

Infectious Disease Control



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This document is intended as a practical guide to the management of cases of infectious disease in all settings across Jack in the Box.

This document gives some guidance on the control of the most common and more important infections encountered in school or nursery. It is not intended to act as a guide to diagnosis. This should only be undertaken by an appropriately qualified health professional. Whenever there is any doubt about the management of a particular illness advice should be sought from an appropriate source.

All staff have an important duty to each other and to the children in their care to apply the procedures and precautions outlined in the policy manual to ensure safe practice and prevent the spread of infection.

The setting may need to record communicable diseases and send regular infection reports to the Health Protection Team. This information is valuable to assist in the early detection of outbreaks. Information can be found at the back of this document.

To reduce the risk of the spread of infectious disease, staff should take necessary steps outlined in the specific risk assessment when clearing up spillage of bodily fluids i.e. urine, vomit, blood. On all occasions staff must wear protective gloves.

Staff should wear a disposable apron and gloves and use an appropriate chemical supplied. All waste should be disposed of in a yellow hazardous waste bag and placed in the hazardous waste bins (where appropriate).

INFECTIOUS DISEASE SUMMARY

DISEASE AND INCUBATION PERIOD	INFECTIOUS PERIOD	PERIOD OF EXCLUSION FROM SETTING
Bronchiolitis 5-8 days	3-10 days but the cough may last several weeks.	Until child feels well
Chicken-Pox and Shingles 13-21 days	1-2 days before until all the spots have crusted over.	Until all the spots have crusted over <u>and</u> child feels well
Conjunctivitis 12hrs - 3 days	During active infection	Until treatment has begun or the eye appears normal again
Diarrhoea & Vomiting (gastroenteritis) Few hours - few days	While having symptoms of diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting
Influenza (Flu) 24 - 72 hours	24-72 hours	Until child feel well
Parvovirus B19 (also known as Fifth disease & slapped cheek syndrome) 1-20 days	3 days before onset of rash (no longer contagious once the rash appears)	Until child feels well
Glandular Fever 4-6 weeks	While virus present in saliva	Until child feels well
Hand, Foot & Mouth 3-5 days	During acute stages	Until child feels well
Head & body lice Eggs hatch in 1 week	As long as eggs or lice remain live	Once treated may return to site
Herpes Simplex (Cold Sores)	Avoid contact with the sores.	None
Impetigo 4-10 days	As long as septic spots are discharging pus	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment
Cryptosporidiosis	1-2 weeks	Exclude for 48 hours from the last episode of diarrhoea
Measles 7-12 days	1 week before first symptom until 4 days after onset of rash	Until 4 days after onset of rash <u>and</u> child feels well
Mumps 14-25 days	7 days before and up to 9 days after onset of swelling	Until child feels well
Ringworm 4-10 days	As long as rash is present	None once under treatment
German measles (Rubella) 15-20 days	1 week before and at least 5 days after onset of rash	Until child feels well

DISEASE AND INCUBATION PERIOD	INFECTIOUS PERIOD	PERIOD OF EXCLUSION FROM SETTING
Bronchiolitis 5-8 days	3-10 days but the cough may last several weeks.	Until child feels well
Scabies Few days to 6 weeks	Until mites and eggs are destroyed by treatment	Until day after treatment
Scarlet Fever & Streptococcal Infection 1 - 3 days	Day sore throat starts until 24 hours after antibiotics started	Child can return 24 hours after commencing appropriate antibiotic treatment
Thread worms 2-6 weeks for life cycle to complete	When eggs are shed in the faeces	None after the treatment has started
Whooping Cough 6 - 21 days	From the first signs of illness until 6 weeks after the start of coughing	If an antibiotic is given, the infectious period will continue for up to five days after starting treatment.

HOW ARE INFECTIONS SPREAD?

Enteric

Droplet

Personal Contact

Blood borne

Enteric (gut) infections

These are spread via the faecal-oral route i.e. germs are present in the digestive system and can be passed on in the stool and vomit. Another person may pick up the germ, either on hands or via food and then transfer the germ to the mouth.

These infections usually cause diarrhoea and vomiting.

Prevention

- Toileting facilities must be kept clean
- Thorough hand washing is essential. Ensure warm water and soap is used and disposable towels for drying.
- Thorough hand washing is essential after contact with animals

N.B. If a farm visit is planned, refer to outings policy.

Droplet Infections

These germs are present in the respiratory system and passed in drops of moisture from coughing and sneezing.

Prevention

Difficult to control spread, but care should be taken with disposal of tissues.

Personal Contact Infections

These germs may be from direct contact, touching skin, heads of hair, or indirectly from secretions from a sore or from contaminated objects, i.e. toys or towels.

Prevention

- Hand washing is essential
- Use disposable towels or individual towels
- Plastic or rubber toys should be washed using detergent and hot water. Soft toys can be laundered
- It is advisable to change sand/dough at regular intervals. Water should be changed daily.

Blood borne infections

These germs may be in body fluids, usually blood and occasionally urine, vomit etc. Use Universal Precautions (see previous page). Staff may not always be aware of anyone carrying blood borne infections.

