

1 **Staying Healthy: Preventing infectious**  
2 **diseases in early childhood education**  
3 **and care services**

4 **Fact sheets**

5 **Draft 6<sup>th</sup> edition, 2023**

6  
7 **National Health and Medical Research Council**  
8

Draft

# 1 Contents

2	Asthma .....	4
3	Bronchiolitis.....	5
4	Bronchitis.....	7
5	<i>Campylobacter</i> infection.....	9
6	Chickenpox (varicella) .....	10
7	Cold sores (herpes simplex) .....	12
8	Common cold.....	13
9	Conjunctivitis .....	14
10	COVID-19 .....	15
11	Croup .....	17
12	Cryptosporidiosis .....	19
13	Cytomegalovirus (CMV) infection.....	20
14	Diarrhoea and vomiting (gastroenteritis) .....	22
15	Ear infection.....	24
16	Eye discharge .....	25
17	Fever .....	27
18	Fifth disease (slapped cheek syndrome, erythema infectiosum, human parvovirus B19) .....	29
19	Flu (influenza) .....	31
20	Fungal infections of the skin or nails (ringworm, tinea, athlete's foot).....	33
21	<i>Giardia</i> infection (giardiasis) .....	34
22	Glandular fever (Epstein–Barr virus, infectious mononucleosis) .....	36
23	Hand, foot and mouth disease .....	37
24	Head lice.....	39
25	Hepatitis A .....	40
26	Hepatitis B .....	42
27	Hepatitis C .....	43
28	Hepatitis E.....	44
29	Hib ( <i>Haemophilus influenzae</i> type b).....	45
30	HIV (human immunodeficiency virus) .....	47
31	Human metapneumovirus .....	49
32	Impetigo (school sores) .....	51
33	Measles .....	52
34	Meningitis (viral).....	54

1	<b>Meningococcal infection</b> .....	55
2	<b>Molluscum contagiosum</b> .....	57
3	<b>Mosquito-borne diseases</b> .....	58
4	<b>Mumps</b> .....	60
5	<b>Norovirus infection</b> .....	61
6	<b>Pneumococcal disease</b> .....	63
7	<b>Pneumonia</b> .....	65
8	<b>Rash</b> .....	67
9	<b>Respiratory symptoms</b> .....	69
10	<b>Roseola (exanthum subitum, sixth disease)</b> .....	71
11	<b>Rotavirus</b> .....	72
12	<b>RSV (respiratory syncytial virus)</b> .....	74
13	<b>Rubella</b> .....	76
14	<b><i>Salmonella</i> infection (salmonellosis)</b> .....	78
15	<b>Scabies and other mites causing skin disease</b> .....	80
16	<b><i>Shigella</i> infection (shigellosis)</b> .....	82
17	<b>Shingles</b> .....	83
18	<b>Staph infection (<i>Staphylococcus aureus</i>)</b> .....	85
19	<b>Strep throat</b> .....	87
20	<b>Thrush (candidiasis)</b> .....	89
21	<b>Toxoplasmosis</b> .....	91
22	<b>Trachoma</b> .....	93
23	<b>Tuberculosis (TB)</b> .....	94
24	<b>Typhoid and paratyphoid fever</b> .....	95
25	<b>Warts</b> .....	97
26	<b>Whooping cough (pertussis)</b> .....	98
27	<b>Worms</b> .....	100

# 1 **Asthma**

2 Asthma is a condition that affects the lungs, causing the airways to become inflamed and narrow.  
3 Symptoms include wheezing, coughing, tightness in the chest and feeling out of breath.

4 People with asthma can experience flares, which are sometimes called an asthma attack. Flares can  
5 be serious and require hospital treatment.

## 6 **Exclusion period**

7 Not excluded.

## 8 **How it spreads**

9 Asthma does not spread between people. It is not contagious.

## 10 **Actions for educators and other staff**

11 Ensure that you have a copy of an up-to-date action plan for each child in your care who has asthma.

12 Reduce the risk of asthma being triggered by respiratory viruses by using appropriate cleaning  
13 practices and hand hygiene.

## 14 **Actions for parents and carers**

15 If you think your child may have asthma, it is important to see a doctor for diagnosis and a treatment  
16 plan.

17 Give your childcare provider a copy of any asthma action plan that your child's doctor has developed  
18 with you.

## 19 **More information about asthma**

20 See healthdirect for more information on prevention, diagnosis and treatment of asthma  
21 ([healthdirect.gov.au/asthma](http://healthdirect.gov.au/asthma)).

22 To find out if a child needs medical help, you can:

- 23 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 24 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

25

# 1 **Bronchiolitis**

2 Bronchiolitis is a potentially serious chest infection caused by a virus. The virus infects the small  
3 breathing tubes (bronchioles) of the lungs, which makes them inflamed. They then produce more  
4 mucus than normal, which causes breathing difficulties.

5 Respiratory syncytial virus (RSV) is usually responsible for bronchiolitis, although other viruses may  
6 also cause bronchiolitis. Infections often occur in infants less than 1 year old, usually in winter.

7 The symptoms of the infection begin like a common cold, with a runny nose, cough and fever. The  
8 coughing may become worse over the next day or 2, and rapid breathing and wheezing can make  
9 feeding the child difficult. Wheezing when breathing out is characteristic of bronchiolitis in babies  
10 under 1 year old. The wheezing sound can last for a few days, but the cough can last for weeks.

## 11 **Exclusion period**

12 Exclude based on symptoms; otherwise not excluded.

13 If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude  
14 them if:

- 15 • the respiratory symptoms are new and getting worse (more frequent or severe), **or**
- 16 • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding).

17 A person can often have an ongoing cough after they have recovered from a respiratory infection. If  
18 their other symptoms have gone and they are feeling well, they can return to the service.

## 19 **How it spreads**

20 Bronchiolitis spreads by droplets in the air that contain the virus or direct contact with respiratory  
21 secretions. People get infected by:

- 22 • breathing in droplets when an infected person breathes, coughs or sneezes on them
- 23 • touching a surface contaminated with droplets – for example, hands, tissues, toys or eating  
24 utensils – and then touching their mouth.

## 25 **Actions for educators and other staff**

26 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

27 Ensure staff are using appropriate cleaning practices.

## 28 **Actions for parents and carers**

29 Take your child to see a doctor if they develop rapid breathing or wheezing.

30 Keep your child at home until their symptoms have gone and they are feeling well.

31 Teach them to cough or sneeze into a tissue, then throw the tissue into a bin and wash their hands. If  
32 there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of their  
33 hands.

1 Avoid contact between your child and other children, or frail and elderly people, until the child is  
2 feeling well.

### 3 **More information about bronchiolitis**

4 See healthdirect for more information on prevention, diagnosis and treatment of bronchiolitis  
5 ([healthdirect.gov.au/bronchiolitis](http://healthdirect.gov.au/bronchiolitis)).

6 To find out if a child needs medical help, you can:

- 7 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 8 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

9

Draft

# 1 **Bronchitis**

2 Bronchitis is a chest infection, usually caused by a virus. The virus makes the lining of the windpipe  
3 and bronchi (the tubes leading from the windpipe to the lungs) inflamed and swollen, so it produces  
4 more mucus than normal. This causes a cough and sometimes a pain in the throat or upper chest  
5 when coughing. Bronchitis is usually a mild illness in children.

6 A child with bronchitis may have the usual signs of a cold, including a runny nose, sore throat and  
7 mild fever. Next, they develop a cough. The cough is often dry at first and then becomes moist after a  
8 couple of days. They may have a slight wheeze and shortness of breath.

9 Children usually recover from an episode of bronchitis in 5 to 10 days. Some children keep having  
10 attacks of bronchitis and can develop ongoing symptoms (called chronic bronchitis). This can be due  
11 to allergies, people smoking around them or other problems in their lungs.

## 12 **Exclusion period**

13 Exclude based on symptoms; otherwise not excluded.

14 If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude  
15 them if:

- 16 • the respiratory symptoms are new and getting worse (more frequent or severe), **or**
- 17 • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding).

18 A person can often have an ongoing cough after they have recovered from a respiratory infection. If  
19 their other symptoms have gone and they are feeling well, they can return to the service.

## 20 **How it spreads**

21 Bronchitis spreads by droplets in the air that contain the virus or direct contact with respiratory  
22 secretions. People get infected by:

- 23 • breathing in droplets when an infected person kisses, breathes, coughs or sneezes on them
- 24 • touching a surface contaminated with droplets – for example, hands, tissues, toys or eating  
25 utensils – and then touching their mouth.

## 26 **Actions for educators and other staff**

27 If a staff member is ill, they should stay home until they are feeling well.

28 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

29 Ensure staff are using appropriate cleaning practices.

## 30 **Actions for parents and carers**

31 Keep your child at home until they are feeling well.

32 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
33 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
34 their hands.

- 1 Make sure your child washes their hands thoroughly and frequently.
- 2 Avoid contact between your child and other children, or frail and elderly people, until the child is
- 3 feeling well.

#### 4 **More information about bronchitis**

5 See healthdirect for more information on prevention, diagnosis and treatment of bronchitis  
6 ([healthdirect.gov.au/bronchitis](http://healthdirect.gov.au/bronchitis)).

7 To find out if a child needs medical help, you can:

- 8 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 9 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

10

Draft

# 1 **Campylobacter infection**

2 *Campylobacter* infection is a type of gastroenteritis caused by *Campylobacter* bacteria. Symptoms  
3 usually start a few days after infection, and may include stomach cramps, diarrhoea (sometimes with  
4 blood in it), fever, nausea and vomiting. It may cause dehydration, which can be very dangerous for  
5 young children.

## 6 **Exclusion period**

7 Exclude until there has not been any diarrhoea or vomiting for 24 hours.

8 Staff members with these symptoms should not handle food until they have not vomited or had  
9 diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the  
10 service for 48 hours).

11 Check if your state or territory has different requirements for gastroenteritis.

## 12 **How it spreads**

13 You can get infected with the bacteria from an infected person, or by eating contaminated food, like  
14 undercooked chicken. You can also get it from touching infected animals or their faeces (poo).

## 15 **Actions for educators and other staff**

16 If you live in the Northern Territory, contact your local public health unit if you have 2 or more cases  
17 of *Campylobacter* infection in your service.

18 To avoid getting *Campylobacter* infection, wash your hands after going to the toilet or changing a  
19 nappy; and before and after handling food.

20 Regularly rake sandpits and remove any animal faeces. If possible, cover the sandpit when it is not in  
21 use.

## 22 **Actions for parents and carers**

23 Keep your child at home until 24 hours after diarrhoea stops.

24 Wash hands before and after cooking. Wash hands after using the toilet, changing nappies or cleaning  
25 up animal faeces. Teach your child to do the same.

## 26 **More information about *Campylobacter* infection**

27 See healthdirect for more information on prevention, diagnosis and treatment of *Campylobacter*  
28 infection ([healthdirect.gov.au/campylobacter-infection](http://healthdirect.gov.au/campylobacter-infection)).

29 To find out if a child needs medical help, you can:

- 30 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 31 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

32

## 1 **Chickenpox (varicella)**

2 Chickenpox is a very contagious illness caused by the varicella-zoster virus. Symptoms may start with  
3 a fever, headache or feeling tired. This is followed by a characteristic spotty, itchy rash of small, fluid-  
4 filled blisters, which quickly spreads all over the body. Chickenpox is usually a mild disease in children,  
5 but complications can occur in around 1% of cases.

### 6 **Exclusion period**

7 Exclude until all blisters have dried – this is usually at least 5 days after the rash first appeared in  
8 unvaccinated children, and less in vaccinated children.

9 Contacts: Any child who is immunocompromised is at high risk of developing severe disease if  
10 exposed. Talk to the parents about the child's potential risk and exposure and follow the child's  
11 agreed action plan.

### 12 **How it spreads**

13 Chickenpox can spread quickly in childcare environments. It spreads through the air (airborne  
14 droplets) or by touching blisters on someone who is infected with chickenpox.

### 15 **Risks in pregnancy**

16 If you are pregnant and get chickenpox, it can cause serious problems for your baby. The type of  
17 problems depends on how far along your pregnancy is. The risk is highest in the first 3 months of  
18 pregnancy.

19 If you have not had a chickenpox vaccination and are not sure if you've had chickenpox before, see a  
20 doctor within 4 days of hearing you have been exposed to check if you are immune. If you are not  
21 immune, you can get an antibody injection. Vaccination for chickenpox during pregnancy is not  
22 recommended. Read more about chickenpox and pregnancy at  
23 [pregnancybirthbaby.org.au/chickenpox-and-pregnancy](http://pregnancybirthbaby.org.au/chickenpox-and-pregnancy).

### 24 **Actions for educators and other staff**

25 Follow exclusion period recommendations. Let pregnant staff know if there is a chickenpox case in  
26 the service. Encourage staff to be vaccinated.

27 Ensure staff and children have good respiratory and hand hygiene.

28 Ensure staff are using appropriate cleaning practices.

### 29 **Actions for parents and carers**

30 If your child has chickenpox, keep them at home until all blisters have dried. Wash your hands  
31 frequently, and keep your child away from family and friends until they are feeling well again. The  
32 best way to protect yourself and other children against chickenpox is to get vaccinated.

1 **More information about chickenpox (varicella)**

2 See healthdirect for more information on prevention, diagnosis and treatment of chickenpox  
3 ([healthdirect.gov.au/chickenpox](http://healthdirect.gov.au/chickenpox)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))  
6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

## 1 **Cold sores (herpes simplex)**

2 Cold sores are caused by the herpes simplex virus and are very common. About 20% of children will  
3 have been infected by the age of 5 years, and about 80% of people will have been infected by the  
4 time they are adults. Once a person is infected, the virus can reactivate and cause new cold sores  
5 throughout life. Cold sores usually start with a tingling or burning sensation on or around the lips,  
6 followed by the appearance of small, painful blisters. The blisters break, form a scab and then heal,  
7 usually without leaving a scar. Cold sores usually last 3 to 7 days. Cold sores can appear on the eye if  
8 the person touches an active cold sore and then touches their eye. Although this is rare, any child  
9 with a painful red eye should be seen by a doctor.

### 10 **Exclusion period**

11 Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the  
12 person cannot maintain these practices (for example, because they are too young), exclude until the  
13 sores are dry. Cover sores with a dressing, where possible.

### 14 **How it spreads**

15 Cold sores spread by direct contact with sores, especially when there is fluid in the blister. They can  
16 also spread by sharing anything that is put in the mouth, including dummies, food and drink  
17 containers, and eating utensils. Even if a person does not have a visible cold sore, they may still be  
18 able to infect others.

### 19 **Actions for educators and other staff**

20 Ensure staff and children practise effective hand hygiene.

21 Ensure staff are using appropriate cleaning practices.

22 Staff members with cold sores may need to be given duties that do not involve direct contact with  
23 children.

### 24 **Actions for parents and carers**

25 Cover the sores with a waterproof dressing, where possible.

26 If your child can wash their hands frequently and does not pick or scratch the sores, they can attend  
27 childcare. If your child cannot do this, they should stay home until the sores are dry.

