



Government of **Western Australia**
Department of **Health**

Communicable disease guidelines

For teachers, child care workers, local government authorities and medical practitioners

Last updated in 2016

Communicable diseases contacts and resources

Your local public health can assist you with information on a range of communicable diseases and provide advice about the management of specific infections and how to prevent transmission of these infections to others in the community (see contact details on page 3).

Immunisation contacts and resources

Specific questions on immunisation should be directed to your immunisation provider (doctor or child health nurse), your local public health unit, or to the Central Immunisation Clinic on telephone 9321 1312.

A range of publications and information on immunisation can be accessed and/or ordered through:

Department of Health

www.healthywa.wa.gov.au

Commonwealth Department of Health and Ageing

www.health.gov.au

Phone: 1800 671 811

Australia Childhood Immunisation Register (ACIR)

Parents can check their child's immunisation status at:

www.humanservices.gov.au

or phoning: 1800 653 809

or visiting a Medicare office and requesting a printed copy.

Parents should provide a copy of their child's ACIR immunisation statement on entry to pre/primary school.

Immunise Australia Program

Information about immunisation

www.immunise.health.gov.au

General health

healthdirect Australia is an Australian Government initiative that provides access to quality information about human health:

www.healthdirect.gov.au

Public health units

Perth – North Metro	9222 8588
Perth – South Metro	9431 0200
Albany – Great Southern	9842 7500
Bunbury – South West	9781 2350
Broome – Kimberley	9194 1630
Carnarvon – Midwest	9941 0500
Geraldton – Midwest	9956 1985
Kalgoorlie-Boulder – Goldfields	9080 8200
Northam – Wheatbelt	9622 4320
Port Hedland – Pilbara	9174 1660

Local government immunisation providers

City of Bayswater	9400 4938
City of Joondalup	9400 4000
City of Wanneroo	9405 5000

If you are worried about a child's health, always seek medical advice or call **healthdirect Australia** on telephone 1800 022 222 (24 hours).

For Tuberculosis advice and management contact WA Tuberculosis Control Program (Anita Clayton Centre), phone: 9222 8500.

Disclaimer

These guidelines have been produced by the Department of Health to provide information relevant to the management of some vaccine-preventable and communicable diseases in child care and school facilities. While every reasonable effort has been made to ensure the accuracy of the information in these guidelines, no guarantee is given that the guidelines are free from error or omission. The information provided is not a substitute for medical care and so specific questions about a person's health status should be directed to their health care provider. **Notifiable diseases outlined in this book may be followed up by a public health unit staff member.**

Introduction

Child care and school staff have a key role in preventing the transmission of diseases in child care and the school environment. While it is often difficult to prevent the transmission of common respiratory (colds/flu) and gastroenteritis infections that occur, every effort should be made to minimise the spread of infection by encouraging:

- staff and children attending school or childcare should stay at home in the early stages of illness as they are likely to be more infectious and transmit the virus/bacteria to others, via coughing, sneezing and, contaminating surfaces that others touch
- staff working in schools or childcare organisations, including the children, should remain absent until they are symptom free if they have a cold or flu; and for at least 24 hours if they have had gastroenteritis
- parents to seek medical advice if their child has ongoing symptoms of illness
- follow up by the local public health unit for other important infections, including measles, whooping cough, meningococcal and typhoid infections (telephone numbers on page 3).

Vaccination details can be found on the Department of Health website: ww2.health.wa.gov.au/Health-for/Health-professionals/Infectious-diseases or the HealthyWA website: www.healthywa.wa.gov.au/immunisation

See specific diseases on the same site for exclusion periods.

An outline of strategies for preventing transmission of disease and recommendations for cleaning the environment can be obtained from *Staying Healthy: Preventing infectious diseases in early education and care services (5th edition)*, a government publication that provides comprehensive information about the management of a range of common childhood diseases www.nhmrc.gov.au

Child care and school staff should play a role in encouraging parents to ensure that their child's immunisation is up to date; they should request a copy of the child's Australian Childhood Immunisation Register (ACIR) immunisation statement to update their centre register/database for reference in times such as infectious disease outbreak.

Many childhood infectious diseases require students/staff to be excluded from day care or school for a recommended period of time; if they are unable to provide evidence of immunisation against specific diseases that are known to be highly transmissible they will be excluded. For common symptoms and signs of infections in young children see Appendix 2. If unsure about what action to take, contact your local public health unit (telephone numbers on page 3).

Strategies to prevent transmission of infection:

- Hand washing with soap and water for at least 15 seconds before preparing or eating food, after using the toilet, changing nappies, after blowing your nose with a hanky or tissue (disposable tissues are preferred), and after any contamination of the hands with body fluids such as blood and vomit.
- Effective cleaning with detergent and water, followed by rinsing and drying will remove the bulk of germs from environmental surfaces (refer to your school/day care policy or *Staying Healthy in Childcare*).
- Use of appropriate cleaning tools and use of protective personal equipment (gloves, masks) are important and should be easily accessible to clean up spills immediately, to prevent further environmental contamination.

- For advice on managing suspected or confirmed cases of infectious diseases e.g. measles, mumps, whooping cough, or any infectious disease where two or more cases have occurred, contact your local public health unit (telephone on page 3) to discuss.
- These strategies are general recommendations, however, if you are concerned about individual children who present with an infection, contact your local public health unit to discuss and agree on a plan of action (telephone numbers on page 3).

