

# **SUMMARY OF RECOMMENDED PERIODS OF ABSENCE FOR COMMUNICABLE DISEASES**

## **PRE-SCHOOL CHILDREN**

Health Protection Team, Lothian NHS Board, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG  
Enquiries 0131 465 5420/5422

**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

**Introduction**

In accordance with national guidance, this document provides a summary of the recommended periods of absence for pre school children who are, or are thought to be, suffering from an infection which may spread to others.

The key to prevention and control of spread of infection is maintaining high standards of hygiene at all times. In particular:

Hands should be washed **after**:

- Using or cleaning the toilet/ nappy changing
- Immediately after handling raw meat/poultry
- Preparing food in general
- Blowing your nose or covering a sneeze or cough
- Smoking, as fingers will come in contact with the mouth and nose
- Touching pets or other animals

Hands should be washed **before**:

- Preparing food or drink
- Eating food

**High standards of hygiene should also be applied to:** All pre-school facilities should have agreed procedures on:

- Hand washing
- Food hygiene
- Nappy changing and toileting
- Cleaning of toys and equipment
- Environmental cleaning
- Cleaning of spillages
- Disposal of waste.

For further information and advice on infectious diseases and the control of infection, contact the Health Protection Team, Lothian NHS Board.

Tel: 0131 465 5420/5422

**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

Also please refer to *Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)* produced by Health Protection Scotland which is available here:

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/infection-prevention-control-childcare-2015-v2.pdf>

**Key for recommended period of absence:**

**Groups that pose a higher than normal risk of spreading infection.**

Group A	Any person of doubtful hygiene or with unsatisfactory toilet, hand washing or hand drying facilities at home, work or school.
Group B	Children who attend pre-school groups or nursery
Group C	People whose work involves preparing or serving unwrapped foods not subjected to further heating/cooking.
Group D	Health or Social Care staff who have direct contact with highly susceptible patients or persons in whom an infection would have particularly serious consequences.

**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
<b>Campylobacter</b>	3-4 Days (Can be 1-10 days).	Food borne. Contaminated food and water. Contact with infected animals.	Low risk of transmission from person to person. It can occur, especially where there is poor hygiene practice.	Until clinically recovered and diarrhoea has ceased for 48hrs.	None	Practice good hygiene, specifically hand hygiene.
<b>Chickenpox</b> (Varicella Zoster)	15-18 days (Can be 10-21 days).	Direct person to person contact – airborne and droplet spread.	High risk of transmission from 2 days before rash onset until all the lesions have crusted.	Until vesicles become dry (approx 7 days) but a minimum of 5 days after rash onset.	None if asymptomatic	Pregnant women and the immuno-compromised who are contacts of cases should seek medical advice as soon as possible.
<b>Clostridium Difficile</b>	Variable. Often triggered by antibiotic use and can start a few days or months after antibiotic course.	Contact with an infected person or contaminated environment or objects.	Those most at risk of transmission are elderly, people currently or recently taken antibiotics, been in hospital or are immunosuppressed.	Until clinically recovered and diarrhoea has ceased for 48hrs.	None	Practice good hygiene, specifically environmental and hand hygiene.
<b>Colds</b>	12 hours to 5 days (Commonly 48 hours).	Respiratory droplet. Contact with secretions.	High risk of transmission during active infection.	If symptoms are severe (e.g. fever)	None.	Practice good hygiene. Practice good cough etiquette
<b>Cold sores</b> (Herpes Simplex)	2-12 days.	Direct contact with oral secretions or direct contact with lesion.	High risk of transmission until lesion crusted.	None. (unless secondary bacterial infection; see Impetigo)	None.	Practice good hygiene. Health education.
<b>Conjunctivitis</b>	1-3 days.	Contact with discharges.	High risk of transmission whilst symptomatic.	None. If unwell and a	None.	Practice good hygiene. If outbreak or cluster

