

Other infections	Recommended period to be kept away from school and pre-school settings	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Health Protection Team
Diphtheria	Exclusion is essential. Always consult the Health Protection Team	Family contacts must be excluded until cleared to return by the Health Protection Team. Preventable by vaccination. The Health Protection Team will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, the Health Protection Team will advise on control measures
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills. <i>SEE: Teach Germs a Lesson (Welsh Government, 2006)</i>
Meningococcal meningitis / septicaemia	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Health Protection Team will advise on any action needed
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Health Protection Team can advise on actions needed
Meningitis viral	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Health Protection Team
Mumps	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

Vulnerable Children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity.

Pregnant Staff (including pregnant children)

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

Immunisations

Immunisation status should always be checked at school/pre-school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP. For the most up-to-date immunisation advice www.immunisation.nhs.uk, or the child's GP can advise.

2 months old	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis, polio and Hib (DTaP / IPV / Hib) Pneumococcal (PCV) Rotavirus 	<ul style="list-style-type: none"> One injection One injection By mouth
3 months old	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis, polio and Hib (DTaP / IPV / Hib) Meningitis C (Men C) Rotavirus 	<ul style="list-style-type: none"> One injection One injection By mouth
4 months old	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV) 	<ul style="list-style-type: none"> One injection One injection
12 – 13 months	<ul style="list-style-type: none"> Hib / meningitis C Measles Mumps and Rubella (MMR) Pneumococcal (PCV) 	<ul style="list-style-type: none"> One injection One injection One injection
Three years and four months or soon after	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis, polio (DTaP / IPV) or dTaP / IPV Measles Mumps and Rubella (MMR) 	<ul style="list-style-type: none"> One injection One injection
13 to 18 years old	<ul style="list-style-type: none"> Tetanus, diphtheria, and polio (Td/IPV) Meningitis C 	<ul style="list-style-type: none"> One injection One injection
Girls aged 12 to 13 years	<ul style="list-style-type: none"> Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine 	<ul style="list-style-type: none"> Three injections over a six month period

* Flu vaccination is being phased in from Autumn 2013

<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule-201314>

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with your GP.

Staff Immunisations

All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations. All staff aged 16–25 should be advised to check they have had two doses of MMR and one dose of Meningitis C.

Adapted from "Health Protection Agency" April 2010.

For references visit www.hpa.org.uk Information produced with the assistance of the Royal College of Paediatrics and Child Health.