References

- Australian Immunisation Handbook (current edition).
www.health.gov.au/internet/immunise/publishing.nsf/content/handbook10-home
- Control of Communicable Diseases Manual 20th edition 2015. David Heymann Editor. American Public Health Association 2008. <http://apha.org/publications-and-periodicals/published-books/ccdm>
- Department of Health Guidelines for the exclusions of people with enteric infections and their contacts from works, school and childcare settings ww2.health.wa.gov.au/Articles/A_E/Communicable-disease-guidelines
- Department of Health WA fact sheets and case definitions www.healthywa.wa.gov.au/immunisation
- Department of Health Communicable Disease Control Guidelines www.public.health.wa.gov.au/2/243/3/infectious_diseases_az_for_health_professionals.pm
- 5th Edition. Staying healthy in child care. Preventing infectious diseases in early childhood education and care services. National Health Medical Research Committee (NHMRC) Australian Government 2012
- www.nhmrc.gov.au/guidelines-publications/ch55

A

Acute febrile respiratory disease

(various viruses, e.g. Parainfluenzavirus, RSV, Adenovirus, Rhinovirus, Coxsackievirus, Echovirus)

A common, acute, respiratory, viral infection. Symptoms include fever, malaise, chills, headache, muscle pain, sore throat, cough and diarrhoea.

Transmission	Airborne or droplet
Incubation period	1 to 10 days
Infectious period	Usually for the duration of symptoms
Exclusion	Exclude until afebrile
Treatment	Varies according to symptoms
Contacts	Do not exclude
Immunisation	None available

AIDS

See HIV

Chickenpox (Varicella)

Notifiable –

discuss with your local public health unit.

A common, acute, viral infection. Symptoms include fever, fatigue, and a generalised rash characterised by small vesicles (blisters) that rupture to form crusts.

Transmission	Airborne or droplet; direct or indirect contact with fluid from vesicles of an infected person
Incubation period	Average 10–21 days
Infectious period	From 2 days before rash appears to 5 days after, when vesicles have formed crusts. See Appendix 1 for immunisation recommendations
Exclusion	Exclude for at least 5 days after vesicles (rash) appear and until vesicles have formed crusts. Note that crusts alone do not warrant exclusion
Treatment	Antiviral treatment available
Contacts	Refer any immunosuppressed children (e.g. leukaemia patients) to their doctor. Do not exclude other contacts
Immunisation	Non-immune pregnant women should see their doctor urgently as immunisation may prevent chickenpox in contacts within 5 days of exposure. Post exposure immunisation can also be offered to other non-immune contacts to prevent disease

Conjunctivitis (various viruses and bacteria)

A common, acute, viral or bacterial infection of the eyes. Symptoms include sore, itchy eyes and discharge.

Transmission	Direct or indirect contact with secretions from infected eyes
Incubation period	24–72 hours
Infectious period	While eye discharge is present
Exclusion	Exclude until discharge from eyes has ceased
Treatment	Treatment as recommended by doctor – refer to doctor
Contacts	Do not exclude
Immunisation	None available

Cryptosporidiosis

Notifiable –

discuss with your local public health unit staff.

A common parasitic infection of the intestine, often without symptoms. When present, symptoms include vomiting, loss of appetite, stomach pain and foul smelling diarrhoea.

Transmission	Faecal-oral
Incubation period	1–12 days
Infectious period	2 to 4 weeks
Exclusion	Exclude until 24 hours after diarrhoea has ceased. Cases should also avoid using public swimming pools for two weeks after diarrhoea has ceased. If ill person works or attends a child care, exclude until 48 hours after diarrhoea has ceased.
Treatment	Varies according to symptoms – refer to doctor
Contacts	Do not exclude. Reduce transmission by good hygiene, especially hand washing
Immunisation	None available

Cytomegalovirus (CMV)

A common, acute, viral infection, often without symptoms. When present, symptoms include fever and swollen glands. Infection of an unborn baby may result in serious disease.

Transmission	Direct contact with secretions (e.g. saliva, urine, breast milk, cervical secretions) from an infected person or from mother-to-baby during pregnancy or after birth
Incubation period	3 to 12 weeks
Infectious period	For as long as the virus is shed in secretions (usually months)
Exclusion	Do not exclude
Treatment	Varies according to symptoms. Antiviral treatment available for serious disease – refer to doctor
Contacts	Do not exclude. Reduce transmission by good hygiene, especially hand washing. Refer pregnant contacts to their doctor
Immunisation	None available

Diarrhoea

(various viruses, bacteria or parasites, e.g. *Campylobacter*, *Giardia*, *Norovirus*, *Salmonella*, *Shigella*)

Notifiable –
***Campylobacter*, *Salmonella*, *Shigella*, *Rotavirus*, *Cryptosporidium* – discuss with your local public health unit staff.**

A range of common infections of the intestines. Symptoms include fever, vomiting, diarrhoea, and abdominal pain.

