 to 3 months after infection.

Infectious period

Infectivity is lifelong and is determined by the amount of virus in body fluids.

Exclusion

Do not exclude.

Treatment

Specialised treatment available – refer to doctor.

Contacts

Do not exclude. Pre- and post-exposure prophylaxis treatments are available – refer to doctor.

Immunisation

None available.

HIV fact sheet: www.healthywa.wa.gov.au/Articles/F_I/HIV-and-AIDS

Hookworm

(Ancylostoma duodenale)

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

Transmission

Usually through the skin by walking bare foot in soil contaminated by faeces from an infected person. Also by ingestion of mature larvae.

Incubation period

A few weeks to several months.

Infectious period

Live in the human intestine for usually 1 to 3 years however not communicable person-to-person. Eggs from infected faeces hatch then larvae can mature and survive in wet soil for several months.

Exclusion

Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*.

Treatment

Treatment available – refer to doctor.

Contacts

Do not exclude.

Immunisation

None available.

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

Impetigo

(School sores)

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

Transmission

Commonly spread through damaged skin by direct contact with the sores or the mucous in the nose or throat of an infected person.

Incubation period

Usually 1 to 3 days for streptococcal infections, and 4 to 10 days for staphylococcal infections.

Infectious period

As long as there is discharge from untreated lesions.

Exclusion

Exclude for 24 hours after antibiotic treatment commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing.

Treatment

Antibiotic treatment available – refer to doctor.

Contacts

Do not exclude.

Immunisation

None available.

Impetigo fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Impetigo-school-sores

Influenza

(Flu)

Notifiable disease – discuss with your local public health unit staff.

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

Transmission

Airborne or droplet.

Incubation period

1 to 7 days (usually 2 to 3 days).

Infectious period

Usually 1 day before onset of symptoms until 7 days after.

Exclusion

Exclude until symptoms resolved.

Treatment

Varies according to symptoms. Antiviral treatment available.

Contacts

Do not exclude.

Immunisation

Vaccine-preventable disease (see *Immunisation*).

Influenza fact sheet: www.healthywa.wa.gov.au/Articles/F_I/Flu-influenza

Influenza-like illnesses

(various viral infections causing acute fever 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.

Transmission

Airborne or droplet.

Incubation period

1 to 10 days.

Infectious period

Usually for the duration of symptoms.

Exclusion

Exclude until symptoms resolved. Symptoms are very similar to COVID-19 symptoms and cases should be tested for COVID-19 and isolate at home until they have received a negative result.

Treatment

Varies according to symptoms.

Contacts

Do not exclude.

Immunisation

None available.

Measles

(Morbilli virus)

Notifiable disease – discuss with your local public health unit staff.

A highly infectious, uncommon, acute, viral infection. Symptoms include lethargy, malaise, cough, sore and swollen eyes and nasal passages, fever and rash – must be confirmed with laboratory testing.

Transmission

Airborne or droplet.

Incubation period

7 to 18 days (usually 10 days) from exposure to fever and usually 14 days until rash appears.

Infectious period

24 hours prior to onset of symptoms, e.g. runny nose, cough until 4 days after the onset of rash. When symptoms are undefined, infectious period should be considered as 4 days before onset of rash.

Exclusion

Exclude for 4 days after the onset of the rash, in consultation with public health unit staff.

Treatment

Varies with symptoms.

Contacts

Do not exclude vaccinated or previously infected contacts. Contact management will be coordinated by public health unit staff.

Immunisation

Vaccine-preventable disease (see *Immunisation*).

Measles fact sheet: www.healthywa.wa.gov.au/Articles/J_M/Measles

Meningococcal disease

Notifiable disease – discuss with your local public health unit staff.

An uncommon, acute infection caused by *Neisseria meningitidis* bacteria. Symptoms include fever, vomiting, headache, neck stiffness, muscle and joint pain, rash, drowsiness, irritability, confusion and diarrhoea.

Transmission

Airborne or droplet.

Incubation period

Usually 3 to 4 days, can range from 1 to 10 days.

Infectious period

Until *Neisseria meningitidis* bacteria are no longer present in discharges from nose and mouth, with effective antibiotic therapy, meningococci usually disappear from the nasopharynx within 24 hours.

Exclusion

Exclude until 24 hours of antibiotic treatment has been completed.