FEMALE STAFF - PREGNANCY

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- **Chickenpox** can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- **German measles (rubella)**. If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- **Slapped cheek disease (parvovirus B19)** can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- **Measles** during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

1. Bronchiolitis

What is it?

Bronchiolitis is caused by a virus and is the most common respiratory illness in infants. The most common virus concerned is called respiratory syncytial virus (RSV). This virus can become epidemic in winter and early spring, mainly in children less than six months, but can occur in children up to two years.

How do I know someone has it?

Bronchiolitis starts like a normal cold. Over 1-2 days the child develops nasal discharge, an irritating cough, rapid and wheezy breathing and may have difficulty feeding. The infection usually last 3-10 days but the cough may last several weeks.

Is it infectious?

Yes, it is very infectious and normally caught from brother, sister, parent or friend who has a cold or chestiness. It is passed on by infected nasal secretions carried on hands or toys, but not usually by coughing. The secretions are then rubbed into the eyes or nose to cause infection.

What is the incubation period?

5-8 days.

Is there any treatment?

Usually no specific treatment is required, but ill children may need to have their symptoms treated in hospital.

What should I do if someone has the illness?

- See your GP, immediately if your baby is having difficulty breathing or is unable to drink. Do not let your child play with the toys in the waiting room.
- Give your child plenty of fluids to drink. It is often easier to feed an ill child small amounts regularly, e.g. every 2 hours.
- If the child is wheezy from bronchiolitis, sitting with your child in a steamy bathroom can help. Care must be taken with hot water.
- Wash your hands after handling the baby or child.
- Do not look after other people's children.
- If you have a cold yourself, wash your hands before handling any children.
- Do not share toys.
- A baby or child should not mix with other children until he or she is recovered.

2. Chickenpox and Shingles (Varicella Zoster)

What is it?

Chickenpox and shingles are caused by the same virus and are characterised by spots.

How do I know someone has it?

Chickenpox usually begins with a sudden onset of slight fever (temperature), feeling unwell and an itchy rash starting with flat red spots which become raised and filled with fluid. The rash is usually on the body more than on the face and limbs. Spots commonly occur in successive groups and scab over after 3-4 days after appearing. Shingles is characterised by pain and spots on one side of the face and body.

Is it infectious?

Yes, chickenpox is commonly spread from person to person by virus shed from the nose and throat as droplets or by direct contact. The fluid inside the spot is infectious. Chickenpox is infectious during its early stages from 1-2 days before and until 5 days after spots first appear. Shingles is not infectious unless you touch the spots.

What is the incubation period?

Illness may appear between 13 and 17 days after contact with an infected period.

What should I do if someone has the illness?

- The infectious period should rest while they have fever and discomfort. In some cases where shingles is diagnosed soon after the spots appear, the person can be treated with a drug that kills the virus.
- If the person has shingles around the eye, medical advice should be sought.
- The person infected with chickenpox or shingles should avoid contact with the following because chickenpox can be more serious in them:
 - Newborn babies
 - Mothers 5 days before and 2 days after delivery of a baby
 - Immunosuppressed persons e.g. those with leukemia, cancer, AIDS or having chemotherapy or steroids by mouth or injection
- If a woman who thinks she has not had chickenpox before gets chickenpox in pregnancy, she should take medical advice.
- Keep a child with a fever cool by reducing the amount of clothing or bedding and by giving paracetamol as prescribed on the bottle.
- Make sure handkerchiefs and any article used on spots are washed well in the washing machine or in hot soapy water. Always wash your hands well after handling them.
- Use a Calamine based lotion or cream on spots to soothe itching.
- Make sure hands are washed after any touching or treating the spots.

How soon can someone return to school/work?

A person should stay away until 5 days after the first spots appear and he/she feels well. Spots to be crusted over before returning.

3. Conjunctivitis

What is it?

Conjunctivitis is an inflammation of the thin, clear membrane (conjunctiva) that covers the white of the eye and inside surface of the eyelid. Bacteria, viruses or allergy can cause it.

How do I know someone has it?

The eye(s) usually look pink and may discharge. This discharge may be watery, or thick with mucus and pus causing the eyelids to stick together. The person often complains of gritty and sticky eye(s), especially in the morning. Viral conjunctivitis is normally characterised by sudden onset of pain or the feeling of dust in the eye. The eyelids are swollen and tender. Infection may begin in only one eye but usually spreads to involve both.

Is it infectious?

Yes, conjunctivitis is commonly spread from person to person by direct contact with infected discharge from the eyes, in droplets coughed or sneezed into the air, or on hands, towels and washcloths. Bacterial conjunctivitis is infectious as long as pus is present. Viral conjunctivitis is spread by discharge/droplets but the organisms responsible are found throughout the environment and are difficult to isolate. Allergic conjunctivitis is not infectious.

What is the incubation period?

Symptoms normally appear 12 hours to 3 days after contact with an infected person.

Is there any treatment?