Transmission	Faecal-oral, food-borne and animal faecal-oral
Incubation period	Hours to days
Infectious period	Days to weeks
Exclusion	Exclude until 24 hours after diarrhoea has ceased. If ill person works or attends a child care, exclude until 48 hours after diarrhoea has ceased.
Treatment	Varies according to symptoms. Antibiotic or antiparasitic treatment as recommended by doctor
Contacts	Do not exclude
Immunisation	Refer to Appendix 1

German measles

See Rubella

Glandular fever

(Infectious Mononucleosis, Epstein-Barr virus)

A common, acute, viral infection. Symptoms include fever, sore throat, enlarged glands, rash, fatigue.

Transmission	Direct contact with infectious nose or throat secretions (e.g. saliva)
Incubation period	4 to 6 weeks
Infectious period	Months
Exclusion	Do not exclude
Treatment	Varies according to symptoms
Contacts	Do not exclude
Immunisation	None available
Prevention	Good hygiene practices, e.g. hand washing to avoid salivary contamination from infected individuals. Avoid kissing on the mouth while unwell, avoid drinking from common container to minimise contact with saliva

Hand, foot and mouth disease (various Enteroviruses, mostly Coxsackievirus)

A common, acute, viral infection. Symptoms include fever, vesicles (blisters) in the mouth and on hands and feet. This infection is not related to the Foot and Mouth Disease found in animals.

Transmission	Airborne or droplet; faecal-oral
Incubation period	3 to 7 days
Infectious period	As long as there is fluid in the vesicles. Faeces remain infectious for several weeks
Exclusion	Exclude until vesicles have formed crusts that are dry
Treatment	Varies according to symptoms
Contacts	Do not exclude
Immunisation	None available

Haemophilus influenzae type b (Hib)

Notifiable –

discuss with your local public health unit staff.

An uncommon, acute, bacterial infection that may cause meningitis, epiglottitis (swelling of the throat that obstructs breathing), pneumonia, joint infection, cellulitis (infection of the tissue under the skin). Symptoms of meningitis include fever, vomiting, headache, neck stiffness, irritability, and fitting.

Transmission	Airborne or droplet; direct contact with contaminated nose or throat secretions
Incubation period	2 to 4 days
Infectious period	Infectious until treated with antibiotics (24 to 48 hours)
Exclusion	Exclude until antibiotic treatment completed usually 48 hour
Treatment	Antibiotics as recommended by doctor
Contacts	Do not exclude. Contact management will be coordinated by local public health unit staff
Immunisation	Refer to Appendix 1

Head lice (Pediculosis)

A common, parasitic infestation of the scalp hair. Symptoms include scratching and the presence of 'nits' (eggs) and lice in the scalp hair.

Transmission	Head-to-head contact with an infested person
Incubation period	7 to 10 days
Infectious period	Until lice and eggs (nits) are killed
Exclusion	Exclude until after treatment has commenced and live lice removed
Treatment	See Appendix 3
Contacts	Do not exclude
Immunisation	None

Head lice fact sheet for parents is available at:

www.healthywa.wa.gov.au/Healthy-WA/Articles/F_I/Head-lice

and: www.nhmrc.gov.au/guidelines-publications/ch55

Hepatitis A

(Hepatitis A virus)

Notifiable –

discuss with your local public health unit staff.

An acute, viral infection of the liver. Symptoms include malaise, abdominal pain, loss of appetite, nausea, fever, jaundice, dark urine and pale faeces.

Transmission	Faecal-oral and faecal-food-oral
Incubation period	15 to 50 days (usually 28 to 30 days)
Infectious period	2 weeks before onset of symptoms to 7 days after jaundice appears
Exclusion	Exclude for at least one week after onset of jaundice or two weeks after onset of symptoms (if not jaundiced). Extra exclusion may apply for high risk groups see Appendix 4
Treatment	Varies according to symptoms – refer to doctor
Contacts	Do not exclude. Contact management will be coordinated by local public health staff
Immunisation	Recommended for Aboriginal children at 1 year and 18 months of age, see Appendix 1, some travellers and occupational groups – refer to doctor

Hepatitis B

(Hepatitis B virus)

H

Notifiable –

discuss with your local public health unit staff.

A viral infection of the liver. Symptoms include malaise, abdominal pain, loss of appetite, nausea, fever, jaundice, dark urine and pale faeces.

Transmission	Blood-to-blood; sexual contact; during birth mother-to-baby
Incubation period	45 to 180 days (average 60 to 90 days)
Infectious period	Weeks before to months after onset. Carriers may be infectious for life
Exclusion	Do not exclude
Treatment	Varies according to symptoms – refer to doctor
Contacts	Do not exclude
Immunisation	Refer to Appendix 1

H

Hepatitis C

(Hepatitis C virus)

Notifiable –

discuss with your local public health unit staff.

A viral infection of the liver. Symptoms include fever, loss of appetite, nausea, vomiting, joint pains, malaise and jaundice.

Transmission	Blood-to-blood; rarely sexual; mother-to-baby during delivery
Incubation period	2 weeks to 6 months (usually 6 to 9 weeks)
Infectious period	Weeks before to months after onset. Carriers may be infectious for life
Exclusion	Do not exclude
Treatment	Antiviral treatment as recommended by doctor – refer to doctor
Contacts	Do not exclude
Immunisation	None available
Note	Hepatitis A and hepatitis B vaccine is recommended for people diagnosed with hepatitis C

Herpes simplex 1 and 2

(Cold sores, Genital sores)

A common, viral infection. Symptoms include vesicles (blisters) around the mouth or the genital areas, fever and malaise.