### 28 **More information about cold sores**

29 See healthdirect for more information on prevention, diagnosis and treatment of cold sores  
30 ([healthdirect.gov.au/cold-sores](http://healthdirect.gov.au/cold-sores)).

31 To find out if a child needs medical help, you can:

- 32 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 33 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

34

## 1 **Common cold**

2 Colds are the most common cause of illness in both children and adults. Symptoms include a runny or  
3 blocked nose, sneezing and coughing, watery eyes, headache, sore throat and a possible slight fever.

4 Children in education and care services may have as many as 8 to 12 colds a year. By the time they  
5 are 3 years old, children who attend group care have the same number of colds, or fewer, than  
6 children who are cared for only at home.

## 7 **Exclusion period**

8 Exclude based on symptoms; otherwise not excluded.

9 If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude  
10 them if:

- 11 • the respiratory symptoms are new and getting worse (more frequent or severe), **or**
- 12 • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding).

13 A person can often have an ongoing cough after they have recovered from a respiratory infection. If  
14 their other symptoms have gone and they are feeling well, they can return to the service.

## 15 **How it spreads**

16 Colds spread through airborne droplets when a person coughs or sneezes. They can also spread  
17 indirectly if a person touches a surface that has been contaminated by the droplets (for example,  
18 hands, tissues, toys, eating utensils). Symptoms appear 1 to 3 days after infection.

## 19 **Actions for educators and other staff**

20 Ensure staff and children practise good respiratory and hand hygiene.

21 Ensure staff are using appropriate cleaning practices.

## 22 **Actions for parents and carers**

23 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
24 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
25 their hands.

26 Clean surfaces that your child has touched, sneezed on, or coughed on to reduce the risk of the  
27 infection spreading to others at home.

## 28 **More information about common cold**

29 See healthdirect for more information on prevention, diagnosis and treatment of common cold  
30 ([healthdirect.gov.au/coughs-and-colds-in-children](http://healthdirect.gov.au/coughs-and-colds-in-children)).

31 To find out if a child needs medical help, you can:

- 32 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 33 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

# 1 **Conjunctivitis**

2 Conjunctivitis is an eye condition where the clear membrane that covers the white part of the eye  
3 and lines the inner surface of the eyelids (the conjunctiva) becomes red and swollen. People can also  
4 be sensitive to bright lights. The most common causes are infection, allergy and irritation. Only  
5 infectious conjunctivitis can spread to others.

6 Infectious conjunctivitis can be caused by bacteria or viruses. Bacterial conjunctivitis may start in one  
7 eye, but almost always involves both eyes. There is likely to be a gritty feeling and thick white, yellow  
8 or green pus. Viral conjunctivitis may have a thinner, clear discharge. It may involve one or both eyes,  
9 making them red, itchy and watery.

## 10 **Exclusion period**

11 Exclude until discharge from the eyes has stopped (unless a doctor has diagnosed non-infectious  
12 conjunctivitis).

## 13 **How it spreads**

14 Infectious conjunctivitis is very contagious and can easily spread from person to person. It spreads by  
15 direct contact with eye secretions, or by contact with towels, washcloths or tissues that have eye  
16 secretions on them.

## 17 **Actions for educators and other staff**

18 Follow exclusion period recommendations. Ensure staff and children have good hand hygiene. Ensure  
19 staff are using appropriate cleaning practices.

## 20 **Actions for parents and carers**

21 Take your child to a doctor for diagnosis and treatment – viral and bacterial conjunctivitis can look the  
22 same but have different treatment options. Encourage your child to wash their hands regularly.  
23 Follow exclusion period recommendations if the conjunctivitis is infectious (bacterial or viral) to  
24 protect others.

## 25 **More information about conjunctivitis**

26 See healthdirect for more information on prevention, diagnosis and treatment of conjunctivitis  
27 ([healthdirect.gov.au/conjunctivitis](http://healthdirect.gov.au/conjunctivitis)).

28 To find out if a child needs medical help, you can:

- 29 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 30 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

31

## COVID-19

COVID-19 is a disease caused by infection with a coronavirus called SARS-CoV-2. Common symptoms include fever, cough, sore throat and shortness of breath. Other symptoms may include fatigue, loss of taste or smell, and congestion or runny nose. COVID-19 is usually milder in children than in adults.

### Exclusion period

Refer to state or territory advice.

Exclude based on symptoms; otherwise not excluded.

If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude them if:

- the respiratory symptoms are new and getting worse (more frequent or severe), **or**
- they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding).

A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service.

### How it spreads

The virus spreads by becoming airborne during coughing, singing or talking. People become infected when they breathe in the virus.

### Risks in pregnancy

If you are pregnant, there is a higher risk of complications for yourself and your baby if you catch COVID-19. There is a very rare risk of premature birth, mainly in unvaccinated women. Staying up to date with vaccinations, washing hands regularly and wearing masks can help reduce your risk of getting COVID-19. Read more at [healthdirect.gov.au/covid-19/pregnancy-and-covid-19](https://www.healthdirect.gov.au/covid-19/pregnancy-and-covid-19).

### Actions for educators and other staff

Encourage good respiratory and hand hygiene for all staff and children (covering your mouth and nose when you cough or sneeze, and washing hands or using hand sanitiser). Encourage COVID-19 vaccination for eligible people.

Check with your state or territory health department for local advice on managing COVID-19 infections.

### Actions for parents and carers

If your child is eligible, the best way to protect them against COVID-19 is to get them vaccinated.

Most children who get COVID-19 have a mild infection that is like a common cold. If your child has COVID-19, keep them at home until they no longer have symptoms. Teach them to cough and sneeze into a tissue, then throw the tissue into a bin and wash their hands.

Check with your state or territory health department for local advice on what to do when your child has COVID-19.

1 **More information about COVID-19**

2 See healthdirect for more information on prevention, diagnosis and treatment of COVID-19  
3 ([healthdirect.gov.au/covid-19](https://healthdirect.gov.au/covid-19)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](https://healthdirect.gov.au/symptom-checker))  
6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

# 1 **Croup**

2 Croup is a viral infection that causes a harsh, barking cough and noisy breathing due to the voicebox  
3 (larynx) and airways becoming inflamed and swollen. It often starts out like a common cold, with  
4 symptoms such as fever and runny nose, but then progresses to a cough that sounds like a seal or a  
5 barking dog. It usually affects children aged between 6 months and 3 years old, but can occur in other  
6 age groups. It is rare in adults because their airways are larger.

## 7 **Exclusion period**

8 Exclude based on symptoms; otherwise not excluded.

9 If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude  
10 them if:

- 11 • the respiratory symptoms are new and getting worse (more frequent or severe), **or**
- 12 • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding).

13 A person can often have an ongoing cough after they have recovered from a respiratory infection. If  
14 their other symptoms have gone and they are feeling well, they can return to the service.

## 15 **How it spreads**

16 Croup spreads from person to person via droplets containing the virus that causes it. People can be  
17 infected by:

- 18 • breathing in droplets when an infected person breathes, coughs or sneezes on them or near  
19 them
- 20 • touching a surface contaminated with droplets – for example, hands, tissues, toys or eating  
21 utensils – and then touching their eyes, nose or mouth.

## 22 **Actions for educators and other staff**

23 Follow exclusion period recommendations.

24 Ensure staff and children have good respiratory and hand hygiene.

25 Ensure staff are using appropriate cleaning practices.

## 26 **Actions for parents and carers**

27 Keep your child at home until their symptoms have gone. Try to keep them calm, as breathing is more  
28 difficult when they are upset.

29 Avoid contact between your child and other children, or elderly people, until they are feeling well  
30 again.

31 Encourage your child to wash their hands regularly. Teach your child to cough or sneeze into a tissue,  
32 then throw the tissue into a bin and wash their hands. If there are no tissues nearby, teach them to  
33 cough or sneeze into their inner elbow instead of their hands.

## 1 **More information about croup**

2 See healthdirect for more information on prevention, diagnosis and treatment of croup  
3 ([healthdirect.gov.au/croup](http://healthdirect.gov.au/croup)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

# 1 **Cryptosporidiosis**

2 Cryptosporidiosis is a type of gastroenteritis caused by a parasite called *Cryptosporidium*. Symptoms  
3 include stomach pain; feeling unwell; vomiting; and foul-smelling and watery diarrhoea. Symptoms  
4 can last for up to 2 weeks. It tends to be more common during the warmer months and is sometimes  
5 associated with swimming pools that have been contaminated by a person with the infection.

## 6 **Exclusion period**

7 Exclude until there has not been any diarrhoea or vomiting for 24 hours.

8 Staff members with these symptoms should not handle food until they have not vomited or had  
9 diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the  
10 service for 48 hours).

11 Check if your state or territory has different requirements for gastroenteritis.

## 12 **How it spreads**

13 Cryptosporidiosis spreads through infected faeces (poo) from people or animals. You can get it from  
14 drinking or swimming in contaminated water, eating food that infected people have touched,  
15 changing the nappy of an infected child and not washing your hands properly afterwards; or touching  
16 contaminated surfaces.

## 17 **Actions for educators and other staff**

18 Follow exclusion period recommendations.

19 Ensure staff and children practise effective hand hygiene.

20 Ensure staff are using appropriate cleaning practices.

21 If you have 2 or more cases of gastroenteritis in your service, contact your local public health unit for  
22 advice. This is a legal requirement in some states and territories.

## 23 **Actions for parents and carers**

24 Keep your child at home until at least 24 hours after their diarrhoea has stopped. Give them plenty  
25 to drink.

26 Do not allow your child to swim in a public pool for 2 weeks after the diarrhoea has stopped.

27 Encourage your child to wash their hands regularly.

## 28 **More information about cryptosporidiosis**

29 See healthdirect for more information on prevention, diagnosis and treatment of cryptosporidiosis  
30 ([healthdirect.gov.au/cryptosporidiosis](http://healthdirect.gov.au/cryptosporidiosis)).

31 To find out if a child needs medical help, you can:

- 32 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 33 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

# 1 **Cytomegalovirus (CMV) infection**

2 Cytomegalovirus (CMV) is a common viral infection, particularly in young children. In Australia, about  
3 50% of young adults have been infected. Once a person is infected, they can carry the virus for the  
4 rest of their lives, even if they do not have any symptoms. Sometimes the virus can be reactivated,  
5 usually when the person has another illness or is stressed, and may then cause symptoms. Healthy  
6 children and adults do not usually develop symptoms when they are infected, but some may show  
7 symptoms that are similar to glandular fever (for example, tiredness, sore throat, swollen glands and  
8 fever).

## 9 **Exclusion period**

10 Not excluded.

## 11 **How it spreads**

12 CMV infection spreads through contact with body fluids such as urine, saliva, blood or breast milk. It  
13 can spread from person to person through close contact, such as sharing eating utensils, or through  
14 contact with contaminated objects such as toys or nappies. People can be infectious for months to  
15 years after their initial infection, because they can keep shedding the virus in their urine or saliva.

## 16 **Risks in pregnancy**

17 CMV infection can be dangerous for unborn babies if the mother gets infected during pregnancy. In  
18 rare cases, it can cause hearing loss, intellectual disability or even stillbirth. This risk is higher during  
19 the first half of the pregnancy. CMV infection occurs in 1% or less of pregnancies and, of these cases,  
20 less than 10% of babies are likely to have severe illness.

21 Educators and other staff at education and care services are at a higher risk of catching CMV because  
22 they work with young children. Pregnant educators and other staff who usually work with children  
23 under 2 may wish to be reassigned to work with older children until they give birth.

24 To avoid getting infected, wash your hands frequently, use gloves when changing nappies, and avoid  
25 sharing food, drinks or utensils with others.

## 26 **Actions for educators and other staff**

27 Ensure educators and other staff and children practise effective hand hygiene, especially after  
28 changing nappies or handling items contaminated with urine or saliva.

29 Ensure staff are using appropriate cleaning practices.

30 Inform staff who are pregnant or considering pregnancy about CMV and how to protect themselves  
31 against infection.

## 32 **Actions for parents and carers**

33 If your child has CMV, make sure family members wash their hands properly after handling any items  
34 with the child's saliva or urine on them.

## 1 **More information about CMV infection**

2 See healthdirect for more information on prevention, diagnosis and treatment of CMV  
3 ([healthdirect.gov.au/cytomegalovirus-cmv](http://healthdirect.gov.au/cytomegalovirus-cmv)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

## 1 **Diarrhoea and vomiting (gastroenteritis)**

2 Gastroenteritis (or 'gastro') is a viral or bacterial infection that causes inflammation of the digestive  
3 system. It can cause diarrhoea, vomiting and stomach cramps. The symptoms can range from mild to  
4 severe and usually last for a few days. Gastroenteritis can cause dehydration because of the large  
5 amount of fluid lost through vomiting and diarrhoea.

### 6 **Exclusion period**

7 Exclude until there has not been any diarrhoea or vomiting for 24 hours.

8 If the diarrhoea and vomiting are confirmed to be due to norovirus, exclude for 48 hours.

9 Staff members with these symptoms should not handle food until they have not vomited or had  
10 diarrhoea for 48 hours (they can be assigned to other duties, or stay away from the service for 48  
11 hours).

12 Check if your state or territory has different requirements for gastroenteritis.

### 13 **How it spreads**

14 Gastrointestinal diseases spread when the germ enters the body by the mouth. This can happen  
15 when:

- 16 • people eat contaminated food or drink contaminated water
- 17 • infected people do not wash their hands effectively after using the toilet and their hands  
18 contaminate food or surfaces
- 19 • people don't wash their hands effectively after changing the nappy of an infected baby.

20 People are infectious for as long as the germs are present in their faeces.

### 21 **Actions for educators and other staff**

22 Follow exclusion period recommendations.

23 If you have 2 or more cases of gastroenteritis in your service, contact your local public health unit for  
24 advice. This is a legal requirement in some states and territories.

25 Ensure staff and children practise effective hand hygiene.

26 Ensure staff are using appropriate cleaning practices.

### 27 **Actions for parents and carers**

28 Keep your child at home until at least 24 hours after their diarrhoea has stopped, or 48 hours if they  
29 have norovirus. Give them oral rehydration solution from a chemist to keep them hydrated.

30 If your child has diarrhoea and is also vomiting or cannot take extra fluids, take them to see a doctor.

31 Encourage your child to wash their hands regularly.

## 1 **More information about gastroenteritis**

2 See healthdirect for more information on prevention, diagnosis and treatment of gastroenteritis  
3 ([healthdirect.gov.au/gastroenteritis](http://healthdirect.gov.au/gastroenteritis)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

## 1 **Ear infection**

2 Middle ear infections (also called otitis media) are common in young children. An ear infection can  
3 cause pain, fever and temporary hearing loss. It can be caused by bacteria or viruses, and often  
4 appears after a cold. Occasionally the eardrum may perforate and you may see fluid coming from the  
5 child's ear.

6 Outer ear infections (otitis externa) occur on the outside of the eardrum, involving the ear canal.  
7 They are often associated with swimming.