**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
				serious infection stay off until eye no longer inflamed and infected.		inform HPT. Disposable towels.
<b>Cryptosporidiosis</b>	7-10 days average (Can be 1-21 days average 7 days).	Faecal-oral. Waterborne. Contact with animal faeces.	High risk of transmission from person to person.	Until clinically recovered and diarrhoea has ceased for 48hrs. Avoid swimming until 2 weeks after symptoms cease.	None.	Practice good hygiene. Follow up by HPT/Environmental health.
<b>Cytomegalovirus (CMV)</b>	Variable. 3-8 weeks but can be up to 12.	Intimate exposure. Contact with infected tissue or fluids (e.g. body fluids/blood).	High risk of transmission through intimate contact with fluids, whilst organism present. Carriage may persist for many months.	None.	None.	Practice good hygiene.
<b>Diarrhoea</b>	Dependent on causative organism.	Often food or waterborne or due to poor hygiene. Can be faecal-oral. Some viruses may be airborne.	High risk of transmission whilst symptomatic, though dependent on cause.	Until clinically recovered and diarrhoea has ceased for 48hrs. (If cause known refer to disease).	None (If cause known refer to disease).	Practice good hygiene (If cause known refer to disease).
<b>Diphtheria (very rare in UK)</b>	2-5 days but may be longer.	Contact with discharge from lesions. Airborne droplet spread.	Not highly infectious. Prolonged close contact is normally required for transmission. Cases	Until clinically recovered and bacteriological specimens are clear.	Household contacts should be excluded until specimens	Notifiable. Investigation by HPT Immunisation.



**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
<b>(Parvovirus B19 or 'slapped-cheek' disease)</b>	(4-20 days).	respiratory secretions.	7 days before rash appears until one day after onset of rash.	recovered.		immunocompromised and people with haemolytic anaemia should avoid contact with known cases.
<b>Food Poisoning</b>	Dependent on causative organism.	Food borne.	Variable. Usually low risk of transmission if asymptomatic.	Until clinically recovered and diarrhoea has ceased for 48hrs. (If cause known refer to disease).	None. (If cause known refer to disease).	Practice good hygiene.
<b>German Measles (Rubella)</b>	14-17 days (Can be 14-21 days).	Droplet spread or direct contact with secretions.	High risk of transmission from 1 week before onset of rash to 4 days after.	Until clinically recovered but <u>at least</u> 4 days after onset of rash.	HPT may consider excluding contacts in groups B and D if they have not had 2 X MMR vaccinations	Notifiable. Follow up of cases by HPT. Pregnant women should consult their GP or midwife if exposed. Immunisation with MMR.
<b>Giardiasis</b>	7-10 days (Can be 5-28 days).	Waterborne. Faecal-oral.	High risk of transmission whilst organism present in stool.	Until clinically recovered and diarrhoea has ceased for 48hrs.	None.	Notifiable. Follow up by HPT/EHO. Practice good hygiene.
<b>Glandular Fever (Infectious Mononucleosis)</b>	4-6 weeks.	Close contact with pharyngeal secretions (e.g. kissing). Indirectly on hands.	Carriage may be prolonged with high risk of transmission.	Until clinically recovered.	None.	
<b>Group A streptococcal infection</b>	1-4 days for acute infection	Contact with carriers or symptomatic patients	Low risk	Until clinically recovered and 24 hours after appropriate antibiotics.	None, information will be provided to close household contacts by HPT	HPT will investigate cases of invasive Group A strep.
<b>Haemophilus</b>	Unknown but	Respiratory droplet or	High risk of transmission	Until clinically	None.	Investigation by HPT.

