



Managing specific infectious diseases guide

When to report to UK Health Protection Team (HPT) – Typical school conditions listed

Full List of conditions - [Managing specific infectious diseases: A to Z - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Who to contact if reportable – [Find your local health protection team in England - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Name of Condition	Reportable?	Important notes	Exclusion recommended?	Advice on condition
Chickenpox (varicella), shingles	You do not need to contact your UKHSA HPT, unless the setting also has cases of scarlet fever circulating.	<p>Some children and adults are at higher risk of serious problems if they catch chickenpox, including:</p> <ul style="list-style-type: none"> • pregnant women • new born babies • people with a weakened immune system <p>These people should seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms. They may need a blood test to check if they are protected from (immune) chickenpox.</p> <p>Chickenpox is highly infectious and spreads by respiratory secretions or by direct contact with fluid from blisters. People with chickenpox are generally infectious from 2 days before the rash appears and until all blisters have crusted over (usually 5 to 6 days after the start of the rash).</p> <p>Shingles is caused by the chickenpox virus. When people get chickenpox, the virus remains in the body. It can be reactivated later and cause shingles if someone's immune system is lowered. Keep the individual away from the setting if they have a weeping shingles rash that cannot be covered.</p> <p>seek immediate medical advice if the individual is seriously ill or if they develop any abnormal symptoms such as:</p> <ul style="list-style-type: none"> • the blisters becoming infected • a pain in their chest or difficulty breathing • avoid contact with other people for at least 5 days from the onset of the rash and until all blisters have crusted over (if chickenpox) or can be covered (shingles) • Do not allow the individual to return to the setting until all the blisters have dried and crusted over. 	<p>Yes</p> <p>Send any individual with chickenpox home. Keep the individual away from the setting until all blisters have crusted over. In cases of shingles, the decision to exclude an individual will depend on whether the rash or blisters can be covered.</p> <p>Keep the individual away from the setting if they have a weeping shingles rash that cannot be covered.</p>	<p>Chickenpox – NHS.UK Shingles – NHS.UK</p>
Scarlet Fever	You should contact your UKHSA HPT if there is an outbreak of 2 or more scarlet fever cases within 10 days of each other and the affected individuals have a link, such as being in the same class or year group.	<p>Scarlet Fever (sometimes called scarlatina) is a bacterial illness caused by Streptococcus pyogenes, or group A streptococcus (GAS). It mostly affects young children.</p> <p>Symptoms vary but in severe cases there may be high fever, difficulty swallowing and tender enlarged lymph nodes. The rash develops on the first day of fever, it is red, generalised, pinhead in size and gives the skin a sandpaper-like texture and the tongue has a strawberry-like appearance.</p> <p>Scarlet fever is highly infectious and is spread by close contact with someone carrying the bacteria. The incubation period is 2 to 5 days.</p> <p>Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils, toys or other items and spread to others that use or touch them, particularly if they then touch their nose or mouth.</p>	<p>Yes, if reportable conditions are met.</p> <p>Exclude the affected individual until 24 hours after commencing appropriate antibiotic treatment. Children or nursery and/or school staff who decline treatment with antibiotics should be excluded until resolution of symptoms.</p>	<p>https://www.nhs.uk/conditions/scarlet-fever/</p>