8 Rarely, a middle ear infection may spread to the mastoid bone behind the ear, causing mastoiditis.  
9 The area behind the ear will be red, and the ear lobe will stick out. A child with these symptoms  
10 should see a doctor as soon as possible – this is a serious infection.

11 Most children will have occasional ear infections that are not serious and resolve quickly. Children  
12 who have recurrent ear infections may develop 'glue ear' – when the middle ear is filled with a sticky  
13 fluid that looks similar to honey. This may last for many weeks or months and makes it harder for the  
14 child to hear.

## 15 **Exclusion period**

16 Not excluded unless associated with other concerning symptoms.

## 17 **How it spreads**

18 Isolated ear infections rarely spread from person to person. However, middle ear infections can  
19 follow a viral respiratory tract infection (for example, the common cold), which is very infectious.

## 20 **Actions for educators and other staff**

21 Treat any discharge from an ear as infectious – wash your hands thoroughly if they come in contact  
22 with ear discharge.

23 Ensure staff and children have good respiratory and hand hygiene.

24 Ensure staff are using appropriate cleaning practices.

## 25 **Actions for parents and carers**

26 Keep your child at home if they have a fever or there is any fluid coming out of their ear.

27 If your child has frequent ear infections, talk to your doctor to rule out any underlying conditions that  
28 may be contributing to the infections.

## 29 **More information about ear infection**

30 See healthdirect for more information on prevention, diagnosis and treatment of ear infection  
31 ([healthdirect.gov.au/ear-infection](http://healthdirect.gov.au/ear-infection)).

32 To find out if a child needs medical help, you can:

- 33 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 34 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

## 1 **Eye discharge**

2 Eye discharge refers to a sticky or runny fluid coming from the eyes that is not tears. It is normal to  
3 wake up with some discharge in the corner of the eye, and this is not a concern.

4 Sometimes eye discharge is a sign of other conditions, such as conjunctivitis (see conjunctivitis fact  
5 sheet) or blocked tear ducts. Blocked tear ducts in babies often improve without treatment by the  
6 age of 1 year.

7 Conjunctivitis can be caused by a virus or bacteria (called infectious conjunctivitis), a reaction to  
8 something in the eye, or an allergy. Infectious conjunctivitis can cause:

- 9 • watery or white discharge (viral conjunctivitis)
- 10 • yellow or green sticky discharge that can make it hard to open the eye (bacterial conjunctivitis).

## 11 **Exclusion period**

12 Exclude until discharge from the eyes has stopped (unless a doctor has diagnosed a non-infectious  
13 cause for the eye discharge).

## 14 **How it spreads**

15 Eye discharge caused by bacteria or a virus can spread easily between people (see conjunctivitis fact  
16 sheet). It spreads by direct contact with eye secretions, or by contact with towels, washcloths or  
17 tissues that have eye secretions on them.

18 Eye discharge caused by blocked tear ducts, allergic reactions or irritants in the eye is not contagious.

## 19 **Actions for educators and other staff**

20 Follow exclusion period recommendations.

21 Treat any discharge from an eye as infectious – wash your hands thoroughly if they come in contact  
22 with eye discharge.

23 Ensure staff and children practise effective hand hygiene.

24 Ensure staff are using appropriate cleaning practices.

## 25 **Actions for parents and carers**

26 Check the cause of your child's eye discharge with a health professional, so that you can start any  
27 required treatment quickly.

28 If your child has an infectious eye discharge, keep them at home until the discharge has stopped.

## 29 **More information about eye discharge**

30 See healthdirect for more information on prevention, diagnosis and treatment of eye discharge  
31 ([healthdirect.gov.au/eye-discharge](http://healthdirect.gov.au/eye-discharge)).

32 To find out if a child needs medical help, you can:

- 33 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))

1 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

2

Draft

## 1 **Fever**

2 A fever is when a person's body temperature is over 38.0°C. It can cause sweating, shivering, muscle  
3 aches and a headache. Fever is a common problem for children, and it is a normal response to many  
4 illnesses. The most common cause of fever is an infection.

5 Fever can be concerning for parents. However, it is usually more important to determine what is  
6 causing the fever rather than the temperature itself.

## 7 **Exclusion period**

8 Exclude until the temperature is normal, unless the fever has a known non-infectious cause.

9 Fever on its own may not be cause for concern, but fever is usually combined with other symptoms.

10 If a doctor later diagnoses the cause of the child's fever, follow the exclusion guidance for that  
11 disease.

## 12 **How it spreads**

13 Fever itself is not contagious and cannot be spread from person to person. However, the underlying  
14 infection or illness that is causing the fever may be contagious. Viruses that cause fever spread from  
15 person to person via droplets containing the virus. People get infected by:

- 16 • breathing in droplets when an infected person breathes, coughs or sneezes on them or near  
17 them
- 18 • touching a surface contaminated with droplets – for example, hands, tissues, toys or eating  
19 utensils – and then touching their eyes, nose or mouth.

## 20 **Actions for educators and other staff**

21 If you think a child has a fever, check their temperature. If their temperature is:

- 22 • between 37.5°C and 37.9°C – retest within 30 minutes
- 23 • 38°C and over – notify a parent and ask them to pick up their child. Separate the child from the  
24 other children while waiting for their parent or carer to arrive.

25 Ensure staff and children have good respiratory and hand hygiene.

26 Ensure staff are using appropriate cleaning practices.

## 27 **Actions for parents and carers**

28 Keep your child at home until their temperature has stayed under 38.0°C for 24 hours.

29 If your child is under 3 months and has a fever above 38°C, take them to the doctor, even if they have  
30 no other symptoms.

31 All children with a temperature over 38.0°C **AND** any of the following symptoms should see a doctor  
32 right away:

- 33 • a stiff neck or light is hurting their eyes
- 34 • lethargic and not interested in interacting or participating in their usual activities

- 1 • vomiting and refusing to drink
- 2 • a rash, especially if accompanied by other concerning symptoms
- 3 • going to the toilet to pass urine less often or not at all (fewer wet nappies than usual in babies)
- 4 • pain that doesn't get better with pain relief medication
- 5 • have had any fever for more than 3 days and there is no obvious cause
- 6 • seems to be getting more unwell.

7 **Call 000 and ask for an ambulance if your child has a fever and any of the following symptoms:**

- 8 • not responding to your voice
- 9 • having problems with breathing
- 10 • is pale and their hands and feet are cold to touch
- 11 • having a fit (febrile seizure) for the first time.

## 12 **More information about fever**

13 See healthdirect for more information on prevention, diagnosis and treatment of fever  
14 ([healthdirect.gov.au/fever-and-high-temperature-in-children](http://healthdirect.gov.au/fever-and-high-temperature-in-children)).

15 To find out if a child needs medical help, you can:

- 16 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 17 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

18

## **Fifth disease (slapped cheek syndrome, erythema infectiosum, human parvovirus B19)**

Fifth disease is a common viral infection that usually causes a mild illness in children.

About 20% of infected children will have no symptoms. In others, symptoms include mild fever and muscle aches, followed 2 to 5 days later by a red rash on the face (hence the name 'slapped cheek syndrome') and a lacy red rash on the trunk and limbs. The rash can sometimes be itchy. It will usually disappear after 7 to 10 days, but can come and go for several weeks, often reappearing in response to heat.

Fifth disease is a type of parvovirus. Animals such as cats and dogs can have other types of parvovirus infections, but they cannot catch human parvovirus from people, and they cannot pass their parvovirus infections to people.

### **Exclusion period**

Not excluded.

### **How it spreads**

Fifth disease spreads through airborne droplets, contact with infected saliva or mucus, or transmission to the baby during pregnancy.

### **Risks in pregnancy**

If you catch fifth disease in the first 20 weeks of pregnancy, it can affect the baby. In less than 5% of cases, the baby develops a low red blood cell count (anaemia), resulting in miscarriage. Babies that survive if the mother is infected do not have birth defects.

### **Actions for educators and other staff**

Ensure staff and children have good respiratory and hand hygiene.

Ensure staff are using appropriate cleaning practices.

### **Actions for parents and carers**

Keep your child at home until symptoms have gone.

Encourage your child to wash their hands regularly.

Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of their hands.

Clean surfaces that your child has touched, sneezed on, or coughed on to reduce the risk of the infection spreading to others at home.

## 1 **More information about fifth disease**

2 See healthdirect for more information on prevention, diagnosis and treatment of fifth disease  
3 ([healthdirect.gov.au/fifth-disease](http://healthdirect.gov.au/fifth-disease)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

# 1 **Flu (influenza)**

2 Influenza, or the flu, is a viral infection that affects the respiratory system. Symptoms may include  
3 fever, chills, headache, muscle aches and pains, a head cold and a mild sore throat. It can often cause  
4 a severe cough. The infected person usually recovers within a week. Children under 5 are at higher  
5 risk of developing serious complications from the flu, such as pneumonia.

## 6 **Exclusion period**

7 Exclude based on symptoms; otherwise not excluded.

8 If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude  
9 them if:

- 10 • the respiratory symptoms are new and getting worse (more frequent or severe), **or**
- 11 • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding).

12 A person can often have an ongoing cough after they have recovered from a respiratory infection. If  
13 their other symptoms have gone and they are feeling well, they can return to the service.

## 14 **How it spreads**

15 Flu is highly infectious. It can spread through the air by coughing and sneezing, as well as by hands,  
16 cups and other objects that have been in contact with an infected person's mouth or nose.

## 17 **Risks in pregnancy**

18 If you are pregnant, you have a higher risk of developing serious complications from the flu. The flu  
19 can also be dangerous for the developing baby, as it increases the risk of low birthweight and  
20 complications. You can protect yourself by getting a flu vaccination, having good hand and respiratory  
21 hygiene, and wearing a mask if you wish.

## 22 **Actions for educators and other staff**

23 Follow exclusion period recommendations.

24 Ensure staff and children have good respiratory and hand hygiene.

25 Ensure staff are using appropriate cleaning practices.

26 Encourage annual flu vaccination for staff.

27 If you have several cases of flu-like illness in your service, contact your public health unit for advice.

## 28 **Actions for parents and carers**

29 Keep your child at home until their symptoms have gone. Sometimes children recovering from  
30 respiratory viruses no longer have a fever and are back to normal activities, but still have an  
31 occasional cough. If this applies to your child, check with your childcare provider about whether they  
32 can return to care.

- 1 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their
- 2 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of
- 3 their hands.
- 4 Encourage your child to wash their hands regularly.
- 5 Consider annual flu vaccinations for the whole family.

## 6 **More information about flu**

- 7 See healthdirect for more information on prevention, diagnosis and treatment of flu
- 8 ([healthdirect.gov.au/flu](http://healthdirect.gov.au/flu)).
- 9 To find out if a child needs medical help, you can:
- 10
  - use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
  - 11 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.
- 12

## **Fungal infections of the skin or nails (ringworm, tinea, athlete's foot)**

Tinea is a common fungal infection of the skin, which is usually found in moist, warm parts of the body. It causes a rash that is called ringworm if it is on the head or body, athlete's foot if it is between the toes or on the feet, or jock itch if it is in the groin. Ringworm is not caused by a worm.

Tinea can also infect the scalp, skin and nails. The condition looks different depending on where it is located.

### **Exclusion period**

Exclude until the day after starting appropriate antifungal treatment.

### **How it spreads**

The tinea fungus spreads by direct skin contact with an infected person or animal, or by touching contaminated clothing or soil.

### **Actions for educators and other staff**

Follow exclusion period recommendations.

Ensure staff and children practise effective hand hygiene.

Ensure staff are using appropriate cleaning practices.

### **Actions for parents and carers**

Take your child to a doctor for correct diagnosis and treatment. Tinea is treated with antifungal medications, usually as a cream or ointment. Sometimes oral medications are needed to treat tinea. Keep the affected area clean and dry. Keep your child at home until the day after treatment starts.

Do not share towels, clothing or shoes. Inspect other people in the family for signs of infection.

Wash your hands thoroughly after applying treatment or touching the affected area. Encourage your child to wash their hands regularly.

If pets have ringworm, take them to a vet for treatment.

### **More information about fungal infections of the skin or nails**

See healthdirect for more information on prevention, diagnosis and treatment of tinea and other fungal skin diseases ([healthdirect.gov.au/tinea](http://healthdirect.gov.au/tinea) and [healthdirect.gov.au/fungal-skin-diseases](http://healthdirect.gov.au/fungal-skin-diseases)).

To find out if a child needs medical help, you can:

- use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

## 1 **Giardia infection (giardiasis)**

2 Giardia is a form of gastroenteritis caused by a parasite called *Giardia lamblia* or *Giardia*  
3 *duodenalis*. This parasite can live in the bowel of people, wild animals, pets and farm animals.  
4 Untreated water that comes directly from lakes and rivers may also contain *Giardia*.

5 Symptoms include diarrhoea, foul-smelling faeces (poo), cramping, gas, fatigue, nausea, and  
6 sometimes vomiting and weight loss. Fever and bloody faeces are not usually symptoms of *Giardia*  
7 infections. Many infected people have no symptoms.

8 In education and care services, children and staff who have had *Giardia* may no longer have any  
9 symptoms but may still be infected with the parasite. This means their faeces can still infect others. A  
10 person with active diarrhoea is more likely to spread the disease than one who does not have  
11 diarrhoea, but still has the parasite in their faeces.

### 12 **Exclusion period**

13 Exclude until there has not been any diarrhoea or vomiting for 24 hours.

14 Staff members with these symptoms should not handle food until there has not been any diarrhoea  
15 or vomiting for 48 hours (they can be assigned to other duties, or stay away from the service for 48  
16 hours).

17 Check if your state or territory has different requirements for gastroenteritis.

### 18 **How it spreads**

19 *Giardia* infections spread when:

- 20 • infected people do not wash their hands effectively after going to the toilet, and then  
21 contaminate food or surfaces
- 22 • people's hands become contaminated while handling infected animals or changing the nappy of  
23 an infected child
- 24 • people drink contaminated water.

### 25 **Actions for educators and other staff**

26 Follow exclusion period recommendations.

27 Ensure staff and children practise effective hand hygiene.

28 Ensure staff are using appropriate cleaning practices.

29 If you have 2 or more cases of gastroenteritis in your service, contact your local public health unit for  
30 advice. This is a legal requirement in some states and territories.

### 31 **Actions for parents and carers**

32 See a doctor about treatment, as antibiotic therapy will be recommended if *Giardia* is found in your  
33 child's faeces. Keep your child at home until 24 hours after their symptoms have gone.

34 Encourage your child to wash their hands regularly.

1 **More information about *Giardia* infection**

2 See healthdirect for more information on prevention, diagnosis and treatment of *Giardia* infection  
3 ([healthdirect.gov.au/giardiasis](http://healthdirect.gov.au/giardiasis)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))  
6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

# 1 **Glandular fever**

## 2 **(Epstein–Barr virus, infectious mononucleosis)**

3 Glandular fever is caused by Epstein–Barr virus. Once a person catches Epstein–Barr virus, the virus  
4 remains in their body for life, although it usually does not cause further sickness. By adulthood, 90 to  
5 95% of people have Epstein–Barr virus.

