

# Infections & Communicable Diseases:



## At a glance!

The following A-Z table of infections is not designed to act as an aid to diagnosis. This should be left to a fully trained competent professional. It should however act as a useful tool to summarise the main features of a variety (though not complete) of infections and communicable diseases that children can present with. See 'Infection prevention and control in childcare settings (day care and childminding settings)' Health Protection Scotland, September 2015 <http://www.hps.scot.nhs.uk/pubs/redirect.aspx?id=47103>

NHS Borders Health Protection Team has produced a range of information leaflets. Electronic versions are can be downloaded from the NHS Borders Website <http://www.nhsborders.scot.nhs.uk> They include:

Antiviral medication	Giardiasis	Salmonella
Blue green algae	Enjoy the Countryside	Scabies
Bovine TB	Hepatitis A	Shigella
Campylobacter	Hepatitis B	Streptococcal infections
Clostridium difficile	Hand, foot & mouth disease	Swimming & babies
Conjunctivitis	Impetigo	Threadworms
Cryptosporidiosis	Leptospirosis	Tick bites & Lyme disease
Dog & cat infections	Meningococcal disease	Travel health
E-coli 0157	Molluscum	Tuberculosis
Flu outbreak	Norovirus	Viral gastroenteritis
Food poisoning	Rotavirus	Your kitchen: Clean/Safe

For persons in special risk groups (see below), individual management for specific diseases may include a period of exclusion from nursery, school or work; stool sampling to provide laboratory evidence of infection clearance; and screening of contacts. Diseases that may result in such action include E. coli 0157 infection, Salmonella, Shigella, Hepatitis A infection, Typhoid and Paratyphoid fevers.

The circumstances of each person (patient, carrier or contact) in these groups should be considered individually. Factors such as type of employment, provision of sanitation facilities at work, school or other institution and standards of personal hygiene should all be taken into account. The A-Z list of infections contains a summary of how they are usually best managed. For more detailed advice on how to manage a particular situation/infection it may be necessary to contact the Health Protection Team on 01896 825560

### *Special risk groups*

<b>Group A</b>	Any person with doubtful personal hygiene or with unsatisfactory toilet, hand washing or hand drying facilities at home, work or school
<b>Group B</b>	Children attending pre primary school settings
<b>Group C</b>	People whose work involves preparing or serving unwrapped foods not subjected to further heating
<b>Group D</b>	Staff of health care facilities who have direct contact with highly susceptible patients of persons in whom a gastrointestinal infection would have particularly serious consequences

## A-Z of infections

Infections	Infectious Period	Exclusion Period of Case	Exclusion of Contacts	Specific Advice or Information
Athlete's Foot	Until skin is fully healed	None	None	Treatment advised but exclusion from barefoot activities in communal areas (including swimming) not required
Bronchiolitis (croup) eg respiratory syncytial virus RSV	Few days prior to onset of symptoms until 1 week after	Until the child feels well	None	
Chickenpox (Varicella zoster virus)	2 days before to 5 days after spots develop	Until spots have crusted over and child feels well, usually 5 days	None	If contact is pregnant or immune compromised, seek advice from GP
Conjunctivitis	While eye is red and discharging (if due to an infection)	None unless outbreak or cluster occurs and then only until treatment commenced if provided, especially for pre-fives.	None	Inform HPT if an outbreak occurs
Diarrhoea and vomiting Salmonella Campylobacter Giardia Cryptosporidium Dysentery ▲ E.coli 0157 ▲ Cholera ▲ Typhoid ▲ Paratyphoid ▲ Norovirus Rotavirus	While having symptoms of vomiting and diarrhoea	Minimum 48 hours symptom-free and the child feels well. However, children under 5 require negative stool samples for all diseases marked ▲. Exclusion may be required by HPT for under 5's or any individual depending on risk assessment	None usually except E.coli 0157, typhoid or paratyphoid, when exclusion may be required by HPT after a risk assessment	If there is more than one case, seek advice from the Health Protection Team. Environmental Health Officers co-ordinate the collection of stool samples and liaise with HPT on exclusion from nursery etc. <b>Cryptosporidium-</b> Exclusion from swimming for 2 weeks after last episode of diarrhoea is recommended for all age groups
Fifth disease (Parvovirus / slapped cheek syndrome)	Infectious before onset of rash only	Until child feels well	None	If contact is pregnant or immune compromised, seek advice from GP
Glandular Fever Epstein Barr virus	While virus present in saliva	Until child feels well	None	Spreads only by very close contact
Haemophilus influenzae	Whilst organisms present in nose or throat.	Until child feels well	None	Preventive antibiotics for close contacts may be advised by the HPT
Hand, foot and mouth (Coxsackie virus)	During acute stages of illness	Until child feels well	None. Seek advice from HPT for outbreaks	Virus can be present for weeks after recovery in faeces. Care needed with hygiene
Head and body lice	Until 'Bug Busting (manual removal technique)' or 2 chemical treatments 7 days apart	None	None	Check all contacts and treat only those with evidence of live lice
Hepatitis A	2 weeks before until 7 days after onset of jaundice or symptoms	Until 7 days after onset of jaundice or symptoms and the child feels well	None	Household contacts should seek advice from GP. Contact Health Protection if there is an outbreak
Hepatitis B and C	Not infectious under normal school conditions	None	None	Each case should be discussed with the HPT
Herpes simplex (cold sores)	Until lesions are healed	None	None	Avoid kissing when sore is present
HIV infection	Not infectious under normal school conditions	None	None	Each case should be discussed with the HPT