Transmission	Direct contact with weeping vesicles
Incubation period	3 to 10 days
Infectious period	2 to 7 weeks
Exclusion	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry . Sores should be covered with a dressing where possible.
Treatment	Antiviral treatment available – refer to doctor
Contacts	Do not exclude
Immunisation	None available

HIV/AIDS

(Human Immunodeficiency Virus/
Acquired Immunodeficiency Syndrome)

Notifiable – discuss with your local public health unit staff.
An uncommon, viral infection that attacks the immune system.
Symptoms vary according to the stage of the illness.

Transmission	Blood-to-blood; sexual contact; mother-to-baby
Incubation period	Variable (usually 1 to 3 months)
Infectious period	As long as HIV infection persists
Exclusion	Do not exclude
Treatment	Specialised treatment available – refer to doctor
Contacts	Do not exclude
Immunisation	None available

Hookworm (*Ancylostoma duodenale*)

A parasite of the intestines. Symptoms include diarrhoea, abdominal pain, weight loss. May also cause anaemia in young children if untreated.

Transmission	Usually by walking bare foot in soil contaminated by faeces from an infected person
Incubation period	A few weeks to several months
Infectious period	Not communicable person-to-person. Larvae may survive in soil for several months
Exclusion*	Exclude until diarrhoea has ceased
Treatment	Treatment available – refer to doctor
Contacts	Do not exclude
Immunisation	None available

* If ill person works or attend day care exclude until 48 hours after diarrhoea has ceased.

H

Human herpes virus 6
(Exanthem subitum, ‘Sixth’ disease, Roseola infantum)

A common, acute, viral infection. Symptoms include fever followed by a patchy red rash on the body and limbs.

Transmission	Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-baby
Incubation period	5 to 15 days
Infectious period	Unknown
Exclusion	Do not exclude
Treatment	Varies with symptoms
Contacts	Do not exclude
Immunisation	None available

Impetigo (School sores)

A common, acute bacterial infection of the skin caused by staphylococcal or streptococcal bacteria. Symptoms include itchy pustules and scabs.

Transmission	Direct contact with skin lesions
Incubation period	Usually 4 to 10 days
Infectious period	As long as there is discharge from untreated lesions
Exclusion	Exclude for 24 hours after antibiotic treatment commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing. Young children unable to comply with good hygiene practices should be excluded until the sores are dry
Treatment	Antibiotic treatment available – refer to doctor
Contacts	Do not exclude
Immunisation	See Appendix 1

Influenza (Flu)

Notifiable –

discuss with your local public health unit staff.

A common, acute, respiratory, viral infection. Symptoms include fever, malaise, chills, headache, muscle pain, sore throat and cough.

Transmission	Airborne or droplet
Incubation period	Usually 1 to 4 days
Infectious period	Usually 1 day before onset of symptoms until 7 days after
Exclusion	Exclude until symptoms resolved
Treatment	Varies according to symptoms. Antiviral treatment available as recommended by doctor
Contacts	Do not exclude
Immunisation	Refer to Appendix 1

Lice

See Head lice

Measles (Morbilli virus)

Notifiable – discuss with your local public health unit staff.

A highly infectious, uncommon, acute, viral infection.

Symptoms include lethargy, malaise, cough, sore and swollen eyes and nasal passages, fever and rash – must be confirmed with laboratory testing.

Transmission	Airborne or droplet
Incubation period	8 to 14 days (usually 10 days)
Infectious period	24 hours prior to onset of symptoms (e.g. runny nose, cough) until 4 days after the onset of rash. (When symptoms are undefined, infectious period should be considered as 4 days before onset of rash).
Exclusion	Exclude for 4 days after the onset of the rash, in consultation with public health unit staff
Treatment	Varies with symptoms
Contacts	Do not exclude vaccinated or previously infected contacts. Susceptible (unimmunised, non-immune) contacts should be excluded until 14 days after the onset of the rash in the last case occurring at a facility. If susceptible contacts are vaccinated with MMR vaccine within 72 hours of their first contact with the first case, or Immunoglobulin within 6 days of exposure, they may return to school following vaccination. Contact management will be coordinated by public health unit staff
Immunisation	See Appendix 1

Meningococcal disease

Notifiable –

discuss with your local public health unit staff.

An uncommon, acute, bacterial infection. Symptoms include fever, vomiting, headache, neck stiffness, muscle and joint pain, rash, drowsiness, irritability, confusion and diarrhoea.

Transmission	Airborne or droplet
Incubation period	About 1 to 4 days
Infectious period	Until <i>Neisseria meningitidis</i> bacteria are no longer present in nose and throat secretions
Exclusion	Exclude until antibiotic treatment has been completed
Treatment	Hospitalisation is usually required
Contacts	Do not exclude. Contact management will be coordinated by public health unit staff
Immunisation	See Appendix 1

Molluscum contagiosum

A common, acute, viral infection of the skin. Symptoms include small, painless, pearly white lesions.

