### Condition | Exclusion of Case (person with infection) | Exclusion of Contacts* (person exposed to the case with the infection)
--- | --- | ---
Chickenpox (varicella) | Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised people and less in immunised persons. | Pregnant women and anyone with an immune deficiency (e.g., leukaemia) or receiving chemotherapy or immunosuppressive therapy may require preventive immunoglobulin and/or exclusion for their own protection. Contact local public health unit for advice. Otherwise not excluded.
Cold sores (herpes simplex) | Exclude young children unable to comply with good hygiene practices while sores are weeping (sores should be covered with a dressing where possible). | Exclude young children unable to comply with good hygiene practices while sores are weeping (sores should be covered with a dressing where possible).
Conjunctivitis | Exclude until discharge from eyes has ceased unless non-infectious conjunctivitis. | Not excluded.
Cytomegalovirus (CMV) | Exclusion not necessary. | Not excluded.
Diarrhoea* and/or Vomiting (including amoebiasis, campylobacter, cryptosporidium, giardia, rotavirus, salmonella and viral gastroenteritis, but not norovirus or shigella – see separate section) | Exclude until there has not been a loose bowel motion for 24 hours. Exclude staff whose work involves food handling until they have not had any diarrhoea or vomiting for 48 hours. If there are more than 2 cases with loose bowel motions in the same centre or a single case in a food handler notify your nearest public health unit. | Not excluded.
Diphtheria* | Exclude according to public health unit requirements. | Not excluded.
Enterovirus 71 (EV71) Neurological Disease | Written medical clearance is required confirming the virus is no longer present in the child's bowel motions. | Not excluded.
Glandular fever (Epstein Barr virus (EBV), mononucleosis) | Exclusion not necessary. | Not excluded.
Haemophillus influenza type b (Hib) | Exclusion until child has received appropriate antibiotic treatment* for at least 4 days. Written medical clearance from doctor or public health unit is required to return to child care/school, confirming child is not infectious*. | Not excluded.
Hand, foot and mouth disease | Exclude until all blisters have dried. | Not excluded.
Head lice | Exclusion is not necessary if effective treatment is commenced prior to the next attendance day (i.e. the child does not need to be sent home immediately if head lice are detected). | Not excluded.
Hepatitis A* | Exclude until at least 7 days after the onset of jaundice or illness. Written medical clearance from doctor or public health unit is required to return to child care/school, confirming child is not infectious*. | Not excluded.
Hepatitis B | Exclusion not necessary. | Not excluded.
Hepatitis C | Exclusion not necessary. | Not excluded.
Influenza and influenza-like illness | Exclude until well. | Not excluded.

### Notes

**Time Out**

Some medical conditions require exclusion from school or child care to prevent the spread of infectious diseases among staff and children. This poster provides information on the recommended minimum exclusion periods for infectious conditions and will assist medical practitioners, schools, preschools and child care centres to meet the requirements of the Public Health Act 2005.

**Footnotes**

1. The definition of ‘contact’ will vary between diseases and is sometimes complex. If unsure, contact your local public health unit.
2. Diarrhoea: the definition is 2 or more consecutive bowel motions that are looser and more frequent than normal or escapes a child’s nappy.
3. Doctors should notify the local public health unit as soon as possible if children or staff are diagnosed with these conditions.
4. Appropriate antibiotic treatment: the definition will vary between diseases. If unsure, contact your local public health unit.
5. Observing the exclusion period meets the intent of the Public Health Act 2005 for a person to be not infectious.
6. For meningococcal infection, appropriate treatment is the use of ceftriaxone or ciprofloxacin and this will meet the intent of the Public Health Act for a person to be not infectious.


For further advice and information on any of these conditions contact your nearest public health unit.

### Public Health Units

**Southern**
- Brisbane Southside: 3000 9148
- Gold Coast: 5509 7222
- Darling Downs: 4631 9889
- Logan: 3412 2898
- West Moreton: 3413 1200

**Central**
- Brisbane Northside: 3624 1111
- Rockhampton: 4920 6989
- Sunshine Coast: 5409 6600
- Moreton Bay: 3142 1800
- Hervey Bay: 4184 1800

