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## School Exclusion for Infections

This leaflet provides brief information about common childhood infections and whether or not children should go to school, nursery or other childcare.

Doctors are often asked about incubation times for the common childhood infections, so that they can advise whether the child should go to school, nursery or other childcare. Incubation time is the time between coming into contact with the source of the infection and the symptoms showing. Infectivity is the length of time that you are infectious. Both of these can be variable, so the following is only a guide. More detailed information and links to public health documents are in the further reading section.

This leaflet can only give general principles - the parents of children whose immune systems are weak (due to disease or due to taking immunosuppressive medication) may want to speak to their GP or consultant. This is particularly important if the weakened immune system has prevented full vaccination - eg, with the MMR vaccine.

Pregnant women (for example, those working in a school or nursery) who are exposed to chickenpox, German measles, parvovirus or measles should consult their GP or obstetrician immediately - in some cases an urgent blood test will be needed to check for immunity.

**Note:** \* indicates a notifiable disease. In the UK these are required (by law) to be reported to government authorities.

Disease	Incubation	Infectivity	Exclude Until	Comments
<a href="#">Chickenpox</a>	11-20 days	Up to 4 days before (usually only 1 day) to 5 days after. Cases often transmit before appearance of rash.	5 days from the onset of rash.	Exclude until all lesions have crusted over and it is at least five days from the start of the rash.  Contacts with a weak immune system or who are pregnant should speak to their GP in case they need preventative treatment.
<a href="#">Cold sores</a>	1-6 days	While lesions are moist.	None.	Highly infectious, especially amongst young children. Avoid kissing.
<a href="#">Conjunctivitis</a>	3-29 days Mean = 8	While active (direct contact). Infective up to 2 weeks.	None.	Transmission more likely in young children by direct contact - very few data.
<a href="#">Cryptosporidiosis*</a>	1-12 days (usually 7 days)	12-14 days (may be as long as 1 month).	48 hours from last episode of diarrhoea.	Exclusion from swimming for 14 days after diarrhoea has settled.
<a href="#">Diarrhoea and vomiting</a>	8-10 days	6-16 days.	48 hours from last episode of diarrhoea or vomiting.	Exclude for 48 hours after the last episode of diarrhoea or vomiting.
<a href="#">Glandular fever</a>	33-49 days	At least 2 months.	None.	None.
<a href="#">Hand, foot and mouth disease</a>	3-5 days	Up to 50% in homes and nurseries.	None.	Children can return to school once they feel better: they do not need to be excluded until blisters have healed.  Stool excretion continues for some weeks. Avoid infection in pregnant women. If large numbers of children in one setting are affected then public health should be contacted as they may consider exclusion.
<a href="#">Head lice</a>	n/a	While harbouring lice.	None.	Treatment needed for cases and contacts shown to have live head lice.

Hepatitis A*	15-50 days	From 2 weeks before to 1-2 weeks after jaundice onset.	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	Good hygiene needs emphasising.
Hepatitis B* Hepatitis C*  HIV		See comment.	None.	These are blood-borne viruses and are not infectious through casual contact. Settings should know what to do if there is an incident involving blood spillage.
Impetigo	Skin carriage 2-33 days before development of impetigo (streptococci)	High (streptococci). Low (staphylococci). Variable infectivity depending on causative bacteria.	Until lesions have healed or crusted or 48 hours after starting antibiotic treatment.	Antibiotics speed healing and shorten the infectious period.
Measles*	6-19 days	Highly contagious in the non-immune population. A few days before to 6-18 days after onset of rash.	4 days from onset of rash.	Check immunisation. Risk of serious infection in people with a weak immune system, who should see their GP to consider preventative treatment if exposed to measles, particularly if their medical condition means that they were not able to have the MMR vaccine.
Meningitis	2 - 10 days	Depends on which bacteria are causing it but can be highly infectious.	Until the child has recovered.	Public health will advise - in some cases school/nursery contacts may need preventative antibiotics. Siblings or household contacts do not need to be excluded.
MRSA	Skin carriage	Low.	None.	Good hygiene, in particular handwashing, is important.
Mumps*	15-24 days	10-29 days. Moderately infective in the non-immunised population.	5 days from onset of swelling.	Preventable by vaccination.
Ringworm	Varies	Until lesions resolve.	Exclusion not usually required.	Good hygiene helps. Treatment is required and can usually be bought over the counter.
Rubella*	14-21 days	1 week before to approximately 4 days after onset of rash.	4 days from onset of rash.	Preventable by immunisation. Check all female contacts are immune - non-immune pregnant contacts should see their GP.
Scabies	Varies	Until mites and eggs are dead.	Can return after first treatment.	Risk of transmission is low in schools but outbreaks do occur. Close contacts should also be treated.
Scarlet fever*	1-3 days	Moderate within families. Low elsewhere. Infective first 3 days of treatment.	24 hours after starting antibiotic treatment.	Moderate within families. Low elsewhere.  If there is more than one case in a setting, public health should be informed.
Shingles	14-16 days	Reactivation of the virus that causes chickenpox but lower infectivity.	5 days from the onset of the rash.	If the rash can be covered, exclusion is not usually necessary. Contacts with a weak immune system or those who are pregnant should contact their GP to see if they need preventative treatment.

Slapped cheek disease	13-18 days	30% in families. 10-60% in schools.	None.	Avoid infection in pregnant women and people with a weak immune system.
Threadworms	n/a	Until all worms are dead.	None.	Good hygiene helps. Case and family contacts should be treated.
Tonsillitis	n/a	Risk is similar to other colds and flu	None	Most cases are viral and do not need antibiotics.
Tuberculosis*	n/a	Until 14th day of treatment.	Variable. Always consult the local health protection unit.	Public health should always be contacted - spread is most likely where there is prolonged close contact.
Warts and verrucas	n/a	None.	None.	Care needed with verrucas in swimming pools, gymnasiums and changing rooms.
Whooping cough*	7-10 days	Mainly early catarrhal stage, but until 4 weeks after onset of cough paroxysms. Shorten to 7 days if given antibiotics.	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. Check immunisation of contacts. Highly infectious in non-immune populations. Children may cough for many weeks after the exclusion period has finished.

## Further reading & references

- [Guidance on infection control in schools and other childcare settings](#); UK Health Security Agency (September 2017 - last updated December 2022)
- [Immunisation against infectious disease - the Green Book \(latest edition\)](#); UK Health Security Agency
- [Guidance on infection control in schools and other childcare settings](#); Health and Social Care Public Health Agency Northern Ireland (March 2017)
- [Infection Prevention and Control for Childcare Settings \(0-5 years\) Nurseries Child Minders and Playgroups](#); Public Health Wales
- [Health Prevention and Control in Childcare Settings \(Day Care and Childminding Settings\)](#); Health Protection Scotland

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