Yes, eye ointment or drops containing antibiotics - prescribed by the doctor - applied to the affected eye(s) works well for bacterial conjunctivitis. Firstly wipe away any discharge with damp cotton wool soaked in a clean warm saline solution. Warn older children that the medicine might sting for a few moments. Then gently pull the lower lid down and place one drop (or $\frac{1}{4}$ inch ointment) into the space this forms. If possible ask your child to look up while you are putting in the ointment. Avoid touching the dropper or tube to the eye. Another way to give eye drops is to have your child face up with both eyes closed. Place 1 drop in the inner corner of each eye and then gently pull the lids apart or tell your child to blink. The drop will run into the eye themselves. There is no specific treatment for viral conjunctivitis, but bathing the eyes may be soothing and symptoms can last up to 4 weeks. Allergic conjunctivitis symptoms can also be treated with regular prescribed drops.

What should I do if someone has the illness?

- See a doctor
- Wash hand before, between and after touching eyes
- Discourage rubbing of the eye(s)
- Use separate bits of damp cotton wool to gently clean each eye as often as necessary and throw away after use. Do not use the same bits of cotton wool / tissues for both eyes (or nose)
- Apply any eye ointment or drops as prescribed and throw the ointment / drops away after the treatment is finished. Never share the treatment and never keep used bottles / tubes
- Do not share flannels, eye makeup applicators etc.

Children with conjunctivitis may be allowed to return to site once they are receiving treatment from their doctor.

How soon can someone return to school/work?

A person should stay away until treatment has begun or the eye appears normal again.

4. Diarrhoea and Vomiting

What is it?

Diarrhoea and vomiting can be caused by gastroenteritis, which is an infection which causes stomach upset. It may be caused by a number of different bugs including viruses (such as SRSV, rotavirus or norwalk virus), parasites (such as amoeba or giardia) and bacteria (such as salmonella or campylobacter). There are usually contracted from food, but some can be passed directly from person to person.

How do I know if someone has gastroenteritis?

The main symptoms include diarrhoea, vomiting, nausea, abdominal pain and fever. Different bugs cause different symptoms, but the same bug can cause different symptoms in different people.

Is it infectious?

Not always. Infection is usually caused by eating infected food or drinking infected water. It can sometimes spread directly from person to person, especially if hygiene is poor such as with small children. It can be spread if someone who is ill prepares food for others.

What is the incubation period?

This varies from a few hours to a few days, depending on the bug and how much infected food was eaten.

Is there any treatment?

Most people will get better with no treatment. For some infections antibiotics may even increase the length of the illness. One or two of the less common bugs may require some specific treatment.

What should I do if someone has the illness?

- At first, the infected person should drink plenty of clear fluids and not try to eat. Water, rehydration solutions, non-fizzy fruit drinks or tea without milk are good. Breastfed babies should continue breast feeding. The symptoms will usually clear up in 24 hours.
- If the symptoms last for over 24 hours, or there is blood in the diarrhoea, the person should contact their GP.
- If it is a particular nuisance, the frequency of the diarrhoea can be reduced in adults. Ask a pharmacist or your GP for advice on which tablet is appropriate. These can be bought at the chemist. These and similar medicines should not be used in children, except on the advice of a doctor.
- Personal hygiene should be very strict. Everyone should always wash their hands with warm, soapy water after going to the toilet and before handling food.
- If possible, the person who is ill should not prepare food for others.
- The toilet should be kept clean. Make sure that the seat and handle are cleaned.

How soon can someone with the illness return to school/work?

In general people should stay away from work or school until they have been free of symptoms for 48 hours and feel well. Those who handle food as part of their work should check with their employers and GP before returning.

5. Fifth Disease ("Slapped Cheek" disease or Erythema infectiosum)

What is it?

Fifth disease is caused by a virus (human parvovirus). It is usually mild, occurring in small outbreaks among children, particularly in the spring. More than half of adults have been infected in the past and are now immune.

How do I know if someone has it?

Children with it develop a characteristic red rash on the cheeks, just as though they have been slapped. This is followed by a lace-like rash on the body and limbs which may last up to 3 weeks often fading but returning when exposed to sunlight or heat.

Adults may also experience pain and inflammation of their joints (arthritis). A few people get anaemia.

Is it infectious?

Yes, the person is infectious **before** the onset of the rash. It is most commonly spread by respiratory droplets through coughing and sneezing.

What is the incubation period?

Illness may occur 4-20 days after contact with an infected person.

Is there any treatment?

No treatment is usually necessary.

Who can be seriously affected by the disease?

Infection in pregnant women during the 3rd-6th month of pregnancy may result in serious infection in the foetus. It may be appropriate that those with poor resistance to infection (the immunosuppressed) and patients with haemolytic anaemia should avoid contact with those who are likely to be infected. For further information please either talk to your GP or telephone the number below.

How soon can someone return to school/work?

Once they feel physically well.

6. Glandular Fever**What is it?**

Glandular fever is caused by a virus (Epstein Barr virus). It is known as "infectious mononucleosis". It occurs most often in teenagers and young adults.

What are the symptoms?

The most common symptoms are fatigue, sore throat, fever, faint rash and enlargement of the glands in the neck. Tonsillitis is also possible. Some people may develop mild jaundice. Many people have glandular fever without noticing any symptoms at all.

Is it infectious?