Treatment

Antibiotic treatment as recommended by the doctor. Hospitalisation is usually required.

Contacts

Do not exclude. Contacts may require clearance antibiotics or vaccination. Contact management will be coordinated by public health unit staff.

Immunisation

Vaccine available (see *Immunisation*).

Meningococcal disease fact sheet: www.healthywa.wa.gov.au/Articles/J_M/Meningococcal-disease

Molluscum contagiosum

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

Transmission

Skin-to-skin contact with an infected person or contact with contaminated clothing or linen.

Incubation period

Days to months.

Infectious period

As long as lesions persist.

Exclusion

Do not exclude.

Treatment

Lumps will eventually disappear without treatment. Chemical, thermal or surgical treatment is sometimes used – refer to doctor. Lesions should be covered to prevent transmission.

Contacts

Do not exclude.

Immunisation

None available.

Molluscum contagiosum fact sheet: www.healthywa.wa.gov.au/Articles/J_M/Molluscum-contagiosum

MRSA infection

(Methicillin-resistant *Staphylococcus aureus*)

MRSA is a form of *Staphylococcus aureus* that has developed resistance to many commonly used antibiotics. MRSA can live on people's skin or in their nose and not cause any harm. However, if it gets into the body through broken skin it can cause a range of infections including skin infections such as boils and abscesses or more serious infections like osteomyelitis and bloodstream infection.

Transmission

Direct contact with another person who is infected or carrying the MRSA on their skin (i.e. colonised). Indirect contact from surfaces contaminated with MRSA such as clothing or bed linen.

Incubation period

Variable and indefinite.

Infectious period

As long as purulent lesions continue to drain or the carrier state persists.

Exclusion

Exclude for 24 hours after antibiotic treatment commenced. Any lesions on exposed skin should be covered with a waterproof dressing.

Treatment

Antibiotic treatment and decolonisation can be arranged by the doctor.

Contacts

Do not exclude.

Immunisation

None available.

MRSA fact sheet: www.healthywa.wa.gov.au/Articles/J_M/MRSA

Mumps

Notifiable disease – discuss with your local public health unit staff.

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

Transmission

Airborne or droplet; direct contact with saliva from an infected person.

Incubation period

About 12 to 25 days (usually 16 to 18 days).

Infectious period

People with mumps are most infectious 2 days before to 5 days after onset of parotitis (swollen salivary glands). However, people may be infectious for up to 7 days before to 9 days after the onset of parotitis. Asymptomatic cases can also be infectious.

Exclusion

Exclude for 5 days after onset of parotitis. Consult with your public health unit staff.

Treatment

Varies with symptoms.

Contacts

Do not exclude.

Immunisation

Vaccine available (see *Immunisation*).

Mumps fact sheet: www.healthywa.wa.gov.au/Articles/J_M/Mumps

Norovirus

Transmission

Faecal-oral, person to person, water-borne, food-borne.

Incubation period

Usually 24 to 48 hours, but can be as early as 12 hours.

Infectious period

From symptom onset to at least 2 days after symptoms have ceased.

Exclusion

Exclude until asymptomatic for 24 hours. Exclude until asymptomatic for 48 hours if case is high-risk*.

Treatment

Oral rehydration.

Contacts

Do not exclude.

Immunisation

None available.

Norovirus fact sheet: www.healthywa.wa.gov.au/Articles/N_R/Norovirus

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

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 different to the parvovirus that infects dogs.

Transmission

Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-baby.

Incubation period

4 to 20 days.

Infectious period

Not infectious after the rash appears.

Exclusion

Exclusion not necessary.

Treatment

Varies with symptoms.

Contacts

Do not exclude. Pregnant women who may have been exposed to parvovirus B19 should consult their doctor.

Immunisation

None available.

Parvovirus fact sheet: www.healthywa.wa.gov.au/Articles/S_T/Slapped-cheek-syndrome-Parvovirus

Pediculosis

See Head lice

Pertussis (whooping cough/*Bordetella pertussis*)

Notifiable disease – discuss with your local public health unit staff.

A highly contagious, acute, respiratory infection caused by *Bordetella pertussis* bacteria.

Transmission

Airborne or droplet; direct contact with contaminated nose or throat secretions.

Incubation period

4 to 21 days (usually 7 to 10 days).