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Measles	<p>You should contact your HPT. Any staff who are unvaccinated or partially vaccinated with the MMR vaccination should be encouraged to seek advice from their general practitioner or practice nurse.</p>	<p>Measles is a highly infectious viral infection. Symptoms include a runny nose; cough; conjunctivitis (sore, itchy, watery, red and sticky eyes); high fever and small white spots (Koplik spots) inside the cheeks. Around day 3 of the illness, a rash of flat red or brown blotches appear, beginning on the face, behind the ears and spreading over the body. The incubation period is between 10 to 12 days but can vary from 7 to 21 days.</p> <p>Measles is highly infectious and transmitted via airborne or droplet spread, or direct contact with nasal or throat secretions of infected persons. Cases are infectious from 4 days before onset of rash to 4 days after, where the date of the rash onset is day 0.</p> <p>The MMR (measles, mumps and rubella) vaccine is the safest and most effective way to protect against measles. People need 2 doses of MMR to be protected against measles, mumps and rubella.</p> <p>Encourage all children and young people over the age of one year old to have the combined MMR vaccination as per the national immunisation schedule.</p>	<p>Yes</p> <p>Exclude the infected individual from setting until 4 days after the onset of the rash (where the date of the rash onset is day 0).</p> <p>Advise individuals with a weak immune system, pregnant staff (if they are unsure of their immunity, that is have not had either measles or 2 measles vaccines) and children under 12 months who come into contact with measles to seek prompt medical advice. When contacting the GP or midwife they should inform them know that there has been exposure to a case of measles.</p>	<p>Measles – NHS.UK</p>
Rubella (German Measles)	<p>You do not need to contact your HPT where a laboratory test for rubella has not yet been done.</p>	<p>Rubella is a viral infection that generally causes a mild, febrile rash-illness. The MMR vaccine is the safest and most effective way to protect against rubella. People need 2 doses of MMR to be protected.</p> <p>Recovery from rubella is usually rapid and complications rarely occur. Rubella does, however, have serious consequences for pregnant women who are not immune and for the unborn baby if acquired during the first 20 weeks of pregnancy.</p> <p>The symptoms of rubella are mild. Usually, the rash is the first indication of rubella infection. The main symptoms are:</p> <ul style="list-style-type: none"> • swollen lymph glands around the ears and back of head 5 to 10 days before the onset of a rash • sore throat and runny nose 1 to 5 days before the rash appears • mild fever, headache, tiredness • conjunctivitis (sore, itchy, watery, red and/or sticky eyes) • red rash mostly seen behind the ears and on the face and neck • painful and swollen joints <p>If someone has had both doses of the MMR vaccination, they are very unlikely to have rubella.</p> <p>Rubella is highly infectious. It is spread by respiratory droplets through coughing or sneezing, or by direct contact with the saliva of an infected individual. People with rubella are infectious from one week before the symptoms start and for 5 days after the rash first appears.</p> <p>Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime. Cases of laboratory confirmed rubella are quite rare (although it may be more common for an individual with a rash to be told that it looks like rubella by their GP).</p> <p>In the event of a confirmed case of rubella, the HPT will speak to the individual, parents and carers directly and contact you if there is a risk to the setting.</p> <ul style="list-style-type: none"> • Encourage all individuals aged one year and over to have the combined MMR (measles, mumps and rubella) vaccination as per the national immunisation schedule. 	<p>Yes</p> <p>Exclude the infected individual for 5 days from the appearance of the rash.</p>	<p>Rubella (german measles) – NHS.UK</p>

		<ul style="list-style-type: none"> Any staff who are unvaccinated or partially vaccinated with the MMR vaccination should be encouraged to seek advice from their general practitioner or practice nurse Advise staff who are pregnant and not sure of their immunity, that they should seek advice from their general practitioner or midwife. When contacting the GP or midwife they should inform them that there has been exposure to a case of rubella. 		