Yes. The virus is present in saliva and is therefore spread by salivary contact. In teenagers and young adults it is most often spread by kissing.

What is the incubation period?

It is usually between four and six weeks. Often the illness is caught from someone who has no symptoms.

Is there any treatment?

There is no specific treatment but most people recover very quickly after a few days rest. A few people do feel a bit tired and run down from up to a month or two. The person should rest and take prescribed paracetamol while there is a fever.

How soon can someone return to school/work?

As soon as they feel well. Many people will not need to take any time off at all.

Should people avoid any specific activities while they have glandular fever?

Not really. People who are feeling unwell or tired should avoid strenuous activity e.g. PE.

7. Hand Foot and Mouth Disease**What is it?**

Hand foot and mouth disease is caused by a virus. It usually affects children under 10 years but can occur in adults. It is not related to "foot and mouth" disease.

How do I know if someone has it?

The illness usually starts suddenly with a sore throat, temperature (fever) and blisters develop in the inside of the mouth and throat. Blisters may also appear on the palms, fingers and soles.

Is it infectious?

The infection can be spread when a person has direct or close contact with discharges from the nose or throat of a person who is in the acute stage of illness. The faeces (motions, stools) are also infectious during the illness and may continue to be infectious for several weeks even after the person feels well.

What is the incubation period?

Illness usually appears 3 to 5 days after a person has been in close contact with an infected person.

Is there any treatment?

There is no specific treatment for the infection. The infected person will get better on their own without treatment. The blisters in the mouth usually clear with 4 to 6 days and the blisters on the body usually last for 7 to 10 days.

What should I do if someone has the illness?

- A child who has a temperature (fever) should be kept cool by a fan and reducing the amount of clothing / bedding. If advised by a doctor or nurse, give paracetamol to children in the dose prescribed for the child's age.
- Make sure the handkerchiefs are washed well in a washing machine or in hot soapy water. Always wash your hands well after handling them.
- Make sure that a person with the illness washes his/her hands with warm soapy water after using the toilet and before handling or eating food. Special care should be taken with this for some time after the illness.
- Make sure the toilet is kept clean. Use diluted bleach (one part bleach in ten parts water) to clean the toilet making sure you clean the handle as well as the seat.
- If worried seek advice from your GP.

How soon can someone with the illness return to school / work?

A person should stay away from work while they feel ill and have obvious blisters or as long as advised by the GP.

8. Head Lice

What are they?

Lice are small wingless insects which can live on the human scalp and lay their eggs there.

What are the symptoms?

Usually there are no symptoms at all. You may notice black dots (lice droppings) on your clothes or white dots (empty nit shells after the eggs have hatched) in your hair. Your scalp may be itchy.

Are they infectious?

Yes. They can be passed from person to person by head to head contact e.g. in bed. Brushing and combing the hair at night (eggs are usually laid at night) can help prevent the spread of head lice.

Are they particular a school problem?

No. They are more a family problem. Lice are also more common in adults than in children. They prefer clean hair to dirty hair and short hair to long.

How can you tell if you have them?

You can buy a "nit comb" from the chemist and by running the comb through wet hair find the:

- Lice (flesh coloured insects about 3mm long.
- Live eggs (very small, dull and flesh coloured cemented just above the roots of individual hairs)
- Old shells or nits (white and shiny harmless shells found away from the scalp.

Is there any treatment?

Yes. However we are encouraging the "Bug Busting" method as this is often more successful (and cheaper) than traditional insecticide treatment; all you need are:

- your usual shampoo
- lots of conditioner
- a "nit comb"

It is very important to **check all the family and close contacts** at the same time and **comb / treat those found with head lice.**

1. Comb through dripping wet clean and condition hair (the wetter the better!), section by section, starting at the roots down to the ends.
2. Clear the comb of lice between each stroke. Wipe on a tissue and poke them out with a cocktail stick until all lice are removed.
3. Do this every 3 days for a fortnight to clear lice hatching from eggs before they can be passed on to someone else.

If using an insecticide, lotions are preferable to shampoos because shampoos can be over-diluted and wash off too quickly. These can be bought from the chemist. Oxfordshire Health has adopted a mosaic policy for the choice of insecticides to be used in order to prevent resistance developing. This means that the four insecticides (melathion, carbaryl, and two in the pyrethroid group) can be used in rotation, patient by patient, family by family or outbreak by outbreak. It is important to follow the instructions on the bottle carefully.

- Asthmatics and those with skin problems e.g. eczema should use water based products e.g. shampoos.
- Pregnant and breast feeding mothers and children under six months should be treated under medical supervision.

How soon can you return to school/work?

People with head lice do not need to stay off school or work at all once treated. However, Acorn Childcare reserves the right to send a child home in the event that a persistent problem with head lice is causing other children to be continually infected.

9. Herpes Simplex (Cold Sores)

What are they?

Cold sores are caused by a type of herpes virus.

What are the symptoms?

The first symptom is often of tingling in the area (usually the mouth or nose) where a blister will appear. This blister will then develop a crust and will heal without scarring. Children who get their first attack can have more widespread blisters and may also have mouth ulcers and fever which makes them feel rather miserable. These blisters and ulcers will also heal without scarring and if the child has any further attacks they will simply take the form of a cold sore.

