



Government of **Western Australia**
Department of **Health**

Communicable Disease Guidelines

For teachers, child care workers,
local government authorities
and medical practitioners

2012 Edition

Communicable Diseases Contacts and Resources

Your local Public Health staff can assist you with information on a range of communicable diseases and provide advice about the management of specific infections and how to prevent transmission of these infections to others. Your local Public Health Unit telephone number is listed on page 3.

Immunisation Contacts and Resources

Specific questions on immunisation should be directed to your immunisation provider (doctor or child health nurse), your local Public Health Unit, or to the Central Immunisation Clinic on telephone (08) 9321 1312.

A range of publications and information on immunisation can be accessed and/or ordered through:

Department of Health WA

www.public.health.gov.au

Commonwealth Department of Health and Ageing

<http://www.health.gov.au/publications>

Phone: 1800 671 811

Australia Childhood Immunisation Register

Parents can check their child's immunisation status:

<http://www.medicareaustralia.gov.au/public/index.jsp>

or phone: 1800 653 809

or visit a Medicare office and request a printed copy.

Parents should provide a copy of their child's immunisation statement on entry to pre/primary school.

Information on immunisations

<http://immunise.health.gov.au>

Publications

<http://www.dohpackcentre.com.au/DOH/>

General Health

HealthInsite is a Commonwealth Government initiative that provides access to quality information about human health: www.healthinsite.gov.au

Regional Public Health Units

Perth – Upper North	(08) 9380 7700
Perth – South Metro	(08) 9431 0200
Albany – Great Southern	(08) 9842 7506
Bunbury – South West	(08) 9781 2350
Broome – Kimberley	(08) 9194 1630
Carnarvon – Midwest	(08) 9941 0515
Geraldton – Midwest	(08) 9956 1985
Kalgoorlie-Boulder – Goldfields	(08) 9080 8200
Northam – Wheatbelt	(08) 9956 1985
Port Hedland – Pilbara	(08) 9158 9207

Local Government Immunisation Providers

City of Armadale	(08) 9399 0111
City of Bayswater	(08) 9400 4938
City of Joondalup	(08) 9400 4000
City of Melville	(08) 9364 0666
City of Stirling	(08) 9345 8555
City of Wanneroo	(08) 9405 5000

If you are worried about a child's health, always seek medical advice or call **Healthdirect Australia** on telephone 1800 022 222 (24 hours).

Humanitarian (Entrant Health) Unit (08) 9222 8500
Anita Clayton Centre (TB advice)

Adverse reactions following immunisation can be reported to the Department of Health via www.wavss.health.wa.gov.au or contact the Central Immunisation Clinic
telephone: (08) 9321 1312
Monday to Friday between 8.30 am – 4.30 pm.

Disclaimer

These guidelines have been produced by the Department of Health to provide information relevant to the management of some vaccine-preventable and communicable diseases in child care and school facilities. While every reasonable effort has been made to ensure the accuracy of the information in these guidelines, no guarantee is given that the guidelines are free from error or omission. The information provided is not a substitute for medical care and so specific questions about a person's health status should be directed to their health care provider. **Notifiable diseases outlined in this book may be followed up by a Public Health Unit Staff member.**

Introduction

Day care and school staff have a key role in preventing the transmission of diseases in day-care and the school environment. While it is often difficult to prevent the transmission of common viral infections that occur during the winter season, every effort should be made to minimise the spread of infection by encouraging:

- staff and students to stay at home in the early stages of illness when they are most likely to be shedding the virus or bacteria through coughing and sneezing;
- parents to seek medical advice if their child has ongoing symptoms of illness;
- vaccination against vaccine preventable diseases can be found on the Department of Health website: www.public.health.wa.gov.au/1/51/2/immunisation.pm

An outline of preventative strategies for preventing transmission of disease and recommendations for cleaning the environment can be obtained from “Staying Healthy in Child Care” a government publication that provides comprehensive information about the management of a range of common childhood diseases www.nhmrc.gov.au/publications/synopses/ch43syn.htm

Day care and school staff should play a role in encouraging parents to ensure that their child’s immunisation is up to date; they should request a copy of the child’s ACIR immunisation statement to update their centre register/database for reference in such times as outbreak.

Many of the childhood infectious diseases require student/staff to be excluded from day-care or school for a recommended period of time, if they are unable to provide evidence of immunisation against specific diseases that are known to be highly transmissible they will be excluded. For common symptoms and signs of infections in young children see Appendix 2.

Strategies to prevent transmission of infection include:

- Hand washing with soap and water for at least 15 seconds before preparing or eating food, after using the toilet, changing nappies, after blowing your nose with a tissue and after any contamination of the hands with body fluids such as blood and vomit.
- Effective cleaning with detergent and water, followed by rinsing and drying will remove the bulk of germs from environmental surfaces (refer to your school/day-care policy or Staying Healthy in Childcare Guidelines).

- Use of appropriate cleaning tools and use of protective personal equipment (gloves, masks) is important and should be easily accessible to clean up spills immediately, to prevent aerosol spread of viruses and bacteria.
- Discuss issues related to managing suspected or confirmed cases of infectious diseases with your local public health staff (telephone numbers on page 3).