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Conjunctivitis	You do not need to contact your HPT.	<p>Conjunctivitis is an inflammation of the outer lining of the eye and eyelid causing a sore or itchy red eye(s) with a sticky or watery discharge. It can be caused by bacteria or viruses or allergies.</p> <p>The eye(s) become(s) reddened and swollen and there may be a sticky or watery discharge. Eyes usually feel sore or itchy and 'gritty'. Topical ointments or eye drops can be obtained from a pharmacy to treat the infection.</p> <p>Conjunctivitis is spread by contact with discharge from the eye such as when an affected person rubs their eyes with their hands, or a towel then handles another person's face or towel. Prompt treatment and good hand hygiene helps to prevent spread.</p>	<p>Exclusion is not required.</p> <p>Advise individuals, parents or carers to seek advice from their local pharmacist.</p> <p>Encourage the individual not to rub their eyes and to wash their hands frequently.</p> <p>Advise the affected individual to avoid sharing towels, flannels and pillows.</p>	<p>Conjunctivitis – NHS.UK</p>
Diarrhoea and vomiting (gastroenteritis)	You should contact your UKHSA HPT if there are a higher than previously experienced and/or rapidly increasing number of absences due to diarrhoea and vomiting.	<p>Diarrhoea and vomiting may be due to a variety of causes including bacteria, viruses, parasites, toxins or non-infectious diseases. Gastrointestinal infections are spread when the germs enter the gut by the mouth or when contaminated hands or objects are put in the mouth or after eating or drinking contaminated food or drinks.</p> <p>A liquid stool is more likely to contaminate hands and the environment than a formed stool and is therefore a greater risk. Vomit, like liquid stool, may also be highly infectious such as when there is norovirus circulating in the setting. Infection can also be spread when the affected person vomits. This is because aerosols can spread the organism directly to others and contaminate the environment. A person will be infectious while symptoms remain.</p> <ul style="list-style-type: none"> Encourage individuals to implement good hand hygiene practices. Clean kitchen and toilet areas regularly (for more details, see cleaning). Use PPE when handling blood or bodily fluids such as vomit or diarrhoea. 	<p>Yes</p> <p>Exclude the infected individual until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea and/or vomiting for 48 hours after the course is completed. The incubation period (the delay between infection and the appearance of symptoms) will vary depending on the cause of the infection. For some gastrointestinal infections, longer periods of exclusion are required. For these groups, your UKHSA HPT, or the local authority Environmental Health Officer (EHO) will advise you if any action is required.</p>	<p>Diarrhoea and vomiting – NHS.UK</p>

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Glandular fever	You do not need to contact your HPT.	<p>Glandular fever is a viral infection that mostly affects young adults, it is caused by the Epstein-Barr virus. Symptoms present as fatigue, aching muscles, sore throat, fever, swollen glands in the neck and occasionally jaundice (yellowing of the skin and eyes). In children, the disease is generally mild. The incubation period is about 4 to 6 weeks. Symptoms of glandular fever can be unpleasant, but most pass within 2 to 3 weeks. Fatigue, however, can occasionally last longer.</p> <p>The virus is found in the saliva of infected people and can be spread by direct contact with saliva such as kissing, being exposed to coughs and sneezes and sharing of eating and drinking utensils. It can also be spread by indirect contact via contaminated objects if hands are not washed adequately.</p> <ul style="list-style-type: none"> • Encourage individuals to implement good hand hygiene and respiratory hygiene practices. 	Exclusion is not required.	Glandular fever – NHS.UK
Hand, foot and mouth disease	You do not need to contact your HPT.	<p>Hand, foot and mouth disease is a common viral illness in childhood. It is generally a mild illness caused by an enterovirus. In rare instances it can be more severe.</p> <p>The individual may develop a fever, reduced appetite and generally feel unwell. One or 2 days later a rash may develop with blisters, on hands, feet, insides of their cheeks, gums and on the sides of the tongue. Not all cases have symptoms. The incubation period is 3 to 5 days. Persons affected are most infectious during the first week of the illness.</p> <p>The illness is usually mild and clears up by itself in 7 to 10 days. If the individual develops the rare additional symptoms of high fever, headache, stiff neck, back pain, or other complications then they should seek prompt medical advice. Spread is caused by direct contact with the secretions of the infected person (including faeces) or by aerosol spread such as coughing and sneezing. Younger children are more at risk because they tend to play closely with their peers. Although there is usually no risk to the pregnancy or baby, it is best to avoid close contact with anyone who has hand, foot and mouth disease. This is because having a high temperature during the first 3 months of pregnancy can very rarely lead to miscarriage, and getting hand, foot and mouth disease shortly before giving birth can mean your baby is born with a mild version of it. Pregnant women who have been in contact with an affected individual may wish to speak to their GP or midwife.