



Public Health  
England

Protecting and improving the nation's health

## Guidance on infection control in schools and other childcare settings

| Infection or complaint       | Recommended period to be kept away from school, nursery or childminders               | Comments   |
|------------------------------|---|--|
| Athlete's foot               | None  | Athlete's foot is not a serious condition. Treatment is recommended  |
| Chickenpox                   | Until all vesicles have crusted over  | <i>See: Vulnerable Children and Female Staff – Pregnancy</i>   |
| Cold sores, (Herpes simplex) | None  | Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting                            |
| German measles (rubella)*    | Four days from onset of rash (as per " <a href="#">Green Book</a> ")                  | Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>                                     |
| Hand, foot and mouth         | None  | Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances |
| Impetigo                     | Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment | Antibiotic treatment speeds healing and reduces the infectious period  |
| Measles*                     | Four days from onset of rash  | Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>                    |
| Molluscum contagiosum        | None  | A self-limiting condition  |
| Ringworm                     | Exclusion not usually required  | Treatment is required  |
| Roseola (infantum)           | None  | None   |
| Scabies                      | Child can return after first treatment  | Household and close contacts require treatment   |
| Scarlet fever*               | Child can return 24 hours after starting appropriate antibiotic treatment             | Antibiotic treatment is recommended for the affected child   |

|   |   |   |
|---|---|---|
| Slapped cheek/fifth disease. Parvovirus B19 | None (once rash has developed)                        | <i>See: Vulnerable Children and Female Staff – Pregnancy</i>  |
| Shingles                                    | Exclude only if rash is weeping and cannot be covered | Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i> |
| Warts and verrucae                          | None  | Verrucae should be covered in swimming pools, gymnasiums and changing rooms   |

|   |  |   |
|---|--|---|
| Diarrhoea and/or vomiting   | 48 hours from last episode of diarrhoea or vomiting  |   |
| <i>E. coli</i> O157 VTEC<br>Typhoid* [and paratyphoid*]<br>(enteric fever)<br>Shigella<br>(dysentery) | Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting | Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice |
| Cryptosporidiosis   | Exclude for 48 hours from the last episode of diarrhoea  | Exclusion from swimming is advisable for two weeks after the diarrhoea has settled  |

|                             |   |   |
|-----------------------------|---|---|
| Flu (influenza)             | Until recovered   | <i>See: Vulnerable Children</i>   |
| Tuberculosis*               | Always consult your local PHE centre  | Requires prolonged close contact for spread   |
| Whooping cough* (pertussis) | Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary |

|                 |   |  |
|-----------------|---|--|
| Conjunctivitis  | None  | If an outbreak/cluster occurs, consult your local PHE centre   |
| Diphtheria *    | Exclusion is essential.<br>Always consult with your local HPT                                       | Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary |
| Glandular fever | None  |  |
| Head lice       | None  | Treatment is recommended only in cases where live lice have been seen  |
| Hepatitis A*    | Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice) | In an outbreak of hepatitis A, your local PHE centre will advise on control measures   |

|   |   |  |
|---|---|--|
| Hepatitis B*, C*, HIV/AIDS              | None  | Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good Hygiene Practice</i>   |
| Meningococcal meningitis*/ septicaemia* | Until recovered                                     | Meningitis C is preventable by vaccination<br>There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed |
| Meningitis* due to other bacteria       | Until recovered                                     | Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed  |
| Meningitis viral*                       | None  | Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required   |
| MRSA                                    | None  | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre  |
| Mumps*                                  | Exclude child for five days after onset of swelling | Preventable by vaccination (MMR x2 doses)  |
| Threadworms                             | None  | Treatment is recommended for the child and household contacts  |
| Tonsillitis                             | None  | There are many causes, but most cases are due to viruses and do not need an antibiotic   |