Infectious period

From onset of catarrhal symptoms to the earlier of:

- 21 days after onset of any cough
- 14 days after onset of paroxysmal cough
- after completion of 5 days of a course of an appropriate antibiotic.

Exclusion

Exclude from work, school, preschool, and childcare (especially where there are infants) for:

- 5 days after an appropriate antibiotic treatment, or
- 21 days from the onset of any cough, or
- 14 days after onset of paroxysmal cough.

Treatment

Antibiotics as recommended by doctor.

Contacts

Contact management will be coordinated by public health unit staff.

Immunisation

Vaccine available (see *Immunisation*). Vaccination is recommended for healthcare workers and people working or living with infants, including parents, grandparents, those planning pregnancy and childcare workers, including pregnant women during the second or third trimester (optimal time is between 20 and 32 weeks of pregnancy).

Pertussis fact sheet: www.healthywa.wa.gov.au/Articles/U_Z/Whooping-cough-pertussis

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.

Transmission

Faecal-oral; indirect contact through clothing, bedding, food or articles contaminated with eggs.

Incubation period

2 to 6 weeks.

Infectious period

As long as eggs are excreted. Eggs remain infective for up to 2 weeks.

Exclusion

Do not exclude.

Treatment

Treatment available – refer to doctor.

Contacts

Do not exclude.

Immunisation

None available.

Pinworm fact sheet: www.healthywa.wa.gov.au/Articles/S_T/Threadworms

Pneumococcal disease

(*Streptococcus pneumoniae*)

Notifiable disease – discuss with your local public health unit staff.

A common, acute infection caused by *Streptococcus pneumoniae* bacteria that can cause septicaemia (blood poisoning), pneumonia, or ear infections. Symptoms depend on the type of infection.

Transmission

Airborne or droplet.

Incubation period

About 1 to 3 days.

Infectious period

Until *Streptococcus pneumoniae* bacteria are no longer present in nose and throat secretions (usually 24 hours after antibiotic commencement).

Exclusion

Exclude until 24 hours after commencement of antibiotics.

Treatment

Antibiotics as recommended by doctor – refer to doctor.

Contacts

Do not exclude. Contacts do not require antibiotic treatment or vaccination.

Immunisation

Vaccine available (see *Immunisation*).

Pneumococcal fact sheet: www.healthywa.wa.gov.au/Articles/N_R/Pneumococcal-disease

Respiratory syncytial virus

(RSV)

Notifiable disease – discuss with your local public health unit staff.

A common virus that causes respiratory illness, including breathing problems and lung infections, particularly in children.

Transmission

Airborne or droplet.

Incubation period

Usually 5 days, can range from 2 to 8 days.

Infectious period

Just before symptom onset until recovery, which is usually up to 10 days after symptom onset.

Exclusion

Exclude until symptoms resolved.

Treatment

Varies according to symptoms.

Contacts

Do not exclude.

Immunisation

None available.

Ringworm

(Tinea)

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

Transmission

Skin-to-skin contact with an infected person, infected animals or contaminated articles.

Incubation period

Varies with the site of infection.

Infectious period

As long as lesions are present.

Exclusion

Exclude until the day after commencing antifungal treatment.

Treatment

Antifungal treatment available – refer to doctor.

Contacts

Do not exclude.

Immunisation

None available.

Roseola infantum

(*Exanthem subitum*, 'sixth' disease, human herpes virus 6)

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

Transmission

Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-baby.

Incubation period

5 to 15 days.

Infectious period

Most infectious from a few days before the rash appears until several days after the rash appears.

Exclusion

Do not exclude.

Treatment

Varies with symptoms.

Contacts

Do not exclude.

Immunisation

None available.

Rotavirus

Notifiable disease – discuss with your local public health unit staff.

A viral infection of the digestive system that causes severe diarrhea and vomiting.

Transmission

Faecal-oral, person-to-person, water-borne.

Incubation period

Usually 48 hours, can range from 24 to 72 hours.

Infectious period

2 days before, to up to 8 days after, illness onset.

Exclusion

Exclude until asymptomatic for 24 hours. Exclude until asymptomatic for 48 hours if case is high-risk*.

Treatment

Oral rehydration.

Contacts

Do not exclude.

Immunisation

Vaccine available (see *Immunisation*).

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

Roundworm

(Ascariasis)

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

Transmission

Faecal-oral.

