

# Exclusion Table for common infections

The table below is correct at time of printing. For more information please go to  
<https://www.nhs.uk/live-well/healthy-body/is-my-child-too-ill-for-school/>

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox (shingles)	Five days from onset of rash.	Blister on the rash must be dry and crusted over.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None.	If an outbreak or cluster occurs, consult your local health protection team.
Diarrhoea and vomiting	Whilst symptomatic until 48 hours after resolution of symptoms	For some infections a longer period of exclusion is required, local HPT will advise.
Diphtheria*	Exclusion is essential. Always consult with your local health protection team	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local health protection team.
Flu (Influenza)	Until recovered	Report outbreaks to your local health protection team
Glandular fever	None.	
Hand, foot and mouth disease	None	Contact your local health protection team if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None.	Treatment only recommended when live lice are seen
Hepatitis A*	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Impetigo	Until lesions are crusted/ healed or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	4 days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.

Meningococcal meningitis/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will be able to advise
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local HPT will be able to advise
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning are important to minimise spread. Contact your local HPT for more information
Mumps*	5 days after the onset of swelling.	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff
Ringworm	Exclusion not usually required.	Treatment is needed
Rubella (German measles)	4 days from onset of rash	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant staff contacts should seek prompt advice from their GP or midwife.
Threadworms	None.	Treatment recommended for child and household
Tonsillitis	None	There are many causes but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis*	Always consult your local HPT BEFORE disseminating information to staff, parents or carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
Warts and Verrucaa	None.	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 days from starting antibiotic treatment or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

\* denotes a notifiable disease. It is the statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).