</p> <ul style="list-style-type: none"> • Encourage individuals to implement good hand hygiene practices, particularly in those affected and the staff who carry out nappy changing or assist with toileting. This should continue even after the person is well because the virus can still be present in the faeces and saliva for a few weeks. • Encourage individuals to implement good respiratory hygiene practices. • Strongly encourage staff to adhere to toileting and sanitation guidance. 	Exclusion is not required.	https://www.nhs.uk/conditions/hand-foot-mouth-disease/
Head lice	You do not need to contact your HPT.	<p>Head lice and nits are common in young children and their families. They do not have anything to do with dirty hair and are picked up by head-to-head contact.</p> <p>Head lice are tiny insects that only live on humans. The eggs are grey or brown and about the size of a pinhead which stick to the hair, close to the scalp. The eggs hatch in 7 to 10 days. Empty eggshells (nits) are white and shiny and are found further along the hair shaft as they grow out.</p> <p>Head lice are spread by direct head-to-head contact and therefore tend to be more common in children because of the way they play. They cannot jump, fly or swim. Itching and scratching occurs 2 to 3 weeks after coming into close contact with someone who has headlice.</p> <ul style="list-style-type: none"> • Consider carefully before sending letters and notifications to parents or carers. These generally do not reduce the risk of transmission and may provoke anxiety. • Encourage parents or carers to give regular head checks and provide good hair care to help identify and treat head lice early. 	Exclusion is not required.	Head lice and nits – NHS.UK

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Impetigo	You do not need to contact your HPT.	<p>Impetigo is a bacterial skin infection which mainly affects infants and young children. It is very infectious and appears most commonly as reddish sores on the face. It may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites.</p> <p>The sores can develop anywhere on the body but tend to occur as reddish sores on the face, especially around the nose and mouth and on hands and feet. After about a week, the sores burst and leave golden brown crusts. It can sometimes be painful and itchy. The incubation period is between 4 to 10 days.</p> <p>Impetigo can easily spread to other parts of the affected person's body or to other people such as through direct physical contact, or by sharing towels, flannels or eating and drinking utensils.</p> <p>Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.</p> <ul style="list-style-type: none"> • Encourage individuals to implement good hand hygiene practices. • Encourage children, young people and staff to avoid touching or scratching the sores, or letting others touch them. • Do not allow towels, flannels and eating and drinking utensils to be shared by others. • Ensure that equipment, including toys and play equipment are thoroughly cleaned daily. Non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly (for more details, see cleaning). 	<p>Yes</p> <p>Exclude the individual from the setting until all lesions (sores or blisters) are crusted over or until 48 hours after commencing antibiotic treatment.</p>	<p>Impetigo – NHS.UK</p>
Influenza	You do not need to contact your HPT.	<p>Influenza, commonly known as flu, is caused by a virus, usually influenza A or B. Flu viruses are always changing so this winter's flu strains will be slightly different from previous winters.</p> <p>Flu can affect anyone but if people have a long-term health condition the effects of flu can make it worse even if the health condition is well managed and they normally feel well.</p> <p>Conditions which may increase your risk of serious influenza illness are detailed in the Green Book.</p> <p>Influenza is a respiratory illness and commonly has a sudden onset. Symptoms include headache, high temperature, cough, sore throat, aching muscles and joints and fatigue.</p> <p>Cases can be infectious one day before to 3 to 5 days after symptoms appear. Importantly, children may sometimes present differently with flu – for example, without fever but with diarrhoea.</p> <p>It is transmitted by breathing in droplets coughed out into the air by infected people or by the droplets landing on mucous membranes. Transmission may also occur by direct or indirect contact with respiratory secretions for example via soiled tissues or from contaminated surfaces. It spreads easily in crowded populations and in enclosed spaces.</p> <ul style="list-style-type: none"> • The risk of infection can be minimised through vaccination. For further details, see the section on supporting immunisation programmes and the UK's national immunisation schedule. For details of school years eligible for flu vaccination, please see the annual programme letter. • Encourage those in eligible groups to have the flu vaccine. • Encourage individuals to implement good hand hygiene and respiratory hygiene practices. 	<p>Yes</p>	<p>Flu – NHS.UK</p>