Why do cold sores recur?

Once someone has the cold sore virus, it does not completely disappear from the body but becomes dormant. Repeat cold sores can be triggered by factors such as sunlight, cold stress and illness.

Are they infectious?

Yes. They are usually spread by kissing (because the virus is active in the cold sore blister and can be transferred on to another person's skin during a kiss). People who know they have an active cold sore should avoid kissing young children.

What is the incubation period?

It is usually between 2 and 12 days.

Is there any treatment?

Most cold sores do not need any treatment at all and will heal up quickly on their own. Anaesthetic cream, soothing lotions (e.g. calamine) and antiviral ointments can be helpful. Some people have frequent recurrences and may receive tablets from their GP to prevent these.

How soon can someone return to school/work?

Most people will not need to take any time off work at all. Children with their first attack can go back to school as soon as they feel well.

10. Impetigo**What is it?**

Impetigo is a bacterial skin infection.

How do I know someone has it?

Impetigo commonly affects the face particularly around the nose and mouth with initial redness which can develop into weeping spots and then crusts. Young children are more likely to get impetigo and they may become quite miserable, irritable and feverish and have difficulty in feeding. The spots will heal up without scarring.

Is it infectious?

Yes. It is mainly infectious whilst the septic spots are discharging pus. It is spread by direct contact with the skin of the infected person and by sharing towels etc. Transmission can be prevented by frequent hand washing and by keeping the affected towel, flannel etc apart from the rest of the family's.

What is the incubation period?

Usually between 4 and 10 days.

Is there any treatment?

Yes. Antibiotics can be helpful in many cases in tablets or syrup.

What should I do if someone has the illness?

There is no need to cover the infected area - leave it open to the air. As with any childhood illness, children should be given frequent fluids and if they are miserable or feverish, liquid paracetamol in the recommended doses. Remember to wash your hands frequently when you are dealing with an infected child and to wash towels, flannels etc regularly.

How soon can someone return to school/work?

Once the spots are healing up and the child is feeling well.

11. Measles

What is it?

Measles is caused by a virus. MMR vaccine is available to persons older than 13 months as part of the routine childhood immunisation programme.

How do I know someone has it?

Measles usually begins with one or more of the following symptoms; a fever, conjunctivitis, a cough and / or spots on the cheek or in the mouth. 3-7 days later a red blotchy rash appears which spreads from the face. This rash lasts 4-7 days. The illness can be confirmed by a blood or saliva test.

Is it infectious?

Yes, measles is infectious from 1 day before the first symptom appears until 4 days after the onset of the rash. It is spread by direct contact with sneezing or coughing but not necessarily by touching dirty handkerchiefs etc.

What is the incubation period?

This is about 10 days (varying from 4-12 days) from exposure to measles to onset of fever.

Is there any treatment?

There is no specific treatment for someone with measles. However measles vaccine may be given to close contacts of the ill person if the contacts are not already immunised and the vaccine can be given within 72 hours after exposure.

What should I do if someone has the illness?

- See a doctor but inform the surgery first that you are bringing someone whom you suspect has measles so that they can put you in a side waiting room.
- The infected person should avoid contact with the following because measles can be more serious in them.
 - Persons or babies younger than 13 months who have not been immunised.
 - Newborn babies

- Immunosuppressed person e.g. those with leukaemia, cancer, AIDS, those who are having chemotherapy or are on steroids by mouth or injection.
- The infected person should rest while they have fever and the rash.
- Keep a child or adult with a fever cool by reducing the amount of clothing or bedding and by giving paracetamol as prescribed on the bottle.
- Make sure hands are washed after touching or treating the spots.
- Ensure infected persons covers mouth when coughing and nose when sneezing.

How soon can someone return to school/work?

The person should stay away from work or school at least until 4 days after the rash first appeared and until the person feels well.

12. Mumps

What is it?

Mumps is caused by a virus.

How do I know someone has it?

A person will have a fever, swelling and tenderness of one or more salivary glands in the neck and possibly mouth and throat. This can occur in one or both sides of the neck.

Is it infectious?

Yes, mumps is infectious for 7 days before and up to 9 days after the swelling first appears. It is carried from one person to another via droplets e.g. sneezing or direct contact with saliva.

What is the incubation period?

This is normally 18 days but can be 14-25 days.

Is there any treatment?

There is usually no specific treatment. MMR vaccine is available to persons older than 13 months as part of the routine childhood immunisation programme.

What should I do if someone has the illness?

- If unsure about the diagnosis, consult a doctor.
- Keep a child or adult cool by reducing the amount of bedding or clothing and by giving paracetamol as prescribed on the bottle.
- The infected person should rest whilst he has a fever.
- Ensure the infected person covers mouth and nose when coughing or sneezing.
- Make sure that handkerchiefs and flannels are washed well in a washing machine or hot soapy water. Always wash your hands well afterwards.
- A person finding it sore to swallow will find thick and smooth drinks (e.g. soups, milkshakes) easier to tolerate.

How soon can someone return to school/work?

The person should stay away until he/she feels well again.