6 Most people will not have any symptoms, including children less than 3 years old. Older children and  
7 young adults may develop symptoms including fever, tiredness, sore throat and swollen glands. Some  
8 people develop stomach pain and yellowing of the skin and eyes (jaundice), or a red, itchy rash.  
9 Symptoms can last for several weeks, and some people may feel tired for months after the infection.

### 10 **Exclusion period**

11 Not excluded.

### 12 **How it spreads**

13 Epstein–Barr virus spreads from person to person through contact with saliva, such as through  
14 kissing, sharing utensils and drinks, or coughing and sneezing. Young children may be infected by  
15 saliva on the hands of caregivers, or by sucking and sharing toys; however, the virus does not survive  
16 very well in the environment.

### 17 **Actions for educators and other staff**

18 Ensure staff and children have good respiratory and hand hygiene.

19 Ensure staff are using appropriate cleaning practices.

### 20 **Actions for parents and carers**

21 If your child feels unwell, keep them at home until their symptoms have gone.

22 Avoid sharing utensils and drinks. Encourage your child to wash their hands regularly.

23 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
24 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
25 their hands.

### 26 **More information about glandular fever**

27 See healthdirect for more information on prevention, diagnosis and treatment of glandular fever  
28 ([healthdirect.gov.au/glandular-fever](http://healthdirect.gov.au/glandular-fever)).

29 To find out if a child needs medical help, you can:

- 30 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 31 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

# 1 **Hand, foot and mouth disease**

2 Hand, foot and mouth disease is a common viral infection due to a group of viruses known as  
3 enteroviruses. It is not related to the disease in cattle with a similar name (foot-and-mouth disease).

4 Symptoms of hand, foot and mouth disease include tiny blisters on various parts of the body,  
5 including in the mouth, and on the fingers, palms of hands, buttocks, nappy area, soles of the feet,  
6 upper arms or upper legs. The blisters last a little longer than a week. The most troublesome  
7 symptom is often the blisters in the mouth, which make it difficult for the child to eat or drink. In  
8 adults, the disease is rare and may cause mild symptoms or no symptoms at all.

## 9 **Exclusion period**

10 Exclude until all blisters have dried.

## 11 **How it spreads**

12 The virus can be found in saliva, secretions, faeces (poo) and blister fluid. It is usually spread from  
13 person-to-person through close contact, including:

- 14 • touching an infected person
- 15 • direct contact with blister fluid
- 16 • touching an object or surface that has been contaminated with the virus
- 17 • changing the nappy of an infected child.

18 Symptoms usually appear 3 to 5 days after infection. People are infectious for as long as the blisters  
19 contain fluid. Faeces can remain infectious for several weeks.

## 20 **Risks in pregnancy**

21 In the vast majority of adults, infection is mild or asymptomatic. The risk associated with this disease  
22 during pregnancy is low; however, in extremely rare cases, it can cause miscarriage. If you are  
23 pregnant and become infected shortly before giving birth, the infection can pass to the baby. Most  
24 babies born with hand, foot and mouth disease have mild symptoms, but in very rare cases  
25 complications can occur.

## 26 **Actions for educators and other staff**

27 Follow exclusion period recommendations.

28 If you suspect a child has hand, foot and mouth disease, call the parent or carer and ask them to pick  
29 up their child.

30 Ensure staff and children have good respiratory and hand hygiene.

31 Ensure staff are using appropriate cleaning practices.

## 32 **Actions for parents and carers**

33 Keep your child at home until their fever has resolved, they are able to eat and drink  
34 normally and all blisters have dried.

- 1 Teach them to cough and sneeze into a tissue, then throw the tissue into a bin and wash their hands.
- 2 If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of their
- 3 hands.

#### 4 **More information about hand, foot and mouth disease**

5 See healthdirect for more information on prevention, diagnosis and treatment of hand, foot and  
6 mouth disease ([healthdirect.gov.au/hand-foot-and-mouth-disease](http://healthdirect.gov.au/hand-foot-and-mouth-disease)).

7 To find out if a child needs medical help, you can:

- 8
  - use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
  - 9 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

10

Draft

## 1 **Head lice**

2 Head lice are tiny insects that live in hair and feed on blood. Young children are more likely to get  
3 head lice because they tend to have more head-to-head contact with other children, especially during  
4 playtime. They are a nuisance because they can cause itching of the scalp, but they do not cause  
5 disease or illness. Lice can affect anyone, and are not a sign of dirty hair or poor hygiene.

6 Symptoms include itchiness on the scalp, seeing live lice or nits (lice eggs) in the hair, and sores or red  
7 bumps on the scalp or neck from scratching.

## 8 **Exclusion period**

9 Not excluded, as long as effective treatment begins before the next attendance at the service. The  
10 child does not need to be sent home immediately if head lice are detected.

## 11 **How it spreads**

12 Head lice spread from one person to another by direct head-to-head contact, or by sharing a comb or  
13 hairbrush. Lice cannot jump or fly, and cannot live long away from the human head. They do not live  
14 or breed on animals, bedding, furniture, carpets, clothes or soft toys.

## 15 **Actions for educators and other staff**

16 Follow exclusion period recommendations.

17 If one child in a class has head lice, it is likely that several others also have them. Do not isolate a child  
18 who is known to have lice.

19 Reduce head-to-head contact between children if you are aware someone at your service has head  
20 lice.

21 Tell families if there is someone in your service with head lice. Support families by providing factual  
22 information, reducing parental anxiety and not singling out individual children with head lice.

## 23 **Actions for parents and carers**

24 If your child has head lice, follow exclusion recommendations and treat them straight away. You may  
25 send your child back to the education and care service as soon as effective treatment has started.

26 Check for head lice in other family members as well.

27 Check your child's head once a week for head lice. If you find any lice or eggs, begin treatment  
28 immediately. Check for lice every 2 days until no lice are found for 10 consecutive days.

## 29 **More information about head lice**

30 See healthdirect for more information on prevention, diagnosis and treatment of head lice  
31 ([healthdirect.gov.au/head-lice](http://healthdirect.gov.au/head-lice)).

32 To find out if a child needs medical help, you can:

- 33 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 34 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

# 1 Hepatitis A

2 Hepatitis A is a liver disease caused by the hepatitis A virus, which is very infectious. Symptoms can  
3 include fever, tiredness, stomach pain, loss of appetite and nausea. This is sometimes followed by  
4 dark urine and yellowing of the skin and eyes (jaundice). Symptoms can last from 1 week to several  
5 months. Children under 3 years old rarely have any symptoms. Hepatitis A vaccine is effective and  
6 recommended for people at higher risk of being infected.

## 7 Exclusion period

8 Exclude until at least 7 days after jaundice starts, or if there is no jaundice, until 2 weeks after onset  
9 of other symptoms.

## 10 How it spreads

11 Hepatitis A spreads when the virus enters the body by the mouth. This can happen when:

- 12 • people eat contaminated food or drink contaminated water
- 13 • infected people do not wash their hands effectively after using the toilet and their hands  
14 contaminate food or surfaces
- 15 • a person changes the nappy of an infected child and does not wash their hands effectively.

16 The virus can survive on unwashed hands or room-temperature food for several hours. Heating or  
17 freezing food may not always kill the virus on contaminated food.

## 18 Actions for educators and other staff

19 Contact your local public health unit for advice if you have a case of hepatitis A in your service.

20 Follow exclusion period recommendations.

21 Ensure staff and children practise effective hand and toileting hygiene.

22 Ensure staff are using appropriate cleaning practices.

23 Encourage staff to be vaccinated against hepatitis A.

## 24 Actions for parents and carers

25 Take your child to a doctor to discuss caring for them and vaccination options for family members.

26 Make sure you and your child wash their hands regularly, especially after going to the toilet or  
27 changing nappies.

28 Follow exclusion recommendations. You will need a medical certificate of recovery from a doctor  
29 before your child can return to the care service.

## 30 More information about hepatitis A

31 See healthdirect for more information on prevention, diagnosis and treatment of hepatitis A  
32 ([healthdirect.gov.au/hepatitis-a](http://healthdirect.gov.au/hepatitis-a)).

- 1 To find out if a child needs medical help, you can:
- 2 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](https://healthdirect.gov.au/symptom-checker))
- 3 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

Draft

# 1 **Hepatitis B**

2 Hepatitis B is a viral infection that affects the liver. About 50% of adults and 90% of children do not  
3 develop any symptoms at the time of infection. If they do occur, symptoms may include fever,  
4 tiredness, stomach pain, nausea, dark urine and yellowing of the skin and eyes (jaundice).

5 In some cases, hepatitis B can lead to liver damage or liver cancer.

6 Vaccination can prevent hepatitis B and is part of the routine childhood vaccination schedule in  
7 Australia.

## 8 **Exclusion period**

9 Not excluded.

## 10 **How it spreads**

11 Hepatitis B spreads through contact with an infected person's blood or body fluids. The virus can  
12 survive outside the body for up to 7 days, so surfaces or objects contaminated with blood or saliva  
13 can also spread the virus.

14 Hepatitis B does not spread through food or water, or through ordinary social contact.

## 15 **Actions for educators and other staff**

16 Routinely check the vaccination status of children and staff.

17 Follow standard procedures for handling blood and body fluids, as you may not know if someone has  
18 the virus.

19 Make sure your service has a protocol for managing exposure to blood, body fluids or needlestick  
20 injuries.

21 Cover open wounds with a waterproof dressing to reduce exposure to blood.

## 22 **Actions for parents and carers**

23 If your child has been diagnosed with hepatitis B, follow your doctor's advice and keep your child at  
24 home until they are feeling better.

25 Cover any cuts or wounds with a waterproof dressing.

26 Vaccination against hepatitis B is available under the National Immunisation Program. See your  
27 doctor if you or any family members have not been vaccinated.

## 28 **More information about hepatitis B**

29 See healthdirect for more information on prevention, diagnosis and treatment of hepatitis B  
30 ([healthdirect.gov.au/hepatitis-b](http://healthdirect.gov.au/hepatitis-b)).

31 To find out if a child needs medical help, you can:

- 32 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 33 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

# 1 **Hepatitis C**

2 Hepatitis C is a viral infection that affects the liver. The disease is slow acting and often has no  
3 symptoms, so around half of infected people do not know they are infected. If people do experience  
4 symptoms, they can include fever, tiredness, stomach pain, nausea, dark urine and yellowing of the  
5 skin and eyes (jaundice).

6 In the long term, hepatitis C can lead to liver damage and liver cancer. There is no vaccine, but  
7 effective treatment is available.

## 8 **Exclusion period**

9 Not excluded.

## 10 **How it spreads**

11 Hepatitis C spreads through direct contact with infected blood or body fluids.

12 Hepatitis C does not spread through food or water, or through ordinary social contact.

## 13 **Actions for educators and other staff**

14 Follow standard procedures for handling blood and body fluids, as you may not know if someone has  
15 the virus.

16 Make sure your service has a protocol for managing exposure to blood, body fluids or needlestick  
17 injuries.

18 Cover open wounds with a waterproof dressing to reduce exposure to blood.

## 19 **Actions for parents and carers**

20 If your child has been diagnosed with hepatitis C, follow your doctor's advice. To prevent further liver  
21 infections get your child vaccinated against hepatitis A and B (if they are not already vaccinated).

22 Cover any cuts or wounds with a waterproof dressing.

## 23 **More information about hepatitis C**

24 See healthdirect for more information on prevention, diagnosis and treatment of hepatitis C  
25 ([healthdirect.gov.au/hepatitis-c](http://healthdirect.gov.au/hepatitis-c)).

26 To find out if a child needs medical help, you can:

- 27 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 28 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

29

# 1 Hepatitis E

2 Hepatitis E is a liver disease caused by the hepatitis E virus. It is rare in Australia. Some people,  
3 especially children, will have no symptoms. If symptoms do occur, they can include fever, tiredness,  
4 stomach pain, loss of appetite and nausea. This is sometimes followed by dark urine and yellowing of  
5 the skin and eyes (jaundice).

## 6 Exclusion period

7 Exclude until at least 7 days after jaundice starts, or if there is no jaundice, until 2 weeks after onset  
8 of other symptoms.

## 9 How it spreads

10 Hepatitis E spreads when the virus enters the body by the mouth, for example when people eat  
11 contaminated food or drink contaminated water. Most Australians who get hepatitis E catch it  
12 overseas. Within Australia, people sometimes become infected after eating undercooked pork (pig)  
13 products. Person-to-person transmission is not common.

## 14 Actions for educators and other staff

15 Contact your local public health unit for advice if you have a case of hepatitis E in your service.

16 Follow exclusion period recommendations.

17 Ensure staff and children practise effective hand and toileting hygiene.

18 Ensure staff are using appropriate cleaning practices.

## 19 Actions for parents and carers

20 Make sure you and your child wash their hands regularly, especially after going to the toilet or  
21 changing nappies.

22 Follow exclusion recommendations. You will need a medical certificate of recovery from a doctor  
23 before your child can return to the care service.

## 24 More information about hepatitis E

25 See healthdirect for more information on prevention, diagnosis and treatment of hepatitis E  
26 ([healthdirect.gov.au/hepatitis](http://healthdirect.gov.au/hepatitis)).

27 To find out if a child needs medical help, you can:

- 28 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 29 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

## 1 **Hib (*Haemophilus influenzae* type b)**

2 Despite its name, the germ that causes this infection is not related to influenza ('the flu'). Until a  
3 vaccine was introduced in 1993, Hib was one of the most common cause of life-threatening infections  
4 in Australian children under 5 years old.

5 Hib can cause swelling in the throat, which interferes with breathing, causing noises when breathing.  
6 It may block breathing altogether. It can also cause pneumonia (infection in the lungs) and infect the  
7 membranes covering the brain (meningitis), the joints, or the tissue under the skin (usually on the  
8 face).

9 Symptoms of Hib meningitis are very similar to other types of meningitis. These include severe  
10 headache, stiff neck, fits, severe sleepiness, difficulty waking up and loss of consciousness.

### 11 **Exclusion period**

12 Exclude until the person has received appropriate antibiotic treatment for at least 4 days.

### 13 **How it spreads**

14 Hib spreads from person to person via droplets in the air that contain the germ. People get infected  
15 by:

- 16 • breathing in droplets when an infected person breathes, coughs or sneezes on them
- 17 • touching a surface contaminated with droplets – for example, hands, tissues, toys or eating  
18 utensils – and then touching their mouth.

### 19 **Actions for educators and other staff**

20 Follow exclusion period recommendations.

21 Contact your local public health unit for advice if you have a case of Hib in your service.

22 Check the immunisation records of all children who have come into contact with a child with Hib.  
23 Unvaccinated children who have had close contact with the infected child will need special  
24 antibiotics.

25 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

26 Ensure staff use appropriate cleaning practices.

### 27 **Actions for parents and carers**

28 Ensure your baby is vaccinated against Hib.

29 If your child has symptoms of Hib, contact your doctor immediately so they can give your child the  
30 correct treatment.

