UK Health Security Agency

Guidance

Managing specific infectious diseases: A to Z

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This publication is available at https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z

Read the general advice for all outbreaks first (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents)

Find your local health protection team in England (https://www.gov.uk/health-protection-team)

Athlete’s foot (Tinea pedis)

Athlete’s foot (https://www.nhs.uk/conditions/athletes-foot/) is an infection caused by a fungus which affects the skin on feet.

The person affected may have scaling, peeling or cracking of the skin, especially between the toes and on soles of the feet, and it can sometimes be very itchy. They may also develop blisters. In some cases, it can cause toenails to become discoloured, thick and crumbly.

It is generally spread by direct or indirect contact with skin lesions of infected people. For example, when visiting places barefoot, such as contaminated floors in gyms (showers, locker room, around swimming pools). Spread can also occur when sharing socks, shoes or towels with a person who has the infection.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

> Exclusion is not required.

Athlete’s foot: what you need to do

You do not need to contact your health protection team (HPT).

Advise the individual, parent or carer to:

- visit their local pharmacy or GP for advice and treatment
- take care to dry between the toes after bathing – this may include using a fungicidal dusting powder, which can be bought over the counter at a pharmacy, on the feet, between the toes and in the socks and shoes
- enable the individual to wear shoes that allow feet to breathe and change socks frequently
- ensure the individual covers the affected foot with a rubber sock when going swimming

Do not allow people who have the infection to share socks, shoes, towels or bathmats with others.

Further information about athlete's foot

Athlete's foot – NHS.UK (https://www.nhs.uk/conditions/athletes-foot/)

Chickenpox (varicella) and shingles

Chickenpox (https://www.nhs.uk/conditions/chickenpox) is a mild and common childhood illness that most children catch. Chickenpox is most common in children under the age of 10. Nine out of 10 adults are immune because they had chickenpox during childhood. People usually catch chickenpox in winter and spring, particularly between March and May.

Chickenpox has a sudden onset with fever, runny nose, cough and a generalised rash. The spotty rash starts with fluid filled blisters which then scab over and eventually drop off. Some people have only a few spots, but other people can have spots that cover their entire body. In most people, the blisters crust up and fall off naturally within one to 2 weeks.

Chickenpox in children is considered a mild illness. There is no specific treatment but there are pharmacy remedies that may alleviate symptoms. These include paracetamol to relieve fever, and calamine lotion and cooling gels to ease itching.

Chickenpox tends to be more severe in adults and they tend to have a higher risk of developing complications.

Some children and adults are at higher risk of serious problems if they catch chickenpox, including:

- pregnant women
- newborn babies
- people with a weakened immune system

These people should seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms. They may need a blood test to check if they are protected from (immune) chickenpox.

Shingles (https://www.nhs.uk/conditions/shingles/) is caused by the chickenpox virus. When people get chickenpox, the virus remains in the body. It can be reactivated later and cause shingles if someone's immune system is lowered.

Shingles presents as a blistering rash in the area supplied by the affected nerve, usually only one side of the body. It can be very painful. Most people recover fully. There is often altered sensation before the rash appears, accompanied by 'flu like' symptoms.

Chickenpox is highly infectious and spreads by respiratory secretions or by direct contact with fluid from blisters.

Direct contact with fluid from the blisters of a person that has shingles can cause chickenpox in someone who has never had it before.

People with chickenpox are generally infectious from 2 days before the rash appears and until all blisters have crusted over (usually 5 to 6 days after the start of the rash).

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

> Exclusion is recommended.

Chickenpox and shingles: what you need to do

Send any individual with chickenpox home. Keep the individual away from the setting until all blisters have crusted over. In cases of shingles, the decision to exclude an individual will depend on whether the rash or blisters can be covered.

Keep the individual away from the setting if they have a weeping shingles rash that cannot be covered.

You do not need to contact your UKHSA HPT (https://www.gov.uk/health-protection-team), unless the setting also has cases of scarlet fever circulating.

Ensure that anyone who is at higher risk (pregnant women, newborn babies, and people with a weakened immune system) seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms.

Advise individuals, parents or carers to:

- seek immediate medical advice if the individual is seriously ill or if they develop any abnormal symptoms such as:
  - the blisters becoming infected
  - a pain in their chest or difficulty breathing
- avoid contact with other people for at least 5 days from the onset of the rash and until all blisters have crusted over (if chickenpox) or can be covered (shingles)

Do not allow the individual to return to the setting until all the blisters have dried and crusted over.

Further information about chickenpox and shingles

Chickenpox – NHS.UK (https://www.nhs.uk/conditions/chickenpox)

Shingles – NHS.UK (https://www.nhs.uk/conditions/shingles/)

Chlamydia

Genital chlamydia (https://www.nhs.uk/conditions/chlamydia/) infection is a sexually transmitted infection (STI) caused by a bacterium, chlamydia trachomatis. The bacteria is usually spread from one infected person to another through unprotected sex (sex without a condom) or via contact with their infected genital fluids (semen or vaginal fluid). The prevalence of infection is highest in young sexually active adults, aged 15 to 24 years old.

Symptoms usually develop 1 to 3 weeks after becoming infected and include:

- unusual discharge from the vagina
- discharge from the penis or pain in the testicles
- burning and itching in the genital area
- bleeding between periods or during, or just after, sexual intercourse
- pain when passing urine (cystitis)
- lower abdominal pain

It is important to note that half of all infected men and 70% of women do not have any symptoms and consequently many people remain undiagnosed and can pass the infection on to others.

The test for chlamydia (http://www.chlamydiascreening.nhs.uk) is simple and painless – a urine sample or a swab that can be done at home. Specimens are sent to the laboratory for analysis, and results are given via email, letter or text message.

Chlamydia is easily treated with antibiotics. It is important that recent sexual partners (within the last six months) are also tested and, if necessary, treated in order to prevent re-infection.

Chlamydia can have serious complications if it is not treated promptly:

- in women, untreated infections can cause pelvic inflammatory disease, long-term pain and infection or ectopic pregnancy
- in men, chlamydia can lead to inflammation of the testicles (epididymitis)
- in both women and men, chlamydia can lead to infertility

There is no vaccine available to reduce the risk of contracting chlamydia.

People can't get chlamydia from kissing, hugging, sharing baths or towels, from swimming pools, toilet seats or sharing cups, plates or cutlery.

> Exclusion is not required.

Chlamydia: what you need to do

You do not need to contact your HPT.

Advise any individuals who have symptoms of an STI to visit a genitourinary medicine (GUM) or local sexual health clinic (https://www.nhs.uk/service-

search/find-a-sexual-health-clinic) where they can access free, confidential advice and treatment.

Any sexual contacts of people diagnosed with chlamydia should be advised to attend the local GUM clinic for screening and not have sex until the result is known.

Advise sexually active men and women that they can lower their risk of STIs by reducing their numbers of partners, and by using condoms correctly and consistently during sexual intercourse.

Advise screening for chlamydia (http://www.chlamydiascreening.nhs.uk/index.htm) in people aged under 25 years old.

Maintain confidentiality and do not divulge personal identifiable information to non-health professionals without permission from the individual.

Further information about chlamydia

Chlamydia – NHS.UK (https://www.nhs.uk/conditions/chlamydia/)

Chlamydia – Sexwise (https://www.sexwise.org.uk/stis/chlamydia)

Cold sores

Cold sores (https://www.nhs.uk/conditions/cold-sores/) are caused by a virus called herpes simplex and usually appear on and around the lips. They sometimes also appear on other areas of the face and nose. It is estimated that more than half of us carry the virus but most of us do not develop cold sores.

It is usually a mild self-limiting virus. Most people who get cold sores will have been infected early in life.

The first signs are tingling, burning or itching in the area where the sore is going to appear. This phase may last for as little as 24 hours. There is reddening and swelling of the infected area resulting in fluid filled blisters which are usually clumped together in patches. Cold sores can be painful, and the blisters may form ulcers. They then dry up and crust over.

Cold sores may be triggered by factors such as having a cold, fever, other infection, stress, sunlight, or a weakened immune system.

The virus is spread by direct contact. People are at risk of getting a cold sore if they come in contact with the fluid of a cold sore or the saliva of someone who has the virus.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

> Exclusion is not required.

Cold sores: what you need to do

You do not need to contact your HPT.

Advise individuals to try not to touch the cold sore or pick at the blisters to prevent spread.

Advise individuals to avoid contact with the sores and blisters by avoiding:

- kissing an affected individual
- sharing their food or eating and drinking utensils
- sharing towels, flannels, toothbrushes, and razors

Advise the individual who had a cold sore to avoid touching their eyes, including taking extra care when applying or removing make-up.

Further information about cold sores

Cold sores – NHS.UK (https://www.nhs.uk/conditions/cold-sores/)

Conjunctivitis

Conjunctivitis (https://www.nhs.uk/conditions/conjunctivitis/) is an inflammation of the outer lining of the eye and eyelid causing a sore or itchy red eye(s) with a sticky or watery discharge. It can be caused by bacteria or viruses or allergies.

The eye(s) become(s) reddened and swollen and there may be a sticky or watery discharge. Eyes usually feel sore or itchy and ‘gritty’. Topical ointments or eye drops can be obtained from a pharmacy to treat the infection.

Conjunctivitis is spread by contact with discharge from the eye such as when an affected person rubs their eyes with their hands, or a towel then handles another person’s face or towel. Prompt treatment and good hand hygiene helps to prevent spread.

> Exclusion is not required.

Conjunctivitis: what you need to do

You do not need to contact your HPT.

Advise individuals, parents or carers to seek advice from their local pharmacist.

Encourage the individual not to rub their eyes and to wash their hands frequently.

Advise the affected individual to avoid sharing towels, flannels and pillows.

Further information about conjunctivitis

Conjunctivitis – NHS.UK (https://www.nhs.uk/conditions/conjunctivitis/)

Cryptosporidiosis

Cryptosporidiosis is an infection caused by Cryptosporidium, a microscopic parasite.

Cryptosporidiosis is spread from those with the infection to others when the parasite enters the gut by the mouth for example when contaminated hands or objects are put in the mouth or after eating or drinking contaminated food or drinks. It can also be spread by direct contact with farm animals

particularly cattle and sheep. Spread by contaminated or untreated water and milk has also been reported.

Cryptosporidum's high tolerance to chlorine enables it to survive for long periods of time in chlorinated drinking and swimming pool water. This means people swallowing contaminated water could get infected.