**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
<b>Influenzae B (HIB)</b>	probably 2-4 days.	contact with secretions.	whilst symptomatic and/or whilst organism is present in nasopharynx. Non infectious after 48 hours of appropriate antibiotic treatment.	recovered but at least 48 hours after commencing treatment.		Children should have been immunised pre-school.
<b>Hand, Foot &amp; Mouth Disease</b>	3-5 days.	Direct contact with faeces, blisters and respiratory droplets (aerosol droplet spread).	High risk of transmission during acute stage of illness (occasionally longer as virus can persist in faeces for several weeks).	Whilst acute skin lesions present. Generally children remain off until blisters have healed.	None.	Report outbreaks to HPT. Practice good hygiene.
<b>Head Lice</b>	Head lice mature in 6-12 days and live for about 20 days.	Direct head to head contact.	High risk of transmission until adequately treated.	Until treated (After first treatment and no visible live lice)	None if asymptomatic. Check regularly with combing.	Health education. Practice good hygiene.
<b>Hepatitis A</b>	28-30 days (Can be 15-50).	Faecal-oral. Waterborne.	High risk of transmission from two weeks before onset of jaundice until one week after jaundice starts.	Until 7 days after onset of jaundice (if present) or onset of other symptoms.	None. (unless they have symptoms suggestive of hepatitis A or are food handlers)	Notifiable. Follow up by HPT/EHO. Practice good hygiene. Immunisation for contacts.
<b>Hepatitis B</b>	2-6 months (Commonly 2-3 months).	Blood borne. Mother to baby vertical transmission. Sexual transmission. Sharing injecting equipment.	Infectious during incubation period and up to 6 months after acute illness. Up to 90% infant cases develop chronic infection and continue to be infectious. Low risk of transmission if social contact only.	None. Until clinically recovered.	None.	Notifiable. Investigation by HPT. Practice good hygiene, with care when dealing with blood and body fluids
<b>Hepatitis C</b>	2 weeks to 6 months	Blood borne. Sexual transmission.	80% probably infectious for life unless treated.	None. Until clinically	None.	Notifiable. Practice good hygiene



**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
	(commonly 6-10 weeks)	Sharing injecting equipment.	Low risk of transmission if social contact only.	recovered.		with care when dealing with blood/body fluids.
<b>Hepatitis E</b>	15-64 days. (mean 26-42 days)	Faecal oral Contaminated water links to shellfish	No evidence of person to person transmission but virus present in stools up to 14 days after jaundice	Until clinically recovered but all should be reminded of the importance of hand hygiene.	None	Notifiable Investigation by HPT Practice good hygiene
<b>HIV</b>	1-3 months for detectable antibodies	Blood borne. Sexual transmission. Sharing injecting equipment. Mother to child vertical transmission.	Infectious for life. Low risk of transmission if social contact only.	None.	None.	Notifiable. Practice good hygiene. take care when dealing with blood/body fluids.
<b>Impetigo (group a skin infection)</b>	1-10 days.	Direct contact with lesions. Indirect contact with infected items (e.g. towels, clothes).	Highly infectious whilst lesions are present and until they are healed and crusted over.	Until lesions are crusted or healed or 48 hours after commencing appropriate antibiotics.	None.	Report outbreaks to HPT. Practice good hygiene.
<b>Influenza</b>	1-5 days.	Airborne/droplet. Contact with respiratory secretions.	Highly infectious in the first 3-5 days (up to 10 days in young children).	Until clinically recovered.	None.	Immunisation for at risk groups. Practice good hygiene.
<b>Measles</b>	7-18 days (can be up to 21 days). Rash usually appears 14 days after exposure.	Airborne. Direct contact with respiratory secretions.	Highly infectious from 5 days before onset of rash until 4 days after the rash develops.	4 days from the onset of rash.	Contacts in groups A and D who are not immune may be excluded by HPT for 21 days after last contact with a case.	Notifiable Investigation by HPT Children should be routinely immunised with MMR. Pregnant woman and immunocompromised should seek advice from their GP/midwife.
<b>Meningococcal</b>	2-10 days.	Direct contact.	Low risk of transmission	Until clinically	None. HPT will	Notifiable.