31 Keep your child at home until they are feeling well and have completed the course of special  
32 antibiotics prescribed.

33 Teach them to cough or sneeze into a tissue, then throw the tissue into a bin and wash their hands. If  
34 there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of their  
35 hands.

1 Make sure your child washes their hands thoroughly and frequently.

## 2 **More information about Hib**

3 See healthdirect for more information on prevention, diagnosis and treatment of Hib  
4 ([healthdirect.gov.au/haemophilus-influenzae-type-b-hib](http://healthdirect.gov.au/haemophilus-influenzae-type-b-hib)).

5 To find out if a child needs medical help, you can:

- 6 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 7 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

8

Draft

## 1 **HIV (human immunodeficiency virus)**

2 HIV is a virus that is carried in blood and body fluids and damages the immune system. Untreated  
3 infection with HIV can lead to AIDS (acquired immunodeficiency syndrome). When a person has AIDS,  
4 their immune system can no longer protect their body from other diseases such as infections and  
5 cancers. HIV is a lifelong infection.

6 Effective treatment is now available and people who take it have a near-normal life expectancy.

### 7 **Exclusion period**

8 Not excluded.

9 If the person is severely immunocompromised, they will be vulnerable to other people's infections.

### 10 **How it spreads**

11 First, how it doesn't spread: HIV doesn't spread through social contact in schools, at home, or in the  
12 workplace. It doesn't spread through air or water; swimming pools or toilets; sharing of plates, cups  
13 or cutlery; or kissing, coughing, sneezing or spitting. Mosquitoes or other biting insects don't spread  
14 HIV.

15 HIV spreads through direct contact with infected blood and body fluids, usually through needle  
16 puncture, broken skin, or a break in the mucous membranes (for example, the lining of the  
17 reproductive organs). In Australia, most HIV infections are caused by:

- 18 • unprotected sex
- 19 • sharing drug-injecting equipment
- 20 • spread of the virus from mother to infant during pregnancy, birth or breastfeeding
- 21 • receiving blood or blood products before screening for HIV was introduced in 1985.

### 22 **Actions for educators and other staff**

23 Maintain confidentiality if a child or staff member has HIV.

24 Practise standard precautions for handling blood and other body fluids at all times – you may not  
25 know if people are carrying the virus.

26 Ensure open wounds are covered with a waterproof dressing.

### 27 **Actions for parents and carers**

28 You may choose to tell educators or other staff if your child has HIV, but you don't have to.

29 Children with HIV are more likely to get severe infections than other children are. Ask your doctor  
30 about which vaccines your child should get.

31 Keep children with HIV at home during outbreaks of infectious diseases in their childcare centre.

32 Keep open wounds covered with a waterproof dressing.

## 1 **More information about HIV**

2 See healthdirect for more information on prevention, diagnosis and treatment of HIV  
3 ([healthdirect.gov.au/hiv-infection-and-aids](http://healthdirect.gov.au/hiv-infection-and-aids)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

# 1 **Human metapneumovirus**

2 Human metapneumovirus (HMPV) is a respiratory virus that causes a mild infection similar to a  
3 common cold or respiratory syncytial virus infection. Symptoms include cough, fever, runny or  
4 blocked nose, headache and feeling tired. Complications such as bronchiolitis or pneumonia can  
5 occur in young children.

## 6 **Exclusion period**

7 Exclude based on symptoms; otherwise not excluded.

8 If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude  
9 them if:

- 10 • the respiratory symptoms are new and getting worse (more frequent or severe), **or**
- 11 • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding).

12 A person can often have an ongoing cough after they have recovered from a respiratory infection. If  
13 their other symptoms have gone and they are feeling well, they can return to the service.

## 14 **How it spreads**

15 HMPV spreads from person to person via droplets containing the virus. People can be infected by:

- 16 • breathing in droplets when an infected person breathes, coughs or sneezes on them or near  
17 them
- 18 • touching a surface contaminated with droplets – for example, hands, tissues, toys or eating  
19 utensils – and then touching their eyes, nose or mouth.

## 20 **Actions for educators and other staff**

21 Ensure staff and children have good respiratory and hand hygiene.

22 Ensure staff are using appropriate cleaning practices.

## 23 **Actions for parents and carers**

24 Keep your child at home until their symptoms have gone.

25 Teach them to cough or sneeze into a tissue, then throw the tissue into a bin and wash their hands. If  
26 there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of their  
27 hands.

28 Sometimes children recovering from respiratory viruses no longer have a fever and are back to  
29 normal activities, but still have an occasional cough. If this applies to your child, check with your  
30 childcare provider about whether they can return to care.

## 31 **More information about human metapneumovirus**

32 See NSW Health for more information on prevention, diagnosis and treatment of respiratory viruses,  
33 including HMPV ([health.nsw.gov.au/Infectious/factsheets/Pages/respiratory-viruses.aspx](http://health.nsw.gov.au/Infectious/factsheets/Pages/respiratory-viruses.aspx)).

- 1 To find out if a child needs medical help, you can:
- 2 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](https://healthdirect.gov.au/symptom-checker))
- 3 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.
- 4

Draft

## 1 **Impetigo (school sores)**

2 Impetigo is a skin infection that commonly occurs in school-aged children. It is caused by 2 types of  
3 bacteria, *Staphylococcus* and *Streptococcus*. Impetigo appears as flat, yellow, crusty or moist patches  
4 or blisters on the skin, usually on the face, arms and legs. The sores can measure 5 or more  
5 millimetres. The disease spreads easily.

6 These germs often live harmlessly on and in the body, such as on the skin and in the nose. Cuts,  
7 abrasions, or dry and cracked skin may allow them to get into deeper layers of the skin and cause  
8 infections. However, healthy, intact skin can sometimes develop sores.

## 9 **Exclusion period**

10 Exclude until appropriate antibiotic treatment has started.

11 Cover any sores on exposed skin with a watertight dressing.

## 12 **How it spreads**

13 The sores are filled with the germs, which spread when others touch the sores or infected fluid.  
14 Because the sores can be itchy or painful, people can scratch or touch them, spreading the infection  
15 via their hands to other parts of their body or to other people. The infection also spreads by touching  
16 contaminated clothing or other items.

## 17 **Actions for educators and other staff**

18 Ensure staff and children practise effective hand hygiene.

19 Ensure staff are using appropriate cleaning practices.

## 20 **Actions for parents and carers**

21 Keep your child at home until they have had antibiotic treatment for at least 24 hours. If antibiotics  
22 are not used, keep the child at home until the sores are dry.

23 Cover any sores on exposed skin with a waterproof dressing.

24 Make sure your child washes their hands thoroughly and frequently, especially if they touch the  
25 sores.

## 26 **More information about impetigo**

27 See healthdirect for more information on prevention, diagnosis and treatment of impetigo  
28 ([healthdirect.gov.au/impetigo](http://healthdirect.gov.au/impetigo)).

29 To find out if a child needs medical help, you can:

- 30 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 31 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

# 1 Measles

2 Measles is a highly infectious and potentially serious disease caused by a virus. The initial symptoms  
3 are not specific and include a fever, cough, and sore, red eyes (conjunctivitis). This is followed by a  
4 more characteristic rash of large, lumpy, reddish to purplish blotches that often join up and  
5 completely cover the skin. The rash spreads over the entire body but usually disappears within 6  
6 days.

7 The reason that measles is so concerning is that it often causes very serious complications, including  
8 lung infections (pneumonia) and swelling of the brain. Because of this, measles should not be  
9 considered a minor disease. Children with measles can be very ill, and adults with measles are usually  
10 hospitalised.

11 The number of cases of measles in Australia has fallen dramatically over the past 15 years because of  
12 vaccination programs and other public health measures. However, overseas travellers still bring  
13 measles into Australia, so people in Australia can still catch the virus.

## 14 Exclusion period

15 Exclude for 4 days after the rash appeared.

16 Contacts: Vaccinated and immune contacts are not excluded. For unvaccinated contacts, talk to your  
17 public health unit for advice. Exclude all immunocompromised children until 14 days after the rash  
18 appears in the last case.

## 19 How it spreads

20 Measles spreads from person to person via mouth-to-mouth contact or droplets in the air that  
21 contain the measles virus. People get infected by:

- 22 • breathing in infected droplets. The virus is very infectious and can stay in the air for up to 2 hours  
23 after an infected person has left the room.
- 24 • touching a surface contaminated with droplets – for example, hands, tissues, toys or eating  
25 utensils – and then touching their mouth.

## 26 Risks in pregnancy

27 In very rare cases, measles can bring on premature birth. This is mainly seen in unvaccinated people.  
28 Getting vaccinated significantly reduces the risk.

## 29 Actions for educators and other staff

30 Contact your local public health unit for advice if you have a case of measles in your service.

31 Review vaccination records: Ensure children have received 1 or 2 doses of measles–mumps–rubella  
32 (MMR) vaccine, depending on their age. The public health unit can advise if any children who have  
33 not been vaccinated will need to be excluded.

34 Ensure that:

- 35 • all staff have received 2 doses of MMR if they were born during or after 1966
- 36 • staff and children practise cough and sneeze etiquette and effective hand hygiene

- 1 • staff are using appropriate cleaning practices.

## 2 **Actions for parents and carers**

3 Make sure your child is fully vaccinated against measles.

4 Keep your child at home for the recommended period, or longer, until they are feeling better.

5 Advise any friends, family or social contacts that your child has measles. These people may need to  
6 seek medical advice if they:

- 7 • are pregnant or considering starting a family  
8 • aren't vaccinated  
9 • have a medical condition that lowers their immunity, such as cancer or HIV  
10 • are taking certain medications.

## 11 **More information about measles**

12 See healthdirect for more information on prevention, diagnosis and treatment of measles  
13 ([healthdirect.gov.au/measles](http://healthdirect.gov.au/measles)).

14 To find out if a child needs medical help, you can:

- 15 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))  
16 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

17

## 1 **Meningitis (viral)**

2 Meningitis is an infection of the membranes that cover the spinal cord and brain. A lot of different  
3 viruses can cause meningitis, including the ones that cause gastroenteritis, measles, mumps,  
4 chickenpox and herpes.

5 Symptoms may include headache, fever, vomiting, neck stiffness, joint pain, drowsiness or confusion,  
6 and discomfort when looking at bright lights. Although symptoms may be severe, people usually  
7 recover completely.

## 8 **Exclusion period**

9 Exclude until the person is well.

## 10 **How it spreads**

11 How people get meningitis depends on the virus that causes it. Some viruses can spread via droplets  
12 in the air that contain the virus. Others can spread by touching a surface contaminated with droplets  
13 – for example, hands, tissues, toys or eating utensils – or by contact with infected faeces.

## 14 **Actions for educators and other staff**

15 Inform a parent or carer immediately if their child has symptoms of meningitis.

16 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

17 Ensure staff are using appropriate cleaning practices.

## 18 **Actions for parents and carers**

19 If your child has symptoms of meningitis, contact your doctor immediately. If your doctor is not  
20 available, go to your nearest emergency department or call triple zero (000) and ask for an  
21 ambulance.

22 Do not send your child back to the education and care service until they are feeling well again.

23 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
24 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
25 their hands.

26 Make sure your child washes their hands thoroughly and frequently.

## 27 **More information about meningitis**

28 See healthdirect for more information on prevention, diagnosis and treatment of meningitis  
29 ([healthdirect.gov.au/meningitis](http://healthdirect.gov.au/meningitis)).

30 To find out if a child needs medical help, you can:

- 31 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 32 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

# 1 Meningococcal infection

2 Meningococcal infection is caused by a germ called *Neisseria meningitidis*, also known as  
3 meningococcus. There are several different types of meningococcus, but group B and group C cause  
4 most infections in Australia. Infections with group C are much less common now there is a vaccine  
5 against this group.

6 Meningococcal infection is severe and can cause meningitis (infection of the membranes that cover  
7 the brain and spinal cord). The germ can also infect the blood, joints, eyes, lungs and skin. Symptoms  
8 in infants and young children include fever, refusing feeds, fretfulness, vomiting, a rash of reddish-  
9 purple spots or bruises, a high-pitched or moaning cry, and pale or blotchy skin. The child may be  
10 difficult to wake up.

11 Meningococcal blood infections (septicaemia) can cause shock and death within hours of symptoms  
12 starting. In Australia, 5–10% of people infected with meningococcus die, even if they are treated  
13 rapidly. Most cases occur in children under 5 years of age.

## 14 Exclusion period

15 Exclude until the person has completed appropriate antibiotic treatment.

## 16 How it spreads

17 The meningococcal germ can be found in the nose and throat of up to 1 in 10 of people, where the  
18 germs are almost always harmless. These people are the 'carriers' of the germ. In a few people, for  
19 reasons that are not clear, the germ spreads into the bloodstream and can cause very serious illness.

20 A person can be infected if they:

- 21 • are in close contact with an infected person for a long time
- 22 • breathe in droplets when an infected person breathes, coughs or sneezes on them.

23 The germs do not spread by contact with saliva from the front of the mouth. For example, sharing  
24 drinks or eating utensils does not spread meningococcus, even if a person is carrying it in the back of  
25 their throat.

## 26 Actions for educators and other staff

27 Contact your local public health unit for advice about antibiotics and/or vaccination for people who  
28 were in the same room as the person with meningococcal disease.

29 Seek urgent medical attention for any person with any of the signs of meningococcal infection, such  
30 as rapid onset of illness, or a rash of reddish-purple spots or bruises.

31 Seek advice from your local public health unit.

32 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

33 Ensure staff use appropriate cleaning practices.

## 34 Actions for parents and carers

35 Make sure your child is vaccinated against meningococcal infection.

- 1 Contact your doctor immediately if your child shows any of the signs of meningococcal infection, such
- 2 as rapid onset of illness, or a rash of reddish-purple spots or bruises.
- 3 Keep your child at home for the required period, or longer, until they are feeling well.
- 4 Your doctor can advise if very close contacts (such as family members) of someone with
- 5 meningococcal disease need to take antibiotics. This is to kill any germs they may be carrying. Usually,
- 6 all very close contacts are treated because there is no easy and quick way of finding out who is the
- 7 carrier.

## 8 **More information about meningococcal infection**

9 See healthdirect for more information on prevention, diagnosis and treatment of meningococcal  
10 infection ([healthdirect.gov.au/meningococcal-disease](http://healthdirect.gov.au/meningococcal-disease)).

11 To find out if a child needs medical help, you can:

- 12 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 13 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

14

# 1 **Molluscum contagiosum**

2 Molluscum contagiosum is a common skin infection caused by the molluscipox virus. The virus causes  
3 a rash of pearly, skin-coloured lumps that can appear anywhere on the body. The most common  
4 places to find them are under the arms, at the back of the knees, on the inside of the elbows, and at  
5 the tops of the thighs. The lumps are usually small, with a white centre and an indented surface.

6 The disease is not serious and usually disappears without treatment, but this may take several  
7 months, or even longer in people whose immune defences are not working well. The infection is most  
8 common in children but has no long-term effects.