Norovirus	You should contact your UKHSA HPT if there are a higher than previously experienced or rapidly increasing number of absences due to diarrhoea and vomiting.	<p>Norovirus is the most common cause of gastroenteritis in England. Also known as the 'winter vomiting bug', it causes symptoms such as nausea, diarrhoea, and vomiting.</p> <p>The virus can spread from person to person through hand to mouth contact and can be picked up from contaminated surfaces such as equipment, hands, toys, or dirty nappies. It can also spread through the air by sneezing and coughing, though this is less common.</p> <ul style="list-style-type: none"> • Encourage individuals to implement good hand hygiene and good respiratory hygiene practices. • Clean kitchen and toilet areas regularly (for more details, see cleaning). • Use PPE when handling blood or bodily fluids such as vomit or diarrhoea. 	<p>Yes</p> <p>Exclude the infected individual until 48 hours after symptoms have stopped and they are well enough to return.</p>	

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Mumps	You do not need to contact your HPT.	<p>Mumps is a viral infection. The first symptoms of mumps are usually a raised temperature, swelling and tenderness of salivary glands (parotid) accompanied by headaches, joint pain and general malaise. The swelling can be one sided or affect both sides.</p> <p>Mumps is usually fairly mild in young children, but can cause swelling of the testicles and rarely, infertility in males over the age of puberty.</p> <p>The mumps virus is highly infectious and can be spread by droplets from the nose and throat, and by saliva.</p> <ul style="list-style-type: none"> Encourage individuals to implement good hand hygiene practices. <p>Advise the individual, parents or carers to seek advice from a general practitioner.</p> <ul style="list-style-type: none"> Encourage everyone (aged one year old and over) to have the combined MMR vaccination as per the national immunisation schedule. Encourage all staff to be up to date with their MMR vaccinations. 	<p>Yes</p> <p>Exclude the affected individual until 5 days after the onset of swelling and well enough to return.</p>	<p>Mumps – NHS.UK</p>
Meningitis	Notify the UKHSA HPT if 2 cases of meningitis occur in your setting within 4 weeks.	<p>Meningitis is a general term that describes an inflammation of the membranes covering the brain and spinal cord. It can be caused by a range of germs including bacteria or viruses.</p> <p>Bacterial meningitis is less common but more serious than viral meningitis and needs urgent medical attention. In some cases, bacterial meningitis can lead to septicaemia (blood poisoning).</p> <p>Common signs and symptoms of meningitis and septicaemia include fever, severe headache, photophobia, neck stiffness, non-blanching rash (see glass test below), vomiting, drowsiness.</p> <p>The incubation period varies but for bacterial meningitis the incubation is between 2 and 10 days.</p> <p>There is no effective medication for the treatment of viral meningitis, but symptoms are usually much milder.</p> <p>The routine childhood immunisation schedule provides protection against meningitis caused by mumps, polio, Haemophilus influenzae type b (Hib), pneumococcus and Neisseria meningitidis group A, B, C, W and Y. There is no vaccination for some types of meningitis. Children and young people. Individuals should be encouraged to be up to date with their vaccinations.</p> <p>If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. The rash will be visible through the glass. If this happens, seek urgent medical attention.</p> <p>Note that the rash is a late symptom – if any of the other symptoms have already occurred seek medical advice immediately and advise individuals, parents and carers to do the same.</p> <ul style="list-style-type: none"> Encourage individuals, parents and carers, in respect to their children, are up to date with their vaccinations. 	<p>Yes</p> <p>Exclude the infected individual until they have recovered.</p>	<p>Meningitis – NHS.UK</p>
