

SUMMARY OF RECOMMENDED PERIODS OF ABSENCE FOR COMMUNICABLE DISEASES

Health Protection Team, Lothian NHS Board, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG
Enquiries 0131 465 5420/5422

LOTHIAN NHS BOARD
HEALTH PROTECTION TEAM
Recommended Periods of Absence for Communicable Disease

Introduction

In accordance with national guidance, this document provides a summary of the recommended periods of absence for children and adults 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. In particular:

Hands should be washed **after**:

- Using or cleaning the toilet/ nappy changing
- Immediately after handling raw meat/poultry
- Preparing food in general
- Blowing your nose or covering a sneeze or cough
- Smoking, as fingers will come in contact with the mouth and nose
- Touching pets or other animals

Hands should be washed **before**:

- Preparing food or drink
- Eating food

High standards of hygiene should also be applied to: All pre-school facilities should have agreed procedures on:

- Hand washing
- Food hygiene
- Nappy changing and toileting
- 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 465 5420/5422

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For childcare settings please also refer to *Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)* produced by Health Protection Scotland which is available here:
<https://www.hps.scot.nhs.uk/haic/ic/resourcedetail.aspx?id=352>

Key for recommended period of absence:

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 an infection would have particularly serious consequences.

An outbreak is usually defined by the presence of 2 or more cases with the same suspected or confirmed disease. The size of the total population also needs to be taken into account but if you are unsure then please call HPT to discuss.

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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	3-4 Days (Can be 1-10 days).	Food borne. Contaminated food and water. Contact with infected animals.	Low risk of transmission from person to person. It can occur, especially where there is poor hygiene practice.	Until clinically recovered and diarrhoea has ceased for 48hrs.	None	Inform HPT of outbreaks. Practice good hygiene, specifically hand hygiene.
Chickenpox (Varicella Zoster)	15-18 days (Can be 10-21 days).	Direct person to person contact – airborne and droplet spread.	High risk of transmission from 2 days before rash onset until all the lesions have crusted.	Until vesicles become dry (approx 7 days) but a minimum of 5 days after rash onset.	None if asymptomatic	Inform HPT of outbreaks. Pregnant women and the immuno- compromised who are contacts of cases should seek medical advice as soon as possible.
Clostridium Difficile	Variable. Often triggered by antibiotic use and can start a few days or months after antibiotic course.	Contact with an infected person or contaminated environment or objects.	Those most at risk of transmission are elderly, people currently or recently taken antibiotics, been in hospital or are immunosuppressed.	Until clinically recovered and diarrhoea has ceased for 48hrs.	None	Inform HPT of outbreaks. Practice good hygiene, specifically environmental and hand hygiene.
Colds	12 hours to 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.	Inform HPT of outbreaks. Practice good hygiene. Practice good cough etiquette
Cold sores (Herpes Simplex)	2-12 days.	Direct contact with oral secretions or direct contact with lesion.	High risk of transmission until lesion crusted.	None. (unless secondary bacterial infection; see Impetigo)	None.	Inform HPT of outbreaks. Practice good hygiene. Health education.

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Conjunctivitis	1-3 days.	Contact with discharges.	High risk of transmission whilst symptomatic.	None.	None.	Inform HPT of outbreaks. Practice good hygiene. If outbreak or cluster inform HPT. Disposable towels.
Cryptosporidiosis	7-10 days average (Can be 1-21 days average 7 days).	Faecal-oral. Waterborne. Contact with animal faeces.	High risk of transmission from person to person.	Until clinically recovered and diarrhoea has ceased for 48hrs. Avoid swimming until 2 weeks after symptoms cease.	None.	Inform HPT of outbreaks. Notifiable by labs and clinicians. Practice good hygiene. Follow up by HPT/Environmental health.
Cytomegalovirus (CMV)	Variable. 3-8 weeks but can be up to 12.	Intimate exposure. Contact with infected tissue or fluids (e.g. body fluids/blood).	High risk of transmission through intimate contact with fluids, whilst organism present. Carriage may persist for many months.	None.	None.	Inform HPT of outbreaks. Practice good hygiene.
Diarrhoea	Dependent on causative organism.	Often food or waterborne or due to poor hygiene. Can be faecal-oral. Some viruses may be airborne.	High risk of transmission whilst symptomatic, though dependent on cause.	Until clinically recovered and diarrhoea has ceased for 48hrs. (If cause known refer to disease).	None (If cause known refer to disease).	Inform HPT of outbreaks. Practice good hygiene (If cause known refer to disease).
Diphtheria (very rare in UK)	2-5 days but may be longer.	Contact with discharge from lesions.	Not highly infectious. Prolonged close contact	Until clinically recovered and	Household contacts should	Inform HPT of outbreaks. Notifiable by