Transmission	Skin-to-skin contact with an infected person or contact with contaminated clothing or linen
Incubation period	Days to months
Infectious period	As long as lesions persist
Exclusion	Do not exclude
Treatment	Lumps will eventually disappear without treatment. Chemical, thermal or surgical treatment is sometimes used – refer to doctor. Lesions should be covered to prevent transmission
Contacts	Do not exclude
Immunisation	None available

MRSA Infection

(Methicillin-resistant *Staphylococcus aureus*)

MRSA is a form of *Staphylococcus aureus* (Golden staph) that has developed resistance to many commonly used antibiotics. MRSA can live on people's skin or in their nose and not cause any harm. However, if it gets into the body it can cause a range of infections including skin infections such as boils and abscess or more serious infections like osteomyelitis and bloodstream infection.

Transmission	Direct contact with another person who is infected or carrying the MRSA on their skin
Incubation period	Unknown
Infectious period	If active infection – as long as there is discharge from untreated skin lesions
Exclusion	Exclude for 24 hours after antibiotic treatment commenced. Any lesions on exposed skin should be covered with a waterproof dressing
Treatment	Antibiotic treatment available – refer to doctor
Contacts	Do not exclude
Immunisation	None available

Mumps

M

Notifiable –

discuss with your local public health unit staff.

An uncommon, acute, viral infection. Symptoms include painful, swollen salivary glands, fever, headache, painful testicles or ovaries.

Transmission	Airborne or droplet; direct contact with saliva from an infected person
Incubation period	About 12 to 25 days (usually 16 to 18 days)
Infectious period	2 days prior to 5 days after parotitis (swollen salivary glands)
Exclusion	Exclude for 5 days after onset of symptoms. Consult with your public health unit staff
Treatment	Varies with symptoms
Contacts	Do not exclude
Immunisation	See Appendix 1

Parvovirus B19

(Erythema infectiosum, 'Fifth' disease, 'Slapped Cheek' Syndrome)

A common, acute, viral infection. Symptoms include fever, red cheeks and neck, itchy lace-like rash on the body and limbs. This infection is not caused by the same parvovirus that infects dogs.

Transmission	Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-baby
Incubation period	1 to 2 weeks
Infectious period	Not infectious after the rash appears
Exclusion	Exclusion not necessary
Treatment	Varies with symptoms
Contacts	Do not exclude. Pregnant women who may have been exposed to parvovirus B19 should consult their doctor
Immunisation	None available

Pediculosis

See Head lice

Pertussis

(Whooping Cough/*Bordetella pertussis*)

Notifiable –

discuss with your local public health unit staff.

A highly contagious, acute, respiratory, bacterial infection.

Transmission	Airborne or droplet; direct contact with contaminated nose or throat secretions
Incubation period	About 7 to 10 days
Infectious period	From onset of runny nose to 3 weeks (21 days) after onset of cough
Exclusion	Exclude until 5 days after an appropriate antibiotic treatment, or for 21 days from the onset of coughing
Treatment	Antibiotics as recommended by doctor
Contacts	Contact management will be coordinated by public health unit staff
Immunisation	See Appendix 1 Vaccination is recommended for health care workers and childcare workers including pregnant women in the third trimester (i.e. from 28 weeks onwards)

Pinworm (Enterobiasis, Threadworm)

A common, infection of the intestines. Symptoms include perianal (around the anus) itch, disturbed sleep, irritability, secondary infection of the skin from persistent scratching.

Transmission	Faecal-oral; indirect contact through clothing, bedding, food or articles contaminated with eggs
Incubation period	2 to 6 weeks
Infectious period	As long as eggs are excreted. Eggs remain infective for up to 2 weeks
Exclusion	Do not exclude
Treatment	Treatment available – refer to doctor
Contacts	Do not exclude
Immunisation	None available

Pneumococcal disease (*Streptococcus pneumoniae*)

Notifiable –

discuss with your local public health unit staff.

A common, acute, bacterial infection that can cause septicaemia (blood poisoning), pneumonia, or ear infections. Symptoms depend on the type of infection.

Transmission	Airborne or droplet
Incubation period	About 1 to 3 days
Infectious period	Until <i>Streptococcus pneumoniae</i> bacteria are no longer present in nose and throat secretions (usually 24 hours after antibiotic commencement)
Exclusion	Exclude until 24 hours after commencement of antibiotics
Treatment	Antibiotics as recommended by doctor – refer to doctor
Contacts	Do not exclude. Contacts do not require antibiotic treatment or vaccination
Immunisation	See Appendix 1

Ringworm (Tinea)

A common fungal infection of the skin that usually affects the scalp, skin, fingers, toenails and feet.

Transmission	Skin-to-skin contact with an infected person, infected animals or contaminated articles
Incubation period	Varies with the site of infection
Infectious period	As long as lesions are present
Exclusion	Exclude until person has received anti-fungal treatment for 24 hours
Treatment	Antifungal treatment available – refer to doctor. Bedlinen, towels and clothing should be washed in hot water. Cats/dogs should be examined and treated as necessary
Contacts	Do not exclude
Immunisation	None available

Roundworm (Ascariasis)

A parasite that infects the small intestine. Generally associated with few or no symptoms.

Transmission	Faecal-oral
Incubation period	4 to 8 weeks
Infectious period	As long as eggs are excreted in faeces
Exclusion	Do not exclude
Treatment	Treatment available – refer to doctor
Contacts	Do not exclude
Immunisation	None available

Rubella (German measles)

Notifiable (including congenital rubella syndrome) – **discuss with your local public health unit staff.**

An uncommon, viral disease. Symptoms include fever, sore eyes, swollen glands (especially behind the ears), generalised rash.