Symptoms include abdominal pain, diarrhoea and occasionally vomiting. The incubation period is between 7 to 10 days but can sometimes be as long as 28 days. Shedding of the parasite by infected people begins when the symptoms begin and can last for weeks after the symptoms stop.

> Exclusion is recommended.

Cryptosporidiosis: what you need to do

Exclude the infected individual until 48 hours after symptoms have stopped and they are well enough to return.

Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) if there are 2 or more cases with cryptosporidium. Your UKHSA HPT or the local authority environmental health officer (EHO) will advise you if any actions need to be taken

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Clean kitchen and toilet areas regularly (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning))

Use personal protective equipment (PPE) (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#personal-protective-equipment) when handling blood or bodily fluids such as vomit or diarrhoea.

Do not allow individuals with cryptosporidium to go to a swimming pool until 14 days after the last diarrhoeal episode.

Diarrhoea and vomiting (gastroenteritis)

Diarrhoea and vomiting (https://www.nhs.uk/conditions/diarrhoea-and-vomiting/) may be due to a variety of causes including bacteria, viruses, parasites, toxins or non-infectious diseases. Gastrointestinal infections are spread when the germs enter the gut by the mouth or when contaminated hands or objects are put in the mouth or after eating or drinking contaminated food or drinks.

The most commonly reported bacterial infections are salmonella (https://www.gov.uk/government/collections/salmonella-guidance-data-and-analysis) and campylobacter (https://www.gov.uk/government/collections/campylobacter-guidance-data-and-analysis), usually associated with food poisoning. The most commonly reported viral infection is norovirus (https://www.nhs.uk/conditions/norovirus/), usually associated with person-to-person transmission.

However, as a general principle, all cases of gastroenteritis should be regarded as potentially infectious unless there is good evidence to suggest otherwise.

A liquid stool is more likely to contaminate hands and the environment than a formed stool and is therefore a greater risk. Vomit, like liquid stool, may also be highly infectious such as when there is norovirus circulating in the setting. Infection can also be spread when the affected person vomits. This is because aerosols can spread the organism directly to others and contaminate the environment. A person will be infectious while symptoms remain.

People affected by infectious gastrointestinal diseases may have diarrhoea and/or vomiting.

Diarrhoea is defined as 3 or more liquid or semi-liquid stools (type 6 or 7) (https://www.nice.org.uk/guidance/cg99/resources/cg99-constipation-in-children-and-young-people-bristol-stool-chart-2) within a 24-hour period in adults and older children or any change in bowel pattern in young children.

The incubation period (the delay between infection and the appearance of symptoms) will vary depending on the cause of the infection.

> Exclusion is recommended.

Diarrhoea and vomiting: what you need to do

Exclude the infected individual until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that

the full course is completed and there is no further diarrhoea and/or vomiting for 48 hours after the course is completed.

Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) if there are a higher than previously experienced and/or rapidly increasing number of absences due to diarrhoea and vomiting.

For some gastrointestinal infections, longer periods of exclusion are required. For these groups, your UKHSA HPT, or the local authority Environmental Health Officer (EHO) will advise you if any action is required.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Clean kitchen and toilet areas regularly (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning)).

Use PPE (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#personal-protective-equipment) when handling blood or bodily fluids such as vomit or diarrhoea.

Further information about diarrhoea and vomiting

Diarrhoea and vomiting – NHS.UK (https://www.nhs.uk/conditions/diarrhoea-and-vomiting/)

E. coli STEC (Shiga Toxin-producing E. coli)

Escherichia coli (E. coli) are bacteria found in the environment, food, and guts of people and animals. There are several different types of E. coli and most are harmless.

Some types, known as Shiga Toxin-producing E. coli (STEC) (https://www.gov.uk/government/collections/vero-cytotoxin-producing-escherichia-coli-vtec-guidance-data-and-analysis), produce a toxin, which can cause illness. These types of E. coli live in the guts of animals, particularly cattle and sheep.

Symptoms vary depending on the severity of the infection but include diarrhoea (which might be bloody), abdominal pain, and sometimes vomiting and fever. The incubation period is 1 to 10 days and cases are infectious as long as bacteria are present in the faeces. Symptoms usually resolve within 5 to 7 days but on rare occasions infection can cause serious complications such as kidney failure.

Spread is mainly by eating contaminated food (such as undercooked meat, unpasteurised milk and cheese, unwashed vegetables which may have been contaminated by manure from infected animals) or contact with infected animals or their faeces.

Person-to-person spread is by direct contact with someone who has the infection particularly within families and childcare settings. Outbreaks and sporadic cases have also been linked with handling animals. Therefore, adults should supervise children and young people while washing their hands during visits to petting zoos and farm centres. For more information, see additional considerations for outdoor learning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/specific-educational-settings-and-populations-additional-health-protection-considerations#outdoor-learning-including-forest-schools-and-educational-visits).

> Exclusion is recommended.

E. coli STEC: what you need to do

Exclude individual until 48 hours after diarrhoea and or vomiting symptoms have stopped, and they are well enough to return.

For some groups (for example pre-school infants, food handlers, and care staff working with vulnerable people), longer periods of exclusion may be required. This could include people who have tested positive but do not have symptoms. The UKHSA HPT (https://www.gov.uk/health-protection-team) will advise you if any action is required.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Clean kitchen and toilet areas regularly (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning).

Use PPE (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#personal-protective-equipment) when handling blood or bodily fluids such as vomit or diarrhoea.

Further information about E. coli STEC

Shiga toxin-producing Escherichia coli (STEC): symptoms, how to avoid, how to treat (https://www.gov.uk/government/publications/vero-cytotoxin-producing-escherichia-coli-symptoms-how-to-avoid-how-to-treat/vero-cytotoxin-producing-escherichia-coli-symptoms-how-to-avoid-how-to-treat)

Food poisoning

Food poisoning (https://www.nhs.uk/conditions/food-poisoning/) is a general term used for gastrointestinal (GI) infections caused by consuming contaminated food or drink or by person-to-person spread.

Gastrointestinal infections can be caused by a variety of bacteria, viruses or parasites; the most commonly reported bacterial infections are salmonella (https://www.gov.uk/government/collections/salmonella-guidance-data-and-analysis) and campylobacter (https://www.gov.uk/government/collections/campylobacter-guidance-data-and-analysis), usually associated with food poisoning. However, as a general principle, all cases of gastroenteritis should be regarded as potentially infectious unless there is good evidence to suggest otherwise.

A liquid stool is more likely to contaminate hands and the environment than a formed stool and is therefore a greater risk. Vomit, like liquid stool, may also be highly infectious such as when there is norovirus (https://www.nhs.uk/conditions/norovirus/) circulating in the setting. Infection can also be spread when the affected person vomits. This is because aerosols can spread the organism directly to others and contaminate the environment. A person will be infectious while symptoms remain.

Food poisoning outbreaks can occur when people eat the same contaminated food. Or if food is prepared by someone who has the infection and did not wash their hands properly before preparing the food.

People affected by infectious gastrointestinal diseases may experience diarrhoea and vomiting. Diarrhoea is defined as 3 or more liquid or semi-liquid stools (type 6 or 7 (https://www.nice.org.uk/guidance/cg99/resources/cg99-constipation-in-children-and-young-people-bristol-stool-chart-2)) within a 24-hour

period in adults and older children or any change in bowel pattern in young children.

The incubation period (the delay between infection and the appearance of symptoms) will vary depending on the cause of the infection.

Symptoms of food poisoning usually begin within 1 to 2 days of eating contaminated food, although they may start at any point between a few hours and several weeks later depending on the cause. The main symptoms include feeling sick (nausea), vomiting, diarrhoea, abdominal pain and fever.

> Exclusion is recommended.

Food poisoning: what you need to do

Exclude the infected individual until 48 hours after diarrhoea and vomiting symptoms have stopped, and they are well enough to return.

For some gastrointestinal infections, longer periods of exclusion are required. For these groups, your UKHSA HPT (https://www.gov.uk/health-protection-team) will advise you if any action is required.

Inform your UKHSA HPT if there are 2 or more cases with similar symptoms linked in time or place or a greater than expected rate of infection compared with the usual rate.

All outbreaks of food poisoning should be investigated, your UKHSA HPT will work with the setting and EHO from the local authority.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Clean kitchen and toilet areas regularly (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning)).

Use PPE (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#personal-protective-equipment) when handling blood or bodily fluids such as vomit or diarrhoea.

Further information about food poisoning

Food poisoning – NHS.UK (https://www.nhs.uk/conditions/food-poisoning/)

Genital herpes

Genital herpes (https://www.nhs.uk/conditions/genital-herpes) is a STI caused by the herpes simplex virus (HSV). The symptoms are very similar to the herpes (cold sores) that can appear on the face, usually around the lips. It can spread from one person to another during vaginal, anal or oral sex, or via direct genital contact (without penetrative sex), or by skin to skin contact with the affected area (sores) during sex.

Many people become infected and do not have any symptoms at all. However, others will experience:

- painful sore, blisters and swelling in the genital area (around the penis, anus or vagina)
- feeling generally unwell with flu-like symptoms
- a burning sensation when passing urine

After each episode, the virus enters a dormant (inactive) phase in nearby nerves. From time to time the virus reactivates causing symptoms – in some cases a person will experience several episodes a year. However, over time, episodes tend to become less frequent, and the symptoms are milder with each recurrence.

Some people get warning signs that a recurrence is about to occur, such as itching, tingling or pain in the genital area.

There is no cure for genital herpes. If caught early, some infectious episodes can be treated with antiviral drugs (such as acyclovir), which can reduce the length and severity of the infection.

There are no specific long-term problems for people with genital herpes. However, a woman can pass on a serious infection to her baby during childbirth if she has genital herpes.

There is no vaccine available to reduce the risk of contracting genital herpes.

People can’t get genital herpes from hugging, sharing baths or towels, from clothing, from swimming pools, toilet seats or from sharing cups, plates or cutlery.

> Exclusion is not required.

Genital herpes: what you need to do

You do not need to contact your HPT.

Advise any individuals who have symptoms of an STI to visit a GUM or local sexual health clinic (https://www.nhs.uk/service-search/find-a-sexual-health-clinic) where they can access free, confidential advice and treatment.

Any sexual contacts of people who have genital herpes should be advised to attend the local GUM or sexual health clinic for screening.

Advise sexually active men and women that they can lower their risk of STIs by reducing their numbers of partners, reducing frequency of partner change, and by using condoms correctly and consistently during sexual intercourse.

Please note, for genital herpes use of condom alone does not offer sufficient protection – see route of transmission above.