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		Airborne droplet spread. Direct contact with respiratory discharges. Infected animals or unpasteurised dairy products.	is normally required for transmission. Cases remain infectious for up to 4 weeks after symptom onset or after 3 days of appropriate antibiotics.	bacteriological specimens are clear.	be excluded until specimens are clear.	labs and clinicians. Investigation by HPT Immunisation.
Dysentery (Bacillary) <i>=Shigella flexneri</i> <i>Shigella boydii</i> <i>Shigella dysenteriae</i> <i>*Shigella sonnei</i>	1-3 days (Can be 8hrs to 7 days).	Faecal-oral. Food borne. Occasionally waterborne	High risk of transmission from person to person especially whilst cases are symptomatic.	= Pre-school children must have 2 negative stool specimens taken at least 48 hours apart after clinical recovery, and be cleared by a CPHM. * Until clinically recovered and diarrhoea has ceased for 48hrs.	None. (Unless contacts are symptomatic then more investigation may be required)	Inform HPT of outbreaks. Notifiable by labs and clinicians. Practice good hygiene. Follow up by EHO/HPT.
E.coli O157 (STEC)	2-7 days (Can be 1-14).	Faecal-oral. Food borne. Contact with animal faeces.	Very high risk of transmission from person to person. Cases can still pass on infection once asymptomatic and contacts can carry E-coli O157 with no symptoms	Pre-school children must have 2 negative stool specimens 24 hours apart after clinical recovery, and be cleared by a CPHM. Public health exclusion will be issued.	2 negative stool specimens for groups A, B, C and D taken 24 hours apart. All contacts age 10 and under will be excluded	Inform HPT of outbreaks. Notifiable by labs and clinicians.. Follow up by HPT/EHO. Practice good hygiene
E.coli in urine	Unknown.	Spread of the bacteria from the gut to the urinary system.	Low risk of transmission from person to person.	Until clinically recovered, usually 2-4 days. May require short	None	Inform HPT of outbreaks. Practice good hygiene.

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				Cases	Contacts	
				course of antibiotics.		
Fifth Disease (Parvovirus B19 or 'slapped-cheek' disease)	13-18 days (4-20 days).	Through contact with respiratory secretions.	High risk of transmission 7 days before rash appears until one day after onset of rash.	None (once rash has developd).	None.	Inform HPT of outbreaks. Pregnant women, immunocompromised and people with haemolytic anaemia should avoid contact with known cases.
Food Poisoning	Dependent on causative organism.	Food borne.	Variable. Usually low risk of transmission if asymptomatic.	Until clinically recovered and diarrhoea has ceased for 48hrs. (If cause known refer to disease).	None. (If cause known refer to disease).	Inform HPT of outbreaks. Practice good hygiene.
German Measles (Rubella)	14-17 days (Can be 14-21 days).	Droplet spread or direct contact with secretions.	High risk of transmission from 1 week before onset of rash to 4 days after.	7 days before rash and 7 days after.	HPT may consider excluding contacts in groups B and D if they have not had 2 X MMR vaccinations	Notifiable by labs and clinicians. Inform HPT of single suspected case. Follow up of cases by HPT. Pregnant women should consult their GP or midwife if exposed. Immunisation with MMR.
Giardiasis	7-10 days (Can be 5-28 days).	Waterborne. Faecal-oral.	High risk of transmission whilst organism present in stool.	Until clinically recovered and diarrhoea has ceased for 48hrs.	None.	Inform HPT of outbreaks. Notifiable by labs and clinicians. Follow up by HPT/EHO. Practice good hygiene.
Glandular Fever (Infectious Mononucleosis)	4-6 weeks.	Close contact with pharyngeal secretions (e.g. kissing).	Carriage may be prolonged with high risk of transmission.	Until clinically recovered.	None.	Inform HPT of outbreaks.

