

Time Out

Some medical conditions require exclusion from school or child care to prevent the spread of infectious diseases among staff and children.

This poster provides information on the recommended minimum exclusion periods for infectious conditions and will assist medical practitioners, schools, pre-schools and child care centres to meet the requirements of the *Public Health Act 2005*.

Condition	Exclusion of Case (person with infection)	Exclusion of Contacts ¹ (person exposed to the case with the infection)
Chickenpox (varicella)	Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised people and less in immunised people.	Pregnant women and anyone with an immune deficiency (eg. leukaemia) or receiving chemotherapy or immunosuppressive therapy may require preventive immunoglobulin and/or exclusion for their own protection. Contact local public health unit for advice. Otherwise not excluded.
Cold sores (herpes simplex)	Exclude young children unable to comply with good hygiene practices while sores are weeping (sores should be covered with a dressing where possible).	Exclude young children unable to comply with good hygiene practices while sores are weeping (sores should be covered with a dressing where possible).
Conjunctivitis	Exclude until discharge from eyes has ceased unless non-infectious conjunctivitis.	Not excluded.
Cytomegalovirus (CMV)	Exclusion not necessary.	Not excluded.
Diarrhoea² and/or Vomiting (including amoebiasis, campylobacter, cryptosporidium, giardia, rotavirus, salmonella and viral gastroenteritis, but not norovirus or shigella – see separate section)	Exclude until there has not been a loose bowel motion for 24 hours. Exclude staff whose work involves food handling until they have not had any diarrhoea or vomiting for 48 hours. If there are more than 2 cases with loose bowel motions in the same centre or a single case in a food handler notify your nearest public health unit.	Not excluded.
Diphtheria³	Exclude according to public health unit requirements.	Exclude according to public health unit requirements.
Enterovirus 71 (EV71) Neurological Disease	Written medical clearance is required confirming the virus is no longer present in the child's bowel motions.	Not excluded.
Glandular fever (Epstein Barr virus (EBV), mononucleosis)	Exclusion not necessary.	Not excluded.
Haemophilus influenzae type b (Hib)	Exclude until child has received appropriate antibiotic treatment ⁴ for at least 4 days. Written medical clearance from doctor or public health unit is required to return to child care/school, confirming child is not infectious ⁵ .	Not excluded.
Hand, foot and mouth disease	Exclude until all blisters have dried.	Not excluded.
Head lice	Exclusion is not necessary if effective treatment is commenced prior to the next attendance day (i.e. the child does not need to be sent home immediately if head lice are detected).	Not excluded.
Hepatitis A³	Exclude until at least 7 days after the onset of jaundice or illness. Written medical clearance from doctor or public health unit is required to return to child care/school, confirming child is not infectious ⁵ .	Not excluded.
Hepatitis B	Exclusion not necessary.	Not excluded.
Hepatitis C	Exclusion not necessary.	Not excluded.
Human immunodeficiency virus (HIV/AIDS)	Exclusion not necessary.	Not excluded.
Influenza and influenza-like illness	Exclude until well.	Not excluded.

Footnotes

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

For additional information please refer to the NHMRC publication "Staying Healthy in Child Care" at <http://www.nhmrc.gov.au/publications/index.htm> or the Queensland Health website at <http://access.health.qld.gov.au/hid/> for fact sheets about various communicable diseases.

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

For further advice and information on any of these conditions contact your nearest public health unit.

public health units

	Southern
Brisbane Southside	3000 9148
Gold Coast	5509 7222
Darling Downs	4631 9888
Logan	3412 2989
West Moreton	3413 1200
	Central
Brisbane Northside	3624 1111
Rockhampton	4920 6989
Sunshine Coast	5409 6600
Moreton Bay	3142 1800
Hervey Bay	4184 1800
	Tropical
Cairns	4226 5501
Townsville	4753 9000
Mackay	4885 6611
Mount Isa	4744 9100

Some medical conditions require exclusion from school or child care to prevent the spread of infectious diseases among staff and children.

This poster provides information on the recommended minimum exclusion periods for infectious conditions and will assist medical practitioners, schools, pre-schools and child care centres to meet the requirements of the *Public Health Act 2005*.