Maintain strict confidentiality and do not divulge personal identifiable information to non-health professionals without permission from the individual.

Further information about genital herpes

Genital herpes – NHS.UK (https://www.nhs.uk/conditions/genital-herpes)

Genital herpes – Sexwise (https://www.sexwise.org.uk/stis/genital-herpes)

Giardiasis

Giardiasis (https://www.nhs.uk/conditions/giardiasis/) is a parasitic disease caused by Giardia, a microscopic parasite, that causes diarrhoea. Many infections are picked up while travelling abroad.

Giardiasis is spread from those with the infection to others when the parasite enters the gut through the mouth for example when contaminated hands or objects are put in the mouth or after eating or drinking contaminated food or drinks.

Infection with giardia (https://www.gov.uk/guidance/giardia) may not cause any symptoms. When symptoms do occur, they may include abdominal pain, bloating, fatigue and pale, loose stools or diarrhoea. Cases may need treatment. The incubation period is between 5 and 25 days, and symptoms generally last anywhere from 2 to 6 weeks but may last longer in people with weakened immune systems.

> Exclusion is recommended.

Giardiasis: what you need to do

Exclude the infected individual until 48 hours after the symptoms have stopped, and they are well enough to return.

Inform your UKHSA HPT (https://www.gov.uk/health-protection-team) if 2 or more cases with similar symptoms linked in time or place or a greater than expected rate of infection compared with the usual background rate.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Clean kitchen and toilet areas regularly (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning)).

Use PPE (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#personal-protective-equipment) when handling blood or bodily fluids such as vomit or diarrhoea.

Do not allow individuals with Giardia to go to a swimming pool until 14 days after the last diarrhoeal episode.

Further information about Giardiasis

Giardiasis – NHS.UK (https://www.nhs.uk/conditions/giardiasis/)

Glandular fever

Glandular fever (https://www.nhs.uk/conditions/glandular-fever/) is a viral infection that mostly affects young adults, it is caused by the Epstein-Barr virus.

Symptoms present as fatigue, aching muscles, sore throat, fever, swollen glands in the neck and occasionally jaundice (yellowing of the skin and eyes). In children, the disease is generally mild. The incubation period is about 4 to 6 weeks.

Symptoms of glandular fever can be unpleasant, but most pass within 2 to 3 weeks. Fatigue, however, can occasionally last longer.

The virus is found in the saliva of infected people and can be spread by direct contact with saliva such as kissing, being exposed to coughs and sneezes and sharing of eating and drinking utensils. It can also be spread by indirect contact via contaminated objects if hands are not washed adequately.

> Exclusion is not required.

Glandular fever: what you need to do

You do not need to contact your HPT.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) and respiratory hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#respiratory-and-cough-hygiene) practices.

Further information about glandular fever

Glandular fever – NHS.UK (https://www.nhs.uk/conditions/glandular-fever/)

Gonorrhoea

Gonorrhoea (https://www.nhs.uk/conditions/gonorrhoea/) is a STI caused by the bacteria Neisseria gonorrhoeae. The infection, which does not always have obvious symptoms, is passed on during unprotected sex (sex without a condom).

The symptoms of gonorrhoea usually develop between one and 14 days after the initial infection and men are more likely to have symptoms than women. The most common symptoms are:

- an unusual discharge from the vagina or penis
- a burning sensation when passing urine

The infection can also affect other areas such as the anal passage, throat and eyes.

Gonorrhea can usually be treated with an antibiotic, often given as a single dose. However, there are many strains of gonorrhoea, and some are now resistant to the commonly used antibiotics. This makes it important for anyone with suspected gonorrhea to be properly investigated.

Gonorrhoea can be passed from a woman to her baby during childbirth, usually causing an infection of the eyes. In the long-term, gonorrhoea can lead to chronic inflammation of the reproductive organs and can lead to infertility.

There is no vaccine available to reduce the risk of contracting gonorrhoea.

People can’t get gonorrhoea from kissing, hugging, sharing baths or towels, swimming pools, toilet seats or from sharing cups, plates or cutlery.

> Exclusion is not required.

Gonorrhoea: what you need to do

Advise any individuals who have symptoms of an STI to visit a GUM or local sexual health clinic (https://www.nhs.uk/service-search/find-a-sexual-health-clinic) where they can access free, confidential advice and treatment.

You do not need to contact your HPT.

Any sexual contacts of people who have gonorrhoea should be advised to attend the local GUM or sexual health clinic for screening.

Advise sexually active men and women that they can lower their risk of STIs by reducing their numbers of partners, reducing frequency of partner change, and by using condoms correctly and consistently during sexual intercourse.

Maintain strict confidentiality and do not divulge personal identifiable information to non-health professionals without permission from the individual.

Further information about gonorrhoea

Gonorrhoea – NHS.UK (https://www.nhs.uk/conditions/gonorrhoea/)

Gonorrhoea – Sexwise (https://www.sexwise.org.uk/stis/gonorrhoea)

Group A Streptococcus (GAS)

Group A streptococcus (GAS), also referred to as Strep A (https://www.nhs.uk/conditions/strep-a/) is a common type of bacteria. It can cause a number of infections, some mild and some more serious.

Milder infections caused by group A streptococcus include scarlet fever, impetigo and ‘strep throat’. These can be easily treated with antibiotics.

Group A Streptococcus (GAS): what you need to do

If an individual with GAS has a mild infection, they can usually recover at home in a few days.

Most strep A infections can be easily treated with antibiotics (https://www.nhs.uk/conditions/antibiotics/).

An individual with a strep A infection, should stay away from the setting for 24 hours after starting to take antibiotics. This will help stop the infection spreading to other people.

Further information about Group A Strep

Strep A – NHS (https://www.nhs.uk/conditions/strep-a/)

Invasive Group A Strep

Hand, foot and mouth disease

Hand, foot and mouth disease (https://www.nhs.uk/conditions/hand-foot-mouth-disease/) is a common viral illness in childhood. It is generally a mild illness caused by an enterovirus. In rare instances it can be more severe.

The individual may develop a fever, reduced appetite and generally feel unwell. One or 2 days later a rash may develop with blisters, on hands, feet, insides of their cheeks, gums and on the sides of the tongue. Not all cases have symptoms. The incubation period is 3 to 5 days. Persons affected are most infectious during the first week of the illness.

The illness is usually mild and clears up by itself in 7 to 10 days. If the individual develops the rare additional symptoms of high fever, headache, stiff neck, back pain, or other complications then they should seek prompt medical advice.

Spread is caused by direct contact with the secretions of the infected person (including faeces) or by aerosol spread such as coughing and sneezing. Younger children are more at risk because they tend to play closely with their peers.

Although there is usually no risk to the pregnancy or baby, it is best to avoid close contact with anyone who has hand, foot and mouth disease. This is because having a high temperature during the first 3 months of pregnancy can very rarely lead to miscarriage, and getting hand, foot and mouth disease shortly before giving birth can mean your baby is born with a mild

version of it. Pregnant women who have been in contact with an affected individual may wish to speak to their GP or midwife.

Do not confuse with foot and mouth disease which is found in animals. Individuals do not need to be excluded from the setting if they are well.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

> Exclusion is not required.

Hand, foot and mouth disease: what you need to do

You do not need to contact your HPT.

Encourage individuals to implement good hand hygiene practices, particularly in those affected and the staff who carry out nappy changing or assist with toileting. This should continue even after the person is well because the virus can still be present in the faeces and saliva for a few weeks.

Encourage individuals to implement good respiratory hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#respiratory-and-cough-hygiene) practices.

Strongly encourage staff to adhere to toileting and sanitation guidance (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#toileting-and-sanitation).

Further information about hand, foot and mouth disease

Hand, foot and mouth disease – NHS.UK (https://www.nhs.uk/conditions/hand-foot-mouth-disease/)

Head lice

Head lice and nits (https://www.nhs.uk/conditions/head-lice-and-nits/) are common in young children and their families. They do not have anything to do with dirty hair and are picked up by head-to-head contact.

Head lice are tiny insects (https://www.gov.uk/guidance/head-lice-pediculosis) that only live on humans. The eggs are grey or brown and about the size of a pinhead which stick to the hair, close to the scalp. The eggs hatch in 7 to 10 days. Empty eggshells (nits) are white and shiny and are found further along the hair shaft as they grow out.

Head lice are spread by direct head-to-head contact and therefore tend to be more common in children because of the way they play. They cannot jump, fly or swim. Itching and scratching occurs 2 to 3 weeks after coming into close contact with someone who has headlice.

> Exclusion is not required.

Head lice and nits: what you need to do

You do not need to contact your HPT.

Consider carefully before sending letters and notifications to parents or carers. These generally do not reduce the risk of transmission and may provoke anxiety.

Encourage parents or carers to give regular head checks and provide good hair care to help identify and treat head lice early.

Further information about head lice and nits

Head lice and nits – NHS.UK (https://www.nhs.uk/conditions/head-lice-and-nits/)

Hepatitis A

Hepatitis A (https://www.nhs.uk/conditions/hepatitis-a/) is a viral infection which affects the liver. The hepatitis A virus is caught by eating or drinking contaminated food or water. The infection can also be spread by close contact with an infected person, especially where there is poor personal or public hygiene. The virus is very contagious and is found in the stools and blood of people who are infected.

People should be vaccinated against hepatitis A before travelling to countries where hepatitis A is common.

Symptoms include abdominal pain, loss of appetite, nausea, fever and fatigue, followed by jaundice (yellowing of the skin and eyes), dark urine and pale faeces. The severity of the disease varies from a mild illness lasting 1 to 2 weeks to a more serious illness lasting several months. Young children may have mild infections without jaundice or other symptoms, and many may have no symptoms at all.

> Exclusion is recommended.

Hepatitis A: what you need to do

Exclude the infected individual for 7 days after the onset of jaundice or from the onset of symptoms if no jaundice is present.

Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) if there are 2 or more cases with similar symptoms linked in time or place, or a greater than expected rate of infection compared with the usual background rate.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Clean kitchen and toilet areas regularly (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning)).

Household and other close contacts of cases will be offered a hepatitis A vaccine if they are not immune.

Educate young people on safe sex to protect them from hepatitis infection (and other sexually transmitted infections) through sexual contact. A lesson plan (http://www.e-bug.eu) is available to support.

Further information about hepatitis A

Hepatitis A – NHS.UK (https://www.nhs.uk/conditions/hepatitis-a/)

Hepatitis B

Hepatitis B (https://www.nhs.uk/conditions/hepatitis-b/) is a liver disease caused by the hepatitis B virus (HBV). There are several different viruses which affect the liver, primarily hepatitis A, B, C, D and E (https://www.nhs.uk/conditions/hepatitis/).

