

COMMUNICABLE DISEASE GUIDELINES

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

2005 Edition



Department of Health
Government of Western Australia

General Health

General health information can be obtained from **Health Info**: 1300 135 030

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

Regional Public Health Units

Perth – North	(08) 9345 3800
Perth – East	(08) 9224 1625
Perth – South	(08) 9431 0200
Albany	(08) 9842 7500
Bunbury	(08) 9792 2500
Broome	(08) 9194 1630
Carnarvon	(08) 9941 0560
Geraldton	(08) 9964 4299
Kalgoorlie-Boulder	(08) 9021 2622
Northam	(08) 9622 4320
Port Hedland	(08) 9140 2377

Local Government Immunisation Providers

City of Bayswater	(08) 9272 0622
City of Joondalup	(08) 9400 4000
City of Melville	(08) 9364 0666
City of Stirling	(08) 9345 8555
Town of Victoria Park	(08) 9311 8111
City of Wanneroo	(08) 9405 5000
Town of Vincent	(08) 9273 6000

If you are worried about a child's health, always seek medical advice or ring HealthDirect on 1800 022 222 (24 hours).

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.

Glossary

There is a glossary on page 25 that explains the more unfamiliar medical terms in these guidelines.

Introduction

Preventing and controlling the transmission of infectious microorganisms (e.g. viruses, bacteria) is a fundamental activity for child care and school facilities. While it is difficult to prevent the transmission of some microorganisms (e.g. airborne respiratory viruses), it is possible to significantly reduce the transmission of many infectious microorganisms:

- by immunisation against these microorganisms, or
- by reducing the exposure of susceptible contacts to these microorganisms by:
 - excluding the infectious person or susceptible contact, or
 - disinfecting skin or environmental surfaces that may have been contaminated by these microorganisms.

Child care, pre-primary, and primary school facilities should obtain a copy of *Staying Healthy in Child Care* (see **References**), which contains more detailed advice on infection control procedures and a set of fact sheets for common childhood illnesses.

Immunisation

Immunisation is a life-saving health program. Each year, immunisation prevents hundreds of illnesses and deaths from diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, *Haemophilus influenzae* type b disease, hepatitis B, measles, mumps, rubella, varicella (chickenpox), meningococcal C disease, influenza, and pneumococcal disease.

Every child that attends child care or school should be fully immunised appropriate to their age and health status (see Routine Childhood Immunisation Schedule, Appendix 1).

Exclusion

The transmission of some infectious diseases can be prevented by preventing contact between an infectious person and a susceptible contact. This is usually achieved by excluding the infectious person (e.g. someone with measles), or by excluding the susceptible contact (e.g. an immunosuppressed chickenpox contact) from the facility until the person is no longer infectious or until the facility is considered free from infection.

A sick child or staff member should always be excluded if the child or staff member is too ill to attend or too ill to function effectively at the child care facility or school, regardless of the perceived cause of the illness. The sick child or staff member should be referred to the care of a parent, spouse, friend, or doctor, as appropriate.

Disinfection

Disinfection of skin or environmental surfaces that may be potentially contaminated with infectious microorganisms is an effective method for preventing the transmission of infectious diseases.

Thorough handwashing with soap and water, immediately after going to the toilet or changing nappies or touching animals and before eating or preparing food, is the single most important method.

How to wash your hands properly

- Use soap and running water.
- Wet hands and lather with soap.
- Rub hands vigorously for at least 15 seconds as you wash them.
- Pay attention to backs of hands, wrists, between fingers, and under fingernails.
- Rinse hands well under running water.
- Dry hands with a disposable paper towel or clean cloth towel. To minimise irritation of the skin, pat (rather than rub) hands dry.
- Use skin lotion to prevent dermatitis.

Preventing contact with potentially contaminated blood or other body substances (e.g. saliva, faeces, urine) is another important method for preventing the transmission of infectious diseases.

How to manage exposure to blood or other body substances

- If blood or body fluids get on the skin, wash well with soap and water.
- If the eyes are splashed with blood or body fluids, rinse the area gently but thoroughly with water with the eyes open.
- If blood or body fluids get in the mouth, spit it out and rinse the mouth out with water several times.
- Blood or other body substance exposures should be reported immediately to the supervisor, occupational health officer or school nurse.

