

**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM  
Recommended Periods of Absence for Communicable Disease – School Pupils**

## **Introduction**

In accordance with national guidance, this document provides a summary of the recommended periods of absence for children attending primary or secondary school facilities who are, or are thought to be, suffering from an infection which may spread to others.

The key to prevention and control of spread of infection is maintaining high standards of hygiene at all times. All school facilities should have agreed policies on:

- handwashing
- food hygiene
- cleaning of toys and equipment
- environmental cleaning
- cleaning of spillages
- disposal of waste.

For further information and advice on infectious diseases and the control of infection, contact the Health Protection Team, Lothian NHS Board.  
Tel: 0131 536 9192

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HEALTH PROTECTION TEAM**

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Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
Campylobacter	1 – 10 days, commonly 3 – 5 days	Foodborne, contaminated food or water. Contact with infected animals	Low risk of transmission from person to person.	Until clinically recovered and diarrhoea has ceased for 48 hours.	None	Follow up by Environmental Health/ Health Protection Team
Chickenpox	2 – 3 weeks, commonly 15 – 18 days	Direct contact, airborne droplet	High risk of transmission 5 days before onset of 1 <sup>st</sup> crop to 5 days after appearance of vesicles.	Until vesicles become dry (approx 7 days) but a minimum of 5 days after onset of rash.	None if asymptomatic	Notifiable. Pregnant women and the immunosuppressed should seek medical advice.
Colds	12 hours – 5 days, commonly 48 hours	Respiratory droplet, contact with secretions.	High risk of transmission during active infection	If symptoms are severe (e.g. fever)	None	Practise good hygiene.
Cold sores	2 – 12 days	Direct contact with lesion	High risk of transmission until lesion is crusted.	None.	None	Practise good hygiene. Health education.
Conjunctivitis	1 – 3 days	Contact with discharge	High risk of transmission while symptomatic or until 48 hours after treatment.	None	None	Practise good hygiene. Disposable towels.
Cryptosporidiosis	1 – 12 days, commonly 7 days	Faecal-oral Waterborne Contact with animals	High risk of transmission while organism present in stools, particularly during diarrhoea.	Until clinically recovered and diarrhoea has ceased for 48 hours.	None	Follow up by Environmental Health/ Health Protection Team.
Cytomegalovirus (CMV)	Variable but around 3 – 8 weeks	Intimate contact with infected fluids, e.g. body fluids or blood	High risk of transmission while fluids are infected during intimate contact Carrage may persist for several months.	None	None	Practise good hygiene.
Diarrhoea	Dependent on cause	Often food or waterborne or due to poor hygiene. Some viruses may be airborne.	High risk of transmission while symptomatic, though dependent on cause	Until clinically recovered and diarrhoea has ceased for 48 hours. If cause known refer to that disease.	None. If cause known refer to that disease.	Notifiable if food poisoning. Practise good hygiene.

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German Measles (Rubella)	14 – 23 days, commonly 16 – 18 days.	Respiratory droplet or contact with secretions.	High risk of transmission 1 week before to 4 days after onset of rash.	Until clinically recovered but at least 4 days after onset of rash.	None	Pregnant women should consult their GP if exposed. Children should have been immunised with MMR.
Giardiasis	5 – 25 days, commonly 7 – 10 days.	Waterborne, faecal-oral.	High risk of transmission while organism is in stools.	Until clinically recovered and diarrhoea has ceased for 48 hours.	None	Follow up by Environmental Health/ Health Protection Team. Practise good hygiene.
Glandular Fever (Infections Mononucleosis)	4 – 6 weeks	Close contact with pharyngeal secretions.	Carriage may be prolonged with high risk of transmission.	Until clinically recovered	None	None
Haemophilus Influenzae B (HIB)	2 – 4 days	Respiratory droplet or contact with secretions.	High risk of transmission while symptomatic and/or while organism is present in nasopharynx.	Until clinically recovered and 48 hours after commencing treatment.	None	Investigation by Health Protection Team. Children should have been immunised routinely pre-school.
Hand, Foot & Mouth Disease	3 – 5 days	Faecal-oral, close contact with pharyngeal secretions, aerosol droplet and vesicle fluid.	High risk of transmission during acute phase of illness.	None	None	Report outbreaks to Health Protection Team. Practise good hygiene.
Head Lice	Head lice mature in 6-12 days and live for about 20 days.	Direct head-to-head contact.	High risk of transmission until adequately treated.	Until treated	None if asymptomatic	Practise good hygiene. Health education.
Hepatitis A	15 – 50 days, commonly 28 days	Waterborne, faecal-oral.	High risk of transmission from 2 weeks before to 1 week after onset of jaundice.	Until clinically recovered and until 7 days after onset of jaundice.	None if clinically well.	Notifiable. Follow up by Environmental Health/ Health Protection Team. Practise good hygiene.