The main difference between the viruses is how they are spread; the way they cause liver damage and the effects they have on health. In the UK, hepatitis B infection is not a common viral infection in young children and young people.

Hepatitis B can cause an acute or a chronic illness. An acute illness is one that gets better quickly, usually within weeks or at most a few months.

A chronic illness lasts much longer, sometimes waxing and waning. Chronic hepatitis B is when it lasts longer than 6 months.

Symptoms can vary and may include general fatigue, nausea and vomiting, loss of appetite, fever and dark urine. Older children and adults may develop jaundice (a yellowing of the eyes and skin).

Many people never have any symptoms, but they can pass on the infection. The incubation period (the delay between infection and the appearance of symptoms) can be between 4 weeks and 6 months.

It is spread is by contact with infected blood and bodily fluids entering the bloodstream through broken skin or mucous membranes (eyes, mouth and nose), for example through a bite which breaks the skin or if the skin is pierced by a contaminated object.

The virus can also be passed on via tattooing or from medical and dental treatment if equipment is not adequately sterilised.

All blood and bodily fluids should be considered potentially infectious, and spills should be cleaned wearing protective clothing and using a spillage kit.

> Exclusion is not required.

Hepatitis B: what you need to do

Do not exclude individuals with chronic hepatitis B infection or restrict their activities.

Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) for more advice if required.

People with acute hepatitis B will typically be too ill to attend their setting. Follow their doctor's advice regarding when they can return.

Clean kitchen and toilet areas regularly (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning)).

Wear PPE (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#personal-protective-equipment) when handling or cleaning blood, urine, loose stools and vomit.

Take a standard approach to cleaning all spillages of blood and bodily fluids, managing all as potentially infectious (for more details, see Safe management of blood and bodily fluids (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#safe-management-of-blood-and-bodily-fluids)).

Always complete the accident book with details of injuries or adverse events.

Educate young people on safe sex to protect them from hepatitis infection (and other sexually transmitted infections) through sexual contact. A lesson plan (http://www.e-bug.eu) is available to support this.

Further information on hepatitis B

Hepatitis B – NHS.UK (https://www.nhs.uk/conditions/hepatitis-b/)

Hepatitis C

Hepatitis C (https://www.nhs.uk/conditions/hepatitis-c/) is not a common infection in children.

Hepatitis C virus (HCV) is a blood borne virus affecting the liver. Symptoms of hepatitis C infection can often be vague and include loss of appetite, fatigue, nausea and abdominal pain. Jaundice (yellowing of the skin and eyes) occurs less commonly than in hepatitis B infection. Up to 80% of those infected may be carriers of the virus and can pass it on to others.

HCV is present in blood and other bodily fluids of infected persons. It is spread in the same way as hepatitis B virus. Hepatitis C, like hepatitis B, cannot be spread through casual contact.

> Exclusion is not required.

Hepatitis C: what you need to do

Do not exclude individuals with chronic hepatitis C infection or restrict their activities.

Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) for more advice if required.

Always complete the accident book with details of injuries or adverse events.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Take a standard approach to cleaning all spillages of blood and bodily fluids, managing all as potentially infectious (for more details, see Safe management of blood and bodily fluids (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#safe-management-of-blood-and-bodily-fluids)).

Ensure personal hygiene items such as toothbrushes, nail cutters, razor and nail scissors are not shared.

Ensure the setting has appropriate sanitary item disposal containers and contracts in place.

Educate young people on safe sex to protect them from hepatitis infection (and other sexually transmitted infections) through sexual contact. A lesson plan (http://www.e-bug.eu) is available to support this.

Further information on hepatitis C

Hepatitis C – NHS.UK (https://www.nhs.uk/conditions/hepatitis-c/)

HIV

HIV (https://www.nhs.uk/conditions/hiv-and-aids/) (human immunodeficiency virus) is a virus that is only found in the body fluids of someone who is infected. The main route of HIV transmission is through unprotected sex (sex without condom) or via contact with infected genital fluids (semen or vaginal fluid). There are other less common ways of transmission such as sharing needles, syringes, or other injecting drug equipment.

Many people living with HIV have no obvious signs and symptoms. It can take many years for symptoms to appear after being infected with HIV.

Testing for HIV is confidential and free. It is usually carried out via a blood test from a GP surgery, or sexual health and GUM services. Some clinics also offer rapid HIV testing (finger prick test) in the clinic with instant results.

HIV is managed by taking daily medication that is effective and safe. This means that the immune system stays healthy and can continue to fight infections normally. HIV medication is available to everyone living or studying in the UK, and free of any cost. If an individual is taking their medication correctly, they can lead a healthy life with a normal life expectancy.

If left untreated, HIV infection can damage the immune system, and make it difficult to fight common infections.

Reducing the risk of HIV

There is no vaccine available to reduce the risk of contracting HIV. However, there are ways in which the risk can be reduced.

Condoms
Correct use of condoms remains an effective and safe way to protect against HIV infection, as well as other STIs and pregnancy.

Post exposure prophylaxis (PEP)
PEP is a 28-day course of medication that a person can take up to 72 hours after an event which puts them at risk of contracting HIV. The earlier that PEP is started after a risk, the more effective it is.

PEP is freely available from all GUM clinics (https://www.nhs.uk/service-search/sexual-health/find-a-sexual-health-clinic) or out of hours from A&E departments. It is only given when the risk of HIV is sufficient to warrant taking this medication. This will be assessed before the medication is given.

Pre-exposure prophylaxis (PrEP)
PrEP medication is given as a preventative measure to block transmission of HIV. It can be taken as a daily medication or intermittently around the time of a high-risk event. Studies have shown it to be very effective in reducing the risk of transmission of HIV through sex.

This medication is now freely available on NHS and can be accessed via GUM clinics. There is more PrEP information (https://www.iwantprepnow.co.uk/) from Terrence Higgins Trust.

HIV: what you need to do

Maintain strict confidentiality and do not divulge personal identifiable information to non-health professionals without permission from the individual.

You do not need to contact your HPT.

Advise any individuals who are concerned about contracting HIV to seek free and confidential advice from their GP or local GUM or sexual health clinic (https://www.nhs.uk/service-search/find-a-sexual-health-clinic).

Advise sexually active men and women that they can lower their risk of STIs by reducing their numbers of partners, reducing frequency of partner change, and by using condoms correctly and consistently during sexual intercourse.

> Exclusion is not required

Further information about HIV

HIV and AIDS – NHS.UK (https://www.nhs.uk/conditions/hiv-and-aids/)

British Association for Sexual Health and HIV (https://www.bashh.org/)

British HIV Association (https://www.bhiva.org/)

Terrence Higgins Trust (https://www.tht.org.uk/)

HIV – Sexwise (https://www.sexwise.org.uk/stis/hiv)

Human papillomavirus (HPV) and genital warts

Genital warts (https://www.nhs.uk/conditions/genital-warts/) is a STI caused by HPV (https://www.nhs.uk/conditions/human-papilloma-virus-hpv/). It is one of the most common viral STIs and can spread through unprotected sex or via skin to skin contact of genital area.

There are about 100 different types of HPV, 40 of which can be sexually transmitted. High risk types cause cervical and other cancers, whereas low-risk types lead to benign genital warts.

Many people infected with HPV never have any symptoms at all. For those that do have symptoms, it can take a few months after the initial infection for the warts to develop. When they do, they resemble the common warts that some people develop on their skin – painless, small, rough lumps in the genital or anal area.

There are a number of ways to treat genital warts, such as creams, freezing, laser or surgery. In most cases the body's immune system eventually gets rid of the virus without causing long-term problems.

There is currently no vaccination programme for genital herpes. However, as of 2008, there is an HPV immunisation programme (https://www.nhs.uk/conditions/vaccinations/hpv-human-papillomavirus-vaccine/#:~:text=Girls%20and%20boys%20aged%2012,throat%20(head%20and%2

0neck)%20cancers) for girls and boys aged 12 to 13 years to protect against some cancers and genital warts. Vaccinated individuals should still consider offers of cervical screening (https://www.gov.uk/guidance/cervical-screening-programme-overview) when they are invited, aged 25 years and over, as the vaccine does not protect against all subtypes of HPV.

People can't get genital warts from kissing, hugging, sharing baths or towels, from swimming pools, toilet seats or sharing cups, plates or cutlery.

> Exclusion is not required

HPV and genital warts: what you need to do

Advise any individuals who have symptoms of an STI to visit a GUM or local sexual health clinic (https://www.nhs.uk/service-search/find-a-sexual-health-clinic) where they can access free, confidential advice and treatment.

Any sexual contacts of people who have genital warts should be advised to attend the local GUM or sexual health clinic for screening.

Advise sexually active men and women that they can lower their risk of STIs by reducing their numbers of partners, reducing frequency of partner change, and by using condoms correctly and consistently during sexual intercourse.

Please note, for genital warts, use of condom alone does not offer sufficient protection – see route of transmission above.

Maintain strict confidentiality and do not divulge personal identifiable information to non-health professionals without permission from the individual.

Further information about HPV and genital warts

Genital warts – NHS.UK (https://www.nhs.uk/conditions/genital-warts/)

Genital warts – Sexwise (https://www.sexwise.org.uk/stis/genital-herpes)

Human papillomavirus (HPV) – NHS.UK (https://www.nhs.uk/conditions/human-papilloma-virus-hpv/)

Cervical screening – NHS.UK (https://www.nhs.uk/conditions/cervical-screening/)

Impetigo

Impetigo (https://www.nhs.uk/conditions/impetigo/) is a bacterial skin infection caused by Streptococcus pyogenes, or group A streptococcus (GAS). It mostly affects infants and young children. It is very infectious and appears most commonly as reddish sores on the face. It may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites.

The sores can develop anywhere on the body but tend to occur as reddish sores on the face, especially around the nose and mouth and on hands and feet. After about a week, the sores burst and leave golden brown crusts. It can sometimes be painful and itchy. The incubation period is between 4 to 10 days.

Impetigo can easily spread to other parts of the affected person's body or to other people such as through direct physical contact, or by sharing towels, flannels or eating and drinking utensils.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician or consult NHS 111.

> Exclusion is recommended.

Impetigo: what you need to do

Exclude the individual from the setting until all lesions (sores or blisters) are crusted over or until 48 hours after commencing treatment (https://www.nice.org.uk/guidance/NG153) (antibiotics and/or hydrogen peroxide cream).

