

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None.	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others
Campylobacter	Until 48 hours after symptoms have stopped.	
Chickenpox (shingles)	At least 5 days from onset of rash and until all blisters have crusted over.	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over. Pregnant contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None.	Avoid kissing and contact with the sores.
Conjunctivitis	None.	
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Cryptosporidiosis	Until 48 hours after symptoms have stopped	If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Diarrhoea and/or vomiting (Gastroenteritis)	Staff and pupils can return 48 hours after diarrhoea and vomiting have stopped if they feel well enough.	If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.

		For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise.
Diphtheria*	Exclusion is essential.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people	
Flu (influenza) or influenza like illness	Until recovered.	
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).	
Glandular fever	None (can return once they feel well).	
Hand, foot and mouth	None.	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Head lice	None.	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	
Hepatitis B	None	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities.

		Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Hepatitis C	None.	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.	Preventable by vaccination with 2 doses of MMR. Pregnant contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis/septicaemia	If the child has been treated and has recovered, they can return to school.	Meningitis ACWY and B are preventable by vaccination.
Meningitis* due to other bacteria	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed	Hib and pneumococcal meningitis are preventable by vaccination.
Meningitis viral	None.	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA (meticillin resistant Staphylococcus aureus)	None.	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.
Mumps	5 days after onset of swelling (if well).	Preventable by vaccination with 2 doses of MMR.
Ringworm	Treatment is needed. Exclusion not needed once treatment has started.	Treatment is recommended for child and household.
Rotavirus	Until 48 hours after symptoms have subsided.	
Rubella (German measles)	5 days from appearance of the rash.	Preventable by vaccination with 2 doses of MMR. Pregnant contacts should seek prompt advice from their GP or midwife.

Salmonella	Until 48 hours after symptoms have stopped.	
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Scarlet fever	Exclude until 24 hours after starting antibiotic treatment. Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms.	If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.	
Shingles	Exclude from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.	A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None.	Treatment recommended for child and household.
Tonsilitis	None.	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.	

Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.