**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
<b>Disease/Septicaemia</b>	Commonly 3-4.	Contact with respiratory droplets from nose and throat.	person to person until 48 hrs of appropriate antibiotic therapy.	recovered.	provide info to nurseries or schools if required	Investigation by HPT. Meningitis ACWY vaccination recommended for 14-18 year olds and University fresher's. Men B vaccine now also part of childhood immunisation schedule.
<b>Mumps</b>	16-18 days (Can be 12-25 days).	Airborne/droplet spread. Direct contact with saliva.	Medium risk of transmission 7 days before onset of symptoms until 9 days after.	Until clinically recovered but no less than 5 days from the onset of parotid swelling.	None.	Notifiable. Preventable by vaccination with 2 X MMRs. Inform HPT if outbreak suspected.
<b>Molluscum Contagiosum</b>	Variable	Direct contact with lesions	Risk of transmission while lesions present.	None, but lesions should be covered if possible.	None	Practice Good hygiene.
<b>Norovirus Winter vomiting bug</b>	15-50 hours (can be 4-77 hours)	Faecal oral Aerosol transmission Contaminated surfaces	Highly infectious, high risk of transmission from person to person.	Until clinically recovered and 48 hours since last episode	None	Practice good hygiene Contact HPT if you suspect an outbreak
<b>Poliomyelitis</b> (very rare in UK)	7-14 days (Can be 3-35 days).	Faecal-oral. Also close contact with respiratory secretions.	High risk of transmission when virus present in stools and/or nasopharynx.	At the discretion of the duty Consultant in Public Health Medicine (CPHM)	None.	Notifiable. Investigation by HPT. Children should be routinely immunised.
<b>Respiratory Syncytial Virus (RSV)</b>	2-8 days average of 5 days	Respiratory secretions, directly or indirectly via contaminated hands	Infectious shortly before symptoms until 1 week after	None, until clinically recovered	None	Practice good hygiene and cough etiquette
<b>Ringworm</b>	2-6 weeks.	Direct skin to skin contact with infected person or animal. Indirect contact with fomites or surfaces.	Medium risk of transmission whilst infected lesions are present.	None if lesions are covered by clothing. If lesions exposed, until 48 hrs after start of treatment.	Families should be checked for ringworm.	Avoid direct contact with lesions. Good hygiene practice.

**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
<b>Roseola Infantum (6<sup>th</sup> disease)</b>	10 days	Airborne Faecal-oral	Transmissible during acute phase of illness	Until clinically recovered.	None	None
<b>Rubella ( see German Measles)</b>						
<b>Salmonella (excluding typhoid and paratyphoid)</b>	12-36 hrs (can be 6hrs to 7 days)	Faecal-oral Contaminated food	High risk of transmission when symptomatic.	None but until clinically recovered and 48hrs after diarrhoea has ceased.	None	Notifiable. Follow up by HPT/EHO. Practice good hygiene
<b>Scabies</b>	2-6 weeks if not previously infected. 1-4 days if re- infected.	Prolonged skin to skin contact. E.g. hand holding.	High risk of transmission until adequately treated.	Until treated. Pupils can return after 1 <sup>st</sup> treatment	Until treated. All household and close contacts may require treatment	Practice good hygiene. Health education. Contact HPT if outbreak suspected.
<b>Scarlet Fever</b>	1-3 days.	Airborne/droplet. Contact with respiratory secretions. Direct contact with patients or carriers.	Medium risk of transmission whilst organism present in nasopharynx, although minimal risk after 24 hours of appropriate antibiotic treatment.	Until clinically recovered and 24 hours after start of treatment.	None.	Antibiotics are recommended for affected children
<b>Shigella (see Dysentery)</b>						
<b>Shingles (Varicella-Zoster virus)</b>	Reactivation of Varicella infection (chickenpox).	Direct contact with lesions.	Moderate risk of transmitting chickenpox in the 7 days after the appearance of lesions.	None if lesions can be covered and are not weeping. Otherwise for 7 days after onset of lesions.	None. Can cause chicken pox in those who have not had it.	Practice good hygiene. Seek advice from GP or midwife if pregnant or immunocompromised
<b>Staphylococcus aureus infection</b>	Variable and indefinite	Contact with patients with purulent lesions,	High for certain groups of patients, and if	Special considerations for	None	HPT will only follow up cases of PVL staph