Transmission	Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-foetus
Incubation period	14 to 21 days. Usually 17 days
Infectious period	From 7 days before to at least 4 days after the onset of rash
Exclusion	Exclude for 4 days after onset of rash
Treatment	Varies according to symptoms
Contacts	Do not exclude. Refer pregnant contacts to their doctor
Immunisation	See Appendix 1
Note	Women should be tested for immunity to rubella if pregnancy is contemplated, before every pregnancy, or early in the pregnancy irrespective of a previous positive rubella test

Scabies (*Sarcoptes scabiei*)

An uncommon, acute, parasitic infection, caused by a mite which burrows beneath the surface of the skin. Symptoms include intense itching between the fingers or on the wrists, elbows, armpits, buttocks and genitalia.

Transmission	Skin-to-skin contact with an infested person or contact with infested clothing, towels or bedding
Incubation period	2 to 6 weeks before onset of itching if not previously infested. People who have been previously infested may develop an itch 1 to 4 days after re-exposure
Infectious period	Until mites and eggs are destroyed
Exclusion	Exclude until the day after treatment has commenced
Treatment	Treatment available – refer to doctor. Bed linen, towels and clothing used in the previous 5 days should be washed in hot water
Contacts	Do not exclude. Family contacts should be treated
Immunisation	None available

Scabies fact sheet for parents is available at:
www.healthywa.wa.gov.au/Healthy-WA/Articles/S_T/Scabies

School sores

See Impetigo

Shingles (Varicella zoster)

Notifiable – discuss with your local public health unit staff.

A common, acute, reactivation of the varicella (chickenpox) virus. Symptoms include a painful blistering rash, usually on the trunk or face.

Transmission	Reactivation of previous chickenpox infection
Incubation period	Days to weeks
Infectious period	Up to 1 week after the appearance of the lesions
Exclusion	Do not exclude unless rash is uncovered and weeping
Treatment	Antiviral treatment available – refer to doctor
Contacts	Do not exclude. Non-immune people may develop chickenpox if they are exposed to vesicle fluid from a person with shingles, they should be referred to their doctor
Immunisation	Vaccination protects individuals from chickenpox and prevents shingles in later life. Refer to Appendix 1

Streptococcal infections (*Streptococcus pyogenes*)

An uncommon, acute, bacterial infection. Diseases include throat and ear infections, Rheumatic Fever, skin infections. Symptoms differ depending on the infection.

Transmission	Airborne or droplet; direct contact with contaminated nose or throat secretions
Incubation period	1 to 3 days
Infectious period	As long as the bacteria are present in the nose or throat
Exclusion	Exclude until 24 hours after commencement of antibiotics
Treatment	Antibiotics as recommended by doctor
Contacts	Do not exclude
Immunisation	None available

Tetanus

(Clostridium tetani)

Notifiable –

discuss with your local public health unit staff.

An uncommon, acute, bacterial disease. The bacteria produce a toxin that affects the nervous system. Symptoms include lockjaw, painful muscle spasms, respiratory paralysis.

Transmission	Penetrating skin wounds contaminated by soil, animal or human faeces
Incubation period	1 day to several months (usually 3 to 21 days)
Infectious period	Not communicable person-to-person
Exclusion	Do not exclude
Treatment	Hospitalisation
Contacts	Do not exclude
Immunisation	See Appendix 1

Tinea

See Ringworm

Tuberculosis

(Mycobacterium tuberculosis)

Notifiable – discuss with WA Tuberculosis Control Program (Anita Clayton Centre).

An uncommon bacterial disease that can infect the lungs, bones or any part of the body. Symptoms include malaise, weight loss, fever, night sweats and cough.

Transmission	Airborne or droplet
Incubation period	About 4 to 12 weeks
Infectious period	As long as the bacteria are present in respiratory secretions
Exclusion	Determined by the Anita Clayton Centre Medical officer/team
Treatment	Antibiotics as recommended by doctor – refer to doctor
Contacts	Contact management will be coordinated by the Anita Clayton Centre telephone 9222 8500
Immunisation	A vaccine against tuberculosis (BCG) is only recommended for specific people

Typhoid/Paratyphoid

(Salmonella typhi/Salmonella paratyphoid)

Notifiable – discuss with your local public health unit staff.

An uncommon, acute, bacterial infection of the intestines, usually acquired when visiting developing countries. Symptoms include fever, headache, constipation, rash, abdominal pain, and diarrhoea with blood.

Transmission	Faecal-oral
Incubation period	Typhoid – 3 to 60 days (usually 7 to 14 days) Paratyphoid – 1 to 10 days
Infectious period	As long as Salmonella Typhi/Salmonella Paratyphi bacteria are present in faeces or urine
Exclusion*	Discuss exclusion with your local public health staff as clearance testing may be required
Treatment	Antibiotics as recommended by doctor – refer to doctor
Contacts	Contact management will be coordinated by public health unit staff
Immunisation	Recommended for some travellers – refer to doctor

* If ill person works or attend day care exclude until 48 hours after diarrhoea has ceased.

Warts

(Human papillomavirus)

A viral skin infection. Various types of wart infect different areas of the body, including the genital area, hands, knees and feet.