Incubation period

4 to 8 weeks.

Infectious period

As long as eggs are excreted in faeces.

Exclusion

Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*.

Treatment

Treatment available – refer to doctor.

Contacts

Do not exclude.

Immunisation

None available.

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

Rubella

(German measles)

Notifiable disease (incl. congenital rubella syndrome) – **discuss with your local public health unit staff.**

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

Transmission

Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-foetus.

Incubation period

Usually 14 to 17 days, can range from 14 to 21 days.

Infectious period

From 7 days before to at least 4 days after the onset of rash.

Exclusion

Exclude for at least 4 days after onset of rash.

Treatment

Varies according to symptoms.

Contacts

Do not exclude. Refer pregnant contacts to their doctor. Discuss with public health unit staff.

Immunisation

Vaccine available (see *Immunisation*).

Note

Women should be tested for immunity to rubella if pregnancy is contemplated, before every pregnancy, or early in the pregnancy irrespective of a previous positive rubella test.

Rubella fact sheet: www.healthywa.wa.gov.au/Articles/F_I/German-measles-rubella

Scabies

(*Sarcoptes scabiei*)

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

Transmission

Skin-to-skin contact with an infested person or contact with infested clothing, towels or bedding.

Incubation period

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.

Infectious period

Until mites and eggs are destroyed.

Exclusion

Exclude until the day after treatment has commenced.

Treatment

Treatment available – refer to doctor. Bed linen, towels and clothing used in the previous 5 days should be washed in hot water.

Contacts

Do not exclude. Family contacts and those who have had close skin-to-skin contact with the case should be treated.

Immunisation

None available.

Scabies fact sheet: www.healthywa.wa.gov.au/Healthy-WA/Articles/S_T/Scabies

Scarlet fever

See Streptococcal infection

Scarlet fever fact sheet: www.healthywa.health.wa.gov.au/Articles/S_T/Scarlet-fever

School sores

See Impetigo

Shingles

(Varicella zoster)

Notifiable disease – discuss with your local public health unit staff.

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

Transmission

Reactivation of previous chickenpox infection.

Incubation period

Days to weeks.

Infectious period

Up to 1 week after the appearance of the lesions.

Exclusion

Do not exclude unless rash is uncovered and weeping.

Treatment

Antiviral treatment available – refer to doctor.

Contacts

Do not exclude. Non-immune contacts may develop chickenpox if they are exposed to vesicle fluid from a person with shingles, and should be referred to their doctor.

Immunisation

Vaccination protects individuals from chickenpox and prevents shingles in later life (see *Immunisation*).

Shingles fact sheet: www.healthywa.wa.gov.au/Articles/S_T/Shingles

Slapped cheek

(Fifth disease)

See Parvovirus B19

Streptococcal infections

(Group A streptococcus (GAS)/*Streptococcus pyogenes*)

Notifiable disease – if invasive GAS, discuss with your local public health unit staff. An acute infection caused by *Streptococcus pyogenes* bacteria causing a wide variety of diseases.

The most common infections are uncomplicated skin and throat infections and scarlet fever. Sometimes invasive GAS (iGAS) infections occur when the bacteria get into normally sterile parts of the body, such as the blood stream, muscle or lungs. This can lead to septicaemia, toxic shock syndrome and necrotising fasciitis (where areas of soft tissue below the skin start to die).

Transmission

Airborne or droplet; direct contact with contaminated nose or throat secretions.

Incubation period

1 to 3 days.

Infectious period

As long as the bacteria are present in the nose or throat.

Exclusion

Exclude until 24 hours after commencement of antibiotics.

Treatment

Antibiotics as recommended by doctor.

Contacts

Do not exclude.

Immunisation

None available.

Tetanus

(*Clostridium tetani*)

Notifiable disease – discuss with your local public health unit staff.

An uncommon, acute infection caused by *Clostridium tetani* bacteria. The bacteria produce a toxin that affects the nervous system. Symptoms include lockjaw, painful muscle spasms, respiratory paralysis.

Transmission

Penetrating skin wounds contaminated by soil, animal or human faeces. No direct person-to-person transmission.

Incubation period

1 day to several months (usually 3 to 21 days).

Infectious period

Not communicable person-to-person.

Exclusion

Do not exclude.