References:

- Staying healthy in child care. 4th Edition. National Health Medical Research Committee (NHMRC) Australian Government 2006.
<http://www.nhmrc.gov.au/publications/synopses/ch43syn.htm>
- Control of Communicable Diseases Manual. 19th Edition. David Heymann Editor. American Public Health Association 2008.
<http://ije.oxfordjournals.org/content/34/6/1446.full>
- Australian Immunisation Handbook (current edition).
<http://www.health.gov.au/internet/immunise/publishing.nsf/content/handbook-home>
- Department of Health Guidelines for the exclusions of people with enteric infections and their contacts from works, school and childcare settings (www.health.wa.gov.au/circularsnew/pdfs/12752.pdf).
- Department of Health Communicable Disease Control Guidelines
http://www.public.health.wa.gov.au/2/243/3/infectious_diseases_az_for_health_professionals.pm

Acute febrile respiratory disease

(various viruses, e.g. Parainfluenzavirus, RSV, Adenovirus, Rhinovirus, Coxsackievirus, Echovirus)

A common, acute, respiratory, viral infection. Symptoms include fever, malaise, chills, headache, muscle pain, sore throat, cough and diarrhoea.

Transmission:	Airborne or droplet
Incubation period:	1 to 10 days
Infectious period:	Usually for the duration of symptoms
Exclusion:	Do not exclude
Treatment:	Varies according to symptoms
Contacts:	Do not exclude
Immunisation:	None available

AIDS

See HIV

Amoebic dysentery

Amoebiasis (*Entamoeba histolytica*)

Transmission:	Faecal-oral
Incubation period:	Days to months (usually 2 to 4 weeks)
Infectious period:	As long as amoebic cysts are present in faeces
Exclusion:	Exclude until 24 hours after diarrhoea has ceased
Treatment:	Antibiotics as recommended by doctor
Contacts:	Do not exclude
Immunisation:	None available

Chickenpox (Varicella)

***NOTIFIABLE – discuss with your local Public Health staff.**

A common, acute, viral infection. Symptoms include fever, fatigue, and a generalised rash characterised by small vesicles (blisters) that rupture to form crusts.

Transmission:	Airborne or droplet; direct or indirect contact with fluid from vesicles of an infected person
Incubation period:	13 to 17 days
Infectious period:	From 2 days before rash appears until vesicles have formed crusts
Exclusion:	Exclude for at least 5 days after vesicles (rash) appear and until vesicles have formed crusts. Note that crusts alone do not warrant exclusion
Treatment:	Antiviral treatment available – refer to doctor. Do not give aspirin to children with chickenpox under 12 years of age as it may cause Reye's Syndrome
Contacts:	Refer any immunosuppressed children (e.g. leukaemia patients) to their doctor. Do not exclude other contacts
Immunisation:	See Appendix 1. Recommended for people 18 months of age or older who have not had chickenpox. May prevent chickenpox in contacts if given within 5 days of exposure – refer to doctor. Offered to students in year 7 school based program who have not been immunised or had the disease. Non-immune pregnant women should see their doctor to discuss immunisation

Conjunctivitis (various viruses and bacteria)

A common, acute, viral or bacterial infection of the eyes. Symptoms include sore, itchy eyes and discharge.

Transmission:	Direct or indirect contact with secretions from infected eyes
Incubation period:	1 to 3 days
Infectious period:	While eye discharge is present
Exclusion:	Exclude until discharge from eyes has ceased
Treatment:	Antibiotics as recommended by doctor – refer to doctor
Contacts:	Do not exclude
Immunisation:	None available

Cryptosporidiosis

***NOTIFIABLE – discuss with your local Public Health staff.**

A common parasitic infection of the intestine, often without symptoms. When present, symptoms include vomiting, loss of appetite, stomach pain and foul smelling diarrhoea.

Transmission:	Faecal-oral
Incubation period:	10 days
Infectious period:	2 to 4 weeks
Exclusion:	Exclude until 24 hours after diarrhoea has ceased. Cases should also avoid using public swimming pools for two weeks after diarrhoea has ceased. Extra exclusion applies for high risk groups see Appendix 4
Treatment:	Varies according to symptoms – refer to doctor
Contacts:	Do not exclude. Reduce transmission by good hygiene, especially hand washing
Immunisation:	None available

Cytomegalovirus (CMV)

A common, acute, viral infection, often without symptoms. When present, symptoms include fever and swollen glands. Infection of an unborn baby may result in serious disease.

Transmission:	Direct contact with secretions (e.g. saliva, urine, breast milk, cervical secretions) from an infected person or from mother-to-baby during pregnancy or after birth
Incubation period:	3 to 12 weeks
Infectious period:	For as long as the virus is shed in secretions (usually months)
Exclusion:	Do not exclude
Treatment:	Varies according to symptoms. Antiviral treatment available for serious disease – refer to doctor
Contacts:	Do not exclude. Reduce transmission by good hygiene, especially hand washing. Refer pregnant contacts to their doctor
Immunisation:	None available

D

Diarrhoea

(various viruses, bacteria or parasites, e.g. *Campylobacter*, *Giardia*, *Norovirus*, *Salmonella*, *Shigella*)

***NOTIFIABLE – *Campylobacter*, *Salmonella*, *Shigella*, *Rotavirus*, *Cryptosporidium* – discuss with your local Public Health staff.**
A range of common infections of the intestines. Symptoms include fever, vomiting, diarrhoea, and abdominal pain.