Transmission	Skin-to-skin contact or direct contact with recently contaminated objects and surfaces, e.g. showers, floors, towels and razors
Incubation period	1 to 20 months (usually about 4 months)
Infectious period	As long as warts remain
Exclusion	Do not exclude
Treatment	Warts may resolve naturally, but this may take many months. Chemical, thermal or surgical treatment available – refer to doctor
Contacts	Do not exclude
Immunisation	None available

Whipworm (Trichiuriasis)

A parasite that infects the large intestine, usually without symptoms.

Transmission	Faecal-oral route by ingestion of infected eggs from contaminated hands, objects, or surfaces
Incubation period	Indefinite
Infectious period	Several years in untreated carriers
Exclusion	Do not exclude
Treatment	Treatment available – refer to doctor
Contacts	Do not exclude
Immunisation	None

Whooping cough

See Pertussis

Worms, intestinal

(See Hookworm, Pinworm, Roundworm, Whipworm)

Threadworms fact sheet for parents is available at:
www.healthywa.wa.gov.au/Healthy-WA/Articles/S_T/Threadworms

Glossary

Acute	Sudden onset, short-term (opposite to 'chronic')
Airborne infection	An infection that is spread through the air by droplets from nose or throat secretions when coughing or sneezing
Communicable	Can be passed from one person to another
Carrier	A person who carries a disease rather than an infection
Chronic	Long-term (opposite to 'acute') infection
Contact	A person who has had contact with an infected person long enough to acquire the infection
Direct contact	Infection spread by the hand of contaminated person to another person, food or water
Discharge	Any body fluid (e.g. pus) discharging from the body
Exclusion period	The minimum length of time that a person must be kept away to prevent him/her from infecting other people or to protect him/her from being infected by a person with a communicable disease
Faecal-oral route	Transmission of an infection from the faeces of an infected person to the mouth of a susceptible person e.g. by faecally contaminated water or food, or by faecally contaminated hands

Glossary (cont.)

Immune	Protected from infection because of previous infection or vaccination
Incubation period	The length of time it takes from first contact with an infectious person to the appearance of any symptoms
Infectious period	The period of time during which an infected person can infect other people
Immune suppressed	A person whose immune system is less able to fight off infections (e.g. people with cancer or other chronic diseases or taking certain medications)
Jaundice	Yellow discolouration of the white of the eyes and skin
Koplik spots	Small white vesicles on the inside of the cheeks caused by some infections e.g. measles
“Medical Certificate of Recovery”	A certificate from a doctor stating that the person is no longer infectious
Mother-to-baby	An infection transmitted from a mother to her baby during pregnancy, at birth, or through breastfeeding
Parasite	An organism that lives in or on the body, and feeds upon another organism, e.g. worms, scabies, lice
Prophylaxis	A medication/vaccine given to a person to prevent a specific infection
Transmission	The spreading of an infection from one person to another

Glossary (cont.)

Vaccine	A product made from extracts of killed viruses or bacteria that stimulates an immune response in people to protect them from these infections
Vaccination/ Immunisation	The process of giving a vaccine (usually by injection or by mouth) and stimulating an immune response
Vector	An insect that transmits a disease between people or between animals and people, e.g. mosquito
Vesicle	A small fluid-filled blister

Western Australian Vaccination Schedule

For the current WA Vaccination Schedule go to:
www.healthywa.wa.gov.au/immunisation

Ordering government-funded vaccines

To order government-funded vaccines, use the WA Health online ordering system (<https://dhswnonline.csldirect.com.au/>).

The WA User Guide contains instructions on how to use the online ordering system.

For vaccine order queries and to become a new provider:

Email: vaccineorders@health.wa.gov.au

Phone: 9388 4835

Fax: 9388 4877

National Immunisation program vaccines are funded for specific groups e.g. 0–5 years (Aboriginal and non-Aboriginal), 11–13 years, > 65 years and Aboriginal groups > 15 years. Some vaccines are funded for the management of outbreaks e.g. measles, hepatitis A and meningococcal C vaccine

Vaccines required for other groups e.g. travel, vaccine booster doses, are available from doctor on prescription.

Adverse reactions following immunisation can be reported to the Department of Health via www.wavss.health.wa.gov.au or contact the Central Immunisation Clinic

Telephone: 9321 1312

Monday to Friday between 8.30 am – 4.30 pm

Appendix 2

Some symptoms and signs of infections in young children

Abnormal behaviour	persistent crying, drowsiness, lethargy, limpness, irritability, sleeplessness, disorientation, confusion
Fever	38.5 °C or higher
Vomiting	severe or persistent
Diarrhoea	severe or persistent
Blood	in vomit or faeces (bowel motion)
Low urine output	e.g. fewer than four wet nappies in 24 hours
Low food or water intake	e.g. person drinking less than half of the usual amount of milk or other fluids
Breathing difficulties	e.g. panting, wheezing, coughing, breath-holding, particularly in babies less than 6 months of age
Fitting/convulsions	loss of consciousness accompanied by jerking movements of arms and legs

If you are worried about your child's health, always seek advice from your doctor or ring *healthdirect Australia* on telephone 1800 022 222.

Note:

- Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor. If a child has influenza or chickenpox, taking aspirin can cause Reye's syndrome, a serious disease affecting the brain, central nervous system and the liver.
- Paracetamol overdose may be fatal. Make sure you do not exceed the recommended dosage.
- A child's normal body temperature ranges between 36.5 °C to 37 °C. To take a child's temperature place a thermometer under the arm (this is safer), not in the mouth. Children may feel cool on the forehead, but they may still have a high body temperature.