<b>Infections</b>	<b>Infectious Period</b>	<b>Exclusion Period of Case</b>	<b>Exclusion of Contacts</b>	<b>Specific Advice or Information</b>
Impetigo	As long as septic spots are discharging pus	Until spots have crusted over or after 2 days of antibiotics	None	Antibiotics reduce the infectious period
Influenza	3-5 days after start of symptoms, up to 9 days in children	Until the child feels well	None	
Measles	5 days before symptoms until 4 days after onset of rash	4 days from the onset of rash and the child feels well	None	If contact is pregnant or immune compromised, seek advice from GP
Meningitis due to meningococcal disease	Whilst organism is present in nasopharynx but not infectious under normal school conditions	Until the child feels well	None	<b>Contact Health Protection immediately for advice</b> Antibiotics for contacts given only on advice of HPT
Molluscum contagiosum	As long as rash persists	None	None	A self-limiting viral condition
MRSA	Not infectious under normal school conditions	None	None	Good hand hygiene needed
Mumps	7 days before and up to 9 days after onset of swelling	5 days from onset of swollen glands and the child feels well	None	If contact is pregnant, seek advice from GP
Ringworm - scalp or body (see also Athletes foot)	As long as untreated lesions are present	Not usually required unless extensive	None	Treatment required
Roseola infantum	Whilst feverish and unwell	Until the child feels well	None	Dramatic improvement on day 4/5 of rash. Often mistaken for measles
Rubella (German Measles)	7 days before and at least 4 days after onset of rash	6 days from onset of rash and the child feels well	None	If contact is pregnant, seek advice from GP
Scabies	Until treated. 2 treatments 7 days apart	After 1 <sup>st</sup> treatment	None	All household contacts should be treated at same time
Scarlet fever	From start of sore throat until 24 hours after antibiotics started	Until clinically recovered or minimum of 1 day antibiotics. Could be as long as 5 days without.	None	Risk assessment needed. Longer exclusion may be appropriate in pre-school settings but shorter in milder cases in older children
Shingles (Herpes zoster virus)	2 days before to 5 days after spots develop	None if exposed lesions can be covered whilst weeping	None	If contact is pregnant or immune compromised, seek advice from GP
Threadworms	When eggs are shed in the faeces (stools)	None once treated	None	Household contacts should be treated at same time
Tuberculosis (TB)	Depends on site of infection	Until the child feels well but usually at least 2 weeks after starting treatment	None	Seek advice from HPT. Management of case and contacts is coordinated by the HPT
Warts and verrucae	As long as warts are present.	None	None	Avoid direct contact with lesions. It is of value to keep the lesion covered when taking part in P.E., swimming, or other communal sporting activities.
Whooping cough (pertussis)	For 7 days before but reducing several weeks after start of coughing	For 5 days if treated with antibiotics, or 21 days from onset of illness if not treated	None	Vulnerable close contacts may need treatment