Treatment

Treatment includes tetanus antitoxin and antibiotics for mild symptoms and hospitalisation for severe symptoms.

Contacts

Do not exclude.

Immunisation

Vaccine available (see *Immunisation*).

Tetanus fact sheet: www.healthywa.wa.gov.au/Articles/S_T/Tetanus

Threadworm See Pinworm

Tinea See Ringworm

Tuberculosis

(*Mycobacterium tuberculosis*)

Notifiable disease – Contact the WA Tuberculosis Control Program (Anita Clayton Centre) for advice and management.

Phone: 9222 8500

An uncommon disease caused by *Mycobacterium tuberculosis* bacteria that can infect the lungs, bones or any part of the body. Symptoms include malaise, weight loss, fever, night sweats and cough.

Transmission

Airborne or droplet.

Incubation period

About 4 to 12 weeks.

Infectious period

As long as the bacteria are present in respiratory secretions.

Exclusion

Determined by the WA Tuberculosis Control Program Team.

Treatment

Antibiotics as recommended by doctor – refer to doctor.

Contacts

Contact management will be coordinated by the WA Tuberculosis Control Program Team – telephone 9222 8500.

Immunisation

A vaccine against tuberculosis (BCG) is available for children under 6 years of age and may provide protection against the more severe cases of TB in infants. For further information contact the WA Tuberculosis Control Program Team.

Tuberculosis fact sheet: www.healthywa.wa.gov.au/Articles/S_T/Tuberculosis

Typhoid/Paratyphoid Fever

(*Salmonella Typhi* / *Salmonella Paratyphi*)

Notifiable disease – discuss with your local public health unit 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.

Transmission

Faecal-oral.

Incubation period

Typhoid – 3 to more than 60 days (typically 8 to 14 days).

Paratyphoid – 1 to 10 days.

Infectious period

As long as *Salmonella Typhi*/*Salmonella Paratyphi* bacteria are present in faeces or urine.

Exclusion

Contact your local public health staff for exclusion advice, including whether clearance testing is required.

Treatment

Antibiotics as recommended by doctor – refer to doctor.

Contacts

Contact management will be coordinated by public health unit staff.

Immunisation

Recommended for some travellers – refer to doctor.

Typhoid/paratyphoid fact sheet: www.healthywa.wa.gov.au/Articles/S_T/Typhoid-and-paratyphoid-fever

Warts

(Human papillomavirus)

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

Transmission

Skin-to-skin contact or direct contact with recently contaminated objects and surfaces, e.g. showers, floors, towels and razors.

Incubation period

1 to 20 months (usually about 4 months).

Infectious period

As long as warts remain.

Exclusion

Do not exclude.

Treatment

Warts may resolve naturally, but this may take many months. Chemical, thermal or surgical treatment available – refer to doctor.

Contacts

Do not exclude.

Immunisation

Vaccination available against human papillomavirus strains that cause genital warts. Vaccine available (see *Immunisation*).

Whipworm

(Trichiuriasis)

A parasite (*Trichuris trichiura*) that infects the large intestine, usually without symptoms.

Transmission

Faecal-oral route by ingestion of infected eggs from contaminated hands, objects, or surfaces.

Incubation period

Indefinite.

Infectious period

Several years in untreated carriers.

Exclusion

Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*.

Treatment

Treatment available – refer to doctor.

Contacts

Do not exclude.

Immunisation

None available.

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

Whooping cough See Pertussis

Worms (intestinal)

(See Hookworm, Pinworm, Roundworm, Whipworm)

Glossary

Acute

Sudden onset, short-term (opposite to 'chronic').

Airborne infection

An infection that is spread through the air by droplets from nose or throat secretions when coughing or sneezing.

Communicable

Can be passed from one person to another.

Carrier

A person who carries a disease rather than an infection A person who carries an infection but who does not have any signs or symptoms of illness.

Chronic

Long-term (opposite to 'acute') infection.

Contact

A person who has had contact with an infected person long enough to acquire the infection.

Decolonisation

The use of treatments to eradicate or reduce asymptomatic carriage of MRSA.

Direct contact

Infection spread by the hand of contaminated person to another person, food or water.

Discharge

Any body fluid, e.g. pus discharging from the body.

Exclusion period

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.

Faecal-oral route

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.

Immune

Protected from infection because of previous infection or vaccination.