## 9 **Exclusion period**

10 Not excluded.

## 11 **How it spreads**

12 The virus spreads by direct skin-to-skin contact with an infected person, especially when there are  
13 small breaks in the skin. It can also spread in bath or pool water, on towels, face washers or clothing.

## 14 **Actions for educators and other staff**

15 Ensure staff and children practise effective hand hygiene.

16 Ensure staff use appropriate cleaning practices.

17 Avoid sharing towels and face washers.

## 18 **Actions for parents and carers**

19 Make sure your child washes their hands thoroughly and frequently.

20 Do not share towels, face washers or clothing. Wash and dry children's bath toys after use.

21 Drying the affected area last after showering your child and wash your hands thoroughly after  
22 touching the spots.

23 Treatment is not generally needed, but see your child's doctor if the child develops many spots or the  
24 spots become infected.

## 25 **More information about molluscum contagiosum**

26 See healthdirect for more information on prevention, diagnosis and treatment of molluscum  
27 contagiosum ([healthdirect.gov.au/molluscum-contagiosum](http://healthdirect.gov.au/molluscum-contagiosum)).

28 To find out if a child needs medical help, you can:

- 29 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 30 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

# 1 **Mosquito-borne diseases**

2 Diseases that spread through mosquito bites are called mosquito-borne diseases. Mosquitoes may  
3 pick up germs from infected animals or infected humans, but in Australia most mosquitoes do not  
4 carry disease-causing germs.

5 The mosquito-borne diseases reported most often in Australia are Ross River virus infection, Barmah  
6 Forest virus infection, dengue fever (in northern Queensland and the Torres Straits) and malaria (only  
7 acquired overseas). Other mosquito-borne diseases such as Japanese encephalitis, Murray Valley  
8 encephalitis and Chikungunya virus are very rare.

9 Mosquito-borne diseases cause a range of symptoms, which often include fever, headache, muscle  
10 and joint pain, and rash. Some can have rare but serious complications. For details on individual  
11 diseases, see healthdirect ([healthdirect.gov.au/mosquito-borne-diseases](http://healthdirect.gov.au/mosquito-borne-diseases)).

## 12 **Exclusion period**

13 Not excluded.

## 14 **How it spreads**

15 Mosquito-borne diseases are not spread directly from person to person. The mosquito picks up the  
16 virus from an infected person or animal and then spreads it when it feeds on another person or  
17 animal.

## 18 **Actions for educators and other staff**

19 Contact your public health unit for advice if you have a mosquito-borne disease in your service.

20 If in a mosquito-prone area, check with parents if they would like staff to apply insect repellents on  
21 their child. Personal 'tropical strength' insect repellents containing DEET or picaridin are most  
22 effective. When using insect repellents on infants and young children, always read the label and  
23 follow the manufacturer's instructions carefully.

24 Ensure insect screens are in good condition, with no holes. Put a screen with holes of less than  
25 1 millimetre over inlets and overflow outlets of rainwater tanks.

26 To stop mosquitoes breeding:

- 27 • remove any objects that can hold water
- 28 • empty outside pot-plant trays at least once a week, or put sand in the trays to take up the water.

## 29 **Actions for parents and carers**

30 Keep your child indoors when mosquito bites are most likely to happen. Some mosquitoes will bite  
31 during the day, but many are most active for 2 to 3 hours around sunset and sunrise.

32 When using insect repellents on infants and young children, always read the label and follow the  
33 manufacturer's instructions carefully. Personal 'tropical strength' insect repellents containing DEET  
34 picaridin or oil of lemon eucalyptus are most effective.

35 Make sure insect screens are in good condition, with no holes.

- 1 In highly mosquito-prone areas or when mosquitoes are most active, dress your child in long-sleeved,
- 2 loose, light-coloured clothing that covers as much of the body as possible. Mosquitoes can bite
- 3 through tight clothing.
- 4 Remove any objects that can hold water, such as old tyres or troughs – mosquitoes breed in still
- 5 water.
- 6 Empty pot-plant trays at least once a week or put sand in the trays to take up the water.
- 7 Keep fish, such as small native fish, in fishponds or unused swimming pools to eat the baby
- 8 mosquitoes before they turn into adults.
- 9 Empty paddling pools each day as soon as children have finished playing in them.
- 10 Empty birdbaths and pets' water bowls at least once a week.
- 11 Put a screen with holes of less than 1 millimetre over inlets and overflow outlets of rainwater tanks.

## 12 **More information about mosquito-borne diseases**

13 See healthdirect for more information on prevention, diagnosis and treatment of mosquito-borne  
14 diseases ([healthdirect.gov.au/mosquito-borne-diseases](http://healthdirect.gov.au/mosquito-borne-diseases)).

15 To find out if a child needs medical help, you can:

- 16 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 17 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

18

# 1 **Mumps**

2 Mumps is an infection caused by a virus that is now uncommon in Australia because we have a  
3 vaccine for it. About one-third of people with mumps only have mild symptoms or no symptoms at  
4 all. When symptoms do occur, they include swelling of the glands that produce saliva, high fever and  
5 headache. Men and adolescent boys may have tender testicles. Very rarely, women and adolescent  
6 girls may have abdominal pain due to inflammation of the ovaries.

7 Serious complications can sometimes occur, including swelling of the spinal cord and brain, and  
8 hearing loss. Very rarely, a person can become infertile. In extremely rare cases, a person may die.

## 9 **Exclusion period**

10 Exclude for 9 days or until swelling goes down (whichever is sooner).

## 11 **How it spreads**

12 The mumps virus spreads from person to person via droplets in the air that contain the virus. People  
13 get infected by breathing in droplets when an infected person breathes, coughs or sneezes on them.

## 14 **Actions for educators and other staff**

15 Follow exclusion period recommendations.

16 Contact your local public health unit for advice if you have a case of mumps in your service.

17 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

18 Ensure staff use appropriate cleaning practices.

## 19 **Actions for parents and carers**

20 Make sure your child is vaccinated against mumps.

21 Keep your child at home until they are feeling well – but they must stay home either until the swelling  
22 has gone down, or it is 9 days after the swelling started.

23 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
24 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
25 their hands.

## 26 **More information about mumps**

27 See healthdirect for more information on prevention, diagnosis and treatment of mumps  
28 ([healthdirect.gov.au/mumps](http://healthdirect.gov.au/mumps)).

29 To find out if a child needs medical help, you can:

- 30 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 31 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

32

# 1 **Norovirus infection**

2 Norovirus is a common viral cause of gastroenteritis (or 'gastro'). Vomiting is usually the main initial  
3 symptom, and there can be large quantities of vomit. Other symptoms may include diarrhoea,  
4 nausea, stomach cramps, fever, headache and muscle aches. Norovirus gastroenteritis can cause  
5 dehydration because of the large amount of fluid lost through vomiting and diarrhoea.

6 Outbreaks are common because norovirus spreads very easily and it only takes a small number of  
7 virus particles to make someone sick. The disease is more common in Australia from late winter to  
8 early summer.

9 People who have had norovirus in the past can be reinfected as new strains of the virus spread  
10 around the world every few years.

## 11 **Exclusion period**

12 Exclude until there has not been any diarrhoea or vomiting for 48 hours.

## 13 **How it spreads**

14 The disease spreads when norovirus enters the body by the mouth. This can happen when:

- 15 • infected people do not wash their hands effectively after using the toilet and their hands  
16 contaminate food or surfaces
- 17 • people inhale droplets produced when an infected person vomits
- 18 • people don't wash their hands effectively after changing the nappy of an infected baby.

19 The virus is relatively resistant to cleaning with disinfectants. This means that it is important to  
20 isolate people who are unwell, as well as cleaning bathrooms and high-touch surfaces. This reduces  
21 the risk of large outbreaks.

## 22 **Actions for educators and other staff**

23 Follow exclusion period recommendations.

24 Contact your local public health unit if 2 or more people are ill with gastroenteritis in your service.  
25 Public health workers may be able to identify how the germ has spread through the centre, which will  
26 help prevent further infection and a large-scale outbreak.

27 Ensure staff and children practise effective hand hygiene.

28 Ensure staff use appropriate cleaning practices.

## 29 **Actions for parents and carers**

30 Keep your child at home for the required exclusion period at a minimum, and longer if they are still  
31 not feeling well.

32 Keep your child hydrated – consider using an oral rehydration solution from a chemist. See a doctor if  
33 your child cannot take extra fluids due to vomiting.

34 Make sure your child washes their hands thoroughly and frequently, especially after going to the  
35 toilet.

1 **More information about norovirus infection**

2 See healthdirect for more information on prevention, diagnosis and treatment of norovirus  
3 ([healthdirect.gov.au/norovirus-infection](http://healthdirect.gov.au/norovirus-infection)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))  
6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

## 1 **Pneumococcal disease**

2 Pneumococcal disease is caused by a type of bacteria called *Streptococcus pneumoniae*. The germ  
3 can cause a range of illnesses, from mild ear or throat infections to severe lung infections  
4 (pneumonia) and meningitis (infection of the membranes covering the brain and spinal cord). In  
5 Australia, pneumococcal disease tends to be more common during winter and spring. It is a leading  
6 cause of death in children under 5 years of age, especially in First Nations children, but seniors are  
7 also at risk of pneumococcal pneumonia.

8 There is a vaccine against pneumococcal disease that is included in the Australian National  
9 Immunisation Program.

## 10 **Exclusion period**

11 Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.

## 12 **How it spreads**

13 Pneumococcal disease spreads from person to person via infected droplets in the air. People get  
14 infected by:

- 15 • breathing in droplets when an infected person breathes, coughs or sneezes on them
- 16 • touching a surface contaminated with infected droplets – for example, hands, tissues, toys or  
17 eating utensils – and then touching their mouth or face.

## 18 **Actions for educators and other staff**

19 Follow exclusion period recommendations.

20 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

21 Ensure staff use appropriate cleaning practices.

## 22 **Actions for parents and carers**

23 Protect your child against pneumococcal disease by being up to date with their childhood  
24 immunisations.

25 If your child has symptoms of the disease, see your doctor.

26 Keep your child at home until they are feeling well, and for at least 24 hours after they have started  
27 taking antibiotics.

28 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
29 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
30 their hands.

31 Make sure your child washes their hands thoroughly and frequently.

## 32 **More information about pneumococcal disease**

33 See healthdirect for more information on prevention, diagnosis and treatment of pneumococcal  
34 disease ([healthdirect.gov.au/pneumococcal-disease](http://healthdirect.gov.au/pneumococcal-disease)).

- 1 To find out if a child needs medical help, you can:
- 2 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](https://healthdirect.gov.au/symptom-checker))
- 3 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.
- 4

Draft

# 1 **Pneumonia**

2 Pneumonia is a lung infection that can be serious in young children. It can be caused by bacteria,  
3 viruses or fungi. People can develop pneumonia after they have common infections such a cold, the  
4 flu or respiratory syncytial virus.

5 People with pneumonia may have symptoms of a cold that get worse over time, rather than better.  
6 Symptoms of pneumonia include a moist cough, fever, difficulty breathing and feeling tired.

## 7 **Exclusion period**

8 Exclude based on symptoms; otherwise not excluded.

9 If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude  
10 them if:

- 11 • the respiratory symptoms are new and getting worse (more frequent or severe), **or**
- 12 • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding).

13 A person can often have an ongoing cough after they have recovered from a respiratory infection. If  
14 their other symptoms have gone and they are feeling well, they can return to the service.

## 15 **How it spreads**

16 The germs that cause pneumonia are generally common and spread from person to person, but only  
17 cause illness in a small proportion of people. Pneumonia is a significant illness in pregnancy and  
18 immunocompromised people.

## 19 **Actions for educators and other staff**

20 Follow exclusion period recommendations.

21 Ensure staff and children have good respiratory and hand hygiene.

22 Ensure staff are using appropriate cleaning practices.

## 23 **Actions for parents and carers**

24 Take your child to see a doctor if you think they may have pneumonia. If your child's pneumonia is  
25 caused by bacteria, they will need antibiotics. Follow your doctor's treatment plan and keep your  
26 child at home until their symptoms have gone.

27 Keep your child up to date with their recommended vaccinations. Vaccination can prevent some  
28 illnesses that lead to pneumonia.

29 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
30 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
31 their hands.

32 Sometimes children recovering from pneumonia no longer have a fever and are back to normal  
33 activities, but still have an occasional cough. If this applies to your child, check with your childcare  
34 provider about whether they can return to care.

## 1 **More information about pneumonia**

- 2 See healthdirect for more information on prevention, diagnosis and treatment of pneumonia
- 3 ([healthdirect.gov.au/pneumonia](http://healthdirect.gov.au/pneumonia)).
- 4 To find out if a child needs medical help, you can:
  - 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
  - 6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

Draft

# 1 Rash

2 Rashes are common among children. Many rashes do not need urgent attention, especially if the  
3 child is happy and the rash does not appear to bother them.

4 Urgent medical attention is needed if a child has a rash of flat spots that do not whiten if you press  
5 on them. The spots can be very small or quite large, and are coloured red or purple. These rashes are  
6 caused by burst blood vessels under the skin. They may indicate a serious infection such as  
7 meningococcal disease.

8 Some rashes can be a sign of a severe allergic reaction (anaphylaxis). The parents of children who are  
9 known to have severe, life-threatening allergies should provide the education and care service with  
10 an anaphylaxis action plan for their child. Staff should follow this plan if the child has an anaphylactic  
11 reaction.

## 12 Exclusion period

13 Exclude if rash develops rapidly or it is combined with fever or other concerning symptoms.  
14 Otherwise not excluded.

## 15 How it spreads

16 Spread depends on the cause of the rash. Most rashes are not infectious, but ringworm and school  
17 sores are.

## 18 Actions for educators and other staff

19 Follow exclusion period recommendations.  
20 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.  
21 Ensure staff use appropriate cleaning practices.

## 22 Actions for parents and carers

23 If your child is unwell, take them to the doctor to find out what is causing the rash.  
24 Your child should stay at home until they are feeling well, especially if the rash is infectious.  
25 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
26 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
27 their hands.  
28 Make sure your child washes their hands thoroughly and frequently if they have an infectious rash.

## 29 More information about rash

30 See healthdirect for more information on prevention, diagnosis and treatment of serious rashes in  
31 children ([pregnancybirthbaby.org.au/serious-childhood-rashes](http://pregnancybirthbaby.org.au/serious-childhood-rashes)).

32 To find out if a child needs medical help, you can:

- 33 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))

- 1 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

2

Draft

## 1 **Respiratory symptoms**

2 Respiratory symptoms include cough, sneezing, runny or blocked nose, and sore throat. Australian  
3 preschoolers have around 6 respiratory tract infections per year, which are usually caused by viruses.

4 Cough is a common sign of illness in children. The most common cause of cough is an infection of the  
5 respiratory tract, like a cold.

