## Guidance on Infection Prevention and Control in Education and Childcare Settings - Key Reportable Infections

Help prevent infections by: using the immunisation schedule to check parents are aware of routine immunisations, use the IPC guide to support infection prevention and control and the full A-Z for other infections not reportable to UK Health Security agency (UKHSA) Health Protection Team (HPT).







Health Security	y agency (UKHSA) Health Protection Team (HPT).	
	reaks/ seek advice from UKHSA South West HPT: 0300 303162 or UKHSA.gov.uk	A IPC Guide UKHSA A-Z Guide Immunisation Schedule
Rashes and Skin Infections	Recommended exclusion period and Comments	Initial symptoms and mode of transmission
Chickenpox (varicella) and shingles	Until all blisters have crusted over. Shingles - if rash or blisters cannot be covered over. Infectious period: 2 days prior to rash appears until all blisters have crusted over. Self-limiting. Advise pregnant women to contact their GP if exposed and unsure if they have previously been infected.  CONTACT UKHSA IF SETTING ALSO HAS CASES OF SCARLET FEVER	Sudden onset of fever, runny nose, cough and generalised rash. Spotty rash starts with fluid filled blisters.  Direct contact with fluid from blisters.
Measles	Exclude as soon as measles is suspected until fully recovered - Highly infectious. Incubation period: Between 0-12 days but up to 21 days for symptoms to appear. Infectious period: 4 days prior to rash starting and 4 days after rash starts  CONTACT UKHSA HPT AS SOON AS A MEASLES CASES IS SUSPECTED.  Advise those who are unvaccinated (including under 1's), pregnant or immunocompromised to speak to the their GP or midwife immediately stating they may have been exposed to measles.	High temperature, a runny or blocked nose, sneezing, a cough, conjunctivitis and small white spots inside the cheeks. A rash appears 2-4 days after cold like symptoms started.  Airborne transmission and direct contact.  Preventable by 2 doses of MMR vaccination.
Panton- Valentine Leukocidin Staphylococcus aureus (PVL-SA)	None if lesion or wound can be covered.  Contact UKHSA HPT is there are 2 or more cases at the setting.  Do not allow infected person to visit gyms or swimming pools until the wounds have healed.	Develops into recurrent boils, skin abscesses or cellulitis. Direct contact and indirect contact with contaminated surfaces. Avoid sharing towels, flannels or bedding with others.
Rubella (German Measles)	Exclusion recommended - highly infectious. Viral infection. Infectious period: one week before symptoms start and for 5 days after the rash appears.  If suspected request parents/ carers speak to their GP. Once confirmed by a laboratory, the <b>HPT will contact you.</b> Any unvaccinated or partially vaccinated staff should seek advice from their GP practice.	Swollen lymph glands around ears and back of head 5-10 days before the onset of a rash. Sore throat and runny nose 1-5 days before the rash. mild fever, headache, tiredness. Conjunctivitis and painful swollen joints. The red rash is mostly seen behind the ears and on the face and neck.  Respiratory route or direct contact with saliva. Preventable by 2 doses of MMR vaccination.
Scabies	May recommend exclusion in specific circumstances e.g. children under five years and SEND. Skin infection caused by mites under the skin.  Avoid close physical contact until 24 hours post first dose of treatment.  Contact UKHSA if there are 2 or more cases of scabies within your setting.	Rash - generally tiny pimples and nodules on the skin. Attracted to the folds of the skin such as webs of fingers, wrists, palms, elbows, genitalia and buttocks. Direct contact with affected skin.
Scarlet Fever	Exclusion recommended. Exclude until 24 hours after starting antibiotic treatment. Highly infectious. Incubation period: 2-5 days.	Rash usually develops on the first day of fever: red, pinhead size and with a sandpaper texture. The tongue has a strawberry like appearance. Fever lasts 24-48 hours. Mild illness - in rare circumstances complications can develop.
		Respiratory route or indirect route via contaminated items e.g. eating and drinking utensils, or toys.
Respiratory	contact UKHSA HPT if there is:  • a higher than previously experienced and/or rapidly increasing number of staff or child absences due to acute respiratory infection.  • evidence of severe disease due to respiratory infection, for example, child or staff member is admitted to hospital.	
Infections	<ul> <li>a higher than previously experienced and/or rapidly increasing number of staf</li> </ul>	f or child absences due to acute respiratory infection. aff member is admitted to hospital.
Infections Tuberculosis	<ul> <li>a higher than previously experienced and/or rapidly increasing number of staf</li> </ul>	aff member is admitted to hospital.
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Tuberculosis  Diarrhoea and vomiting	<ul> <li>a higher than previously experienced and/or rapidly increasing number of stafe</li> <li>evidence of severe disease due to respiratory infection, for example, child or stafe</li> <li>Contact UKHSA HPT if you are informed of a suspected case of TB before taking any of the commended exclusion period and Comments</li> <li>For all of this section note: Contact UKHSA HPT if there are higher than previously</li> </ul>	action.  Initial symptoms and mode of transmission  ods of exclusion are required. For these speak to the UKHSA SW
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