How to disinfect surfaces contaminated by blood or other body substances

- Wear gloves. Eye protection and a plastic apron should be worn where there is a risk of splashing.
- Remove as much of the spill as possible with a paper towel.
- Clean the area with warm water and detergent, using a disposable cleaning cloth or sponge to remove all visible matter.
- Disinfect the area by wiping over with household bleach.
- Remove and dispose of gloves, paper towel and cleaning cloth in a sealed plastic bag after use. The plastic bag may then be thrown away with household waste.
- Wash hands thoroughly with soap and water.

References

- Staying Healthy in Child Care. Third Edition. NHMRC 2001. ISBN 0 642 456313 (Available from Australian Government InformationShop, Phone 93224737)
<http://www.health.gov.au/nhmrc/publications/synopses/ch34syn.htm>
- Control of Communicable Diseases Manual. 18th Edition. APHA 2004.
<http://www.apha.org/media/science.htm>

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.
Contacts:	Do not exclude.
Treatment:	Varies according to symptoms.
Immunisation:	None available.

AIDS

See HIV

AMOEBIC DYSENTERY

Amoebiasis (Entamoeba histolytica)

*NOTIFIABLE

An uncommon, acute, parasitic infection of the intestines, usually acquired when visiting developing countries. Symptoms include fever, chills, nausea, and diarrhoea with blood or mucus.

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 diarrhoea has ceased.
Contacts:	Do not exclude.
Treatment:	Antibiotic treatment available - refer to doctor.
Immunisation:	None available.

C

CHICKENPOX

Varicella

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 the rash appears and until vesicles have formed crusts. Note that crusts alone do not warrant exclusion.
Contacts:	Refer any immunosuppressed children (e.g. leukaemia patients) to their doctor. Do not exclude other contacts.
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.
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.

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.
Contacts:	Do not exclude.
Treatment:	Antibiotic treatment may be available - refer to doctor.
Immunisation:	None available.

CRYPTOSPORIDIOSIS

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 diarrhoea has ceased.
Contacts:	Do not exclude. Reduce transmission by good hygiene, especially hand washing.
Treatment:	Antibiotic treatment available - refer to doctor.
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.
Contacts:	Do not exclude. Reduce transmission by good hygiene, especially hand washing. Refer pregnant contacts to doctor.
Treatment:	Varies according to symptoms. Antiviral treatment available for serious disease – refer to doctor.
Immunisation:	None available.

D

DIARRHOEA

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

***NOTIFIABLE – Campylobacter, Salmonella, Shigella, Giardia**

A range of common infections of the intestines. Symptoms include fever, vomiting, diarrhoea, and abdominal pain.

Transmission:	Faecal-oral.
Incubation period:	Hours to days.
Infectious period:	Days to weeks.
Exclusion:	Exclude until diarrhoea has ceased.
Contacts:	Do not exclude.
Treatment:	Varies according to symptoms. Antibiotic or antiparasitic treatment may be available - refer to doctor.
Immunisation:	None available.

G

GERMAN MEASLES

See Rubella

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:	Do not exclude.
Contacts:	Do not exclude.
Treatment:	Varies according to symptoms.
Immunisation:	None available.

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.
Contacts:	Do not exclude.
Treatment:	Varies according to symptoms.
Immunisation:	None available.

HAEMOPHILUS INFLUENZAE TYPE B

(Hib)

*NOTIFIABLE

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.
Exclusion:	Do not exclude.
Contacts:	Do not exclude. Contact management will be coordinated by Department of Health staff.
Treatment:	Antibiotic treatment available – refer to doctor.
Immunisation:	See Appendix 1.

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 the day after treatment has commenced.
Contacts:	Do not exclude.
Treatment:	See Appendix 4.
Immunisation:	None.

HEPATITIS A

(*Hepatitis A virus*)

*NOTIFIABLE

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.
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 14 days after onset of illness (if not jaundiced) or 7 days after jaundice appears.
Contacts:	Do not exclude. Contact management will be coordinated by Department of Health staff.
Treatment:	Varies according to symptoms – refer to doctor.
Immunisation:	Recommended for some travellers and occupational groups – refer to doctor.

HEPATITIS B

(Hepatitis B virus)

*NOTIFIABLE

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; 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.
Contacts:	Do not exclude.
Treatment:	Varies according to symptoms – refer to doctor.
Immunisation:	See Appendix 1. Recommended for some travellers and occupational groups – refer to doctor.

HEPATITIS C

(Hepatitis C virus)

*NOTIFIABLE

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.
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.
Contacts:	Do not exclude.
Treatment:	Antiviral treatment available – refer to doctor.
Immunisation:	None available.