13. Ringworm**What is it?**

Ringworm is a fungal infection of the skin.

How do I know if someone has it?

It typically appears as flat, spreading, ring-shaped patches. The edges are usually reddish and may be dry and crusted or moist and crusted. As each ring spreads, the middle clears leaving more normal looking skin. On the scalp, it can cause patches of baldness.

Is it infectious?

Yes, by direct or indirect contact with the infected area of skin. It can also be caught from infected animals.

What is the incubation period?

Four to ten days.

Is there any treatment?

Yes. A doctor will prescribe either a lotion or a course of anti-fungal tablets.

What should I do if someone has the illness?

- Consult your doctor who will confirm the diagnosis and decide about treatment.
- The area should be washed carefully with soap and water then dried before lotion is applied.
- Do not share the patient's clothes, towels and sheets as long as the ringworm is present. Wash them with hot water (60°C).
- Household members and pets should be checked for signs of infection and treated too.

How soon can someone with the illness return to school/work?

They can return to work or school once the treatment has started.

14. Rubella**What is it?**

Rubella (or German Measles) is caused by a virus. It is associated with a mild fever and a rash.

How do I know someone has it?

A child may have few symptoms but adults have a fever, rash, headache and possibly conjunctivitis for up to 5 days. Female adults may also experience pain in the joints.

It can cause congenital rubella syndrome (e.g. deafness, blindness) in babies and for this reason women are vaccinated between the ages of 10-14 with rubella vaccine. Women will also have their antibodies against rubella checked if pregnant.

MMR vaccine is also available to persons older than 13 months as part of the routine immunisation programme.

Is it infectious?

Yes, rubella is infectious from 1 week before until 4 days after the rash first appears. It is spread either by direct contact with sneezing or coughing (and in urine in newborn babies).

What is the incubation period?

15 - 20 days.

Is there any treatment?

There is no specific treatment for rubella.

What should I do if someone has the illness?

- See a doctor but inform the surgery first that you are bringing someone who you suspect has rubella so that they can put you in a side waiting room. Rubella is notifiable.
- The infected person should avoid contact with any pregnant woman who has not been immunised against rubella. If a woman is unsure about her rubella status, she should seek advice from her GP.
- The infected person should rest while they have a fever.
- Keep a child or adult cool by reducing the amount of clothing or bedding and by giving paracetamol as prescribed on the bottle.
- Ensure the infected person covers mouth when coughing and nose when sneezing. Wash hands after blowing nose.

How soon can someone return to school/work?

The person should stay away until the person feels well again.

15. Scabies

What is it?

Scabies is a skin infection due to a mite. It can be uncomfortable but is not a serious disease.

What are the symptoms?

The main symptom is itching which is often worst after a hot bath and in bed at night. There can also be a rash on the wrists, around the finger webs and toes, between the thighs and on the trunk, especially around the waist. Sometimes there are small raised pimples or patches of crusty skin. The burrows of the mites, particularly those of the female which are larger, can often be seen, especially in the skin on the sides and webs of both fingers and toes. In small children and the elderly the signs of infestation may appear anywhere on the body.

Is it infectious?

Yes. It is transmitted by skin to skin contact in a warm environment e.g. in bed or by children holding hands. The scabies mite doesn't survive for long outside the human body, so you can't pick it up from bedclothes. It cannot jump from person to person.

What is the incubation period?

Scabies symptoms may start from several days to about six weeks after contact with an infected person.

Is there any treatment?

Yes. You can get scabies lotions from your chemist. Lindane, malathion and permethrin are treatments of choice. Formerly benzyl benzoate was used. These lotions need to be painted on the body as instructed on the container.

Lindane should not be used during pregnancy, nor when breast feeding, nor given to children under 4, nor to persons with a history of epilepsy. If using Lindane, it should be restricted to application to the whole body from the chin down i.e. excluding the head region.

Other treatments should be applied to the whole body from the crown of the head down, with particular attention to the genitalia, webs of fingers, toes and beneath the nails, the ears and area behind the ears.

If it is necessary to wash the hands during the subsequent prescribed hours of treatment, then they should be retreated at once.

Some lotions need to be applied twice. If you are not sure of the diagnosis, see a doctor.

Are there any problems with the treatment?

The treatment should not be applied after a hot bath. The treatments are safe but anyone who has eczema, epilepsy or who is pregnant should consult their own doctor. Remember also that itching can continue for up to 2 weeks after the treatment has been applied. This itching after treatment can be soothed by calamine lotion.

Who should be treated?

The whole family should be treated at the same time even if only one person in the family has obvious scabies.

How long should you stay off school/work?

You can go back the day after you have been treated.

16. Scarlet Fever**What is it?**

Scarlet Fever is a fairly common childhood illness. It is caused by bacteria (streptococci) and is characterised by a rash. These bacteria more often cause a sore throat alone.

How do I know if someone has it?

The main symptoms include a nasty sore throat and fever. The rash is a fine, raised red rash (feels like sandpaper) which disappears momentarily when pressed. It appears most commonly on the neck, chest, under the arms, elbows and inner thighs. The rash does not usually affect the face which is flushed. During convalescence the skin usually peels on the fingers and toes.