You do not need to contact your HPT.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Encourage children, young people and staff to avoid touching or scratching the sores, or letting others touch them.

Do not allow towels, flannels and eating and drinking utensils to be shared by others.

Ensure that equipment, including toys and play equipment are thoroughly cleaned daily. Non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning)).

Further information about impetigo

Impetigo – NHS.UK (https://www.nhs.uk/conditions/impetigo/)

Influenza

Influenza (https://www.nhs.uk/conditions/flu/), commonly known as flu, is caused by a virus, usually influenza A or B. Flu viruses are always changing so this winter's flu strains will be slightly different from previous winters.

Flu can affect anyone but if people have a long-term health condition the effects of flu can make it worse even if the health condition is well managed and they normally feel well.

Some people who may develop serious influenza complications are eligible for a flu vaccination. Check who can have the:

- adult flu vaccine (https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/)
- children's flu vaccine (https://www.nhs.uk/conditions/vaccinations/child-flu-vaccine/)

For more information about influenza and the vaccinations read the UKHSA Green Book (https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19).

Influenza is a respiratory illness and commonly has a sudden onset. Symptoms include headache, high temperature, cough, sore throat, aching muscles and joints and fatigue.

Cases can be infectious one day before to 3 to 5 days after symptoms appear. Importantly, children may sometimes present differently with flu – for example, without fever but with diarrhoea.

It is transmitted by breathing in droplets coughed out into the air by infected people or by the droplets landing on mucous membranes. Transmission may also occur by direct or indirect contact with respiratory secretions for example via soiled tissues or from contaminated surfaces. It spreads easily in crowded populations and in enclosed spaces.

The risk of infection can be minimised through vaccination. For further details, see the section on supporting immunisation programmes (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/supporting-immunisation-programmes) and the UK's national immunisation schedule (https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule). For details of school years eligible for flu vaccination, please see the annual programme letter (https://www.gov.uk/government/collections/annual-flu-programme).

> Exclusion is recommended.

Influenza: what you need to do

Exclude individuals with symptoms of the flu, until they have recovered. However, do not exclude individuals with only mild symptoms of a respiratory illness, such as a runny nose, sore throat, or mild cough, but who are otherwise well.

You do not need to contact your HPT.

Encourage those in eligible groups to have the flu vaccine.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) and respiratory hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#respiratory-and-cough-hygiene) practices.

Further information about influenza

Flu – NHS.UK (https://www.nhs.uk/conditions/flu/)

Invasive Group A Streptococcus (iGAS)

The most serious infections linked to group A streptococcus come from invasive group A strep, known as iGAS. These infections are caused by the bacteria getting into parts of the body where it is not normally found, such as the lungs or bloodstream. In rare cases an iGAS infection can be fatal.

Invasive group A streptococcal disease is 'notifiable', meaning registered medical practitioners have a duty to notify the UKHSA HPT. The HPT will contact the children's or young people's setting if they are notified of a person with iGAS and further assessment is required or to provide advice.

Invasive Group A Streptococcus (GAS): what you need to do

Serious strep A infections (invasive group A strep, iGAS) may need to be treated in hospital.

Inform your UKHSA HPT (https://www.gov.uk/health-protection-team) if you have a case of iGAS in your setting. The HPT will carry out a risk assessment and undertake appropriate investigations and/or actions as required.

Further information about iGAS

Strep A – NHS (https://www.nhs.uk/conditions/strep-a/)

Group A Strep

Measles

Measles (https://www.nhs.uk/conditions/measles/) is a very infectious virus that can spread from person-to-person quickly, especially in education and childcare settings. Symptoms include a high temperature, a runny or blocked nose, sneezing, a cough, conjunctivitis

(https://www.nhs.uk/conditions/conjunctivitis/) (red, sore, watery eyes), and small white spots (Koplik spots) inside the cheeks. A rash usually appears 2 to 4 days after the cold-like symptoms started. The rash starts on the face and behind the ears before spreading to the rest of the body. This can look different depending on skin tone. Symptoms of measles usually start between 10 and 12 days after catching the infection. Sometimes it can take up to 21 days for any symptoms to appear.

Measles is spread by airborne transmission (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/what-infections-are-how-they-are-transmitted-and-those-at-higher-risk-of-infection) (for example by droplets which are expelled when someone with the infection sneezes or coughs) and direct contact (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/what-infections-are-how-they-are-transmitted-and-those-at-higher-risk-of-infection) (for example contact with nose or throat secretions). A person with measles can spread the infection in the 4 days before they get the rash. Once a person has the rash, they can still spread the infection for another 4 days.

The measles, mumps and rubella (MMR) vaccine is the safest and most effective way to protect against measles. People need 2 doses of MMR vaccine to be protected against measles, mumps and rubella.

During the coronavirus (COVID-19) pandemic, there was a significant decrease in children getting vaccinated with the MMR and other childhood vaccines. Measles is very infectious so even a small decrease in children getting the MMR vaccine can lead to a large increase in measles cases.

This guidance is not intended to replace advice from a medical professional.

> Exclusion is recommended.

Measles: what you need to do

If you are made aware of any likely or confirmed cases of measles among people who have attended your setting, who have been diagnosed by a doctor or another healthcare professional, then you should contact your local HPT (https://www.gov.uk/health-protection-team).

Exclude any infected individuals from the setting, on public health grounds, while they are likely to be infectious (from 4 days before rash onset and for a further 4 full days). Cases should only return to the setting when they

have fully recovered; this is because they may be more likely to get other illnesses when they have measles.

Advise people who have a weakened immune system, are unvaccinated and pregnant, or are under 12 months of age, who have been in the setting at the same time as the likely or confirmed measles case, to seek advice from their GP or midwife. They should tell their GP, or their midwife that they may have been exposed to measles.

Encourage all children and young people over the age of one year old to have the combined MMR vaccination as per the national immunisation schedule (https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule). Schools and childcare settings can play an important role in raising awareness of the importance of the MMR vaccine.

Further information about measles

Measles – NHS.UK (https://www.nhs.uk/conditions/measles/)

Meningitis

Meningitis (https://www.nhs.uk/conditions/meningitis/) is a general term that describes an inflammation of the membranes covering the brain and spinal cord. It can be caused by a range of germs including bacteria or viruses.

Bacterial meningitis is less common but more serious than viral meningitis and needs urgent medical attention. In some cases, bacterial meningitis can lead to septicaemia (blood poisoning).

Common signs and symptoms of meningitis and septicaemia include fever, severe headache, photophobia, neck stiffness, non-blanching rash (see glass test below), vomiting, drowsiness.

The incubation period varies but for bacterial meningitis the incubation is between 2 and 10 days.

There is no effective medication for the treatment of viral meningitis, but symptoms are usually much milder.

The routine childhood immunisation schedule (https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule) provides protection against meningitis caused by mumps, polio, Haemophilus influenzae type b (Hib), pneumococcus and Neisseria

meningitidis group A, B, C, W and Y. There is no vaccination for some types of meningitis. Children and young people. Individuals should be encouraged to be up to date with their vaccinations.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

> Exclusion is recommended.

Meningitis: what you need to do

Exclude the infected individual until they have recovered.

Notify the UKHSA HPT (https://www.gov.uk/health-protection-team) if 2 cases of meningitis occur in your setting within 4 weeks.

> If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. The rash will be visible through the glass. If this happens, seek urgent medical attention.

Note that the rash is a late symptom – if any of the other symptoms have already occurred seek medical advice immediately and advise individuals, parents and carers to do the same.

Encourage individuals, parents and carers, in respect to their children, are up to date with their vaccinations.

Further information about meningitis

Meningitis – NHS.UK (https://www.nhs.uk/conditions/meningitis/)

Meningococcal meningitis and septicaemia (sepsis)

Meningococcal meningitis (https://www.gov.uk/guidance/meningococcal-disease-clinical-and-public-health-management) and septicaemia (https://www.nhs.uk/conditions/sepsis/) require immediate medical attention.

The bacteria Neisseria meningitidis causes meningococcal meningitis and meningococcal septicaemia (known collectively as 'meningococcal infection').

There are 13 known groups of the bacteria, the most common worldwide are A, B, C, W and Y. In the UK, groups B and C are the most common. Meningococcal infection is a rare but serious disease and is fatal in around 1 in 10 people with the illness. About 15% of those that recover have long-term complications.

Symptoms include fever, severe headache, photophobia, drowsiness, non-blanching rash (see glass test). Not all the symptoms will be present, and cases can have symptoms of meningitis and septicaemia.

Spread is from person to person through respiratory droplets and direct contact with nose and throat secretions. About 10% of us carry the bacteria harmlessly in our nose and throat.

Close and prolonged contact is needed to pass the bacteria to others (such as contacts in a household setting or intimate kissing). Only a small proportion of people develop meningitis or septicaemia if they come into contact with it. For this reason, only people that have had significant close contact with the case in the previous 7 days will be offered antibiotics and immunisation later if applicable.

The case is considered non-infectious 24 hours after taking appropriate antibiotic treatment.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

> Exclusion is recommended.

Meningococcal meningitis and septicaemia: what you need to do

Exclude the infected individual until they have been treated with antibiotics and recovered. Do not exclude household and close contacts unless they

have symptoms suggestive of meningococcal infection.

Inform your UKHSA HPT (https://www.gov.uk/health-protection-team) if you have a case of meningococcal disease in your setting. They will carry out a risk assessment and organise antibiotics for household and other close contacts.

> If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. The rash will be visible through the glass. If this happens, seek urgent medical attention.

Note that the rash is a late symptom – if any of the other symptoms have already occurred seek medical advice immediately and advise individuals, parents or carers to do the same.

Further information about meningococcal meningitis and septicaemia

Meningitis – NHS.UK (https://www.nhs.uk/conditions/meningitis/)

Symptoms of sepsis – NHS.UK (https://www.nhs.uk/conditions/sepsis/)

MRSA (Methicillin-resistant Staphylococcus aureus)

MRSA (https://www.nhs.uk/conditions/mrsa/) (methicillin-resistant Staphylococcus aureus) are bacteria that have developed resistance to methicillin (a type of penicillin) or other antibiotics.

Staphylococcus aureus (Staph aureus) (https://www.gov.uk/government/collections/staphylococcus-aureus-guidance-data-and-analysis) are bacteria that live on healthy skin. One in 3 healthy people carry Staph aureus on their skin or in their nostrils without it causing any harm. Sometimes Staph aureus causes infections, mainly of the skin. It can occasionally cause serious infection.