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:	Young children unable to comply with good oral hygiene practices should be excluded if lesions are uncovered and weeping.
Contacts:	Do not exclude.
Treatment:	Antiviral treatment available – refer to doctor.
Immunisation:	None available.

HIV/AIDS

(Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome)

*NOTIFIABLE

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.
Contacts:	Do not exclude.
Treatment:	Specialised treatment available - refer to doctor.
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.
Contacts:	Do not exclude.
Treatment:	Treatment available – refer to doctor.
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.
Contacts:	Do not exclude.
Treatment:	Varies with symptoms.
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.
Contacts:	Do not exclude.
Treatment:	Antibiotic treatment available – refer to doctor.
Immunisation:	None available.

INFLUENZA

(Flu)

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 3 days.
Infectious period:	Usually 3 to 7 days from the onset of symptoms.
Exclusion:	Do not exclude.
Contacts:	Do not exclude.
Treatment:	Varies according to symptoms. Antiviral treatment available – refer to doctor.
Immunisation:	Refer to doctor.

LICE

See Head Lice

MEASLES

(*Morbilli virus*)

*NOTIFIABLE

A highly infectious, uncommon, acute, viral infection. Symptoms include lethargy, malaise, cough, sore and swollen eyes and nasal passages, fever and rash.

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.
Contacts:	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, then they may return to school following vaccination. Contact management will be coordinated by Department of Health staff.
Treatment:	Varies with symptoms.
Immunisation:	See Appendix 1.

MENINGOCOCCAL DISEASE

*NOTIFIABLE

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 <i>N. meningitidis</i> bacteria are no longer present in nose and throat secretions.
Exclusion:	Exclude for 24 hours after antibiotic treatment commenced.
Contacts:	Do not exclude. Contact management will be coordinated by Department of Health staff.
Treatment	Hospitalisation is usually required.
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.
Contacts:	Do not exclude.
Treatment:	Chemical, thermal, or surgical treatment available - refer to doctor. Lesions should be covered to prevent transmission.
Immunisation:	None available.

MUMPS

***NOTIFIABLE**

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.
Contacts:	Do not exclude.
Treatment:	Varies with symptoms.
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:	Do not exclude.
Contacts:	Do not exclude. Pregnant women who may have been exposed to parvovirus B19 should consult their doctor.
Treatment:	Varies with symptoms.
Immunisation:	None available.

PEDICULOSIS

See Head Lice

PERTUSSIS

(Whooping Cough, *Bordetella pertussis*)

*NOTIFIABLE

A highly contagious, acute, respiratory, bacterial infection. Symptoms include runny nose, cough and vomiting.

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 after onset of cough.
Exclusion:	Exclude for 21 days from the onset of cough or for 5 days after starting antibiotic treatment.
Contacts:	Contact management will be coordinated by Department of Health staff.
Treatment:	Antibiotic treatment available – refer to doctor.
Immunisation:	See Appendix 1.

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.
Contacts:	Do not exclude.
Treatment:	Treatment available – refer to doctor.
Immunisation:	None available.

PNEUMOCOCCAL DISEASE

(*Streptococcus pneumoniae*)

*NOTIFIABLE

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 3 to 4 days.
Infectious period:	Until <i>Streptococcus pneumoniae</i> bacteria are no longer present in nose and throat secretions.
Exclusion:	Do not exclude.
Contacts:	Do not exclude. Contacts do not require antibiotic treatment or vaccination.
Treatment	Antibiotic treatment available - refer to doctor.
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, animals, or contaminated articles.
Incubation period:	Varies with the site of infection.
Infectious period:	As long as lesions are present.
Exclusion:	Exclude until 24 hours after treatment has commenced.
Contacts:	Do not exclude.
Treatment:	Antifungal treatment available - refer to doctor. Bed linen, towels and clothing should be washed in hot water. Cats should be examined and treated as necessary.
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.
Contacts:	Do not exclude.
Treatment:	Treatment available – refer to doctor.
Immunisation:	None available.

RUBELLA

(*German measles*)

*NOTIFIABLE (including congenital rubella syndrome)

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.
Contacts:	Do not exclude. Refer pregnant contacts to their doctor.
Treatment:	Varies according to symptoms.
Immisation:	See Appendix 1.
Note:	Females should routinely be tested for immunity to rubella before becoming pregnant, and during each pregnancy.

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.
Contacts:	Do not exclude. Family contacts should be treated.
Treatment:	Treatment available - refer to doctor. Bed linen, towels and clothing used in the previous 5 days should be washed in hot water.
Immisation:	None available.

