

Childhood Medical Conditions and Exclusions from Nursery

Note: █ = A notifiable disease (required by law to be reported to government authorities)

Disease	Incubation	Infectivity	Exclusion	Comments
Adenovirus gastroenteritis	8-10 days	6-16 days	48 hours from last episode of diarrhoea or vomiting	Exclude for 48 hours longer in children who are unable to maintain good personal hygiene
Chickenpox	11-20 days	Up to 4 days before (usually only 1 day) to 5 days after. Cases often transmit before appearance of rash	5 days from start of skin eruption as a minimum	Traditionally excluded until all lesions are crusted but no transmission recorded after day 5. Contacts with a weak immune system need prevention. Expectant mothers must be informed as can be risk to unborn babies
Conjunctivitis	3-29 days	While active (direct contact). Infective up to 2 weeks.	None	Transmission more likely in young children by direct contact.
Slapped cheek (fifth disease)	13-18 days	30% in families. 10-60% in schools.	None	Avoid infection in pregnant women and people with a weak immunesystem.
Glandular fever	33-49 days	At least 2 months.	None, if child is well and no fever is present.	None
Hand, foot and mouth disease	3-5 days	Up to 50% in homes and nurseries.	Diagnosis needed from GP, can spread	Stool excretion continues for some weeks. Avoid infection in pregnant women.
Head lice	N/A	While harbouring lice	None	Note need for treatment of cases and contacts shown to have head lice.

Disease	Incubation	Infectivity	Exclusion	Comments
Hepatitis A	15-50 days	From 2 weeks before to 1-2 weeks after jaundice onset.	Exclude until 7 days after onset (or 7 days after symptom onset if no jaundice)	Good hygiene needs emphasising.
Herpes simplex virus (cold sores)	1-6 days	While lesions are moist	None	Highly infectious, especially amongst young children.
Impetigo	Skin carriage 2-33 days before development of impetigo (streptococci)	High (streptococci) Low (staphylococci) Variable infectivity depending on causative bacteria.	Until lesions healed or crusted or 48 hours after starting antibiotic treatment.	None
Measles	6-19 days	Highly contagious in non-immune population. A few days after onset of rash.	4 days from onset of rash.	Check immunisation. Risk of serious infection in people with a weak immune system (give preventative treatment).
Mumps	15-24 days	10-29 days. Moderately infective in non-immunised population.	5 days from onset of swelling.	Young males can be at risk from side-effects.
Ringworm	Varies	Until lesions resolve.	Exclusion until it has been treated.	Good hygiene helps.
Scabies	Varies	Until mites and eggs are dead.	Can return after first treatment	Risk of transmission is low but outbreaks do occur
Scarlet fever	1-3 days	Moderate within families. Low elsewhere. Infective first 3 days of treatment.	24 hours after starting antibiotic treatment.	Moderate within families. Low elsewhere.
Threadworms	N/A	Until all worms are dead.	None	Good hygiene helps. Case and families contacts should be treated.
Tuberculosis	N/A	Until 14 th day of treatment.	Variable	See 2 nd reference below.
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Warts and verruca	N/A	None	None	Care needed with verrucas in swimming pools and changing rooms.

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Whooping cough	7-10 days	Mainly early catarrhal stage, but until 4 weeks after onset of cough paroxysms. Shorten to 7 days if given antibiotics.	5 days from commencing antibiotic treatment; otherwise 21days from onset of illness.	Check immunisation of contacts. Highly infectious in non-immune populations.