

Condition	Recommended period to be kept away from school (once child is well)	Comments
Chickenpox	Until all spots have crusted and formed a scab – usually five-seven days from onset of rash	Chicken pox causes a rash of red, itchy spots that turn into fluid-filled blisters. They then crust over to form scabs, which eventually drop off.
Cold sores	None	Many healthy children and adults excrete this virus at some time without having a 'sore' (herpes simplex virus)
German measles	Five days from onset of rash	The child is most infectious before the diagnosis is made and most children should be immune to immunisation so that exclusion after the rash appears will prevent very few cases
Hand, foot and mouth disease	None	Usually a mild disease not justifying time off school
Impetigo	48 hours after treatment starts and/or until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing. If lesions can reliably be kept covered exclusion may be shortened
Measles	Five days from onset of rash	Measles is now rare in the UK
Molluscum contagiosum	None	A mild condition

Ringworm (Tinea)	None	Proper treatment by the GP is important. Scalp ringworm needs treatment with an antifungal by mouth
Roseolla	None	A mild illness, usually caught from well persons
Scabies	Until treated	Outbreaks have occasionally occurred in schools and nurseries. Child can return as soon as properly treated. This should include all the persons in the household.
Scarlet fever	Five days from child commencing antibiotics	Treatment recommended for the affected
Slapped cheek or Fifth disease (Parvovirus)	None	Exclusion is Ineffective as nearly all transmission takes place before the child becomes unwell.
Warts and verrucae	None	Affected children may go swimming but verrucae should be covered
Diarrhoea and/or vomiting (with or without a specified diagnosis)	Until diarrhoea and vomiting has settled (neither for the previous 48 hours). Please check with the school before sending your child back.	Usually there will be no specific diagnosis and for most conditions there is no specific treatment. A longer period of exclusion may be appropriate for children under age 5 and older children unable to maintain good personal hygiene.
E-coli and Haemolytic Uraemic Syndrome	Depends on the type of E-coli seek FURTHER ADVICE from the CCDC	

Giardiasis	Until diarrhoea has settled for the previous 24 hours)	There is a specific antibiotic treatment
Salmonella	Until diarrhoea and vomiting has settled (neither for the previous 24 hours)	If the child is under five years or has difficulty in personal hygiene, seek advice from the Consultant in Communicable Disease Control.
Shigella (Bacillary dysentery)	Until diarrhoea has settled (for the previous 24 hours)	If the child is under five years or had difficulty in personal hygiene, seek advice from the Consultant in Communicable Disease Control.
Flu (Influenza)	None	Flu is most infectious just before and at the onset of symptoms
Tuberculosis	CCDC will advise	Generally requires quite prolonged, close contact for spread on action. Not usually spread from children.
Whooping cough (Pertussis)	Five days from commencing antibiotic treatment	Treatment (usually with erythromycin) is recommended though non-infectious coughing may still continue for many weeks
Conjunctivitis	None	If an outbreak occurs consult Consultant in Communicable Disease Control
Glandular fever (infectious mononucleosis)	None	
Head lice (nits)	None	Treatment is recommended only in cases where live lice have definitely been seen

Hepatitis A	See comments	There is no justification for exclusion of well older children with good hygiene who will have been much more infectious prior to the diagnosis. Exclusion is justified for five days from the onset of jaundice or stools going pale for the under fives or where hygiene is poor
Meningococcal meningitis/septicaemia	The CCDC will give specific advice on any action needed	There is no reason to exclude from schools siblings and other close contacts of a case
Meningitis not due to Meningococcal infection	None	Once the child is well infection risk is minimal
Mumps	Five days from onset of swollen glands	The child is most infectious before the diagnosis is made and most children should be immune due to immunisation
Threadworms	None	Transmission is uncommon in schools but treatment is recommended for the child and family.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic. For one cause, streptococcal infection, antibiotic treatment is recommended
HIV/AIDS	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery.	
Hepatitis B and C	Although more infectious than HIV, hepatitis B and C have only rarely spread within a school setting. Universal precautions will minimise	

	possible danger or spread of both hepatitis B and C.
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