Incubation period

The length of time it takes from first contact with an infectious person to the appearance of any symptoms.

Indirect contact

Contact with an organism by touching contaminated surfaces.

Infectious period

The period of time during which an infected person can infect other people.

Immune suppressed

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.

Jaundice

Yellow discolouration of the white of the eyes and skin.

Koplik spots

Small white vesicles on the inside of the cheeks caused by some infections, e.g. measles.

Medical certificate of recovery

A certificate from a doctor stating that the person is no longer infectious.

Mother-to-baby transmission

An infection transmitted from a mother to her baby during pregnancy, at birth, or through breastfeeding

Notifiable disease

Any medical or nurse practitioner has a legal obligation to report the diagnosis of a notifiable disease to the Department of Health under the *Public Health Act 2016*.

Parasite

An organism that lives in or on the body, and feeds upon another organism, e.g. worms, scabies, lice.

Prophylaxis

A medication/vaccine given to a person to prevent a specific infection.

Transmission

The spreading of an infection from one person to another.

Vaccine

A product made from killed or live, weakened strains of viruses or bacteria that stimulates an immune response in people to protect them from these infections.

Vaccination/Immunisation

The process of giving a vaccine (usually by injection or by mouth) and stimulating an immune response.

Vector

An insect that transmits a disease between people or between animals and people, e.g. mosquito.

Vesicle

A small fluid-filled blister.

Appendix 1

Signs and symptoms of infections in young children

Abnormal behaviour

persistent crying, drowsiness, lethargy, limpness, irritability, sleeplessness, disorientation, confusion.

Fever

38.5°C or higher.

Vomiting

severe or persistent.

Diarrhoea

severe or persistent.

Blood

in vomit or faeces (bowel motion).

Low urine output

e.g. fewer than four wet nappies in 24 hours.

Low food or water intake

e.g. person drinking less than half of the usual amount of milk or other fluids.

Breathing difficulties

e.g. panting, wheezing, coughing, breath-holding, particularly in babies less than 6 months of age.

Fitting/ convulsions

loss of consciousness accompanied by jerking movements of arms and legs.

Note:

*A child's normal body temperature ranges between 36.5°C to 37°C

Appendix 2

Treatment of head lice

A fact sheet on the treatment of headlice is available at healthywa.wa.gov.au/Articles/F_I/Head-lice

Children with head lice are required to have commenced treatment and live lice removed before returning to child care or school. This can be achieved by parents using either:

- insecticide treatments, or
- the 10-day hair conditioner treatment.

Insecticide products can be purchased from the local pharmacy and used according to the manufacturer's instruction. This must be followed by parents physically removing the dead lice and eggs from the hair after the recommended time period. Reapply the insecticide the following day if live lice remain, and at the other recommended time intervals if the 10-day hair conditioner method is not used after the first treatment.

Alternatively, the **10-day hair conditioner method** (see next page) of removal can be used. This treatment period is based on the 7–10 days generally taken for eggs to hatch. Any type of hair conditioner may be used (though one that is white in colour may make it easier to see the head lice), together with a metal fine-tooth 'nit' comb. Suitable 'nit' combs can be purchased from most pharmacies.

10-day hair conditioner treatment

- 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 in four directions (forwards, backwards, left, and right) with the 'nit' comb to remove live lice and eggs.
- Wipe the comb on a white paper towel to check that the darker adult lice and the paler hatchlings (young lice) are being removed. You may need to use a magnifying glass and a strong light to see the lice and eggs.
- When combing is completed, rinse the hair conditioner out and dry the hair.
- Repeat this process **every 1 to 2 days for 10 days** to cover the hatching period of the eggs. This removes the hatchlings which emerge from missed eggs before they can begin laying eggs.
- Check your combings for the darker **adult** head lice each day. 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 **re-infestation** 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 using the method described above and treat as necessary.