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				Cases	Contacts	
		Indirectly on hands.				
Group A streptococcal infection	1-4 days for acute infection	Contact with carriers or symptomatic patients	Low risk	Until clinically recovered and 24 hours after appropriate antibiotics.	None, information will be provided to close household contacts by HPT	Inform HPT of outbreaks. HPT will investigate cases of invasive Group A strep.
Haemophilus Influenzae B (HIB)	Unknown but probably 2-4 days.	Respiratory droplet or contact with secretions.	High risk of transmission whilst symptomatic and/or whilst organism is present in nasopharynx. Non infectious after 48 hours of appropriate antibiotic treatment.	Until clinically recovered but at least 48 hours after commencing treatment.	None.	Inform HPT of outbreaks. Investigation by HPT. Children should have been immunised pre-school.
Hand, Foot & Mouth Disease	3-5 days.	Direct contact with faeces, blisters and respiratory droplets (aerosol droplet spread).	High risk of transmission during acute stage of illness (occasionally longer as virus can persist in faeces for several weeks).	None.	None.	Inform HPT of outbreaks. Practice 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.	None.	None if asymptomatic. Check regularly with combing.	Inform HPT of outbreaks. Health education. Practice good hygiene.
Hepatitis A	28-30 days (Can be 15-50).	Faecal-oral. Waterborne.	High risk of transmission from two weeks before onset of jaundice until one week after jaundice starts.	Until 7 days after onset of jaundice (if present) or onset of other symptoms.	None. (unless they have symptoms suggestive of hepatitis A or are food handlers)	Inform HPT of outbreaks. Notifiable by labs and clinicians. Follow up by HPT/EHO. Practice good hygiene. Immunisation for contacts.
Hepatitis B	2-6 months (Commonly 2-3	Blood borne. Mother to baby vertical	Infectious during incubation period and up to 6 months	None	None.	Inform HPT of outbreaks. Notifiable by

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				Cases	Contacts	
	months).	transmission. Sexual transmission. Sharing injecting equipment.	after acute illness. Up to 90% infant cases develop chronic infection and continue to be infectious Low risk of transmission if social contact only.			labs and clinicians. Investigation by HPT. Practice good hygiene, with care when dealing with blood and body fluids
Hepatitis C	2 weeks to 6 months (commonly 6-10 weeks)	Blood borne. Sexual transmission. Sharing injecting equipment.	80% probably infectious for life unless treated. Low risk of transmission if social contact only.	None	None.	Inform HPT of outbreaks. Notifiable by labs and clinicians. Practice good hygiene with care when dealing with blood/body fluids.
Hepatitis E	15-64 days. (mean 26-42 days)	Faecal oral Contaminated water links to shellfish	No evidence of person to person transmission but virus present in stools up to 14 days after jaundice	None.	None	Inform HPT of outbreaks. Notifiable by labs and clinicians. Investigation by HPT Practice good hygiene
HIV	1-3 months for detectable antibodies	Blood borne. Sexual transmission. Sharing injecting equipment. Mother to child vertical transmission.	Infectious for life. Low risk of transmission if social contact only.	None.	None.	Inform HPT of outbreaks. Practice good hygiene. take care when dealing with blood/body fluids.
Impetigo (group a skin infection)	1-10 days.	Direct contact with lesions. Indirect contact with infected items (e.g. towels, clothes).	Highly infectious whilst lesions are present and until they are healed and crusted over.	Until lesions are crusted or healed or 48 hours after commencing appropriate antibiotics.	None.	Inform HPT of outbreaks. Practice good hygiene.
Influenza (Flu)	1-5 days.	Airborne/droplet. Contact with respiratory secretions.	Highly infectious in the first 3-5 days (up to 10 days in young children).	Until clinically recovered.	None.	Inform HPT of outbreaks. Immunisation for at risk groups.