Spread is mainly by direct contact with contaminated hands and objects.

> Exclusion is not required.

MRSA: what you need to do

You do not need to contact your HPT.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

All infected wounds should be covered.

Further information about MRSA

MRSA – NHS.UK (https://www.nhs.uk/conditions/mrsa/)

Staph infection – NHS.UK (https://www.nhs.uk/conditions/staphylococcal-infections/)

Mpox

If someone at your setting has mpox they should stay away from the setting until confirmed safe to return by their clinician or in line with any current guidance (https://www.gov.uk/government/collections/monkeypox-guidance):

- advise individuals, parents or carers to seek prompt medical advice if the individual's illness is worsening
- do not share their personally identifiable information (PII) (https://digital.nhs.uk/services/national-data-opt-out/understanding-the-national-data-opt-out/confidential-patient-information) with non-health professionals without the person's consent
- contact your UKHSA health protection team (https://www.gov.uk/health-protection-team) for further advice on management and support for anyone considered a close contact of the confirmed case

People at higher risk from mpox

Mpox is usually a mild illness. Some people are at higher risk of serious complications if they get mpox, for example:

- children under 5 years
- pregnant women
- people with weakened immune systems (immunocompromised people)

Post-exposure mpox vaccination

Vaccination within 4 days of contact with mpox may provide some protection against catching the disease.

The mpox vaccine (https://www.gov.uk/government/publications/monkeypox-vaccination) may also be offered up to 14 days after contact for people at higher risk of serious complications if they get mpox. These include:

- children under 5 years
- pregnant women
- people with weakened immune systems (immunocompromised people)

About mpox

Mpox is a rare disease that is caused by infection with a virus called MPXV (https://www.gov.uk/guidance/monkeypox).

The risk of catching mpox in the UK is low.

Mpox infection is usually a self-limiting illness, and most people recover within
several weeks. However, severe illness can occur in some individuals.

The illness begins with:

- fever
- headache

- muscle aches
- backache
- swollen lymph nodes
- chills
- exhaustion

Within 1 to 5 days after the appearance of fever, a rash develops, often beginning on
the face then spreading to other parts of the body. The rash changes and goes
through different stages before finally forming a scab which later falls off.

Mpox does not spread easily between people, unless there is close contact.

Spread between people may occur through:

- direct contact with rash, skin lesions or scabs (including during sexual contact, kissing, cuddling or other skin-to-skin contact)
- contact with bodily fluids such as saliva, snot or mucous
- contact with clothing or linens (such as bedding or towels) or other objects and surfaces used by someone with mpox

It is possible that clade I mpox may spread between people through close and prolonged face-to-face contact such as talking, breathing, coughing, or sneezing close to one another. However, there is currently limited evidence so this will be updated as new information is available.

Spread of mpox may also occur when a person comes into close contact with an infected animal (rodents are believed to be the main animal reservoir for transmission to humans), or materials contaminated with the virus. Mpox has not been detected in animals in the UK.

People with mpox are infectious:

- from when their symptoms started
- until their rash has formed scabs and all the scabs have fallen off and there is intact skin underneath
- the scabs may also contain infectious virus material

The incubation period for mpox (the delay between getting infected and showing symptoms) is between 5 and 21 days.

> Exclusion is recommended.

Find out more about mpox on GOV.UK (https://www.gov.uk/guidance/monkeypox) and on the NHS website (https://www.nhs.uk/conditions/monkeypox/).

Mumps

Mumps (https://www.nhs.uk/conditions/mumps/) is a viral infection. The first symptoms of mumps are usually a raised temperature, swelling and tenderness of salivary glands (parotid) accompanied by headaches, joint pain and general malaise. The swelling can be one sided or affect both sides.

Mumps is usually fairly mild in young children, but can cause swelling of the testicles and rarely, infertility in males over the age of puberty.

The mumps virus is highly infectious and can be spread by droplets from the nose and throat, and by saliva.

> Exclusion is recommended.

Mumps: what you need to do

You do not need to contact your HPT.

Exclude the affected individual until 5 days after the onset of swelling and well enough to return.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Advise the individual, parents or carers to seek advice from a general practitioner.

Encourage everyone (aged one year old and over) to have the combined MMR vaccination as per the national immunisation schedule (https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule).

Encourage all staff to be up to date with their MMR vaccinations.

Further information about mumps

Mumps – NHS.UK (https://www.nhs.uk/conditions/mumps/)

Norovirus

Norovirus (https://www.nhs.uk/conditions/norovirus/) is the most common cause of gastroenteritis in England. Also known as the ‘winter vomiting bug’, it causes symptoms such as nausea, diarrhoea, and vomiting.

The virus can spread from person to person through hand to mouth contact and can be picked up from contaminated surfaces such as equipment, hands, toys, or dirty nappies. It can also spread through the air by sneezing and coughing, though this is less common.

> Exclusion is recommended.

Norovirus: what you need to do

Exclude the infected individual until 48 hours after symptoms have stopped and they are well enough to return.

Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) if there are a higher than previously experienced or rapidly increasing number of absences due to diarrhoea and vomiting.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) and good respiratory hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#respiratory-and-cough-hygiene) practices.

Clean kitchen and toilet areas regularly (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning)).

Use PPE (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#personal-protective-equipment) when handling blood or bodily fluids such as vomit or diarrhoea (https://www.nhs.uk/conditions/diarrhoea-and-vomiting/).

Further information about norovirus

Norovirus (vomiting bug) – NHS.UK (https://www.nhs.uk/conditions/norovirus/)

Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)

Staphylococcus aureus (Staph aureus) (https://www.gov.uk/government/collections/staphylococcus-aureus-guidance-data-and-analysis) are bacteria that live on healthy skin. One in 3 healthy people carry Staph aureus on their skin or in their nostrils without it causing any harm. Sometimes Staph aureus causes infections, known as staph infections, mainly of the skin.

PVL-SA are types of Staph aureus which produce a toxin and can cause recurrent boils, skin abscesses or cellulitis if it enters deeper layers of skin through a graze or wound. Occasionally it may enter the blood stream, causing more serious problems.

Risk factors for acquiring PVL-SA include:

- close contact with someone who is already affected, for example household contacts or close contact sports
- contact with contaminated surfaces or equipment, for example gym equipment
- sharing towels, flannels and razors
- chronic skin condition, for example eczema
- living in closed communities, for example boarding school

> Exclusion is recommended.

PVL-SA: what you need to do

Exclude the infected individual if there is a lesion or wound that cannot be covered.

Contact the UKHSA HPT (https://www.gov.uk/health-protection-team) if there are 2 or more cases at the setting.

Do not allow the affected individual to visit gyms or swimming pools until the wounds have healed.

Advise affected individuals to avoid sharing towels, flannels and pillows with others.

Clean contaminated surfaces promptly using detergent and water.

Clean common areas in settings (for example toilets, locker rooms, dining room, and so on) (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning))

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices including before and after use of the gymnasium and other communal sports activities or outings, and whenever hands are contaminated or soiled.

Encourage individuals to implement good respiratory hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#respiratory-and-cough-hygiene) practices.

Further information about PVL-SA

Staph infection – NHS.UK (https://www.nhs.uk/conditions/staphylococcal-infections/)

Respiratory infections, including coronavirus (COVID-19)

Respiratory infections (https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19) are common, particularly during the winter months. Symptoms can be caused by several respiratory infections including the common cold, COVID-19 (https://www.nhs.uk/conditions/coronavirus-covid-19/), flu (https://www.nhs.uk/conditions/flu/), and respiratory syncytial virus (RSV) (https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-symptoms-transmission-prevention-treatment/respiratory-syncytial-virus-rsv-symptoms-transmission-prevention-treatment#symptoms-and-diagnosis).

For most individuals, these illnesses will not be serious and they soon recover.

People with respiratory infections can experience a range of symptoms including a runny nose, high temperature, cough and sore throat.

It is not possible to tell which germ someone is infected with based on symptoms alone.

Some children aged 2 years and under, especially those with a heart condition or born prematurely, and very young infants, are at increased risk of hospitalisation from RSV.

Respiratory infections can spread easily between people. Sneezing, coughing, singing and talking may spread respiratory droplets from an infected person to someone close by.

Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils, toys or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth.

> Exclusion is recommended.

Respiratory infections: what you need to do

It is not recommended that children and young people are tested for COVID-19 (https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19#Children) unless directed to by a health professional.

Exclude any affected individual who has a high temperature and are unwell until they no longer have a high temperature and are well enough to attend the setting.

Do not exclude individuals with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well.

Advise individuals aged 18 years and under with a positive COVID-19 test result to try to stay at home for 3 days after the day they took their test.

Advise individuals aged over 18 years with have a positive COVID-19 test result to stay at home for 5 days after the day they took the test.

Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) if there is:

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection
- evidence of severe disease due to respiratory infection, for example if a child, young person or staff member is admitted to hospital

Individuals who usually attend an education or childcare setting and who live with someone who has a positive COVID-19 test result should continue to attend as normal.

Encourage individuals to implement good respiratory hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#respiratory-and-cough-hygiene) practices.

Advise all individuals to follow the Living safely with COVID-19 and other respiratory infections guidance (https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19).

Further information about respiratory infections

Flu – NHS.UK (https://www.nhs.uk/conditions/flu/)

Respiratory tract infections (RTIs) – NHS.UK (https://www.nhs.uk/conditions/respiratory-tract-infection/)

Respiratory syncytial virus (RSV): symptoms, transmission, prevention, treatment – GOV.UK (https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-symptoms-transmission-prevention-treatment/respiratory-syncytial-virus-rsv-symptoms-transmission-prevention-treatment)

Ringworm

Ringworm (https://www.nhs.uk/conditions/ringworm/), also known as tinea, is a fungal infection of the skin, hair or nails. It is caused by various types of fungi and infections are named after the parts of the body that are affected, namely face, groin, foot, hand, scalp, beard area and nail.

The main symptom of ringworm is a rash. The rash may be scaly, dry, swollen or itchy and may appear red or darker than surrounding skin.

Scalp ringworm in children is becoming more common in the UK, particularly in urban areas. Until recently this was usually spread from infected animals but can spread within families and in children and young people's settings.

Ringworm of the scalp starts as a small red spot which spreads leaving a scaly bald patch. The hair becomes brittle and breaks easily.

The appearance of human scalp ringworm varies from lightly flaky areas, often indistinguishable from dandruff to small patches of hair loss on the scalp. There may be affected areas on the face, neck and trunk.