Scabies	Contact your UKHSA HPT if there are 2 or more cases of scabies within your setting.	<p>Scabies is a skin infection caused by tiny mites that burrow in the skin. The pregnant female mite burrows into the top layer of the skin and lays about 2 to 3 eggs per day before dying after 4 to 5 weeks.</p> <p>The appearance of the rash varies but most people have tiny pimples and nodules on their skin. Secondary infection can occur particularly if the rash has been scratched.</p> <p>The scabies mites are attracted to skin folds such as the webs of the fingers. Burrows may also be seen on the wrists, palms, elbows, genitalia and buttocks.</p> <p>Spread is most commonly by direct contact with the affected skin. The rash usually spreads across the whole body, apart from the head. Scabies remains infectious until treated.</p> <p>Occasionally if there is impaired immunity or altered skin sensation, large numbers of mites occur, and the skin thickens and becomes scaly.</p> <p>Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.</p> <ul style="list-style-type: none"> Encourage the affected individual to attend the second treatment. It is important that this is not missed and should be carried out one week after the first. All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case (contacts do not need to be excluded from the setting). 	<p>Yes</p> <p>Exclude the affected individual until after the first treatment has been completed.</p>	<p>Scabies – NHS.UK</p>

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Ringworm	You do not need to contact your HPT	<p>Ringworm, also known as tinea, is a fungal infection of the skin, hair or nails. It is caused by various types of fungi and infections are named after the parts of the body that are affected, namely face, groin, foot, hand, scalp, beard area and nail.</p> <p>The main symptom of ringworm is a rash. The rash may be scaly, dry, swollen or itchy and may appear red or darker than surrounding skin.</p> <p>Scalp ringworm in children is becoming more common in the UK, particularly in urban areas. Until recently this was usually spread from infected animals but can spread within families and in children and young people's settings.</p> <p>Ringworm of the scalp starts as a small red spot which spreads leaving a scaly bald patch. The hair becomes brittle and breaks easily.</p> <p>The appearance of human scalp ringworm varies from lightly flaky areas, often indistinguishable from dandruff to small patches of hair loss on the scalp. There may be affected areas on the face, neck and trunk.</p> <p>Ringworm of the body is found on the trunk or legs and have a prominent red margin with a scaly central area.</p> <p>Ringworm of the nails often appears with infection of the adjacent skin. There is thickening and discolouration of the nail.</p> <p>Spread is by direct skin to skin contact with an infected person or animal, or by indirect contact with contaminated surfaces.</p> <p>Scalp ringworm is treated with oral anti-fungal agents. An anti-fungal cream is used to treat ringworm of the skin and feet.</p> <p>Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool.</p> <p>Ensure the individual with ringworm of the feet is wearing socks and trainers. The individual should have his or her feet covered for physical education.</p> <ul style="list-style-type: none"> • Discourage the individual from scratching the affected skin or area as it can spread to other parts of the body. • Advise affected individuals to avoid sharing towels, flannels, pillows, socks and shoes with others. • Encourage individuals to implement good hand hygiene practices. 	<p>Yes</p> <p>Advise the individual, parents or carers to seek advice from a general practitioner for recommended treatment.</p> <p>Once treatment has started, individuals can return to their setting.</p>	<p>Ringworm – NHS.UK</p>
Slapped cheek syndrome (parvovirus B19)	You do not need to contact your HPT	<p>Slapped cheek syndrome (also called fifth disease or parvovirus B19) is common in children and should get better on its own. It is rarer in adults and can be more serious in individuals with immune deficiencies, some inherited blood disorders, and for unborn babies in the first 20 weeks.</p> <p>The illness may only consist of a mild feverish illness which escapes notice but in others a rash appears after a few days.</p> <p>The rose-red rash makes the cheeks appear bright red, hence the name 'slapped cheek syndrome'. The rash may spread to the rest of the body but unlike many other rashes it rarely involves the palms and soles.</p> <p>The affected individual begins to feel better as the rash appears. The rash usually peaks after a week and then fades.</p> <p>The rash is unusual in that for some months afterwards, a warm bath, sunlight, heat or fever will trigger a recurrence of the bright red cheeks and the rash itself.</p> <p>The virus can affect an unborn baby, particularly in the first 20 weeks of pregnancy.</p> <p>Spread is by the respiratory route and a person is infectious 3 to 5 days before the appearance of the rash. Individuals are no longer infectious once the rash appears. There is no specific treatment.</p> <p>Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.</p> <ul style="list-style-type: none"> • Anyone exposed to an affected individual early in pregnancy (before 20 weeks) should be advised to seek prompt advice from whoever is providing antenatal care. • If there are complications, advise individuals, parents or carers to seek advice from a general practitioner. 	<p>Exclusion is not required.</p>	<p>Slapped cheek syndrome – NHS.UK</p>