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Diphtheria (very rare in UK)	1 – 7 days, commonly 2 – 5 days	Contact with nasopharyngeal secretions and discharge from lesions. Airborne droplet.	Not highly infectious but risk of transmission for up to 4 weeks or 48 hours after starting antibiotic therapy.	Until clinically recovered and bacteriological examination is clear.	Household contacts until specimens are clear.	Notifiable. Investigation by the Health Protection Team, Immunisation
Dysentery (Bacillary)	12 hours – 8 days, commonly 1 – 3 days	Faecal-oral. Foodborne.	High risk of transmission when organism is present in stools.	Until clinically recovered and diarrhoea has ceased for 48 hours.	None	Notifiable. Follow up by Environmental Health/Health Protection Team. Practise good hygiene.
E.coli O157 (VTEC)	1 – 10 days, commonly 3 – 4 days	Faecal-oral. Foodborne.	Very high risk of transmission when symptomatic while organism is present in stools.	Until clinically recovered and diarrhoea has ceased for 48 hours.	Contacts in Groups A, B, C & D (appendix, 1) must have 2 negative stool specimens 24 hours apart.	Notifiable. Follow up by Environmental Health/ Health Protection Team. Practise good hygiene.
Fifth Disease (Parvovirus B19 or 'slapped-cheek' disease)	4 – 20 days, commonly 13-18 days	Airborne/droplet Contact with secretions	High risk of transmission seven days before onset of rash until the onset of rash.	Until clinically recovered	None	Pregnant women and people with haemolytic anaemia should avoid contact with known cases
Food Poisoning	1 – 36 hours dependant on cause	Foodborne	Variable. Usually low risk of transmission if asymptomatic	Until clinically recovered and diarrhoea ceased for 48 hours. If cause known, refer to disease.	None. If cause known, refer to disease.	Notifiable. Follow up by Environmental Health/ Health Protection Team. Practise good hygiene.

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Hepatitis B	2 – 6 months, commonly 2 – 3 months.	Bloodborne, Mother to baby vertical transmission, Sexual transmission, Sharing injecting equipment.	Infectious during incubation period and up to six months after illness. 10% of cases develop chronic infection. Low risk of infection if social contact only.	Until clinically recovered	None	Notifiable. Investigation by Health Protection Team. Practise good hygiene with care when dealing with blood/body fluids.
Hepatitis C	2 weeks to 6 months commonly 6 - 10 weeks.	Bloodborne, Sharing injecting equipment, Sexual transmission.	Probably infectious for life. Low risk of transmission if social contact only.	Until clinically recovered	None	Notifiable. Practise good hygiene with care when dealing with blood/body fluids.
HIV	1 – 3 months for detectable antibodies.	Bloodborne, Sexual transmission, Sharing injecting equipment, Mother to child vertical transmission.	Infectious for life. Low risk of transmission if social contact only.	None	None	Notifiable. Practise good hygiene with care when dealing with blood/body fluids.
Impetigo	1 – 10 days	Contact with lesions	High risk of transmission until lesions have crusted.	None	None	Report outbreaks to Health Protection Team. Practise good hygiene.
Influenza	1 – 5 days	Airborne/droplet. Contact with respiratory secretions.	High risk of transmission 3 – 5 days from onset in adults (up to 7 days in young children).	Until clinically recovered	None	Immunisation for vulnerable people. Practise good hygiene.
Measles	8 – 13 days, commonly 10 days to onset of fever and a further 4 days to onset of rash.	Airborne/droplet. Contact with respiratory secretions.	High risk of transmission about 4 days before onset of rash to 4 days after.	4 days from onset of rash.	None	Notifiable. Investigation by Health Protection Team. Children should be routinely vaccinated with MMR before school.

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Meningococcal Disease	2 – 10 days, commonly 3 – 4 days	Respiratory droplet or contact with secretions from nose and mouth.	Low risk of person-to- person transmission until 48 hours after antibiotic therapy.	Until clinically recovered	None	Notifiable. Investigation by Health Protection Team. Men C vaccination recommended for unimmunised people under 25 years of age.
Molluscum Contagiosum	Variable	Direct contact	Risk of transmission while lesions present.	None but lesions should be covered if possible	None	Avoid direct contact with lesions. Practise good hygiene.
Measles	12 – 25 days, commonly 18 days	Respiratory droplet or direct contact with saliva	Medium risk of transmission from 7 days before onset of symptoms until subsidence of swelling.	Until clinically recovered but not less than 7 days from the onset of symptoms.	None	Notifiable. Investigation by Health Protection Team. Children should be routinely vaccinated with MMR before school.
Polio myelitis (very rare in UK)	3 – 35 days, commonly 7 – 14 days	Principally faecal-oral, also close contact with respiratory secretions.	High risk of transmission while virus present in stools and/or nasopharynx.	At the discretion of the duty Consultant in Public Health Medicine.	None	Notifiable. Investigation by Health Protection Team. Children should be routinely vaccinated before school.
Ringworm	4 – 14 days depending on site and fungal type.	Direct contact with lesions and contaminated articles.	Medium risk of transmission while infected lesions present.	None but lesions should be covered.	Families should be checked.	Avoid direct contact with lesions. Practise good hygiene.
Rubella (German Measles)	14 – 23 days, commonly 16 – 18 days.	Respiratory droplet or contact with secretions.	High risk of transmission 1 week before to 4 days after onset of rash.	4 days after onset of rash.	None	Pregnant women should consult their GP if exposed. Children should have been immunised with MMR.