Transmission:	Faecal-oral, food-borne and animal faecal-oral
Incubation period:	Hours to days
Infectious period:	Days to weeks
Exclusion:	Exclude until 24 hours after diarrhoea has ceased
Treatment:	Varies according to symptoms. Antibiotic or antiparasitic treatment as recommended by doctor – refer to doctor
Contacts:	Do not exclude
Immunisation:	Immunisation RotaTeq vaccination given at 2, 4, 6 months of age

German measles

See Rubella

G

Glandular fever

(Infectious Mononucleosis, Epstein-Barr virus)

A common, acute, viral infection. Symptoms include fever, sore throat, enlarged glands, rash, fatigue.

Transmission:	Direct contact with infectious nose or throat secretions (e.g. saliva)
Incubation period:	4 to 6 weeks
Infectious period:	Months
Exclusion:	Extra exclusion may apply for high risk groups see Appendix 4
Treatment:	Varies according to symptoms
Contacts:	Do not exclude
Immunisation:	None available
Prevention:	Good hygiene practices, e.g. hand washing to avoid salivory contamination from infected individuals. Avoid kissing on the mouth while unwell, avoid drinking from common container to minimise contact with saliva

Hand, foot and mouth disease

(various Enteroviruses, mostly Coxsackievirus)

A common, acute, viral infection. Symptoms include fever, vesicles (blisters) in the mouth and on hands and feet. This infection is not related to the Foot and Mouth Disease found in animals.

Transmission:	Airborne or droplet; faecal-oral
Incubation period:	3 to 7 days
Infectious period:	As long as there is fluid in the vesicles. Faeces remain infectious for several weeks
Exclusion:	Exclude until vesicles have formed crusts that are dry
Treatment:	Varies according to symptoms
Contacts:	Do not exclude
Immunisation:	None available

Haemophilus influenzae type b

(Hib)

***NOTIFIABLE – discuss with your local Public Health staff.**

An uncommon, acute, bacterial infection that may cause meningitis, epiglottitis (swelling of the throat that obstructs breathing), pneumonia, joint infection, cellulitis (infection of the tissue under the skin).

Symptoms of meningitis include fever, vomiting, headache, neck stiffness, irritability, and fitting.

Transmission:	Airborne or droplet; direct contact with contaminated nose or throat secretions
Incubation period:	2 to 4 days
Infectious period:	Infectious until treated with antibiotics (24–48 hours)
Exclusion:	Exclude until antibiotic treatment completed usually 48 hour
Treatment:	Antibiotics as recommended by doctor – refer to doctor
Contacts:	Do not exclude. Contact management will be coordinated by Local Public Health staff
Immunisation:	Given at 2, 4, 6 months and at 1 year

H

Head lice

(Pediculosis)

A common, parasitic infestation of the scalp hair. Symptoms include scratching and the presence of “nits” (eggs) and lice in the scalp hair.

Transmission:	Head-to-head contact with an infested person
Incubation period:	7 to 10 days
Infectious period:	Until lice and eggs (nits) are killed
Exclusion:	Exclude until after treatment has commenced and live lice removed
Treatment:	See Appendix 3
Contacts:	Do not exclude
Immunisation:	None

Hepatitis A

(Hepatitis A virus)

***NOTIFIABLE – discuss with your local Public Health staff.**

An acute, viral infection of the liver. Symptoms include malaise, abdominal pain, loss of appetite, nausea, fever, jaundice, dark urine and pale faeces.

Transmission:	Faecal-oral and faecal-food-oral
Incubation period:	15 to 50 days (usually 28 to 30 days)
Infectious period:	Two weeks before onset of symptoms to 7 days after jaundice appears
Exclusion:	Exclude for at least one week after onset of jaundice or two weeks after onset of symptoms (if not jaundiced). Extra exclusion may apply for high risk groups see Appendix 4
Treatment:	Varies according to symptoms – refer to doctor
Contacts:	Do not exclude. Contact management will be coordinated by Local Public Health staff
Immunisation:	Recommended for Aboriginal children at 1 year and 18 months of age (see Appendix 1), some travellers and occupational groups – refer to doctor

Hepatitis B

(Hepatitis B virus)

***NOTIFIABLE – discuss with your local Public Health staff.**

A viral infection of the liver. Symptoms include malaise, abdominal pain, loss of appetite, nausea, fever, jaundice, dark urine and pale faeces.

Transmission:	Blood-to-blood; sexual contact; during birth mother-to-baby
Incubation period:	45 to 180 days (average 60 to 90 days)
Infectious period:	Weeks before to months after onset. Carriers may be infectious for life
Exclusion:	Do not exclude
Treatment:	Varies according to symptoms – refer to doctor
Contacts:	Do not exclude
Immunisation:	Recommended for all children at birth, 2, 4, 6 months of age, also for household contacts of hepatitis B carriers, travellers, and occupational groups

Hepatitis C

(Hepatitis C virus)

***NOTIFIABLE – discuss with your local Public Health staff.**

A viral infection of the liver. Symptoms include fever, loss of appetite, nausea, vomiting, joint pains, malaise and jaundice.