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Threadworm	You do not need to contact your HPT	<p>Threadworm infection is an intestinal infection and is very common in childhood. They are tiny worms in stools and can spread easily.</p> <p>Worms may be seen in stools or around an individual's bottom. They look like pieces of white thread.</p> <p>Symptoms include extreme itching around the anus or vagina, particularly at night. They can also cause individuals to be irritable and wake up during the night.</p> <p>Pharmacies can advise on treatment.</p> <p>Re-infection is common and infectious eggs are also spread to others directly on fingers or indirectly on bedding, clothing and environmental dust.</p> <p>Regular hand washing, laundry and regular cleaning can help reduce the risk of infection and re-infection.</p> <p>Transmission is uncommon in education or childcare settings.</p> <ul style="list-style-type: none"> • Encourage individuals, parents or carers to contact the pharmacy for treatment. • Encourage individuals to implement good hand hygiene practices. • Keep fingernails short. • Wash towels, flannels, sheets and sleepwear on a hot temperature. For more information, see safe management of linen and soft furnishings. 	Exclusion is not required.	Threadworms – NHS.UK
Tuberculosis (TB)	Contact your UKHSA HPT, TB nurses, school nurse or health advisor if you are informed of a suspected case of TB and before taking any action.	<p>TB is a bacterial infection that can affect any part of the body, including the lungs.</p> <p>People with TB might have all or some of the following symptoms: weight loss, fever, night sweats, prolonged cough, loss of appetite, fatigue, breathlessness, pains in the chest and lumps or swellings.</p> <p>Some people who develop TB of the lung (pulmonary TB) are infectious to others. Spread happens when these infectious cases breathe out droplets containing TB bacteria in the air which someone else then breathes in. This happens if the person had a lot of close contact with the case (especially if the case has been coughing). The incubation period is 4 to 12 weeks but can be longer.</p> <ul style="list-style-type: none"> • Facilitate the HPT to carry out a risk assessment with the setting and follow their advice, for example regarding screening for other individuals. • Support individuals with infectious TB to return to their setting or normal activities after 2 weeks of effective antibiotic treatment prescribed by specialist TB services, and if they are well enough. 	<p>Exclusion is recommended for infectious TB only.</p> <p>Exclude individuals whilst they are infectious, following advice from TB nurses or your UKHSA HPT.</p> <p>Do not exclude individuals with non-infectious TB or those with pulmonary TB who have completed 2 weeks of effective antibiotic treatment as confirmed by the TB nurses.</p> <p>Do not exclude siblings, friends or other contacts of TB cases, unless exclusion is advised by TB nurses or your HPT.</p>	<p>Tuberculosis (TB) – NHS.UK</p> <p>Tuberculosis (TB) and children</p>
Athlete's foot	You do not need to contact your HPT	Do not allow people who have the infection to share socks, shoes, towels or bathmats with others.	Exclusion is not required.	Athlete's foot – NHS.UK
Whooping cough (pertussis)	You do not need to contact your HPT	<p>Whooping cough (pertussis) is an acute bacterial infection caused by Bordetella pertussis.</p> <p>The national immunisation schedule recommends that women 16 to 32 weeks pregnant should be immunised to maximise the likelihood that the baby will be protected from birth.</p> <p>Infants receive 3 doses of vaccination by their 16th week and an additional pre-school booster.</p> <p>The early stages of whooping cough, which may last a week or so, can be very like a heavy cold with a temperature and persistent cough.</p> <p>The cough becomes worse and usually, the characteristic 'whoop' develops. Coughing spasms are frequently worse at night and may be associated with vomiting. It may last several months.</p> <p>The disease is usually more serious in children of pre-school age. Antibiotics rarely affect the course of the illness but may reduce the period the individual is infectious.</p>	<p>Yes</p> <p>Exclude the infectious individual until they have had at least 48 hours of the appropriate antibiotic or 21 days from the onset of the symptoms if no antibiotics have been taken and they feel well enough to return.</p>	Whooping cough – NHS.UK

		<p>It is spread by breathing in droplets coughed out into the air by infected people or by the droplets landing on mucous membranes.</p> <ul style="list-style-type: none">• Encourage parents or carers to have their child or young person immunised against whooping cough. The whooping cough vaccine is included in the national immunisation schedule.• Advise individuals, parents or carer to seek advice from their general practitioner.• Encourage individuals to implement good hand hygiene and respiratory hygiene practices.	<p>Allow the individual to return to the setting after exclusion period even if they are still coughing.</p>	
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