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Salmonella	6 – 72 hours, commonly 12 – 36 hours	Foodborne, Faecal-oral.	High risk of transmission when symptomatic.	Until clinically recovered and diarrhoea has ceased for 48 hours.	None if asymptomatic	Notifiable. Follow up by Environmental Health/ Health Protection Team. Practise good hygiene.
Scabies	2 – 6 weeks if not previously infected. 1 – 4 days if reinfects.	Prolonged skin to skin contact, e.g. hand holding.	High risk of transmission until treated adequately.	Until treated.	Until treated.	Practise good hygiene. Health education.
Scarlet Fever	1 – 3 days	Airborne/droplet. Contact with respiratory secretions.	Medium risk of transmission while organism present in nasopharynx, although minimal risk 48 hours after antibiotic treatment.	Until clinically recovered and 48 hours after commencing treatment.	None	None
Shigella (see Dysentery)	12 hours – 8 days, commonly 1 – 3 days	Faecal-oral. Foodborne.	High risk of transmission when organism is present in stools.	Until clinically recovered and diarrhoea has ceased for 48 hours.	None for asymptomatic adults. Asymptomatic children at discretion of the duty Consultant in Public Health Medicine.	Notifiable. Follow up by Environmental Health/ Health Protection Team. Practise good hygiene.
Shingles	2 – 3 weeks	Direct contact with lesions.	Moderate risk of transmitting chickenpox in 7 days after appearance of lesions.	None if lesions can be covered. Otherwise, for 7 days after onset of lesion.	None	Practise good hygiene. Health education. Seek advice from GP if pregnant.
Threadworm	Variable, days or weeks.	Faecal-oral	Medium risk of transmission while eggs in stools.	None but should be treated promptly.	None but treat household contacts promptly.	Practise good hygiene. Health education.

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Toxocarasis	Weeks or months depending on the severity of infection.	Ingestion of eggs from contaminated soil but also sand boxes contaminated with dog faeces.	Not spread from person to person.	None	None	Practise good hygiene. Health education.
Toxoplasmosis	5 – 23 days	Ingestion of eggs from sand boxes/play areas contaminated with cat faeces. Also from rare, undercooked meat.	Not spread from person to person.	None	None	Practise good hygiene. Health education.
Tuberculosis - pulmonary (rare in children)	4 – 12 weeks	Airborne/droplet	Medium to low risk of transmission until 2 weeks after treatment. Requires prolonged, close contact.	After consultation with a specialist physician, the Consultant in Public Health Medicine will notify the nursery/school that a child may return.	At the discretion of the Consultant in Public Health Medicine	Notifiable. Investigation by the Health Protection Team. Children should be routinely vaccinated with BCG at 13 years.
Tuberculosis - non-pulmonary (very rare in children)	Indefinite	Not usually infectious	Not spread from person to person.	Until clinically recovered	None	Notifiable. Investigation by Health Protection Team.
Typhoid and Paratyphoid Fever	3 – 30 days, commonly 8–14 days for typhoid and 1–10 days for paratyphoid	Foodborne. Faecal/urine-oral.	High risk of transmission while symptomatic.	Until clinically recovered or at the discretion of the Consultant in Public Health Medicine.	Asymptomatic contact in Groups A, B, C & D (appendix 1) must have 3 negative stool specimens 48 hours apart.	Notifiable. Follow up by Environmental Health/Health Protection Team. Practise good hygiene.



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**APPENDIX 1**

**Groups that pose a higher than normal risk of spreading infection.**

Group A	Any person of doubtful hygiene or with unsatisfactory toilet, hand washing or hand drying facilities at home, work or school.
Group B	Children who attend pre-school groups or nursery
Group C	People whose work involves preparing or serving unwrapped foods not subjected to further heating/cooking.
Group D	Health or Social Care staff who have direct contact with highly susceptible patients or persons in whom a gastrointestinal infection would have particularly serious consequences.