Transmission:	Blood-to-blood; rarely sexual; Mother-to-baby during delivery
Incubation period:	2 weeks to 6 months (usually 6 to 9 weeks)
Infectious period:	Weeks before to months after onset. Carriers may be infectious for life
Exclusion:	Do not exclude
Treatment:	Antiviral treatment as recommended by doctor – refer to doctor
Contacts:	Do not exclude
Immunisation:	None available
Note:	Hepatitis A and hepatitis B vaccine is recommended for people diagnosed with hepatitis C

H

Herpes simplex 1 and 2

(Cold sores, Genital sores)

A common, viral infection. Symptoms include vesicles (blisters) around the mouth or the genital areas, fever and malaise.

Transmission:	Direct contact with weeping vesicles
Incubation period:	3 to 10 days
Infectious period:	2 to 7 weeks
Exclusion:	Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission. Young children unable to comply with good oral hygiene practices should be excluded if lesions are uncovered and weeping
Treatment:	Antiviral treatment available – refer to doctor
Contacts:	Do not exclude
Immunisation:	None available

HIV/AIDS

(Human Immunodeficiency Virus/
Acquired Immunodeficiency Syndrome)

***NOTIFIABLE – discuss with your local Public Health staff.**

An uncommon, viral infection that attacks the immune system. Symptoms vary according to the stage of the illness.

Transmission:	Blood-to-blood; sexual contact; mother-to-baby
Incubation period:	Variable (usually 1 to 3 months)
Infectious period:	As long as HIV infection persists
Exclusion:	Do not exclude
Treatment:	Specialised treatment available – refer to doctor
Contacts:	Do not exclude
Immunisation:	None available

Hookworm

(*Ancylostoma duodenale*)

A common parasite of the intestines. Symptoms include diarrhoea, abdominal pain, weight loss. May also cause anaemia in young children if untreated.

Transmission:	Usually by walking bare foot in soil contaminated by faeces from an infected person
Incubation period:	A few weeks to several months
Infectious period:	Not communicable person-to-person. Larvae may survive in soil for several months
Exclusion:	Exclude until diarrhoea has ceased
Treatment:	Treatment available – refer to doctor
Contacts:	Do not exclude
Immunisation:	None available

Human herpes virus 6

(*Exanthem subitum*, “Sixth” disease, *Roseola infantum*)

A common, acute, viral infection. Symptoms include fever followed by a patchy red rash on the body and limbs.

Transmission:	Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-baby
Incubation period:	5 to 15 days
Infectious period:	Unknown
Exclusion:	Do not exclude
Treatment:	Varies with symptoms
Contacts:	Do not exclude
Immunisation:	None available

Impetigo

(School sores)

A common, acute bacterial infection of the skin caused by staphylococcal or streptococcal bacteria. Symptoms include itchy pustules and scabs.

Transmission:	Direct contact with skin lesions
Incubation period:	Usually 4 to 10 days
Infectious period:	As long as there is discharge from untreated lesions
Exclusion:	Exclude for 24 hours after antibiotic treatment commenced. Lesions on exposed skin surfaces should be covered with a waterproof dressing
Treatment:	Antibiotic treatment available – refer to doctor
Contacts:	Do not exclude
Immunisation:	See Appendix 1

Influenza

(Flu)

***NOTIFIABLE – discuss with your local Public Health staff.**

A common, acute, respiratory, viral infection. Symptoms include fever, malaise, chills, headache, muscle pain, sore throat and cough.

Transmission:	Airborne or droplet
Incubation period:	Usually 1 to 4 days
Infectious period:	Usually 1 day before onset of symptoms. Until 7 days after
Exclusion:	Exclude until symptoms resolved
Treatment:	Varies according to symptoms. Antiviral treatment available as recommended by doctor – refer to doctor
Contacts:	Do not exclude
Immunisation:	Yearly vaccination recommended from 6 months of age onwards

Lice

See Head Lice

Measles

(Morbilli virus)

***NOTIFIABLE – discuss with your local Public Health staff.**

A highly infectious, uncommon, acute, viral infection. Symptoms include lethargy, malaise, cough, sore and swollen eyes and nasal passages, fever and rash – must be confirmed with laboratory testing.

Transmission:	Airborne or droplet
Incubation period:	8 to 14 days (usually 10 days)
Infectious period:	About 4 days before to 4 days after rash appears
Exclusion:	Exclude for 4 days after the onset of the rash, in consultation with Public Health staff
Treatment:	Varies with symptoms
Contacts:	Do not exclude vaccinated or previously infected contacts. Susceptible contacts should be excluded until 14 days after the onset of the rash in the last case occurring at a facility. If susceptible contacts are vaccinated with MMR within 72 hours of their first contact with the first case, or Immunoglobulin within 6 days of exposure, then they may return to school following vaccination. Contact management will be coordinated by Public Health staff
Immunisation:	See Appendix 1

Meningococcal disease

***NOTIFIABLE – discuss with your local Public Health staff.**

An uncommon, acute, bacterial infection. Symptoms include fever, vomiting, headache, neck stiffness, muscle and joint pain, rash, drowsiness, irritability, confusion and diarrhoea.