6 A runny or blocked nose is a common symptom and can be caused by many different conditions or  
7 diseases. Some causes are infectious, such as a cold, the flu (influenza), COVID-19, respiratory  
8 syncytial virus, or other viral infection. Some causes are not infectious, such as allergies (hayfever) or  
9 having something stuck in the nose.

10 A sore throat often results from an infection with a virus. Viral sore throats are not usually serious  
11 and disappear in a few days. Bacterial sore throats can be caused by a streptococcal infection.

## 12 **Exclusion period**

13 Exclude based on symptoms; otherwise not excluded.

14 If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude  
15 them if:

- 16 • the respiratory symptoms are new and getting worse (more frequent or severe), **or**
- 17 • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding).

18 A person can often have an ongoing cough after they have recovered from a respiratory infection. If  
19 their other symptoms have gone and they are feeling well, they can return to the service.

## 20 **How it spreads**

21 Short-term cough can be caused by viruses that spread when infected people cough or sneeze on or  
22 near others. Long-term cough (lasting more than 3 weeks) may have other causes. For information  
23 on other things that can cause coughs, see healthdirect ([healthdirect.gov.au/coughs-and-colds-in-children](https://www.healthdirect.gov.au/coughs-and-colds-in-children)).  
24

25 Viruses that cause runny or blocked nose and sore throat spread from person to person via droplets  
26 in the air containing the virus. People get infected by:

- 27 • breathing in droplets when an infected person breathes, coughs or sneezes on them or near  
28 them
- 29 • touching a surface contaminated with droplets – for example, hands, tissues, toys or eating  
30 utensils – and then touching their eyes, nose or mouth.

## 31 **Actions for educators and other staff**

32 Follow exclusion period recommendations.

33 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

34 Ensure staff use appropriate cleaning practices.

## 1 **Actions for parents and carers**

- 2 If your child has respiratory symptoms, keep them at home until they are feeling well.
- 3 Teach your child to cough into a tissue, then throw the tissue into a bin and wash their hands. If there
- 4 are no tissues nearby, teach them to cough into their inner elbow instead of their hands.
- 5 Make sure your child washes their hands thoroughly and frequently.
- 6 Clean surfaces that your child has touched, sneezed on, or coughed on to reduce the risk of spreading
- 7 the infection to others at home.
- 8 See your doctor if your child's runny or blocked nose gets worse over time, or lasts for more than a
- 9 week.

## 10 **More information about respiratory symptoms**

- 11 See healthdirect for more information on prevention, diagnosis and treatment of cough and colds in
- 12 children ([healthdirect.gov.au/coughs-and-colds-in-children](http://healthdirect.gov.au/coughs-and-colds-in-children)).
- 13 To find out if a child needs medical help, you can:
- 14
  - use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
  - 15 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.
- 16

# 1 **Roseola (exanthum subitum, sixth disease)**

2 Roseola is caused by a virus. It is a mild disease and is common in children aged 6 months to 3 years.  
3 It usually begins with a high fever that starts suddenly. The fever lasts 3 to 5 days and then a rash  
4 appears, usually as the child's temperature returns to normal. The rash is usually fine, raised, red  
5 spots and can last from several hours to several days. The rash first appears on the trunk of the body  
6 and spreads to the arms and legs. The rash turns white (blanches) when pressed.

## 7 **Exclusion period**

8 Not excluded.

## 9 **How it spreads**

10 Roseola spreads to others before symptoms appear in the infected child. Once your child has a fever  
11 and/or rash, they are no longer contagious.

12 Roseola spreads from person to person via droplets in the air that contain the virus. People get  
13 infected by:

- 14 • breathing in droplets when an infected person breathes, coughs or sneezes on them or near  
15 them
- 16 • direct contact with infected saliva (such as through sharing a cup or eating utensils)
- 17 • touching a surface contaminated with droplets – for example, hands, tissues or toys – and then  
18 touching their eyes, nose or mouth.

## 19 **Actions for educators and other staff**

20 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

21 Ensure staff use appropriate cleaning practices.

## 22 **Actions for parents and carers**

23 It is best to keep your child at home until their fever has resolved and they are feeling well.

24 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
25 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
26 their hands.

27 Make sure your child washes their hands thoroughly and frequently.

## 28 **More information about roseola**

29 See healthdirect for more information on prevention, diagnosis and treatment of roseola  
30 ([healthdirect.gov.au/roseola-infantum](http://healthdirect.gov.au/roseola-infantum)).

31 To find out if a child needs medical help, you can:

- 32 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 33 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

# 1 **Rotavirus**

2 Rotavirus is a common cause of gastroenteritis (or 'gastro') in children. Symptoms include vomiting,  
3 fever and watery diarrhoea. It usually starts suddenly. Rotavirus mainly affects infants and young  
4 children up to 3 years of age. In temperate regions of Australia, rotavirus peaks in mid to late winter.  
5 In the northern tropical and arid regions of Australia, disease peaks are less predictable.

6 Rotavirus gastroenteritis can cause dehydration because of the fluid losses through vomiting and  
7 diarrhoea.

8 There is a vaccine against rotavirus infection that is included in the Australian National Immunisation  
9 Program. Rotavirus vaccination is effective in preventing severe disease that would have otherwise  
10 required medical review or a hospital admission.

## 11 **Exclusion period**

12 Exclude until there has not been any diarrhoea or vomiting for 24 hours.

13 Staff members with these symptoms should not handle food until they have not vomited or had  
14 diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the  
15 service for 48 hours).

16 Check if your state or territory has different requirements for gastroenteritis.

## 17 **How it spreads**

18 The disease spreads when rotavirus enters the body by the mouth. This can happen when:

- 19 • infected people do not wash their hands effectively after using the toilet and their hands  
20 contaminate food or surfaces
- 21 • people inhale droplets produced when an infected person vomits
- 22 • people don't wash their hands effectively after changing the nappy of an infected baby.

23 The virus is relatively resistant to cleaning with disinfectants. This means that it is important to  
24 isolate people who are unwell, as well as cleaning bathrooms and high-touch surfaces. This reduces  
25 the risk of large outbreaks.

## 26 **Actions for educators and other staff**

27 Follow exclusion period recommendations.

28 If you have 2 or more cases of gastroenteritis in your service, contact your local public health unit for  
29 advice. This is a legal requirement in some states and territories.

30 Ensure staff and children practise effective hand hygiene.

31 Ensure staff use appropriate cleaning practices.

## 32 **Actions for parents and carers**

33 Make sure your child is vaccinated against rotavirus by being up to date with their childhood  
34 immunisations.

- 1 Keep your child at home until they are feeling well and have not had any symptoms for at least 24
- 2 hours.
- 3 Keep your child hydrated – consider using an oral rehydration solution from a chemist. See a doctor if
- 4 your child cannot take extra fluids due to vomiting.
- 5 Make sure your child washes their hands thoroughly and frequently, especially after going to the
- 6 toilet.

## 7 **More information about rotavirus**

8 See healthdirect for more information on prevention, diagnosis and treatment of rotavirus  
9 ([healthdirect.gov.au/rotavirus](http://healthdirect.gov.au/rotavirus)).

10 To find out if a child needs medical help, you can:

- 11 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 12 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

13

## 1 **RSV (respiratory syncytial virus)**

2 RSV is a common virus affecting the lungs and breathing passages. RSV in children usually causes mild  
3 to moderate cold-like symptoms lasting from 8 to 15 days. Symptoms include fever, runny nose,  
4 coughing and wheezing.

5 In young children and babies under 12 months old, RSV can cause a chest infection called  
6 bronchiolitis. Signs of bronchiolitis include wheezing and difficulty breathing. This may get worse over  
7 the first 3 to 4 days of the illness, before starting to improve. Some children and adults (particularly  
8 the elderly) need hospital treatment for their RSV lung infection.

## 9 **Exclusion period**

10 Exclude based on symptoms; otherwise not excluded.

11 If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), exclude  
12 them if:

- 13 • the respiratory symptoms are new and getting worse (more frequent or severe), **or**
- 14 • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding).

15 A person can often have an ongoing cough after they have recovered from a respiratory infection. If  
16 their other symptoms have gone and they are feeling well, they can return to the service.

## 17 **How it spreads**

18 RSV is very contagious. It spreads quickly from person to person via droplets containing the virus.  
19 People can be infected by:

- 20 • breathing in droplets when an infected person breathes, coughs or sneezes on them or near  
21 them
- 22 • touching a surface contaminated with droplets – for example, hands, tissues, toys or eating  
23 utensils – and then touching their eyes, nose or mouth.

24 The virus can live on surfaces for several hours, and on unwashed hands for 30 to 60 minutes.

25 Infected people usually develop symptoms 5 days after exposure to the virus. This can range from 2  
26 to 8 days. People with RSV can usually pass the virus to others for 8 days from the start of their  
27 symptoms.

## 28 **Actions for educators**

29 Follow exclusion period recommendations.

30 Ensure staff and children have good respiratory and hand hygiene.

31 Ensure staff are using appropriate cleaning practices.

32 If you have several cases of flu-like illness in your service, contact your public health unit for advice.

## 33 **Actions for parents**

34 Keep your child at home until their symptoms have gone or substantially improved.

1 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
2 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
3 their hands.

4 Clean surfaces that your child has touched, sneezed on, or coughed on to reduce the risk of the  
5 infection spreading to others at home.

## 6 **More information about RSV**

7 See healthdirect for more information on prevention, diagnosis and treatment of RSV  
8 ([healthdirect.gov.au/respiratory-syncytial-virus-rsv](http://healthdirect.gov.au/respiratory-syncytial-virus-rsv)).

9 To find out if a child needs medical help, you can:

- 10 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 11 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

12

Draft

# 1 Rubella

2 Rubella is caused by a virus and is usually a mild illness. Symptoms begin like a cold, with a slight  
3 fever, sore throat and enlarged glands in the neck. The characteristic rash appears 2 to 3 days later,  
4 beginning on the face and spreading to the trunk. The spots are pale pink at first and merge to form  
5 patches. The rash disappears after a few days.

6 Rubella is now rare in Australia because we have a vaccine. It is included in the Australian National  
7 Immunisation Program, with the first dose recommended at age 12 months.

## 8 Exclusion period

9 Exclude until the person has fully recovered or for at least 4 days after the rash appears.

## 10 How it spreads

11 Rubella spreads from person to person via droplets in the air that contain the virus. People can be  
12 infected by:

- 13 • breathing in droplets when an infected person breathes, coughs or sneezes on them or near  
14 them
- 15 • direct contact with infected saliva – for example, sharing a cup or eating utensils with an infected  
16 person
- 17 • touching a surface contaminated with droplets – for example, hands, tissues or toys – and then  
18 touching their eyes, nose or mouth.

## 19 Risks in pregnancy

20 If a woman catches rubella during pregnancy, the virus can pass to her baby through the  
21 bloodstream. If this happens, there is a risk of miscarriage or serious birth defects, especially if  
22 infection occurs in the first 16 weeks of pregnancy.

23 If you are pregnant and have been exposed to rubella, see your doctor to get a blood test to check if  
24 you are immune. You can protect yourself by getting vaccinated **before** becoming pregnant. For more  
25 information, see [pregnancybirthbaby.org.au/rubella-and-pregnancy](http://pregnancybirthbaby.org.au/rubella-and-pregnancy).

## 26 Actions for educators and other staff

27 Follow exclusion period recommendations.

28 Contact your local public health unit for advice if you have a case of rubella in your service.

29 All staff should be immunised. However, vaccination during pregnancy is not recommended.

30 If pregnant staff members are concerned, refer them to their doctor.

31 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

32 Ensure staff use appropriate cleaning practices.

## 1 **Actions for parents and carers**

- 2 Make sure your child is vaccinated against rubella by keeping up to date with their childhood
- 3 immunisations.
- 4 If your child has rubella, keep them at home for at least 4 days after the rash appears, and until they
- 5 are feeling well again.
- 6 Advise any pregnant friends or family who may have been exposed to see their doctor.
- 7 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their
- 8 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of
- 9 their hands.
- 10 Make sure your child washes their hands thoroughly and frequently.

## 11 **More information about rubella**

- 12 See healthdirect for more information on prevention, diagnosis and treatment of rubella
- 13 ([healthdirect.gov.au/rubella-german-measles](http://healthdirect.gov.au/rubella-german-measles)).
- 14 To find out if a child needs medical help, you can:
- 15
  - use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
  - 16 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.
- 17

## 1 **Salmonella infection (salmonellosis)**

2 *Salmonella* is a germ that causes gastroenteritis. Symptoms include diarrhoea (sometimes with blood  
3 or mucus in the faeces), fever, stomach pain, nausea and vomiting. The severity of the symptoms  
4 depends on the number of germs swallowed, the person's age and their general health.

5 Specific types of *Salmonella* cause typhoid and paratyphoid fever (see separate fact sheet). These can  
6 be more severe abdominal infections, but are generally only reported in returned travellers from  
7 countries where typhoid is common.

### 8 **Exclusion period**

9 Exclude until there has not been any diarrhoea or vomiting for 24 hours.

10 Staff members with these symptoms should not handle food until they have not vomited or had  
11 diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the  
12 service for 48 hours).

13 Check if your state or territory has different requirements for gastroenteritis.

### 14 **How it spreads**

15 A person gets the disease by swallowing the germs. This can happen by:

- 16 • eating undercooked meat, especially chicken
- 17 • eating cooked food that has been contaminated with germs from raw food
- 18 • handling infected animals and not washing your hands afterwards.

19 Infection can also spread from person to person when:

- 20 • people with the germ in their faeces do not wash their hands well after going to the toilet – the  
21 virus on their hands can contaminate food that other people eat, or they contaminate other  
22 things that people touch
- 23 • people don't wash their hands well enough when changing the nappy of an infected infant.

### 24 **Actions for educators and other staff**

25 Follow exclusion period recommendations.

26 If you have 2 or more cases of gastroenteritis in your service, contact your local public health unit for  
27 advice. This is a legal requirement in some states and territories.

28 Ensure staff and children practise effective hand hygiene, especially after handling any animals.

29 Ensure staff use appropriate cleaning practices.

### 30 **Actions for parents and carers**

31 Keep your child at home until they are feeling well and the diarrhoea has stopped for at least 24  
32 hours (or as advised by your service).

33 Make sure your child washes their hands thoroughly and frequently, especially after handling any  
34 animals.

1 **More information about *Salmonella* infection**

2 See healthdirect for more information on prevention, diagnosis and treatment of *Salmonella* infection  
3 ([healthdirect.gov.au/salmonella](http://healthdirect.gov.au/salmonella)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))  
6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

## 1 **Scabies and other mites causing skin disease**

2 Scabies is an infestation of the skin by tiny, insect-like creatures called mites. Scabies affects people of  
3 all ages, sexes, races and standards of personal hygiene. Having scabies does not mean that people  
4 are unclean. Scabies is specific to humans. Animals can get mite infections that look the same, but  
5 they don't cause disease in humans.

6 The tiny mites burrow under the skin, and itchy red bumps or blisters appear, especially on skin folds  
7 around the fingers, toes, wrists, elbows, armpits, waistline, thighs, genitals, stomach and bottom.  
8 Children under 2 years are likely to be infected on the head, neck, palms and soles of the feet, but  
9 they can have mites all over their body.

