Infectious Diseases:

information & exclusion list

Condition

This disease is spread by

Early Symptoms

Time between exposure and sickness

3-5 days

N/A

7-21 days

4-6 weeks

14-23 days

4-6 weeks (but if had scabies before

it may develop within 1-4 days)

Variable

4-20 days

Exclusion from school, early childhood centre, or work*

Rashes and skin infections

Chi	ickei	npox
	CNE	IPOX



Hand, foot and mouth disease

Head lice (Nits)





Ringworm





Scabies

School sores (Impetigo)

Slapped cheek (Human parvovirus infection)



Coughing, sneezing, and poor hand washing.

Direct contact with an infested person's hair, and less commonly by contact with contaminated surfaces and objects.

Coughing and sneezing. Direct contact with an infected person. Highly infectious.

Contact with infected skin. bedding and clothing.

Coughing and sneezing. Also direct contact with an infected person.

Contact with infected skin, bedding and clothing.

Direct contact with infected sores.

Coughing and sneezing. The virus may be passed from mother to child during pregnancy.

Fever and spots with a blister on top of each spot. Fever, flu-like symptoms – rash on soles

and palms and in the mouth. Itchy scalp, especially behind ears. Occasionally scalp infections that require treatment may develop.

Runny nose and eyes, cough and fever, followed a few days later by a rash.

Flat, ring-shaped rash.

Fever, swollen neck glands and a rash on the face, scalp and body.

Blisters on the body which burst and turn into scabby sores.

Itchy rash.

Red cheeks and lace-like rash on body.

1 week from appearance of rash, 10-21 days after being exposed. or until all blisters have dried.

> Exclude until blisters have dried. If blisters able to be covered, and child feeling well, they will not need to be excluded.

Treatment recommended to kill eggs and lice. 5 days after the appearance of rash.

None, but ECC/school should be informed.

Non-immune contacts of a case may be excluded.

> None, but skin contact should be avoided.

Until well and for 7 days

from appearance of rash.

Exclude until the day after

appropriate treatment. Until sores have dried up or 24 hours

after antibiotic treatment has started.

Unnecessary unless unwell

Until well and for 48 hours after the last

episode of diarrhoea or vomiting.

Cryptosporidium – do not use public pool

Diarrhoea & Vomiting illnesses

Campylobacter Cryptosporidium Giardia Salmonella









Shigella

Norovirus



VTEC/STEC





Undercooked food, contaminated water. Direct spread from an infected person or animal.

Contaminated food or water, direct spread from an infected person.

> Contact with secretions from infected people.

Contaminated food or water,

contact with an infected person.

Direct spread from infected person.

Contaminated food or water. unpasteurised milk. Direct contact with animals or infected person.

Stomach pain, fever, nausea, diarrhoea and/or vomiting.

> Nausea, stomach pains, general sickness. Jaundice a few days later.

Nausea, diarrhoea/and or vomiting.

Nausea, diarrhoea/and or vomiting.

fever, stomach pain. High incidence of bloody diarrhoea, stomach pain. High rate of hospitalisation and complications.

Diarrhoea (may be bloody),

Campylobacter 1–10 days Cryptosporidium 1–12 days Giardia 3–25 days Salmonella 6-72 hours

15-50 days

1-2 days

1-2 days

12 hours-1 week

2-10 days

for 2 weeks after symptoms have stopped. **Salmonella** - Discuss exclusion of cases and contacts with public health service.

7 days from the onset of jaundice.

Until well and for 48 hours after the last episode of diarrhoea or vomiting.

Until well and for 48 hours after the last episode of diarrhoea or vomiting.

Discuss exclusion of cases and their contacts with public health service.

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Respiratory Infections

Influenza and Influenza-like illness (ILI)





Coughing and sneezing. Direct contact with infected person.

Contact with secretions of a sore throat. (Coughing, sneezing etc.)

Coughing. Adults and older children can pass on the infection to babies.

Direct contact with discharge from the eyes

or with items contaminated by the discharge.

Close contact with oral secretions.

(Coughing, sneezing, etc.)

Sudden onset of fever with cough, sore throat, muscular aches and a headache.

Headache, vomiting, sore throat.

by "whoop", vomiting or breathlessness.

An untreated sore throat could lead to Rheumatic fever. Runny nose, persistent cough followed 1–4 days (average about 2 days)

1-3 days

5-21 days

2-10 days (usually 3-4 days)

Exclude until well and/or has received

Until well.

Five days from commencing antibiotic treatment or, if no antibiotic treatment then 21 days from onset of illness or until no more coughing, whichever comes first.

antibiotic treatment for at least 24 hours.

Other Infections

Whooping

(Pertussis)

cough

Conjunctivitis (Pink eye)

Meningococcal **Meningitis**

Mumps

Meningitis – Viral



Spread through different routes including coughing, sneezing, faecal-oral route.

Coughing, sneezing and infected saliva.

Irritation and redness of eye. Sometimes there is a discharge.

Generally unwell, fever, headache, vomiting, sometimes a rash. Urgent treatment is required.

Generally unwell, fever, headache, vomiting.

Pain in jaw, then swelling

in front of ear and fever.

Variable

12-25 days

While there is discharge from the eyes.

Until well enough to return. 3–7 days

* Seek further advice from a healthcare professional

Until well.

Exclude until 5 days after facial swelling develops, or until well.

For further information contact:

Your Public Health Nurse

Your Public Health Service



Notifiable disease (Doctors notify the Public Health Service)



Pregnant women should seek advice

New Zealand Government te hiringa hauoro



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