Transmission:	Airborne or droplet
Incubation period:	About 1 to 4 days
Infectious period:	Until Neisseria meningitidis bacteria are no longer present in nose and throat secretions
Exclusion:	Exclude until antibiotic treatment has been completed
Treatment:	Hospitalisation is usually required
Contacts:	Do not exclude. Contact management will be coordinated by Public Health staff
Immunisation:	See Appendix 1

Molluscum contagiosum

A common, acute, viral infection of the skin. Symptoms include small, painless, pearly white lesions.

Transmission:	Skin-to-skin contact with an infected person or contact with contaminated clothing or linen
Incubation period:	Days to months
Infectious period:	As long as lesions persist
Exclusion:	Do not exclude
Treatment:	Lumps will eventually disappear without treatment. Chemical, thermal or surgical treatment is sometimes used – refer to doctor. Lesions should be covered to prevent transmission
Contacts:	Do not exclude
Immunisation:	None available

Mumps

***NOTIFIABLE – discuss with your local Public Health staff.**

An uncommon, acute, viral infection. Symptoms include painful, swollen salivary glands, fever, headache, painful testicles or ovaries.

Transmission:	Airborne or droplet; direct contact with saliva from an infected person
Incubation period:	About 12 to 25 days (usually 16 to 18 days)
Infectious period:	About 6 days before to 9 days after the onset of salivary gland swelling
Exclusion:	Exclude for 9 days after onset of symptoms. Consult with your Public Health staff
Treatment:	Varies with symptoms
Contacts:	Do not exclude
Immunisation:	See Appendix 1

Parvovirus B19

(Erythema infectiosum, “Fifth” disease, “Slapped Cheek” Syndrome)

A common, acute, viral infection. Symptoms include fever, red cheeks and neck, itchy lace-like rash on the body and limbs. This infection is not caused by the same parvovirus that infects dogs.

Transmission:	Airborne or droplet; direct contact with contaminated nose or throat secretions; mother-to-baby
Incubation period:	1 to 2 weeks
Infectious period:	Not infectious after the rash appears
Exclusion:	Exclusion not necessary
Treatment:	Varies with symptoms
Contacts:	Do not exclude. Pregnant women who may have been exposed to parvovirus B19 should consult their doctor
Immunisation:	None available

Pediculosis

See Head Lice

Pertussis

(Whooping Cough, *Bordetella pertussis*)

***NOTIFIABLE – discuss with your local Public Health staff.**

A highly contagious, acute, respiratory, bacterial infection.

Transmission:	Airborne or droplet; direct contact with contaminated nose or throat secretions
Incubation period:	About 7 to 10 days
Infectious period:	From onset of runny nose to 3 weeks (21 days) after onset of cough
Exclusion:	Exclude until 5 days after an appropriate antibiotic treatment, or for 21 days from the onset of coughing
Treatment:	Antibiotics as recommended by doctor – refer to doctor
Contacts:	Contact management will be coordinated by Public Health staff
Immunisation:	See Appendix 1. Vaccination is recommended for Health Care Workers and Childcare workers

Pinworm

(Enterobiasis, Threadworm)

A common, infection of the intestines. Symptoms include perianal (around the anus) itch, disturbed sleep, irritability, secondary infection of the skin from persistent scratching.

Transmission:	Faecal-oral; indirect contact through clothing, bedding, food or articles contaminated with eggs
Incubation period:	2 to 6 weeks
Infectious period:	As long as eggs are excreted. Eggs remain infective for up to 2 weeks
Exclusion:	Do not exclude
Treatment:	Treatment available – refer to doctor
Contacts:	Do not exclude
Immunisation:	None available

Pneumococcal disease

(*Streptococcus pneumoniae*)

***NOTIFIABLE – discuss with your local Public Health staff.**

A common, acute, bacterial infection that can cause septicaemia (blood poisoning), pneumonia, or ear infections. Symptoms depend on the type of infection.

Transmission:	Airborne or droplet
Incubation period:	About 1–3 days
Infectious period:	Until <i>Streptococcus pneumoniae</i> bacteria are no longer present in nose and throat secretions (usually 24 hours after antibiotic commencement)
Exclusion:	Exclude until 24 hours after commencement of antibiotics
Treatment:	Antibiotics as recommended by doctor – refer to doctor
Contacts:	Do not exclude. Contacts do not require antibiotic treatment or vaccination
Immunisation:	See Appendix 1

Ringworm (Tinea)

A common fungal infection of the skin that usually affects the scalp, skin, fingers, toenails and feet.

Transmission:	Skin-to-skin contact with an infected person, infected animals or contaminated articles
Incubation period:	Varies with the site of infection
Infectious period:	As long as lesions are present
Exclusion:	Exclude until person has received anti-fungal treatment for 24 hours
Treatment:	Antifungal treatment available – refer to doctor. Bedlinen, towels and clothing should be washed in hot water. Cats/dogs should be examined and treated as necessary
Contacts:	Do not exclude
Immunisation:	None available

Roundworm (Ascariasis)

A parasite that infects the small intestine. Generally associated with few or no symptoms.