Ringworm of the body is found on the trunk or legs and have a prominent red margin with a scaly central area.

Ringworm of the nails often appears with infection of the adjacent skin. There is thickening and discolouration of the nail.

Spread is by direct skin to skin contact with an infected person or animal, or by indirect contact with contaminated surfaces.

Scalp ringworm is treated with oral anti-fungal agents. An anti-fungal cream is used to treat ringworm of the skin and feet.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool.

> Exclusion is recommended.

Ringworm: what you need to do

Advise the individual, parents or carers to seek advice from a general practitioner for recommended treatment. Once treatment has started, individuals can return to their setting.

You do not need to contact your HPT.

Ensure the individual with ringworm of the feet is wearing socks and trainers. The individual should have his or her feet covered for physical education.

Discourage the individual from scratching the affected skin or area as it can spread to other parts of the body.

Advise affected individuals to avoid sharing towels, flannels, pillows, socks and shoes with others.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Further information about ringworm

Ringworm – NHS.UK (https://www.nhs.uk/conditions/ringworm/)

Rotavirus

Rotavirus (https://www.gov.uk/government/collections/rotavirus-guidance-data-and-analysis) is a highly infectious virus that is more common in the winter months, but it can be seen throughout the year. Rotavirus spreads easily between people through hand to mouth contact and contact with contaminated surfaces such as equipment, hands, toys or dirty nappies. It can also be spread through the air by coughing and sneezing.

An oral vaccine against rotavirus infection is given to babies as part of their routine childhood vaccinations.

Apart from vaccination, good hygiene is the most important way of preventing the spread of rotavirus.

Rotavirus infection can cause severe diarrhoea usually with vomiting, stomach cramps, dehydration and mild fever. The symptoms usually last 3 to 8 days.

Adults can become infected with rotavirus, but the infection is usually very mild. Rotavirus infection is more common in infants and younger children than in teenagers.

Most babies and children recover within a week, but in a small number of cases, rotavirus infection can become serious, with babies getting dehydrated (fluid loss) and possibly needing hospital treatment.

> Exclusion is recommended.

Rotavirus: what you need to do

Exclude the infected individual until 48 hours after the diarrhoea and vomiting symptoms have stopped.

Encourage uptake of the rotavirus vaccination (https://www.gov.uk/government/publications/protecting-your-baby-against-rotavirus-leaflet/protecting-your-baby-against-rotavirus).

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Clean surfaces regularly (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning)).

Use PPE (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#personal-protective-equipment) when handling blood or bodily fluids such as vomit or diarrhoea.

Further information about rotavirus

Rotavirus vaccine overview – NHS.UK (https://www.nhs.uk/conditions/vaccinations/rotavirus-vaccine/)

Rotavirus: guidance, data and analysis – GOV.UK (https://www.gov.uk/government/collections/rotavirus-guidance-data-and-analysis)

Protecting your baby against rotavirus – GOV.UK (https://www.gov.uk/government/publications/protecting-your-baby-against-rotavirus-leaflet/protecting-your-baby-against-rotavirus)

Rubella (German measles)

Rubella (https://www.nhs.uk/conditions/rubella/) is a viral infection that generally causes a mild, febrile rash-illness. The MMR vaccine is the safest and most effective way to protect against rubella. People need 2 doses of MMR to be protected.

Recovery from rubella is usually rapid and complications rarely occur. Rubella does, however, have serious consequences for pregnant women who are not immune and for the unborn baby if acquired during the first 20 weeks of pregnancy.

The symptoms of rubella are mild. Usually, the rash is the first indication of rubella infection. The main symptoms are:

- swollen lymph glands around the ears and back of head 5 to 10 days before the onset of a rash
- sore throat and runny nose 1 to 5 days before the rash appears
- mild fever, headache, tiredness
- conjunctivitis (sore, itchy, watery, red and/or sticky eyes)
- red rash mostly seen behind the ears and on the face and neck
- painful and swollen joints

If someone has had both doses of the MMR vaccination, they are very unlikely to have rubella.

Rubella is highly infectious. It is spread by respiratory droplets through coughing or sneezing, or by direct contact with the saliva of an infected individual. People with rubella are infectious from one week before the symptoms start and for 5 days after the rash first appears.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

> Exclusion is recommended.

Rubella: what you need to do

Exclude the infected individual for 5 days from the appearance of the rash.

Cases of laboratory confirmed rubella are quite rare (although it may be more common for an individual with a rash to be told that it looks like rubella by their GP).

In the event of a confirmed case of rubella, the HPT will speak to the individual, parents and carers directly and contact you if there is a risk to the setting. You do not need to contact your HPT where a laboratory test for rubella has not yet been done.

Encourage all individuals aged one year and over to have the combined MMR (measles, mumps and rubella) vaccination as per the national immunisation schedule (https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule).

Any staff who are unvaccinated or partially vaccinated with the MMR vaccination should be encouraged to seek advice from their general practitioner or practice nurse

Advise staff who are pregnant and not sure of their immunity, that they should seek advice from their general practitioner or midwife. When contacting the GP or midwife they should inform them that there has been exposure to a case of rubella.

Further information about rubella

Rubella (german measles) – NHS.UK (https://www.nhs.uk/conditions/rubella/)

Scabies

Scabies (https://www.nhs.uk/conditions/scabies/) is a skin infection caused by tiny mites that burrow in the skin. The pregnant female mite burrows into the top layer of the skin and lays about 2 to 3 eggs per day before dying after 4 to 5 weeks.

The appearance of the rash varies but most people have tiny pimples and nodules on their skin. Secondary infection can occur particularly if the rash has been scratched.

The scabies mites are attracted to skin folds such as the webs of the fingers. Burrows may also be seen on the wrists, palms, elbows, genitalia and buttocks.

Spread is most commonly by direct contact with the affected skin. The rash usually spreads across the whole body, apart from the head. Scabies remains infectious until treated.

Occasionally if there is impaired immunity or altered skin sensation, large numbers of mites occur, and the skin thickens and becomes scaly.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

> Exclusion may be recommended in specific circumstances.

Scabies: what you need to do

Affected individuals can attend the setting with advice to avoid close physical contact with others until 24 hours after the first dose of chosen treatment.

Young children not able to adhere to this advice due to their age (for example those under 5 years old) or additional needs, should be excluded from the setting until 24 hours after the first dose of chosen treatment. The risks and benefits of this should be reviewed on a case by case basis and take into account the holistic needs of the individual and the impact on their wellbeing, as well as the risk of transmission of scabies to the wider school population.

Encourage the affected individual to complete all recommended doses of treatment. It is important that the full treatment course is completed. This may involve several treatments spread out over time.

In line with clinical recommendations all household contacts and any other very close contacts should also receive treatment in a manner that is coordinated with the case and should also complete their full course of recommended treatment.

If the case is treated before the contacts, the case should then be re-treated at the same time as ongoing contacts to prevent reinfection.

Contacts do not need to be excluded from the setting.

Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) if there are 2 or more cases of scabies within your setting.

Further information about scabies

Scabies – NHS.UK (https://www.nhs.uk/conditions/scabies/)

Scarlet fever

Scarlet fever (https://www.nhs.uk/conditions/scarlet-fever/) (sometimes called scarlatina) is a bacterial illness caused by Streptococcus pyogenes, or group A streptococcus (GAS). It mostly affects young children.

A wide variety of bacteria and viruses can cause tonsillitis and other throat infections. Most are caused by viruses but streptococci bacteria account for 25 to 30% of cases. It sometimes produces toxins (poisons), which usually cause a rash.

Symptoms vary but in severe cases there may be high fever, difficulty swallowing and tender enlarged lymph nodes. The rash usually develops on the first day of fever, it is red, generalised, pinhead in size and gives the skin a sandpaper-like texture and the tongue has a strawberry-like appearance.

The scarlet fever rash may be confused with measles. The fever lasts 24 to 48 hours. Scarlet fever is usually a mild illness but in rare circumstances complications such as ear infections, rheumatic fever which affects the heart, and kidney problems may develop.

Scarlet fever is highly infectious and is spread by close contact with someone carrying the bacteria. The incubation period is 2 to 5 days.

Coughing, sneezing, singing and talking may spread respiratory droplets from an infected person to someone close by.

Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils, toys or other items and spread to others that use or touch them, particularly if they then touch their nose or mouth.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician or consult NHS 111.

> Exclusion is recommended.

Scarlet fever: what you need to do

Advise the individual, parent or carer to seek advice from their general practitioner.

Exclude the affected individual from the setting until 24 hours after commencing appropriate antibiotic treatment. Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms.

Contacts of scarlet fever cases (including siblings or household members) who are well and do not have symptoms do not require antibiotics and can continue to attend the setting. They should seek treatment if they develop symptoms.

Infection control advice for limiting transmission:

Hygiene
Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) and good respiratory hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#respiratory-and-cough-hygiene) practices.

Cleaning and disinfection
Daily cleaning using standard cleaning products such as detergents and bleach (Hypochlorite at 1000 ppm of available chlorine) for equipment, hard surfaces, hard toys, and sleep mats is an important part of reducing transmission. Single use cloths or paper towels should be used for cleaning. Soft toys should be machine washed.

Carpets and soft furnishings should be vacuumed daily.

Frequently touched surfaces such as taps, toilet flush handles, and door handles, should be cleaned regularly throughout the day.

Cover broken skin

Make sure that all cuts, scrapes and wounds are cleaned and covered. This also applies to bites. This is because breaching the skin barrier provides a portal of entry for the organism.

You do not need to report single cases of scarlet fever, but you should contact your UKHSA HPT (https://www.gov.uk/health-protection-team) if any of the following apply:

- there is an outbreak of 2 or more scarlet fever cases within 10 days of each other and the affected individuals have a link, such as mixing in the same class or year group
- there are cases of serious disease which have resulted in overnight stays in hospital
- the setting has cases of chickenpox and/or influenza co-circulating in the group where a case of scarlet fever has been confirmed

The HPT will require information (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents#what-to-expect-from-contacting-your-hpt) about the number of cases and classes/year groups affected with dates their symptoms started and may provide written guidance and letters to send out to affected groups or contact you for further information.

Further information about scarlet fever

Scarlet fever – NHS.UK (https://www.nhs.uk/conditions/scarlet-fever/)

Slapped cheek syndrome (parvovirus B19)

Slapped check syndrome (https://www.nhs.uk/conditions/slapped-cheek-syndrome/) (also called fifth disease or parvovirus B19 (https://www.gov.uk/guidance/parvovirus-b19)) is common in children and should get better on its own. It is rarer in adults and can be more serious in individuals with immune deficiencies, some inherited blood disorders, and for unborn babies in the first 20 weeks.