Is it infectious?

Yes, to close contacts of the patient and rarely by indirect contact through objects or hands.

What is the incubation period?

Short, usually 1-3 days, rarely longer.

Is there any treatment?

Penicillin reduces the length of the illness and the possibility of rare complications. There are alternatives for people allergic to penicillin.

What should I do if someone has the illness?

- Consult your doctor who will confirm the diagnosis and decide about treatment.
- The infected person should rest while they have a fever.
- Keep a child with a fever cool by reducing clothing and bed clothes and by giving paracetamol as prescribed on the bottle. Sponging a child down with cool water will help to bring the temperature down.

- If possible, babies and people with low resistance to infection (immunosuppression) should avoid contact with the patient.

How soon can someone with the illness return to school/work?

People are infectious from the day the sore throat starts until 24 hours after starting antibiotics. After that they should return to school/work when they feel well.

17. Threadworms

What are they?

Threadworms are tiny white worms which live in the bowel. They are not harmful themselves but may be a nuisance. There are common especially in children but can affect people of any age. They do not come from pets.

How do I know someone has them?

The most common symptom is itching around the back passage (anus) at night. This is because the worms are most active at night. This may lead to disturbed sleep or infection where the person has been scratching. Sometimes a child might wake in the night with severe perineal pain, which can be relieved by placing a child in a bath. An infected person may have no symptoms but sometimes worms can be seen in the stool or on the toilet paper.

Are they infectious?

Yes. They can often be passed around within families. Threadworms leave the bowel at night and lay eggs on the skin around the back passage. The eggs frequently cause itchiness. Eggs may get onto the hands or under the fingernails of the person infected through scratching of the itchy area and because of inadequate hand-washing after using the toilet. That person then may pass on to an uninfected person, for example through food handling. Eggs can also get onto carpets, bed linen, towels, facecloths and into household dust and be passed to other people in this way.

What is the incubation period?

It may be between 2 and 6 weeks after contact with a source of infection before the life cycle is completed and eggs are laid in the newly infected person.

Is there any treatment?

Yes. There are medicines (powder, syrup or tablets) which will get rid of the worms which your doctor can prescribe for you or which can be bought at the chemist. It is important that all people living in the same household are treated at the same time as it is quite likely they will be infected as well. This treatment may come in the form of powder, syrup or tablets. There are several things you can do to help get rid of worms:

- A morning bath will remove eggs laid during the night.
- Wash hands after using the toilet and before preparing or eating food.

- Make sure everyone in the family uses their own towel and washcloth.
- During treatment change the night clothes, underwear and bed sheets of the person with the infection as often as possible.
- Keep the nails of the person with the infection short.
- In order to prevent threadworms wash hands as above and keep toilet and toilet area clean.
- Discuss with your doctor about possible further treatment about two weeks after the first treatment.

How soon can someone return to school/work?

As soon as they have started treatment.

18. Verrucae

What is it?

A verruca is a type of wart caused by a virus.

How do I know someone has it?

A verruca is a black spot which can vary in shape and size. Often the skin will be slightly raised and hardened and the contour lines of the skin will deviate around the spot. Sometimes it is painful to stand or walk on a verruca.

Is it infectious?

Yes, verrucae are infectious. They are probably spread on damp or wet surfaces e.g. bath, swimming pool. School age children and young adults are more often affected. Other bare foot activities, in the gym for example, may also favour the spread of verrucae.

What is the incubation period?

2-3 months is common but longer is possible.

Is there any treatment?

Verrucae normally disappear without any treatment within months to years. If the verruca is painful, very large or there are lots of them, then treatment might be necessary. It is best to first arrange to visit your GP or State Registered podiatrist (whom in Oxfordshire you can visit as NHS patient at any age) before buying treatments of the counter. Your GP or State Registered Chiropodist may treat you himself or occasionally send you to hospital out-patient department.

What should I do if someone has a verruca?

- Cover the verruca with rubber sock or waterproof plaster when the foot is going to become wet or damp e.g. swimming, showering or bathing.
- Visit your GP or State Registered Chiropodist if the verruca is sore.

- Follow the instructions on any prescribed treatments. Some of these are acid based and should be used as instructed.

How soon can someone return to school/work?

A person does not need to stay away from school or work and can go swimming if the verruca is covered with a waterproof plaster.

19. Whooping Cough**What is it?**

Whooping cough (pertussis) is a chest infection caused by bacteria. It is most common in children but can occur at any age.

What are the symptom?

Initial symptoms are of catarrh and a cold which then develop into a cough. Children often whoop or vomit after a spasm of coughing. Babies can become quite exhausted by coughing and may have difficulty in feeding because of it. The illness may last for a number of weeks and severe cases, although rare can occasionally result in brain damage. It can cause a mild infection in adults.

Is it infectious?

Yes. People with whooping cough are infectious from 2 to 4 days before they start coughing until up to 21 days afterwards. Antibiotics can shorten the infectious period to 5 days if started early in the illness.

What is the incubation period?

Usually between 6 and 21 days.

Is there any treatment?

The main treatment is care of babies by observation, lifting them if they cough preventing inhalation of vomit and feeding as necessary. Some children may need to be nursed in hospital. Antibiotics can help in some cases.