Transmission:	Faecal-oral
Incubation period:	4 to 8 weeks
Infectious period:	As long as eggs are excreted in faeces
Exclusion:	Do not exclude
Treatment:	Treatment available – refer to doctor
Contacts:	Do not exclude
Immunisation:	None available

R

Rubella

(German measles)

***NOTIFIABLE** (including congenital rubella syndrome) – **discuss with your local Public Health staff.**

An uncommon, viral disease. Symptoms include fever, sore eyes, swollen glands (especially behind the ears), generalised rash.

Transmission:	Airborne or droplet; direct contact with contaminated nose or throat secretions, mother-to-foetus
Incubation period:	14 to 21 days. Usually 17 days
Infectious period:	From 7 days before to at least 4 days after the onset of rash
Exclusion:	Exclude for 4 days after onset of rash
Treatment:	Varies according to symptoms
Contacts:	Do not exclude. Refer pregnant contacts to their doctor
Immunisation:	See Appendix 1
Note:	Females should routinely be tested for immunity to rubella before becoming pregnant, and during each pregnancy and if they work in health related area, or with children

S

Scabies

(*Sarcoptes scabiei*)

An uncommon, acute, parasitic infection, caused by a mite which burrows beneath the surface of the skin. Symptoms include intense itching between the fingers or on the wrists, elbows, armpits, buttocks and genitalia.

Transmission:	Skin-to-skin contact with an infested person or contact with infested clothing, towels or bedding
Incubation period:	2 to 6 weeks before onset of itching if not previously infested. People who have been previously infested may develop an itch 1 to 4 days after re-exposure
Infectious period:	Until mites and eggs are destroyed
Exclusion:	Exclude until the day after treatment has commenced
Treatment:	Treatment available – refer to doctor. Bed linen, towels and clothing used in the previous 5 days should be washed in hot water
Contacts:	Do not exclude. Family contacts should be treated
Immunisation:	None available

School sores

See Impetigo

Shingles

(Varicella zoster)

***NOTIFIABLE – discuss with your local Public Health staff.**

A common, acute, reactivation of the varicella (chickenpox) virus. Symptoms include a painful blistering rash, usually on the trunk or face.

Transmission:	Reactivation of previous chickenpox infection
Incubation period:	Days to weeks
Infectious period:	Up to 1 week after the appearance of the lesions
Exclusion:	Do not exclude unless rash is uncovered and weeping
Treatment:	Antiviral treatment available – refer to doctor
Contacts:	Do not exclude. Non-immune people may develop chickenpox if they are exposed to vesicle fluid from a person with shingles, they should be referred to their doctor
Immunisation:	Vaccination against chickenpox reduces the risk of shingles by preventing chickenpox. See Appendix 1

Streptococcal infections

(Streptococcus pyogenes)

An uncommon, acute, bacterial infection. Diseases include throat and ear infections, Rheumatic Fever, skin infections. Symptoms differ depending on the infection.

Transmission:	Airborne or droplet; direct contact with contaminated nose or throat secretions
Incubation period:	1 to 3 days
Infectious period:	As long as the bacteria are present in the nose or throat
Exclusion:	Exclude until 24 hours after commencement of antibiotics
Treatment:	Antibiotics as recommended by doctor – refer to doctor
Contacts:	Do not exclude
Immunisation:	None available

Tetanus

(*Clostridium tetani*)

***NOTIFIABLE – discuss with your local Public Health staff.**

An uncommon, acute, bacterial disease. The bacteria produce a toxin that affects the nervous system. Symptoms include lockjaw, painful muscle spasms, respiratory paralysis.

Transmission:	Penetrating skin wounds contaminated by soil, animal or human faeces
Incubation period:	1 day to several months (usually 3 to 21 days)
Infectious period:	Not communicable person-to-person
Exclusion:	Do not exclude
Treatment:	Hospitalisation
Contacts:	Do not exclude
Immunisation:	See Appendix 1

Tinea

See Ringworm

Tuberculosis

(*Mycobacterium tuberculosis*)

***NOTIFIABLE – discuss with the Perth Chest Clinic.**

An uncommon bacterial disease that can infect the lungs, bones or any part of the body. Symptoms include malaise, weight loss, fever, night sweats and cough.

Transmission:	Airborne or droplet
Incubation period:	About 4 to 12 weeks
Infectious period:	As long as the bacteria are present in discharges
Exclusion:	Exclude until Medical Certificate of Recovery obtained
Treatment:	Antibiotics as recommended by doctor – refer to doctor
Contacts:	Contact management will be coordinated by the Anita Clayton Centre telephone (08) 9222 8500
Immunisation:	A vaccine against tuberculosis (BCG) is only recommended for specific people

Typhoid

(Salmonella typhi)

T

***NOTIFIABLE – discuss with your local Public Health staff.**

An uncommon, acute, bacterial infection of the intestines, usually acquired when visiting developing countries. Symptoms include fever, headache, constipation, rash, abdominal pain, and diarrhoea with blood.