The illness may only consist of a mild feverish illness which escapes notice but in others a rash appears after a few days.

The rose-red rash makes the cheeks appear bright red, hence the name ‘slapped cheek syndrome’. The rash may spread to the rest of the body but unlike many other rashes it rarely involves the palms and soles.

The affected individual begins to feel better as the rash appears. The rash usually peaks after a week and then fades. The rash is unusual in that for some months afterwards, a warm bath, sunlight, heat or fever will trigger a recurrence of the bright red cheeks and the rash itself.

The virus can affect an unborn baby, particularly in the first 20 weeks of pregnancy.

Spread is by the respiratory route and a person is infectious 3 to 5 days before the appearance of the rash. Individuals are no longer infectious once the rash appears. There is no specific treatment.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

> Exclusion is not required.

Slapped cheek syndrome: what you need to do

You do not need to contact your HPT.

Anyone exposed to an affected individual early in pregnancy (before 20 weeks) should be advised to seek prompt advice from whoever is providing antenatal care.

If there are complications, advise individuals, parents or carers to seek advice from a general practitioner.

Further information about slapped cheek syndrome

Slapped cheek syndrome – NHS.UK (https://www.nhs.uk/conditions/slapped-cheek-syndrome/)

Syphilis

Syphilis (https://www.nhs.uk/conditions/syphilis/) is a STI caused by an organism called Treponema pallidum.

Syphilis can be transmitted from one person to another during unprotected sex (sex without a condom), or by contact with the ulcers of someone who has syphilis. It can also spread from an infected pregnant woman across the placenta to a developing baby, causing congenital syphilis.

If the symptoms of syphilis are not treated, the illness takes a progressive course.

There are 3 stages; primary, secondary and tertiary syphilis:

- primary syphilis is painless but highly infectious sores (known as chancres) anywhere on the body. These sores disappear within 2 to 6 weeks
- secondary symptoms (2 weeks to 3 months after the onset of primary sores) include a skin rash, sore throat or headache
- late syphilis occurs 4 or more years after the primary infection and can cause serious illness and organ failure

All stages of syphilis can be treated with antibiotics. All current and recent sexual partners of a person with syphilis should be tested and treated to prevent reinfection and the further spread of disease. Treatment is offered whether or not there are any signs of infection.

There is no vaccine available to reduce the risk of contracting syphilis.

People can’t get syphilis from sharing baths or towels, swimming pools, toilet seats or from sharing cups, plates or cutlery.

> Exclusion may be required.

Syphilis: what you need to do

Advise any individuals who have symptoms of an STI to visit a GUM or local sexual health clinic (https://www.nhs.uk/service-search/find-a-sexual-health-clinic) where they can access free, confidential advice and treatment.

Contact the UKHSA HPT (https://www.gov.uk/health-protection-team) if there is a case of syphilis at the setting.

Any sexual contacts of people who have syphilis should be advised to attend the local GUM clinic for screening.

Advise sexually active men and women that they can lower their risk of STIs by reducing their numbers of partners, reducing frequency of partner change, and by using condoms correctly and consistently during sexual intercourse.

Maintain confidentiality and do not divulge personal identifiable information to non-health professionals without permission from the individual.

Further information about syphilis

Syphilis – NHS.UK (https://www.nhs.uk/conditions/syphilis/)

Syphilis – Sexwise (https://www.sexwise.org.uk/stis/syphilis)

Threadworm

Threadworm infection (https://www.nhs.uk/conditions/threadworms/) is an intestinal infection and is very common in childhood. They are tiny worms in stools and can spread easily.

Worms may be seen in stools or around an individual's bottom. They look like pieces of white thread.

Symptoms include extreme itching around the anus or vagina, particularly at night. They can also cause individuals to be irritable and wake up during the night.

Pharmacies can advise on treatment.

Re-infection is common and infectious eggs are also spread to others directly on fingers or indirectly on bedding, clothing and environmental dust.

Regular hand washing, laundry and regular cleaning can help reduce the risk of infection and re-infection. Transmission is uncommon in education or childcare settings.

> Exclusion is not required.

Threadworm: what you need to do

You do not need to contact the HPT for threadworm.

Encourage individuals, parents or carers to contact the pharmacy for treatment.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices.

Keep fingernails short.

Wash towels, flannels, sheets and sleepwear on a hot temperature. For more information, see safe management of linen and soft furnishings (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#safe-management-of-linen-and-soft-furnishings).

Further information about threadworm

Threadworms – NHS.UK (https://www.nhs.uk/conditions/threadworms/)

Tuberculosis (TB)

TB (https://www.nhs.uk/conditions/tuberculosis-tb/) is a bacterial infection that can affect any part of the body, including the lungs.

People with TB might have all or some of the following symptoms: weight loss, fever, night sweats, prolonged cough, loss of appetite, fatigue, breathlessness, pains in the chest and lumps or swellings.

Some people who develop TB of the lung (pulmonary TB) are infectious to others. Spread happens when these infectious cases breathe out droplets containing TB bacteria in the air which someone else then breathes in. This happens if the person had a lot of close contact with the case (especially if

the case has been coughing). The incubation period is 4 to 12 weeks but can be longer.

Exclusion is recommended for infectious TB only.

TB: what you need to do

Contact your UKHSA HPT (https://www.gov.uk/health-protection-team), TB nurses, school nurse or health advisor if you are informed of a suspected case of TB and before taking any action.

Exclude individuals whilst they are infectious, following advice from TB nurses or your UKHSA HPT.

Do not exclude individuals with non-infectious TB or those with pulmonary TB who have completed 2 weeks of effective antibiotic treatment as confirmed by the TB nurses.

Do not exclude siblings, friends or other contacts of TB cases, unless exclusion is advised by TB nurses or your HPT.

Facilitate the HPT to carry out a risk assessment with the setting and follow their advice, for example regarding screening for other individuals.

Support individuals with infectious TB to return to their setting or normal activities after 2 weeks of effective antibiotic treatment prescribed by specialist TB services, and if they are well enough.

Further information about TB

Tuberculosis (TB) – NHS.UK (https://www.nhs.uk/conditions/tuberculosis-tb/)

Tuberculosis (TB) and children (https://www.gov.uk/government/publications/tuberculosis-tb-and-children)

Typhoid and paratyphoid fever

Typhoid (https://www.nhs.uk/conditions/typhoid-fever/) and paratyphoid fever are uncommon but serious illnesses caused by typhoidal Salmonella bacteria that are related to the Salmonella that cause food poisoning. They are

spread by consuming food or water contaminated by the faeces or urine of someone with the illness or someone without symptoms who may be excreting the organism. These infections are most commonly acquired abroad.

Symptoms of typhoid fever (https://www.nhs.uk/conditions/typhoid-fever/symptoms/) are fatigue, fever, general aches and pains, and constipation, whereas those of paratyphoid fever are fever, diarrhoea and vomiting. The severity of the illness varies – infection can be life-threatening with typhoid, but infected people may also not show any symptoms.

The incubation periods are typically (typhoid) 1 to 3 weeks and (paratyphoid) 1 to 10 days. Symptoms can last from anything from a few days (paratyphoid fever) to several weeks to months for typhoid fever.

> Exclusion is recommended.

Typhoid and paratyphoid fever: what you need to do

Exclude the affected individual until 48 hours after the diarrhoea and vomiting symptoms have stopped.

Inform your UKHSA HPT (https://www.gov.uk/health-protection-team) as soon as possible.

For some groups (for example pre-school infants and food handlers), longer periods of exclusion may be required. For these groups, your UKHSA HPT will advise you if any action is required.

All outbreaks of food poisoning should be investigated. In the event of an outbreak, your UKHSA HPT will work with the setting and EHOs from the local authority and will provide additional guidance and advice to follow.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) practices

Clean kitchen and toilet areas regularly (for more details, see cleaning (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#cleaning))

Further information about typhoid and paratyphoid fever

Typhoid fever – NHS.UK (https://www.nhs.uk/conditions/typhoid-fever/)

Typhoid and paratyphoid – Travel Health Pro (https://travelhealthpro.org.uk/factsheet/49/typhoid-and-paratyphoid)

Whooping cough (pertussis)

Whooping cough (https://www.nhs.uk/conditions/whooping-cough/) (pertussis) is an acute bacterial infection caused by Bordetella pertussis.

The national immunisation schedule (https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule) recommends that women between weeks 16 and 32 of their pregnancy should be immunised to maximise the likelihood that the baby will be protected from birth. Typically, pregnant women will receive their whooping cough vaccine around the time of their mid-pregnancy scan (usually 20 weeks).

Babies receive 3 doses of vaccination by their 16th week and an additional pre-school booster.

The early stages of whooping cough, which may last a week or so, can be very like a heavy cold with a temperature and persistent cough.

The cough becomes worse and usually, the characteristic ‘whoop’ develops. Coughing spasms are frequently worse at night and may be associated with vomiting. The cough may last several months.

The disease is usually more serious in children of pre-school age and especially young babies. Antibiotics rarely affect the course of the illness but may reduce the period the individual is infectious.

It is spread by breathing in infectious respiratory particles coughed out into the air by infected people or by the droplets landing on mucous membranes.

> Exclusion is recommended.

Whooping cough: what you need to do

Exclude the infectious individual until they have had at least 48 hours of the appropriate antibiotic or until 14 days from the onset of coughing if no antibiotics have been taken and they feel well enough to return.

However, if the case is a member of staff who provides close, personal care to vulnerable babies meeting priority group definitions (see section 2.2.3 of the UKHSA national guidance (https://www.gov.uk/government/publications/pertussis-guidelines-for-public-health-management)) in a nursery or other childcare setting, they should be excluded for 21 days from the onset of coughing if they have not had at least 48 hours of the appropriate antibiotic.

Encourage parents or carers to have their child or young person immunised against whooping cough. The whooping cough vaccine is included in the national immunisation schedule (https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule).

Advise individuals, parents or carers to seek advice from their general practitioner.

Encourage individuals to implement good hand hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene) and respiratory hygiene (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#respiratory-and-cough-hygiene) practices.

Allow the individual to return to the setting after the exclusion periods outlined above even if they are still coughing.

Further information about whooping cough

Pertussis: national guidelines for public health management (https://www.gov.uk/government/publications/pertussis-guidelines-for-public-health-management)

Whooping cough – NHS.UK (https://www.nhs.uk/conditions/whooping-cough/)