Condition

This disease is spread by

Early Symptoms

Time between exposure and sickness

Exclusion from school, early childhood centre, or work*

Rashes and skin infections

Chickenpox



Hand, foot and mouth disease

Head lice (Nits)

Measles



Ringworm

Rubella (German Measles)



Scabies

School sores (Impetigo)

Slapped cheek (Human parvovirus infection)



Coughing, sneezing and contact with weeping blisters.	Fever and spots with a blister on top of each spot.	10–21 days after being exposed.	1 week from appearance of rash, or until all blisters have dried.
Coughing, sneezing, and poor hand washing.	Fever, flu-like symptoms – rash on soles and palms and in the mouth.	3–5 days	Exclude until blisters have dried. If blisters able to be covered, and child feeling well, they will not need to be excluded.
Direct contact with an infested person's hair, and less commonly by contact with contaminated surfaces and objects.	Itchy scalp, especially behind ears. Occasionally scalp infections that require treatment may develop.	N/A	None, but ECC/school should be informed. Treatment recommended to kill eggs and lice.
Coughing and sneezing. Direct contact with an infected person. Highly infectious.	Runny nose and eyes, cough and fever, followed a few days later by a rash.	7–21 days	5 days after the appearance of rash. Non-immune contacts of a case may be excluded.
Contact with infected skin, bedding and clothing.	Flat, ring-shaped rash.	4–6 weeks	None, but skin contact should be avoided.
Coughing and sneezing. Also direct contact with an infected person.	Fever, swollen neck glands and a rash on the face, scalp and body.	14–23 days	Until well and for 7 days from appearance of rash.
Contact with infected skin, bedding and clothing.	ltchy rash.	4–6 weeks (but if had scabies before it may develop within 1–4 days)	Exclude until the day after appropriate treatment.
Direct contact with infected sores.	Blisters on the body which burst and turn into scabby sores.	Variable	Until sores have dried up or 24 hours after antibiotic treatment has started.
Coughing and sneezing. The virus may be passed from mother to child during pregnancy.	Red cheeks and lace-like rash on body.	4–20 days	Unnecessary unless unwell.

Diarrhoea & Vomiting illnesses

Campylobacter Cryptosporidium Giardia Salmonella



Undercooked food, contaminated water. Direct spread from an infected person or animal. Stomach pain, fever, nausea, diarrhoea and/or vomiting.

Campylobacter 1–10 days Cryptosporidium 1–12 days Giardia 3-25 days Salmonella 6-72 hours

episode of diarrhoea or vomiting. Cryptosporidium - do not use public pool for 2 weeks after symptoms have stopped.

Until well and for 48 hours after the last

Salmonella - Discuss exclusion of cases and contacts with public health service.

7 days from the onset of jaundice.

Hepatitis A



Contaminated food or water, direct spread from an infected person.

Nausea, stomach pains, general sickness with joundice (yellow skin) appearing a few days later.

15-50 days

For further information contact:

Your Public Health Nurse

Your Public Health Service





Vaccine-preventable and/or on National Immunisation Schedule









Condition **Norovirus Rotavirus**

This disease is spread by

Contact with secretions

from infected people.

Contaminated food or water.

contact with an infected person.

Contaminated food or water,

unpasteurised milk. Direct contact

with animals or infected person.

Coughing and sneezing.

Early Symptoms

Nausea, diarrhoea/and or vomiting.

Time between exposure and sickness

Exclusion from school, early childhood centre, or work*

Until well and for 48 hours after the last

episode of diarrhoea or vomiting.

Until well and for 48 hours after the last

episode of diarrhoea or vomiting.

Diarrhoea & Vomiting illnesses

Shigella



VTEC/STEC (Verocytotoxin- or shiga toxin-producing E. coli)



Direct spread from infected person.	Nausea, diarrhoea/and or vomiting.

Diarrhoea (may be bloody). fever, stomach pain.

High incidence of bloody diarrhoea, stomach pain. High rate of hospitalisation and complications.

12 hours-1 week

2-10 days

1-3 days

5-21 days

1-2 days

1-2 days

Discuss exclusion of cases and their contacts with public health service.

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Respiratory Infections

Influenza and Influenza-like illness (ILI)



Streptococcal sore throat

Whooping cough (Pertussis)



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Contact with secretions of a sore throat (Coughing, sneezing etc.)

Coughing. Adults and older children can pass on the infection to babies.

Direct contact with discharge from the eyes

or with items contaminated by the discharge.

Close contact with oral secretions.

(Coughing, sneezing, etc.)

Sudden onset of fever with cough	1
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sore throat, muscular aches	
and a headache.	

Headache, vomiting, sore throat. An untreated sore throat could lead to Rheumatic fever.

Runny nose, persistent cough followed by "whoop", vomiting or breathlessness.

Until well 1-4 days (average about 2 days)

> Exclude until well and/or has received antibiotic treatment for at least 24 hours.

Five days from commencing antibiotic treatment or, if no antibiotic treatment then 21 days from onset of illness or until no more coughing, whichever comes first.

Other Infections

Conjunctivitis (Pink eye)

Meningococcal **Meningitis**

Meningitis - Viral

Mumps





Spread through different routes including coughing, sneezing, faecal-oral route.

Coughing, sneezing and infected saliva

Irritation and redness of eve. Sometimes there is a discharge. Generally unwell, fever, headache,

vomiting, sometimes a rash. Urgent treatment is required.

> Generally unwell, fever, headache, vomiting.

Pain in iaw, then swelling

in front of ear and fever.

2-10 days (usually 3-4 days)

3-7 days

Variable

12-25 days

While there is discharge from the eyes.

Until well enough to return.

Until well.

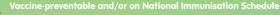
Exclude until 5 days after facial swelling develops, or until well.

For further information contact:

Your Public Health Nurse

Your Public Health Service











New Zealand Government