Appendix 3

Exclusion from school

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

Condition	Exclusion	Exclusion of contacts
Chickenpox (Varicella)	Exclude until blisters have dried and formed crusts, usually 5 days	Refer any immunosuppressed children (e.g. leukaemia patients) to their doctor. Do not exclude other contacts
Cold sores (Herpes simplex virus)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry . Sores should be covered with a dressing where possible.	Do not exclude
Common cold	No need to exclude. However, symptoms are very similar to COVID-19 symptoms and cases should be tested for COVID-19 and isolate at home until they have received a negative result	Do not exclude
Conjunctivitis	Exclude until discharge from eyes has ceased	Do not exclude
COVID-19 (SARS-CoV-2)	Exclude until 'Release from Isolation' criteria have been met as per Series of National Guidelines (www1.health.gov.au/internet/main/publishing.nsf/Content/cdnasongs)	Quarantine for 14 days. Contact management will be coordinated by state and local public health staff

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

Condition	Exclusion	Exclusion of contacts
Cryptosporidiosis	Exclude for 24 hours after diarrhoea has ceased. Cases should also avoid using public swimming pools for two weeks after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case	Do not exclude. Reduce transmission by good hygiene, especially hand washing
Cytomegalovirus (CMV)	Do not exclude	Do not exclude. Reduce transmission by good hygiene, especially hand washing. Refer pregnant contacts to their doctor
Gastroenteritis	Exclude until symptoms have ceased for at least 24 hours. Exclude for 48 hours after symptoms have ceased if ill person is a high-risk case*; <i>Shigella dysenteriae</i> in these cases requires clearance specimens.	Do not exclude
Glandular fever	Do not exclude. Encourage good hygiene practices, e.g. hand washing, and avoid kissing on the mouth or sharing drinking containers and utensils, to minimise contact with saliva.	Do not exclude
Haemophilus influenzae type b (Hib)	Exclude until antibiotic treatment completed.	Do not exclude. Contact management will be coordinated by local public health unit staff

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

Condition	Exclusion	Exclusion of contacts
Hand, foot and mouth disease	Exclude until all vesicles have formed crusts that are dry	Do not exclude
Head lice (Pediculosis)	There is no requirement to keep children home from school or childcare as long as effective treatment begins before the next day of school or childcare	Do not exclude
Hepatitis A	Exclude for at least one week after onset of jaundice or two weeks after onset of symptoms (if not jaundiced)	Do not exclude. Contact management will be coordinated by local public health staff
Hepatitis B	Do not exclude	Do not exclude. Vaccination or post-exposure prophylaxis may be recommended. Contact management will be coordinated by local public health unit staff
Hepatitis C	Do not exclude	Do not exclude
HIV (Human immunodeficiency virus)	Do not exclude	Do not exclude. Pre- and post-exposure prophylaxis treatments are available – refer to doctor
Hookworm (<i>Ancylostoma duodenale</i>)	Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*	Do not exclude

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

Condition	Exclusion	Exclusion of contacts
Impetigo (School sores)	Exclude for 24 hours after antibiotic treatment commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing	Do not exclude
Influenza (Flu)	Exclude until symptoms resolved	Do not exclude
Influenza-like illness	Exclude until symptoms resolved. Symptoms are very similar to COVID-19 symptoms and cases should be tested for COVID-19 and isolate at home until they have received a negative result	Do not exclude
Measles (Morbilli virus)	Exclude for 4 days after the onset of the rash, in consultation with public health unit staff	Do not exclude vaccinated or previously infected contacts. Contact management will be coordinated by public health unit staff
Meningococcal disease	Exclude until 24 hours of antibiotic treatment has been completed	Do not exclude. Contacts may require clearance antibiotics or vaccination. Contact management will be coordinated by public health unit staff
Molluscum contagiosum	Do not exclude	Do not exclude
MRSA infection (Methicillin-resistant <i>Staphylococcus aureus</i>)	Exclude for 24 hours after antibiotic treatment commenced. Any lesions on exposed skin should be covered with a waterproof dressing	Do not exclude

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

Condition	Exclusion	Exclusion of contacts
Mumps	Exclude for 5 days after onset of parotitis. Consult with your public health unit staff	Do not exclude
Norovirus	Exclude until asymptomatic for 24 hours. Exclude until asymptomatic for 48 hours if case is high-risk*	Do not exclude
Parvovirus B19 (Erythema infectiosum, 'fifth' disease, 'slapped cheek' syndrome)	Exclusion not necessary	Do not exclude. Pregnant women who may have been exposed to parvovirus B19 should consult their doctor
Pertussis (Whooping cough/ Bordetella pertussis)	Exclude from work, school, preschool, and childcare (especially where there are infants) for: <ul style="list-style-type: none"> • 5 days after an appropriate antibiotic treatment, or • 21 days from the onset of any cough, or • 14 days after onset of paroxysmal cough 	Contact management will be coordinated by public health unit staff
Pinworm (Enterobiasis, threadworm)	Do not exclude	Do not exclude
Pneumococcal disease (Streptococcus pneumoniae)	Exclude until 24 hours after commencement of antibiotics	Do not exclude. Contacts do not require antibiotic treatment or vaccination
Respiratory syncytial virus (RSV)	Exclude until symptoms resolved	Do not exclude