**Tropical**
- Cairns: 4226 5501
- Townsville: 4753 9000
- Mackay: 4885 6611
- Mount Isa: 4744 9100

October 2010
<table>
<thead>
<tr>
<th>Condition</th>
<th>Exclusion of Case (person with infection)</th>
<th>Exclusion of Contacts1 (person exposed to the case with the infection)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles2</td>
<td>Exclude until 4 days since the onset of rash. Written medical clearance from doctor or public health unit is required to return to child care/school, confirming child is not infectious.</td>
<td>Immunised and immune contacts not excluded. Exclude unimmunised contacts of a case until 14 days after the first day of appearance of rash in the last case, unless they are immunised within 72 hours, or receive an immunoglobulin injection within 7 days, of first contact during the infectious period with the first case. Exclude all immunocompromised children and staff until 14 days after the first day of appearance of rash in the last case.</td>
</tr>
<tr>
<td>Meningitis (bacterial)</td>
<td>Exclude until well and has received appropriate antibiotics.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Meningitis (viral)</td>
<td>Exclude until well.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Meningococcal infection</td>
<td>Exclude until child is well and has received appropriate medical clearance from doctor or public health unit is required to return to child care/school, confirming child is not infectious.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Molluscum contagiosum</td>
<td>Exclusion not necessary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Mumps</td>
<td>Exclude for 9 days after onset of swelling.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Norovirus</td>
<td>Exclude until they have not had any diarrhoea or vomiting for 48 hours.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Parvovirus (erythema infectiosum, fifth disease, slapped cheek syndrome)</td>
<td>Exclude from childcare settings children who have received less than 3 pertussis vaccinations who are in the same household or same childcare room as case until completed 5 days appropriate antibiotics. If no antibiotics, exclude 14 days from last exposure to infectious case. Staff who have not had a pertussis booster in last 10 years who are in same childcare room as case and do not commence appropriate antibiotics; exclude 14 days from last exposure to infectious case. Note: where contact in childcare room with case is &lt;12 months and has less than 3 pertussis vaccinations it is recommended all staff and children in the room receive appropriate antibiotics regardless of vaccination status.</td>
<td>Not excluded (pregnant women should consult their medical practitioners).</td>
</tr>
<tr>
<td>Pertussis1 (whooping cough)</td>
<td>Exclude unless considered necessary by public health unit.</td>
<td>Not excluded unless considered necessary by public health unit.</td>
</tr>
<tr>
<td>Poliomyelitis3</td>
<td>Exclude for at least 14 days from onset of symptoms and case has recovered. Written medical clearance from doctor or public health unit is required to return to child care/school, confirming child is not infectious.</td>
<td>Not excluded unless considered necessary by public health unit.</td>
</tr>
<tr>
<td>Ringworm/ tinea/scabies</td>
<td>Exclude until the day after appropriate treatment has commenced.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Roseola (sometimes referred to as ‘baby measles’3)</td>
<td>Exclusion not necessary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Rubella (German measles)3</td>
<td>Exclude until fully recovered or for at least 4 days after the onset of rash.</td>
<td>Not excluded (female staff of childbearing age should check their immunity to rubella with their doctor).</td>
</tr>
<tr>
<td>School sores (impetigo)</td>
<td>Exclude case until has received appropriate antibiotics for at least 24 hours. Sores on exposed areas must be covered with a waterproof dressing.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Shigella</td>
<td>Exclude until diarrhoea has stopped for 48 hours and two stool samples negative, as per public health unit requirements.</td>
<td>Exclude until two stool samples negative as per public health unit requirements.</td>
</tr>
<tr>
<td>Streptococcal sore throat (including scarlet fever)</td>
<td>Exclude until well and has received antibiotic treatment2 for at least 24 hours.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Thrush (candidiasis)</td>
<td>Exclusion not necessary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Tuberculosis (TB)3</td>
<td>Written medical clearance is required from Queensland Tuberculosis Control Centre to return to child care/school, confirming child is not infectious.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Typhoid, paratyphoid</td>
<td>Exclude from child care/school/food handling and health care workplaces until there is written medical clearance from doctor or public health unit confirming child is not infectious and has met public health unit requirements.</td>
<td>Not excluded unless considered necessary by public health unit.</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>See pertussis</td>
<td>See pertussis</td>
</tr>
<tr>
<td>Worms</td>
<td>Exclude if loose bowel motions present.</td>
<td>Not excluded.</td>
</tr>
</tbody>
</table>

Footnotes

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2. Diarrhoea: the definition is 2 or more consecutive bowel motions that are looser and more frequent than normal or escapes a child’s nappy.

3. Doctors should notify the local public health unit as soon as possible if children or staff are diagnosed with these conditions.

4. Appropriate antibiotic treatment: the definition will vary between diseases. If unsure, contact your local public health unit.

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