**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
<b>(MRSA/MSSA/PVL)</b>		or with an asymptomatic carrier. Airborne spread is rare	patients have active infection and there is skin to skin contact, poor hygiene or sharing of personal items.	Health care workers: contact occupational health.		aureus. Hand hygiene is very important. Health education should be provided. Any active lesions should be covered.
<b>Threadworm</b>	Variable- days to weeks.	Faecal oral.	Medium risk of transmission whilst eggs in stool.	None but should be treated properly.	None but treat household contacts at same time as case.	Practice good hygiene. Health education. Keep nails short
<b>Thrush (candidiasis)</b>	Variable. 2-5 days in infants.	Contact with secretions from mouth, skin, vagina and faeces. Vertical mother to child transmission at birth.	High risk of transmission.	Until clinically recovered.	None.	Practice good hygiene. Health education.
<b>Toxocariasis</b>	Weeks or months depending on the severity of infection.	Ingestion of eggs from contaminated soil, hands or contact with dog faeces (especially puppies).	Not spread from person to person.	None.	None.	Practice good hygiene. Health education.
<b>Toxoplasmosis</b>	5-23 days.	Ingestion of eggs from sand boxes/play areas contaminated with cat faeces. Also from rare, undercooked meats.	Not spread from person to person.	None.	None.	Practice good hygiene. Health education.
<b>Tuberculosis - pulmonary</b>	2-12 weeks (Disease can be "sleeping" for decades).	Airborne/droplet.	Medium to low risk until 2 weeks after treatment. Requires close prolonged contact.	After consultation with specialist physician the TB nurse/CPHM will inform the patient's parents/nursery that a child may return.	At the discretion of the CPHM.	Notifiable. Investigation by HPT. At risk children should be vaccinated as babies.

**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
<b>Tuberculosis - non-pulmonary</b>	Indefinite.	Not usually infectious.	Not usually transmitted from person to person.	Until clinically recovered.	None.	Notifiable Investigation by HPT.
<b>Typhoid and Paratyphoid Fever</b>	10-14 days (Can be 1-3 weeks).	Food borne. Waterborne. Faecal/Urine-oral.	High risk of transmission whilst symptomatic.	3 negative stool specimens 48hrs apart if in a risk group (starting at least one week after antibiotic course completed). Otherwise 48 hrs symptom free.	None unless symptomatic in which case should be excluded until symptoms have ceased for at least 48hrs.	Notifiable. Follow up by HPT/EHO. Practice good hygiene.
<b>Viral Gastro- enteritis</b>	Dependant on causative organism.	Faecal-oral. Airborne secondary to environmental contamination. Food borne.	High risk of transmission during acute vomiting and diarrhoea and up to 48 hrs after symptom free.	Until clinically recovered and symptoms have ceased for 48 hrs.	None.	Outbreaks followed up by HPT/EHO's. Practice good hygiene.
<b>Viral Meningitis</b>	Dependant on virus.	Dependant on the virus. Person to person spread usually droplet spread or may be airborne.	Considered to be very unlikely.	Until clinically recovered (usually within a week).	None.	If more than one case then may wish to speak to HPT for advice. Practice good hygiene.
<b>Vomiting</b>	Dependant on causative organism.	Often food or waterborne or due to poor hygiene. Can be faecal-oral. Some viruses may be airborne.	High risk of transmission whilst symptomatic, though dependent on cause.	Until clinically recovered and symptoms have ceased for 48 hrs.	None.	Outbreaks followed up by HPT/EHO's. Practice good hygiene.
<b>Warts/Verrucae</b>	2-3 months (But can be 1-20 months).	Direct contact with warts. Verrucas may spread	Can probably be transmitted at least as long as visible lesions	None. Verrucae should be covered in swimming pools,	None.	Practice good hygiene.

**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**

**Recommended Periods of Absence for Communicable Disease – Pre-school children**

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
		in pools or showers.	present.	gyms and changing rooms.		
<b>Whooping Cough (pertussis)</b>	7-10 days (Can be 5-21).	Airborne/droplet. Contact with respiratory secretions.	Highly infectious in early stages of illness and up to 3 weeks after onset of cough (rarely 6 weeks).	Until clinically recovered 3 weeks from onset of cough or 5 days of appropriate antibiotic therapy.	If symptomatic see case absence.	Notifiable. Investigation by HPT. Children should be routinely immunised pre- school.