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				Cases	Contacts	
						Practice good hygiene.
Measles	7-18 days (can be up to 21 days). Rash usually appears 14 days after exposure.	Airborne. Direct contact with respiratory secretions.	Highly infectious from 5 days before onset of rash until 4 days after the rash develops.	4 days from the onset of rash.	Contacts in groups A and D who are not immune may be excluded by HPT for 21 days after last contact with a case.	Notified by labs or clinicians. Inform HPT of suspected cases. Investigation by HPT Children should be routinely immunised with MMR. Pregnant woman and immunocompromised should seek advice from their GP/midwife.
Meningococcal Disease/Septicaemia	2-10 days. Commonly 3-4.	Direct contact. Contact with respiratory droplets from nose and throat.	Low risk of transmission person to person until 48 hrs of appropriate antibiotic therapy.	Until clinically recovered.	None. HPT will provide info to nurseries or schools if required	Notified by labs or clinicians. Inform HPT of suspected cases. Investigation by HPT.
Mumps	16-18 days (Can be 12-25 days).	Airborne/droplet spread. Direct contact with saliva.	Medium risk of transmission 7 days before onset of symptoms until 9 days after.	Until clinically recovered but no less than 5 days from the onset of parotid swelling.	None.	Inform HPT of outbreaks. Notifiable by labs and clinicians. Preventable by vaccination with 2 X MMRs.
Molluscum Contagiosum	Variable	Direct contact with lesions	Risk of transmission while lesions present.	None, but lesions should be covered if possible.	None	Inform HPT of outbreaks. Practice Good hygiene.
Norovirus Winter vomiting bug	15-50 hours (can be 4-77 hours)	Faecal oral Aerosol transmission Contaminated surfaces	Highly infectious, high risk of transmission from person to person.	Until clinically recovered and 48 hours since last episode	None	Inform HPT of outbreaks. Practice good hygiene Contact HPT if you suspect an outbreak
Poliomyelitis	7-14 days	Faecal-oral.	High risk of transmission	At the discretion of	None.	Inform HPT of

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				Cases	Contacts	
(very rare in UK)	(Can be 3-35 days).	Also close contact with respiratory secretions.	when virus present in stools and/or nasopharynx.	the duty Consultant in Public Health Medicine (CPHM)		outbreaks. Notifiable by labs and clinicians. Investigation by HPT. Children should be routinely immunised.
Respiratory Syncytial Virus (RSV)	2-8 days average of 5 days	Respiratory secretions, directly or indirectly via contaminated hands	Infectious shortly before symptoms until 1 week after	None, until clinically recovered	None	Inform HPT of outbreaks. Practice good hygiene and cough etiquette
Ringworm	2-6 weeks.	Direct skin to skin contact with infected person or animal. Indirect contact with fomites or surfaces.	Medium risk of transmission whilst infected lesions are present.	None if lesions are covered by clothing. If lesions exposed, until 48 hrs after start of treatment.	Families should be checked for ringworm.	Inform HPT of outbreaks. Avoid direct contact with lesions. Good hygiene practice.
Roseola Infantum (6th disease)	10 days	Airborne Faecal-oral	Transmissible during acute phase of illness	Until clinically recovered.	None	Inform HPT of outbreaks. None
Rubella (see German Measles)						
Salmonella (excluding typhoid and paratyphoid)	12-36 hrs (can be 6hrs to 7 days)	Faecal-oral Contaminated food	High risk of transmission when symptomatic.	None but until clinically recovered and 48hrs after diarrhoea has ceased.	None	Inform HPT of outbreaks. Notifiable by labs and clinicians. Follow up by HPT/EHO. Practice good hygiene
Scabies	2-6 weeks if not previously infected. 1-4 days if re-infected.	Prolonged skin to skin contact. E.g. hand holding.	High risk of transmission until adequately treated.	Until treated. Pupils can return after 1 st treatment	Until treated. All household and close contacts may require treatment	Inform HPT of outbreaks. Practice good hygiene. Health education.
Scarlet Fever	1-3 days.	Airborne/droplet. Contact with respiratory secretions. Direct contact with	Medium risk of transmission whilst organism present in nasopharynx, although	Until clinically recovered and 24 hours after start of treatment.	None.	Inform HPT of outbreaks. Antibiotics are recommended for affected children

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				Cases	Contacts	
		patients or carriers.	minimal risk after 24 hours of appropriate antibiotic treatment.			
Shigella (see Dysentery)						
Shingles (Varicella-Zoster virus)	Reactivation of Varicella infection (chickenpox).	Direct contact with lesions.	Moderate risk of transmitting chickenpox in the 7 days after the appearance of lesions.	None if lesions can be covered and are not weeping. Otherwise for 7 days after onset of lesions.	None. Can cause chicken pox in those who have not had it.	Inform HPT of outbreaks. Practice good hygiene. Seek advice from GP or midwife if pregnant or immunocompromised
Staphylococcus aureus infection (MRSA/MSSA/PVL)	Variable and indefinite	Contact with patients with purulent lesions, or with an asymptomatic carrier. Airbourne spread is rare	High for certain groups of patients, and if patients have active infection and there is skin to skin contact, poor hygiene or sharing of personal items.	None unless lesions can't be covered.	None	Inform HPT of outbreaks. HPT will only follow up cases of PVL staph aureus. Hand hygiene is very important. Health education should be provided. Any active lesions should be covered.
Threadworm	Variable- days to weeks.	Faecal oral.	Medium risk of transmission whilst eggs in stool.	None but should be treated properly.	None but treat household contacts at same time as case.	Inform HPT of outbreaks. Practice good hygiene. Health education. Keep nails short
Thrush (candidiasis)	Variable. 2-5 days in infants.	Contact with secretions from mouth, skin, vagina and faeces. Vertical mother to child transmission at birth.	High risk of transmission.	Until clinically recovered.	None.	Inform HPT of outbreaks. Practice good hygiene. Health education.