SCHOOL SORES

See Impetigo

SHINGLES

(*Varicella zoster*)

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.
Contacts:	Do not exclude. Non-immune people may develop chickenpox if they are exposed to vesicle fluid from a person with shingles.
Treatment:	Antiviral treatment available - refer to doctor.
Immunisation:	Vaccination against chickenpox reduces the risk of shingles by preventing chickenpox. See Appendix 1.

STREPTOCOCCAL INFECTIONS

(*Streptococcus pyogenes*)

*NOTIFIABLE – Scarlet Fever only

An uncommon, acute, bacterial infection. Diseases include throat and ear infections, scarlet or 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 antibiotic treatment has commenced.
Contacts:	Do not exclude.
Treatment:	Antibiotic treatment available - refer to doctor.
Immunisation:	None available.

T

TETANUS

(*Clostridium tetani*)

*NOTIFIABLE

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 with contaminated 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.
Contacts:	Do not exclude.
Treatment:	Hospitalisation.
Immunisation:	See Appendix 1.

TINEA

See Ringworm

TUBERCULOSIS

(*Mycobacterium tuberculosis*)

*NOTIFIABLE

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.
Contacts:	Contact management will be coordinated by Department of Health staff.
Treatment:	Antibiotic treatment available – refer to doctor.
Immunisation:	A vaccine against tuberculosis (BCG) is available. Contact your Public Health Unit or the Perth Chest Clinic (Phone: (08) 9325 3922) for advice.

TYPHOID

(*Salmonella typhi*)

*NOTIFIABLE

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 7-14 days).
Infectious period:	As long as <i>Salmonella typhi</i> bacteria are present in faeces or urine.
Exclusion:	Exclude child care or preschool cases until 3 stool specimens are negative for <i>Salmonella typhi</i> . Exclude other cases until diarrhoea has ceased.
Contacts:	Do not exclude. Contact management will be coordinated by Department of Health staff.
Treatment:	Antibiotic treatment available – refer to doctor.
Immunisation:	Recommended for some travellers – refer to doctor.

WARTS

(*Human papilloma virus*)

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.
Contacts:	Do not exclude.
Treatment:	Warts may resolve naturally, but this may take many months. Chemical, thermal or surgical treatment available – refer to doctor.
Immunisation:	None available.

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.
Contacts:	Do not exclude.
Treatment:	Treatment available – refer to doctor.
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 in droplets of nose or throat secretions by breathing, coughing or sneezing.
Communicable Carrier	Can be passed from one person to another. A person who "carries" an infection but who does not necessarily have any signs or symptoms of the disease.
Chronic Contact	Slow onset, long-term (opposite to 'acute'). A person who was close enough to an infected person for long enough to have been infected by that person.
Discharge	Any body fluid (e.g. pus) flowing 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.
Jaundice	Yellow discolouration of the whites of the eyes and skin.

Koplik spots	Small white vesicles on the inside of the cheeks caused only by 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, and feeds upon, another organism, e.g. worms, scabies, lice.
Prophylaxis	A medication given to a well person to prevent infection.
Transmission	The spreading of an infection from one person to another.
Vaccine	A medicine made from disease-causing organisms that stimulates an immune response in people that protects them from those 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.

Appendix 1

The Standard West Australian Vaccination Schedule - 2005 Birth to Four Years

AGE	VACCINE FREE	BRAND NAME	VACCINE NOT FREE	BRAND NAME
Birth	Hep B	HBVAX II		
2 months	DTPa OPV Hib-Hep B 7vPCV	INFANRIX POLIO SABIN COMVAX PREVENAR	DTPa-IPV ¹	INFANRIX-IPV INFANRIX-PENTA INFANRIX-HEXA QUADRACEL
4 months	DTPa OPV Hib-Hep B 7vPCV	INFANRIX POLIO SABIN COMVAX PREVENAR	DTPa-IPV ¹	INFANRIX-IPV INFANRIX-PENTA INFANRIX-HEXA QUADRACEL
6 months	DTPa OPV 7vPCV	INFANRIX POLIO SABIN PREVENAR	DTPa-IPV ¹	INFANRIX-IPV INFANRIX-PENTA INFANRIX-HEXA QUADRACEL
12 months	MMR Hib-Hep B MenC	PRIORIX COMVAX NEISVAC-C		
18 months			VZV ^{1,2}	VARILRIX VARIVAX REFRIGERATED
4 years	DTPa OPV MMR	INFANRIX POLIO SABIN PRIORIX	DTPa-IPV ¹	INFANRIX-IPV INFANRIX-PENTA INFANRIX-HEXA QUADRACEL