How soon can someone return to school/work?

As soon as they feel well.

Can whooping cough be prevented?

Yes. Whooping cough (pertussis) vaccine is part of the normal childhood vaccination schedule given at 2, 3 and 4 months. It provides very good protection against whooping cough. Immunisation should be postponed only if the child is suffering from an acute illness or in the case of second and third doses, if there has been a reaction to the previous dose. Your GP or health visitor will be able to give you advice about this.

20. Cryptosporidiosis

Each year there are a number of cases of Cryptosporidiosis associated with visits to farms by children and school parties. Children need to take precautions, especially in the area of hygiene.

What is it?

Cryptosporidiosis is a parasitic infection found in pets and farm animals.

How do I know someone has it?

The main symptoms include diarrhoea, bloating and cramping abdominal pain. Usually lasting up to 3 weeks.

Is it infectious?

High prevalence in young children. Sources have been found in drinking water, infected animals (pets) and farm animals.

What is the incubation period?

This is usually between 1-2 weeks.

What can be done to avoid contracting the infection?

- Children on farm visits should be carefully supervised.
- Facilities for hand washing with warm water, soap and towels should be available close to where the lambs are handled and fed. Arrangements should be made with the farmer prior to the visit.
- Children should be encouraged to wash their hands after feeding or petting lambs and sheep.
- Children should be discouraged from eating sweets or putting anything into their mouths whilst handling or feeding the animals and should be stopped from attempting to 'kiss' the animals.

How soon can someone return to school/work?

In general people should stay away from school or work until they have been free of the symptoms for 48 hours and feel well.

21. Influenza (Flu)

What is it?

Influenza is an acute viral disease of the respiratory tract. There are many strains of influenza virus!

How do I know if someone has it?

The illness is usually characterised by fever, 'chilliness', headache, aching muscles, 'runny' nose and sore throat. A cough may be present and may be severe.

Is it infectious?

Yes, all the influenza viruses are spread by respiratory droplets during sneezing or coughing and during close contact. Indirectly, like many viruses, they can be spread by the hands and articles soiled by discharges of the nose and throat (handkerchiefs and tissues).

What is the incubation period?

Usually 24-72 hours.

What should I do if someone has the illness?

- Rest is important while symptoms are severe, particularly whilst feverish.
- Take Aspirin or Paracetamol to reduce fever and alleviate aches and discomfort.
- Drink plenty of fluids.
- There is no treatment to kill the virus.
- Make sure handkerchiefs and tissues are not handled by others. Dispose of tissues and ensure handkerchiefs are washed in hot soapy water.
- If symptoms persist or worsen, contact the General Practitioner.

How soon can someone return to school/work?

People are thought to be infectious for about three days from onset of illness. Ability to attend school/work will depend of the severity of symptoms.

Can Influenza be prevented?

Yes, there is a vaccine available which is mainly recommended for people with known chest or heart disease and for elderly patients.

22. Common Cold (Acute viral Rhinitis, Acute Coryza)

What is it?

It is a virus (Rhinovirus) affecting the upper respiratory tract.

How do I know someone has it?

Usually a cold begins with a „runny“ nose, sneezing and watery eyes. A feeling of „chilliness“ and general malaise (tiredness) may also be present. A cough may be a later symptom.

Is it infectious?

Yes, colds are infectious and are spread from person to person by virus shed from the nose and throat as droplets. Indirectly, spread may be by hands and articles freshly soiled by discharges of the nose and throat (e.g. handkerchiefs and tissues).

What is the incubation period?

Between 12 and 72 hours, usually 48 hours.

What should I do if someone has the illness?

As with any viral infection, an infected person should rest if they have a fever.

There is no treatment to kill the virus.

Take Aspirin or Paracetamol to reduce fever.

Encourage the child to drink plenty of fluids.

Make sure handkerchiefs, tissues etc. are not handled by others. Dispose of tissues and make sure handkerchiefs are washed using hot soapy water.

How soon can someone return to school/work?

A person with a cold may remain at work or school if the symptoms are not severe.

Action to take in an outbreak

Why are outbreaks important?

An outbreak can be defined as "five or more linked cases of the same illness or when the number of cases of the same illness unaccountably exceeds the expected number."

Outbreaks of infectious disease may occur from time to time in settings. Their importance depends on several factors: -

- the severity of the disease
- the number of children affected
- the mode of transmission
- the amount of anxiety they generate in parents and staff
- whether any specific action is necessary to stop further cases
- (e.g. immunisation, improving food-handling practices).

What should the manager or senior do?

If the manager or senior thinks there may be an outbreak he or she should discuss the matter with the health and safety manager, the situation should then be reported to the local Health Protection Unit.

It is helpful for the initial assessment of the situation if the outbreak form has been completed.

Reportable diseases to health protection team:

Gastroenteritis

German measles (rubella)*

Measles*

Scarlet fever*

Whooping cough*(pertussis)

Mumps*

** report two or more linked cases of the same illness.*

Phone 0300 303 8537

Out of hours 01603 481 272

This policy was agreed by the management team during: April 2017