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

Condition	Exclusion	Exclusion of contacts
Ringworm (tinea)	Exclude until the day after commencing antifungal treatment	Do not exclude
Roseola infantum (Exanthem subitum, 'sixth' disease, human herpes virus 6)	Do not exclude	Do not exclude
Rotavirus	Exclude until asymptomatic for 24 hours. Exclude until asymptomatic for 48 hours if case is high-risk*	Do not exclude
Roundworm (Ascariasis)	Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*	Do not exclude
Rubella (German measles)	Exclude for at least 4 days after onset of rash	Do not exclude. Refer pregnant contacts to their doctor. Discuss with public health unit staff
Scabies (Sarcoptes scabiei)	Exclude until the day after treatment has commenced	Do not exclude. Family contacts and those who have had close skin-to-skin contact with the case should be treated

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

Condition	Exclusion	Exclusion of contacts
Shingles (Varicella zoster)	Do not exclude unless rash is uncovered and weeping	Do not exclude. Non-immune contacts may develop chickenpox if they are exposed to vesicle fluid from a person with shingles, and should be referred to their doctor
Streptococcal infections (Group A streptococcus (GAS)/Streptococcus pyogenes)	Exclude until 24 hours after commencement of antibiotics	Do not exclude
Tetanus (Clostridium tetani)	Do not exclude	Do not exclude
Tuberculosis (Mycobacterium tuberculosis)	Determined by the WA Tuberculosis Control Program Team	Contact management will be coordinated by the WA Tuberculosis Control Program Team – telephone 9222 8500
Typhoid/Paratyphoid Fever (Salmonella Typhi Salmonella Paratyphi)	Contact your local public health staff for exclusion advice, including whether clearance testing is required	Contact management will be coordinated by public health unit staff
Warts (Human papillomavirus)	Do not exclude	Do not exclude
Whipworm (Trichiuriasis)	Exclusion not usually necessary but if there is diarrhoea, exclude for 24 hours after diarrhoea has ceased. Exclude for 48 hours after diarrhoea has ceased if ill person is a high-risk case*	Do not exclude

*High-risk case: Person who has a higher risk of transmitting infection or works in a high-risk setting, including health care, residential care and childcare settings; food handlers; children in childcare; and people who are faecally incontinent.

References

- Australian Technical Advisory Group on Immunisation (ATAGI), Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2018, <https://immunisationhandbook.health.gov.au>
- Australian Government Department of Health, School Exclusion Periods, 2020, <https://www.healthdirect.gov.au/school-exclusion-periods>
- Australian Government Department of Health, Series of National Guidelines (SoNGs), 2020, via <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-cdna.htm>
- Heymann DL (Ed), Control of Communicable Diseases Manual, 20th ed. American Public Health Association, Washington, DC. 2015, <https://apha.org/publications-and-periodicals/published-books/ccdm>
- National Health and Medical Research Council. Staying Healthy – Preventing infectious diseases in early childhood education and care services (5th edition), Australian Government, Canberra, 2013. <http://www.nhmrc.gov.au/guidelines-publications/ch55>
- WA Department of Health. Exclusion guidelines for people with enteric infections and their contacts, https://ww2.health.wa.gov.au/Articles/A_E/Communicable-disease-control-guidelines/Enteric
- WA Department of Health, Health conditions A to Z, 2020, <https://www.healthywa.wa.gov.au/Health-conditions/Health-conditions-A-to-Z>
- WA Department of Health, Infectious disease guidelines, 2020, https://ww2.health.wa.gov.au/Articles/F_I/Infectious-disease-guidelines
- WA Department of Health. Notification of infectious diseases and related conditions, 2020, https://ww2.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions

This document can be made available in alternative formats on request for a person with disability.

Produced by Communicable Disease Control Directorate
© Department of Health 2022

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.