Head lice

A **Head lice fact sheet** is available from:

www.healthywa.wa.gov.au/Articles/F_I/Head-lice

For your local government immunisation provider or public health unit telephone number see page 3.

Head infestation

Children with head lice infestation are required to have their hair cleared of lice before returning to school. This can be achieved by parents using an insecticide product purchased from the local pharmacy and used according to the manufacturer's instruction. However, this must be followed by parents physically removing the lice from the hair after the recommended time period using a special 'nit' comb. Hair will need to be checked by parents on a daily basis for the following 10 days to ensure that all lice and eggs have been removed from the hair. Refer to the Department of Health, head lice fact sheet at www.healthywa.wa.gov.au/Articles/F_I/Head-lice

Alternatively, for those parents who do not wish to use an insecticide the **10-day hair conditioner method** of removal can be used.

Head lice can be more easily removed by applying plenty of hair conditioner to dry hair before combing to remove live lice and eggs (nits). Any type of hair conditioner may be used, including generic 'home' brands, together with a metal fine-tooth 'nit' comb. Suitable 'nit' combs can be purchased from most pharmacies.

What to do

- Apply **plenty** of hair conditioner to the **dry** hair until saturated.
- Comb through with an ordinary comb or brush to remove tangles.
- Section and comb the hair thoroughly with a metal fine-tooth 'nit' comb in four directions – forwards, backwards, left, and right.
- Wipe the comb on a white paper towel to check that the dark adult lice or the paler hatchlings are being removed. Hatchlings are young lice which emerge from eggs. You may need to use a magnifying glass and a strong light to see the lice and eggs.
- Using white hair conditioner may make it easier to see the head lice.
- When combing is completed rinse the hair conditioner out and dry the hair.
- Repeat this process **daily** for 10 days to cover the hatching period of the eggs. This removes the hatchlings which emerge from missed eggs.
- Check your findings for **adult** head lice each day after commencing the 10-day combing period. If any are found this will be a new infestation.
- You will need to start again from day 1, as new eggs may have been laid.
- Check for lice **reinfestation** once a week for at least 4 weeks after completion of the 10-day treatment. Hair conditioner makes the inspection easier.
- Check all other household members for head lice infestation using the method described above, and treat as necessary.

Appendix 4

Exclusion from School

Recommended minimum periods of exclusion from school, pre-school and child care centres for contacts of and cases with infectious diseases

Condition	Exclusion	Exclusion of contacts
Chickenpox	Exclude until all vesicles have crusted, approximately 5 days	Refer any immunosuppressed children (e.g. leukaemia patients) to their doctor. Do not exclude other contacts
Conjunctivitis	Exclude until discharge from eyes has ceased	Do not exclude
Diarrhoea	Exclude until diarrhoea has ceased for 24 hours. For high risk groups (hcfw, food handler, child care staff) exclude for 48 hours after symptoms cease	Do not exclude
Hand, Foot and Mouth disease	Exclude until vesicles have crusted/dry	Do not exclude
Hepatitis A	Exclude until 14 days after onset of illness or 7 days after jaundice appears	Do not exclude. Contact management will be coordinated by public health unit staff
Herpes simplex 'Cold Sores'	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry . Sores should be covered with a dressing where possible.	Do not exclude
Impetigo	Exclude until after antibiotic treatment has commenced Lesions on exposed skin surfaces should be covered with a waterproof dressing. Young children unable to comply with good hygiene practice should be excluded until sores are dry	Exclude until 24 hours after completing treatment

Condition	Exclusion	Exclusion of contacts
Measles	Exclude for 4 days after the onset of rash	Do not exclude vaccinated or previously infected contacts. All other contacts should be excluded until 14 days after the onset of the rash in the last case. If susceptible contacts are vaccinated within 72 hours of their first contact with the first case they may return to school following vaccination. Contact management will be coordinated by public health unit staff
Meningococcal infection	Exclude until after treatment completed	Do not exclude. Discuss with public health unit staff
Molluscum contagiosum	Do not exclude	Do not exclude
Mumps	2 days prior, to 5 days after parotitis (swollen salivary glands)	Do not exclude
Parvovirus (B19 erythema infectiosum, fifth disease)	Exclusion not necessary	Pregnant women who have been exposed to parvovirus B19 should consult their doctor
Ringworm, scabies, pediculosis (lice), trachoma	Exclude until person has received antifungae treatment for 24 hours. For head lice exclude until hair is treated, lice removed. For scabies, trachoma, exclude until person has received treatment	Do not exclude
Rubella (german measles)	Exclude for 4 days after onset of rash	Do not exclude. Refer pregnant contacts to their doctor. Discuss with public health unit staff
Streptococcal infection (including scarlet fever)	Exclude until person has received antibiotic for 24 hours	Do not exclude
Whooping cough	Exclude until 5 days after an appropriate antibiotic treatment or for 21 days from the onset of coughing	Contact management will be coordinated by public health unit staff
Worms (intestinal)	Exclude until diarrhoea has ceased	Do not exclude

Emergency after hours advice

Contact ***healthdirect Australia***  **1800 022 222**

This document can be made available in alternative formats on request for a person with a disability.

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