Transmission:	Faecal-oral
Incubation period:	3 to 60 days (usually 7 to 14 days)
Infectious period:	As long as <i>Salmonella typhi</i> bacteria are present in faeces or urine
Exclusion:	Discuss exclusion with your local public health staff as clearance testing may be required
Treatment:	Antibiotics as recommended by doctor – refer to doctor
Contacts:	Contact management will be coordinated by Public Health staff
Immunisation:	Recommended for some travellers – refer to doctor

Warts

(Human papilloma virus)

W

A viral skin infection. Various types of wart infect different areas of the body, including the genital area, hands, knees and feet.

Transmission:	Skin-to-skin contact or direct contact with recently contaminated objects and surfaces, e.g. showers, floors, towels and razors
Incubation period:	1 to 20 months (usually about 4 months)
Infectious period:	As long as warts remain
Exclusion:	Do not exclude
Treatment:	Warts may resolve naturally, but this may take many months. Chemical, thermal or surgical treatment available – refer to doctor
Contacts:	Do not exclude
Immunisation:	None available

W

Whipworm (Trichiuriasis)

A parasite that infects the large intestine, usually without symptoms.

Transmission:	Faecal-oral route by ingestion of infected eggs from contaminated hands, objects, or surfaces
Incubation period:	Indefinite
Infectious period:	Several years in untreated carriers
Exclusion:	Do not exclude
Treatment:	Treatment available – refer to doctor
Contacts:	Do not exclude
Immunisation:	None

Whooping cough

See Pertussis

Worms, intestinal

(See Hookworm, Pinworm, Roundworm, Whipworm)

Glossary

Acute	Sudden onset, short-term (opposite to 'chronic')
Airborne infection	An infection that is spread through the air by droplets from nose or throat secretions when coughing or sneezing
Communicable	Can be passed from one person to another
Carrier	A person who "carries" an infection but who does not necessarily have any signs or symptoms of the disease
Chronic	Long-term (opposite to 'acute') infection
Contact	A person who has had contact with an infected person long enough to acquire the infection
Direct contact	Infection spread by the hand of contaminated person to another person, food or water
Discharge	Any body fluid (e.g. pus) discharging from the body
Exclusion period	The minimum length of time that a person must be kept away to prevent him/her from infecting other people or to protect him/her from being infected by a person with a communicable disease
Faecal-oral route	Transmission of an infection from the faeces of an infected person to the mouth of a susceptible person e.g. by faecally contaminated water or food, or by faecally contaminated hands
Immune	Protected from infection because of previous infection or vaccination
Immune suppressed	A person whose immune system is less able to fight off infections (e.g. people with cancer or other chronic diseases or taking certain medications)
Incubation period	The length of time it takes from first contact with an infectious person to the appearance of any symptoms
Infectious period	The period of time during which an infected person may infect other people

Glossary (cont.)

Jaundice	Yellow discolouration of the white of the eyes and skin
Koplik spots	Small white vesicles on the inside of the cheeks caused by some infections e.g. measles
“Medical Certificate of Recovery”	A certificate from a doctor stating that the person is no longer infectious
Mother-to-baby	An infection transmitted from a mother to her baby during pregnancy, at birth, or through breastfeeding
Parasite	An organism that lives in or on the body, and feeds upon another organism, e.g. worms, scabies, lice
Prophylaxis	A medication/vaccine given to a person to prevent a specific infection
Transmission	The spreading of an infection from one person to another
Vaccine	An antigen made from disease-causing organisms that stimulates an immune response in people to protect them from these organisms
Vaccination/ Immunisation	The process of giving a vaccine (usually by injection or by mouth) and stimulating an immune response
Vector	An insect that transmits a disease between people or between animals and people, e.g. mosquito
Vesicle	A small fluid-filled blister

Western Australian Vaccination Schedule

For the current WA Vaccination Schedule go to:
www.public.health.wa.gov.au/

National Immunisation Program vaccines can be ordered through online ordering vaccineorders@health.wa.gov.au or contact Communicable Disease Control Directorate (CDCD)
telephone: (08) 9388 4863
or fax: (08) 9388 4877

Adverse reactions following immunisation can be reported to the Department of Health via www.wavss.health.wa.gov.au or contact the Central Immunisation Clinic
telephone: (08) 9321 1312
Monday to Friday between 8.30 am – 4.30 pm.

Some symptoms and signs of infections in young children

Abnormal behaviour	persistent crying, drowsiness, lethargy, limpness, irritability, sleeplessness, disorientation, confusion
Fever	38.5 °C or higher
Vomiting	severe or persistent
Diarrhoea	severe or persistent
Blood	in vomit or faeces (bowel motion)
Low urine output	e.g. fewer than four wet nappies in 24 hours
Low food or water intake	e.g. person drinking less than half of the usual amount of milk or other fluids
Breathing difficulties	e.g. panting, wheezing, coughing, breath-holding, particularly in babies less than 6 months of age
Fitting/convulsions	loss of consciousness accompanied by jerking movements of arms and legs

If you are worried about your child's health, always seek advice from your doctor or ring *Healthdirect Australia* on telephone 1800 022 222.

Note:

- Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor. If a child has influenza or chickenpox, taking aspirin can cause Reye's syndrome, a serious disease affecting the brain, central nervous system and the liver.
- Paracetamol overdose may be fatal. Make sure you do not exceed the recommended dosage.
- A child's normal body temperature ranges between 36.5 °C to 37 °C. To take a child's temperature place a thermometer under the arm (this is safer), not in the mouth. Children may feel cool on the forehead, but they may still have a high body temperature.