Adolescents and Adults

AGE	VACCINE FREE	BRAND NAME	VACCINE NOT FREE	BRAND NAME
Year 7	Adult HepB ² (first dose) Adult HepB (second dose \geq 4 months after first dose) dTpa	HBVAX II BOOSTRIX	VZV ^{1,2} (if child has not had varicella or has not been vaccinated against varicella before)	VARILRIX VARIVAX REFRIGERATED
20-40 years	MMR (unless adult has already had two doses)	PRIORIX		
50 years	Td	ADT		
Aboriginal people \geq 50 years or 15-49 years with a high risk condition	Influenza vaccine (every year) 23vPPV (two doses \geq 5 years apart)	FLUVAX, VAXIGRIP, PNEUMOVAX23		
65 years and over	Influenza vaccine (every year) 23vPPV (two doses \geq 5 years apart)	FLUVAX, VAXIIGRIP, PNEUMOVAX23		

1 Can be prescribed by medical practitioner.

2 Not required if person has previously been infected or fully vaccinated.

See www.health.wa.gov.au/immunisation for more information.

Some Symptoms and Signs of Infections in Young Children

Abnormal behaviour	persistent crying, drowsiness, lethargy, limpness, irritability, sleeplessness, disorientation, confusion.
Fever	37.5°C or higher.
Vomiting	severe or persistent.
Diarrhoea	severe or persistent.
Blood	in vomit or faeces.
Low urine output	e.g. fewer than four wet nappies in 24 hours.
Low food or water intake	e.g. 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	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 on 1800 022 222.

Note:

- Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor. If your child has influenza or chickenpox, taking aspirin can cause Reye's syndrome, a serious disease affecting the brain and 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.

Appendix 3

Communicable Diseases Contacts and Resources

Specific questions about a child's illness should be referred to the child's doctor. Your local Public Health Unit can provide information on a range of communicable diseases. A wide range of publications and information on communicable diseases can be accessed and/or ordered through:

Department of Health:

www.population.health.wa.gov.au/

Phone: 1300 135 030

Department of Health and Ageing:

www.health.gov.au/pubhlth/index.htm

Phone: (02) 6289 1555

Immunisation Contacts and Resources

Specific questions on immunisation should be directed to a doctor, your local Public Health Unit, or to the **Central Immunisation Clinic** on (08) 9321 1312. A range of publications and information on immunisation can be accessed and/or ordered through:

Department of Health:

www.health.wa.gov.au/immunisation

Phone: 1300 135 030

Department of Health and Ageing:

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

Phone: 1800 671 811

Parents can check their child's immunisation status through the

Australia Childhood Immunisation Register

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

Phone: 1800 653 809

Head Lice

A **Head Lice Fact Sheet** is available from:

www.health.wa.gov.au/headlice

www.population.health.wa.gov.au/ or 1300 135 030

Specific head lice questions should be addressed to:

E-mail: headlice@health.wa.gov.au or phone (08) 9388 4868

10 Day Hair Conditioner Treatment for Head Lice

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 4 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.
- Using white hair conditioner may make it easier to see the head lice.
- 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 4 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.

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.	Do not exclude.
Hand, Foot and Mouth disease	Exclude until vesicles have crusted	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 Department of 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 day after antibiotic treatment has commenced Lesions on exposed skin surfaces should be covered with a waterproof dressing.	Do not exclude.
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 Department of Health staff.
Meningococcal infection	Exclude for 24 hours after antibiotic treatment commenced.	Do not exclude. Contact management will be coordinated by Department of Health staff.
Molluscum contagiosum	Do not exclude.	Do not exclude.
Mumps	Exclude for 9 days after onset of symptoms.	Do not exclude.
Parvovirus (B19 erythema infectiosum, fifth disease)	Exclude until well.	Pregnant women who have been exposed to parvovirus B19 should consult their doctor.
Ringworm, scabies, pediculosis (lice), trachoma	Exclude for 24 hours after treatment has commenced.	Do not exclude.
Rubella (german measles)	Exclude for 4 days after onset of rash.	Do not exclude. Refer pregnant contacts to their doctor.
Streptococcal infection (including scarlet fever)	Exclude for 24 hours after antibiotic treatment has commenced.	Do not exclude.
Whooping cough	Exclude for 21 days from the onset of cough or for 5 days after starting antibiotic treatment.	Contact management will be coordinated by Department of Health staff.
Worms (intestinal)	Exclude until diarrhoea has ceased.	Do not exclude.