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Toxocariasis	Weeks or months depending on the severity of infection.	Ingestion of eggs from contaminated soil, hands or contact with dog faeces (especially puppies).	Not spread from person to person.	None.	None.	Inform HPT of outbreaks. Practice good hygiene. Health education.
Toxoplasmosis	5-23 days.	Ingestion of eggs from sand boxes/play areas contaminated with cat faeces. Also from rare, undercooked meats.	Not spread from person to person.	None.	None.	Inform HPT of outbreaks. Practice good hygiene. Health education.
Tuberculosis - pulmonary	2-12 weeks (Disease can be "sleeping" for decades).	Airborne/droplet.	Medium to low risk until 2 weeks after treatment. Requires close prolonged contact.	After consultation with specialist physician the TB nurse/CPHM will inform the patient's parents/nursery that a child may return.	At the discretion of the CPHM.	Notifiable by labs and clinicians. Investigation by TB nurses. At risk children should be vaccinated as babies.
Tuberculosis - non-pulmonary	Indefinite.	Not usually infectious.	Not usually transmitted from person to person.	None	None.	Notifiable by labs and clinicians. Investigation by TB nurses.
Typhoid and Paratyphoid Fever	10-14 days (Can be 1-3 weeks).	Food borne. Waterborne. Faecal/Urine-oral.	High risk of transmission whilst symptomatic.	3 negative stool specimens 48hrs apart if in a risk group (starting at least one week after antibiotic course completed). Otherwise 48 hrs symptom free.	None unless symptomatic in which case should be excluded until symptoms have ceased for at least 48hrs.	Inform HPT of outbreaks. Notifiable by labs and clinicians. Follow up by HPT/EHO. Practice good hygiene.
Viral Gastro-enteritis	Dependant on causative organism.	Faecal-oral. Airborne secondary to environmental contamination.	High risk of transmission during acute vomiting and diarrhoea and up to 48 hrs after symptom	Until clinically recovered and symptoms have ceased for 48 hrs.	None.	Inform HPT of outbreaks. Practice good hygiene.

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				Cases	Contacts	
		Food borne.	free.			
Viral Meningitis	Dependant on virus.	Dependant on the virus. Person to person spread usually droplet spread or may be airborne.	Considered to be very unlikely.	None	None.	Inform HPT of outbreaks. Practice good hygiene. No follow up of contacts required.
Vomiting	Dependant on causative organism.	Often food or waterborne or due to poor hygiene. Can be faecal-oral. Some viruses may be airborne.	High risk of transmission whilst symptomatic, though dependent on cause.	Until clinically recovered and symptoms have ceased for 48 hrs.	None.	Inform HPT of outbreaks. Outbreaks followed up by HPT/EHO's. Practice good hygiene.
Warts/Verrucae	2-3 months (But can be 1-20 months).	Direct contact with warts. Verrucas may spread in pools or showers.	Can probably be transmitted at least as long as visible lesions present.	None. Verrucae should be covered in swimming pools, gyms and changing rooms.	None.	Inform HPT of outbreaks. Practice good hygiene.
Whooping Cough (pertussis)	7-10 days (Can be 5-21).	Airborne/droplet. Contact with respiratory secretions.	Highly infectious in early stages of illness and up to 3 weeks after onset of cough (rarely 6 weeks).	48hrs from starting appropriate antibiotic treatment or 21 days from onset of symptoms if no antibiotic treatment.	If symptomatic see case absence.	Inform HPT of suspected cases and outbreaks. Notifiable by labs and clinicians. Investigation by HPT. Children should be routinely immunised pre-school.