Head lice

A **Head Lice Fact Sheet** is available from: www.public.health.wa.gov.au
For your Local Government Immunisation Provider or Public Health Unit telephone number see page 3.

Head infestation

Children with head lice infestation are required to have their hair cleared of lice before returning to school. This can be achieved by parents using an insecticide product purchased from the local pharmacy and used according to the manufacturer's instruction. However, this must be followed by parents physically removing the lice from the hair after the recommended time period using a special knit comb. Hair will need to be checked by parents on a daily basis for the following 10-days to ensure that all lice and eggs have been removed from the hair. Refer to the Department of Health, head lice fact sheet at www.public.health.wa.gov.au

Alternatively, for those parents who do not wish to use an insecticide the **10-day hair conditioner method** of removal can be used.

Head lice can be more easily removed by applying plenty of hair conditioner to dry hair before combing to remove live lice and eggs (nits). Any type of hair conditioner may be used, including generic 'home' brands, together with a metal fine-tooth 'nit' comb. Suitable 'nit' combs can be purchased from most pharmacies.

What to do

- Apply **plenty** of hair conditioner to the **dry** hair until saturated.
- Comb through with an ordinary comb or brush to remove tangles.
- Section and comb the hair thoroughly with a metal fine-tooth 'nit' comb in four directions – forwards, backwards, left, and right.
- Wipe the comb on a white paper towel to check that the dark adult lice or the paler hatchlings are being removed. Hatchlings are young lice which emerge from eggs. You may need to use a magnifying glass and a strong light to see the lice and eggs.

What to do (cont.)

- Using white hair conditioner may make it easier to see the head lice.
- When combing is completed rinse the hair conditioner out and dry the hair.
- Repeat this process **daily** for 10-days to cover the hatching period of the eggs. This removes the hatchlings which emerge from missed eggs.
- Check your findings for **adult** head lice each day after commencing the 10-day combing period. If any are found this will be a new infestation.
You will need to start again from day 1, as new eggs may have been laid.
- Check for lice **reinfestation** once a week for at least four weeks after completion of the 10-day treatment. Hair conditioner makes the inspection easier.
- Check all other household members for head lice infestation using the method described above, and treat as necessary.

Appendix 4

Exclusion from School Guidelines

Recommended minimum periods of exclusion from school, pre-school and child care centres for contacts of and cases with infectious diseases

Condition	Exclusion	Exclusion of contacts
Chicken pox	Exclude until all vesicles have crusted	Refer any immunosuppressed children (e.g. leukaemia patients) to their doctor. Do not exclude other contacts
Conjunctivitis	Exclude until discharge from eyes has ceased	Do not exclude
Diarrhoea	Exclude until diarrhoea has ceased for 24 hours. For high risk groups (hcw, food handler, child care staff) exclude for 48 hours after symptoms cease	Do not exclude
Hand, Foot and Mouth disease	Exclude until vesicles have crusted/dry	Do not exclude
Hepatitis A	Exclude until 14 days after onset of illness or 7 days after jaundice appears	Do not exclude. Contact management will be coordinated by Public Health staff
Herpes simplex "Cold Sores"	Young children unable to comply with good oral hygiene practices should be excluded if lesions are uncovered and weeping	Do not exclude
Impetigo	Exclude until after antibiotic treatment has commenced Lesions on exposed skin surfaces should be covered with a waterproof dressing	Exclude until 24 hours after completing treatment
Measles	Exclude for 4 days after the onset of rash	Do not exclude vaccinated or previously infected contacts. All other contacts should be excluded until 14 days after the onset of the rash in the last case. If susceptible contacts are vaccinated within 72 hours of their first contact with the first case they may return to school following vaccination. Contact management will be coordinated by Public Health staff
Meningococcal infection	Exclude until after treatment has been completed	Do not exclude. Discuss with Public Health staff
Molluscum contagiosum	Do not exclude	Do not exclude

Appendix 3 (cont.)

Mumps	Exclude for 9 days after onset of symptoms	Do not exclude
Parvovirus (B19 erythema infectiosum, fifth disease)	Exclusion not necessary	Pregnant women who have been exposed to parvovirus B19 should consult their doctor
Ringworm, scabies, pediculosis (lice), trachoma	Exclude until person has received antifungae treatment for 24 hours. For head lice exclude until hair is treated, lice removed. For scabies, trachoma, exclude until person has received treatment	Do not exclude
Rubella (german measles)	Exclude for 4 days after onset of rash	Do not exclude. Refer pregnant contacts to their doctor. Discuss with Public Health staff
Streptococcal infection (including scarlet fever)	Exclude until person has received antibiotic for 24 hours	Do not exclude
Whooping cough	Exclude until 5 days after an appropriate antibiotic treatment or for 21 days from the onset of coughing	Contact management will be coordinated by Public Health staff
Worms (intestinal)	Exclude until diarrhoea has ceased	Do not exclude

Emergency after hours advice

Contact *Healthdirect Australia*  1800 022 222

This document can be made available
in alternative formats on request for
a person with a disability.