Condition	Exclusion of Case (person with infection)	Exclusion of Contacts ¹ (person exposed to the case with the infection)
Measles ³	Exclude until at least 4 days since the onset of rash. Written medical clearance from doctor or public health unit is required to return to child care/school, confirming child is not infectious ⁵ .	Immunised and immune contacts not excluded. Exclude unimmunised contacts of a case until 14 days after the first day of appearance of rash in the last case, unless they are immunised within 72 hours, or receive an immunoglobulin injection within 7 days, of first contact during the infectious period with the first case. Exclude all immunocompromised children and staff until 14 days after the first day of appearance of rash in the last case.
Meningitis (bacterial)	Exclude until well and has received appropriate antibiotics. ⁴	Not excluded.
Meningitis (viral)	Exclude until well.	Not excluded.
Meningococcal infection ³	Exclude until child is well and has received appropriate antibiotics. ⁶ Written medical clearance from doctor or public health unit is required to return to child care/school, confirming child is not infectious ⁵ .	Not excluded.
Molluscum contagiosum	Exclusion not necessary.	Not excluded.
Mumps	Exclude for 9 days after onset of swelling.	Not excluded.
Norovirus	Exclude until they have not had any diarrhoea or vomiting for 48 hours.	Not excluded.
Parvovirus (erythema infectiosum, fifth disease, slapped cheek syndrome)	Exclusion not necessary.	Not excluded (pregnant women should consult their medical practitioner).
Pertussis ³ (whooping cough)	Exclude until child has received 5 days of appropriate antibiotics ⁴ or for 21 days from the onset of coughing. Written medical clearance from doctor or public health unit is required to return to child care/school, confirming child is not infectious ⁵ .	Exclude from childcare settings children who have received less than 3 pertussis vaccinations who are in the same household or same childcare room as case until completed 5 days appropriate antibiotics. If no antibiotics, exclude 14 days from last exposure to infectious case. Staff who have not had a pertussis booster in last 10 years who are in same childcare room as case and do not commence appropriate antibiotics; exclude 14 days from last exposure to infectious case Note: where contact in childcare room with case is <12 months and had less than 3 pertussis vaccinations it is recommended <i>all</i> staff and children in the room receive appropriate antibiotics <i>regardless</i> of vaccination status.
Poliomyelitis ³	Exclude for at least 14 days from onset of symptoms and case has recovered. Written medical clearance from doctor or public health unit is required to return to child care/school, confirming child is not infectious ⁵ .	Not excluded unless considered necessary by public health unit.
Ringworm/tinea/scabies	Exclude until the day after appropriate treatment has commenced.	Not excluded.
Roseola (sometimes referred to as 'baby measles')	Exclusion not necessary.	Not excluded.
Rubella (German measles) ³	Exclude until fully recovered or for at least 4 days after the onset of rash.	Not excluded (female staff of childbearing age should check their immunity to rubella with their doctor).
School sores (impetigo)	Exclude case until has received appropriate antibiotics for at least 24 hours. Sores on exposed areas must be covered with a watertight dressing.	Not excluded.
Shigella	Exclude until diarrhoea has stopped for 48 hours and two stool samples negative, as per public health unit requirements.	Exclude until two stool samples negative as per public health unit requirements.
Streptococcal sore throat (including scarlet fever)	Exclude until well and has received antibiotic treatment ⁴ for at least 24 hours.	Not excluded.
Thrush (candidiasis)	Exclusion not necessary.	Not excluded.
Tuberculosis (TB) ³	Written medical clearance is required from Queensland Tuberculosis Control Centre to return to child care/school, confirming child is not infectious.	Not excluded.
Typhoid ³ , paratyphoid	Exclude from child care/school/food handling and health care workplaces until there is written medical clearance from doctor or public health unit confirming child is not infectious and has met public health unit requirements.	Not excluded unless considered necessary by public health unit.
Whooping cough	See pertussis	See pertussis
Worms	Exclude if loose bowel motions present.	Not excluded.

Footnotes

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

For additional information please refer to the NHMRC publication "*Staying Healthy in Child Care*" at <http://www.nhmrc.gov.au/publications/index.htm> or the Queensland Health website at <http://access.health.qld.gov.au/hid/> for fact sheets about various communicable diseases.

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

For further advice and information on any of these conditions contact your nearest public health unit.

public health units

Southern

Brisbane Southside	3000 9148
Gold Coast	5509 7222
Darling Downs	4631 9888
Logan	3412 2989
West Moreton	3413 1200

Central

Brisbane Northside	3624 1111
Rockhampton	4920 6989
Sunshine Coast	5409 6600
Moreton Bay	3142 1800
Hervey Bay	4184 1800

Tropical

Cairns	4226 5501
Townsville	4753 9000
Mackay	4885 6611
Mount Isa	4744 9100