10 People with scabies usually have itchy skin. Scratching can break the skin, allowing germs to enter  
11 and cause other dangerous infections on top of the scabies (for example, acute rheumatic fever).

### 12 **Exclusion period**

13 Exclude until the day after starting appropriate treatment.

### 14 **How it spreads**

15 Scabies usually spreads by prolonged skin-to-skin contact with an infected person – a quick  
16 handshake or hug will usually not spread the disease. Mites can sometimes spread on clothes or  
17 bedding that has been freshly contaminated by an infected person, but the mites can only live away  
18 from the body for 2 to 3 days.

### 19 **Actions for educators and other staff**

20 Follow exclusion period recommendations.

21 Ensure staff and children practise effective hand hygiene.

22 Ensure staff use appropriate cleaning practices. Wash bed linen used by children with mites in the  
23 48 hours before treatment starts, using hot water and detergent. Place items that cannot be washed  
24 or dry-cleaned (such as toys, cushions and pillows) out in the sun for 2 or 3 hours to kill the mites.

### 25 **Actions for parents and carers**

26 Keep your child at home until the day after they have started treatment.

27 Treat all people who have skin-to-skin contact with your child, and other people in the household, at  
28 the same time, even if they have no itching or other symptoms.

29 Make sure your child washes their hands thoroughly and frequently.

30 Wash contaminated bedding or clothes used by people with the mites in hot water and detergent.  
31 These things are contaminated if the person used them in the 48 hours before treatment starts. Place  
32 items that cannot be washed or dry-cleaned (such as toys, cushions and pillows) out in the sun for 2  
33 or 3 hours to kill the mites.

1 **More information about scabies**

2 See healthdirect for more information on prevention, diagnosis and treatment of scabies  
3 ([healthdirect.gov.au/scabies](http://healthdirect.gov.au/scabies)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))  
6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

## 1 **Shigella infection (shigellosis)**

2 *Shigella* is a germ that causes a severe bowel infection. It is a type of gastroenteritis. Symptoms  
3 include diarrhoea (sometimes containing blood or mucus), fever, vomiting and stomach cramps.  
4 Some infected people have no symptoms. Even very small numbers of the germs can cause an  
5 infection, so strict control measures are needed to stop it spreading.

### 6 **Exclusion period**

7 Exclude until there has not been any diarrhoea or vomiting for 24 hours.

8 Staff members with these symptoms should not handle food until they have not vomited or had  
9 diarrhoea for 48 hours (they can be assigned to other duties after 24 hours, or stay away from the  
10 service for 48 hours).

11 Check if your state or territory has different requirements for gastroenteritis.

### 12 **How it spreads**

13 *Shigella* spreads from person to person when people swallow the germs. This can happen when:

- 14 • people with the germ in their faeces do not wash their hands well after going to the toilet – the  
15 germ on their hands can contaminate food that other people eat, or contaminate other things  
16 that people touch
- 17 • people don't wash their hands well enough when changing the nappy of an infected baby.

### 18 **Actions for educators and other staff**

19 Follow exclusion period recommendations.

20 If you have 2 or more cases of gastroenteritis in your service, contact your local public health unit for  
21 advice. This is a legal requirement in some states and territories.

22 Ensure staff and children practise effective hand hygiene.

23 Ensure staff use appropriate cleaning practices.

### 24 **Actions for parents and carers**

25 Keep your child at home until they are feeling well and diarrhoea has stopped for at least 24 hours.

26 Make sure your child washes their hands thoroughly and frequently, especially after going to the  
27 toilet.

### 28 **More information about *Shigella* infection**

29 See healthdirect for more information on prevention, diagnosis and treatment of shigella infection  
30 ([healthdirect.gov.au/shigella-bowel-infection](http://healthdirect.gov.au/shigella-bowel-infection)).

31 To find out if a child needs medical help, you can:

- 32 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 33 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

# 1 Shingles

2 Shingles (also called herpes zoster) is a painful, blistering rash. It is caused when the virus that causes  
3 chickenpox (varicella-zoster virus) reactivates in the body. Shingles only affects people who have  
4 previously had chickenpox. Shingles can affect people of any age, but is more common in those over  
5 50. It rarely affects children under 3 years old. If someone gets shingles, prompt treatment with  
6 antivirals can reduce the severity and duration of the disease. Antivirals should be started as soon as  
7 possible after diagnosis.

## 8 Exclusion period

9 Exclude children until blisters have dried and crusted.

10 Adults who can cover the blisters are not excluded (they are excluded if blisters can't be covered).

## 11 How it spreads

12 Shingles itself does not spread between people. However, the varicella-zoster virus can spread from  
13 someone with shingles to others. This can cause chickenpox in people who are not immune.

14 The virus spreads through airborne droplets when an infected person coughs or talks. It can also  
15 spread if someone touches the fluid from the blisters and then touches their mouth, nose or eyes.

## 16 Risks in pregnancy

17 If you are infected with the varicella-zoster virus in the first 3 months of pregnancy, it may affect your  
18 unborn child.

19 Seek medical advice within 48 hours if you are exposed to someone who has shingles and you are  
20 pregnant, have not had chickenpox before, and have not been vaccinated. You may need a blood test  
21 to check if you have antibodies against the virus. If you don't, you will need an injection of antibodies  
22 (known as varicella-zoster immunoglobulin, or VZIG).

23 You can be vaccinated against chickenpox, but vaccination is not recommended during pregnancy.  
24 Pregnancy should also be avoided for 1 month after having a chickenpox vaccination.

## 25 Actions for educators and other staff

26 Follow exclusion period recommendations.

27 Talk to your public health unit for advice about pregnant women and anyone who is  
28 immunocompromised.

29 Anyone who works with children and has not previously had chickenpox should be immunised against  
30 chickenpox, or be certain that they are immune by having a blood test. Immunisation against shingles  
31 is also available. It is not free for people aged under 70, but staff should consult their doctor if they  
32 are interested in getting the shingles vaccine.

33 Ensure staff and children practise effective hand hygiene.

34 Ensure staff are using appropriate cleaning practices.

## 1 **Actions for parents and carers**

2 Keep your child at home until their blisters have dried and crusted. See your doctor if you think your  
3 child may have shingles, particularly if the rash is near their eyes.

4 The childhood vaccination schedule includes vaccinations against varicella (chickenpox). This will  
5 protect children who haven't yet been infected.

## 6 **More information about shingles**

7 See healthdirect for more information on prevention, diagnosis and treatment of shingles  
8 ([healthdirect.gov.au/shingles](http://healthdirect.gov.au/shingles)).

9 To find out if a child needs medical help, you can:

- 10 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 11 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

12

Draft

## 1 **Staph infection (*Staphylococcus aureus*)**

2 The germ commonly known as staph (*Staphylococcus aureus*) is often found on the skin and in the  
3 nose and throat of healthy people. It generally causes no problems or illness, but sometimes it can  
4 cause infections. If the staph germs enter the body through damaged skin, they can cause skin  
5 infections such as impetigo (school sores), boils and abscesses. Sometimes they get into the blood  
6 and cause blood poisoning (septicaemia).

7 Staph can also cause food poisoning and lung infection (pneumonia).

8 Staph is sometimes mentioned in the media when it causes outbreaks of infections in hospitals or in  
9 the community. These outbreaks are caused by a type of staph known as golden staph. Golden staph  
10 causes the same kinds of infections as other types of staph. It is not more infectious, but it is more  
11 difficult to treat because it is resistant to commonly used antibiotics.

### 12 **Exclusion period**

13 Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.

### 14 **How it spreads**

15 Staph skin infections spread from person to person by:

- 16 • directly touching infected areas of the skin, or by people touching their sores and then touching  
17 other people without washing their hands
- 18 • touching a surface contaminated with the germs – for example, clothing, tissues or toys.

19 People usually get staph food poisoning if infected people who have not washed their hands well  
20 enough touch food that other people eat.

### 21 **Actions for educators and other staff**

22 Follow exclusion period recommendations.

23 Where possible, ensure that sores are covered with a waterproof dressing. Put all dressings in a  
24 lidded bin as soon as they are removed.

25 Ensure staff and children practise effective hand hygiene.

26 Ensure staff use appropriate cleaning practices.

### 27 **Actions for parents and carers**

28 If your child's doctor has prescribed antibiotics, make sure your child takes the full course.

29 If your child has sores, cover them with a waterproof dressing where possible. Keep your child at  
30 home until sores have dried completely.

31 Make sure your child washes their hands thoroughly and frequently, especially if they touch sores.

### 32 **More information about staph infection**

33 See healthdirect for more information on prevention, diagnosis and treatment of staph infection  
34 ([healthdirect.gov.au/staph-infections](http://healthdirect.gov.au/staph-infections)).

- 1 To find out if a child needs medical help, you can:
- 2 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](https://healthdirect.gov.au/symptom-checker))
- 3 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.
- 4

Draft

## 1 **Strep throat**

2 Strep throat is a type of throat infection caused by germs (bacteria) called *Streptococcus pyogenes*  
3 (*Group A Streptococcus*). The symptoms of strep throat can range from mild to severe. They include  
4 sore throat, painful swallowing, fever, swollen glands in the neck, and loss of appetite.

5 Serious but uncommon complications of strep throat include scarlet fever, rheumatic fever, and  
6 kidney disease.

## 7 **Exclusion period**

8 Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.

## 9 **How it spreads**

10 Strep throat spreads from person to person via infected droplets in the air. People get infected by:

- 11 • breathing in droplets when an infected person breathes, coughs or sneezes on them or near  
12 them
- 13 • direct contact with infected saliva – for example, sharing a cup or eating utensils with an infected  
14 person
- 15 • touching a surface contaminated with droplets – for example, hands, tissues or toys – and then  
16 touching their eyes, nose or mouth.

## 17 **Actions for educators and other staff**

18 Follow exclusion period recommendations.

19 Ensure staff with sore throats stay at home until they are feeling well.

20 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

21 Ensure staff use appropriate cleaning practices.

## 22 **Actions for parents and carers**

23 If you think your child has strep throat, see your doctor. They may need to take a course of  
24 antibiotics.

25 Keep your child at home until they have been on antibiotic treatment for at least 24 hours and are  
26 feeling well.

27 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
28 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
29 their hands.

30 Make sure your child washes their hands thoroughly and frequently.

## 31 **More information about strep throat**

32 See healthdirect for more information on prevention, diagnosis and treatment of strep throat  
33 ([healthdirect.gov.au/strep-throat](http://healthdirect.gov.au/strep-throat)).

- 1 To find out if a child needs medical help, you can:
- 2 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](https://healthdirect.gov.au/symptom-checker))
- 3 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.
- 4

Draft

## 1 **Thrush (candidiasis)**

2 Thrush is caused by a germ (yeast infection) called *Candida*. Most people have this germ on their skin,  
3 in their mouth and in their gut, where it doesn't cause any trouble. However, it can sometimes cause  
4 infections, especially in moist places such as babies' mouths, in skin folds or in the nappy area. It is  
5 often associated with nappy rash – if a nappy rash is not clearing after 3 days or not responding to the  
6 usual barrier cream, it may be thrush. Thrush is usually associated with irritation of the involved skin,  
7 but it is not usually dangerous.

8 Thrush can also infect the vagina, or the nipples of breastfeeding mothers.

9 Thrush may appear as white spots or flakes. When the skin is involved it usually appears red with  
10 small spots or pimples (pustules) in the surrounding area.

### 11 **Exclusion period**

12 Not excluded.

### 13 **How it spreads**

14 Thrush spreads from person to person by direct contact with the germs living on the skin, in the  
15 mouth or vagina, or in faeces. A baby may pick up *Candida* during birth.

16 *Candida* lives in the human digestive tract from early infancy. Most of the time it does not cause  
17 disease.

### 18 **Actions for educators and other staff**

19 Do not allow children to share dummies, cups or eating utensils.

20 Regularly wash toys and other objects that children put in their mouths.

21 Ensure staff and children practise effective hand hygiene.

22 Ensure staff use appropriate cleaning practices.

### 23 **Actions for parents and carers**

24 Use the online symptom checker (see below) or see a pharmacist or GP to decide if your child needs  
25 treatment.

26 Clean and sterilise your baby's bottle teats and dummies, and replace them regularly.

27 Do not share your baby's eating utensils, food or drinking cups.

28 Thoroughly wash toys that your baby or toddler puts in their mouth.

### 29 **More information about thrush**

30 See healthdirect for more information on prevention, diagnosis and treatment of thrush  
31 ([healthdirect.gov.au/oral-thrush](http://healthdirect.gov.au/oral-thrush)).

32 To find out if a child needs medical help, you can:

- 33 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))

- 1 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.
- 2

Draft

# 1 Toxoplasmosis

2 Toxoplasmosis is an infection caused by a parasite called *Toxoplasma gondii*. The parasite is found in  
3 all parts of the world.

4 Toxoplasmosis is rarely a serious illness in healthy children or adults. Most people have no symptoms  
5 when infected with *Toxoplasma gondii*, but a minority will experience a flu-like illness, sometimes  
6 with swollen neck glands. It can, however, cause serious illness if a person's immune system is  
7 compromised by illnesses such as cancer.

## 8 Exclusion period

9 Not excluded.

## 10 How it spreads

11 People may become infected through:

- 12 • eating raw or undercooked meat
- 13 • contact with environments contaminated by cat faeces (poo), such as cat litter boxes or soil
- 14 • eating raw food (vegetables or salad) or drinking water contaminated with cat faeces.

## 15 Risks in pregnancy

16 If you are infected with *Toxoplasma gondii* during pregnancy, it may pass to your baby through the  
17 bloodstream. Serious malformations may result, especially if infection occurs during the first half of  
18 pregnancy.

19 If you are pregnant and have been exposed to toxoplasmosis, see your doctor to check if you are  
20 immune, or if you need treatment.

21 If you are pregnant, **avoid**:

- 22 • cleaning cat litter trays
- 23 • eating raw or undercooked meat
- 24 • drinking untreated water
- 25 • contact with soil (for example, gardening; or wash hands thoroughly after gardening or spending  
26 time outdoors)
- 27 • eating raw fruit or vegetables without thoroughly washing and peeling beforehand.

28 For more information, see [pregnancybirthbaby.org.au/toxoplasmosis](http://pregnancybirthbaby.org.au/toxoplasmosis).

## 29 Actions for educators and other staff

30 Ensure staff and children practise effective hand hygiene.

31 Ensure staff use appropriate cleaning practices.

32 Cover sandpits used by children when not in use.

## 1 **Actions for parents and carers**

- 2 Make sure your child washes their hands thoroughly and frequently, especially after playing outdoors
- 3 or after touching pet cats.
- 4 Make sure you wash your hands thoroughly before and after meals and after handling raw meat.
- 5 Wash knives and other kitchen utensils thoroughly after they have been in contact with raw meat.
- 6 Cook meat well, and wash all raw fruit and vegetables carefully before eating.
- 7 Dispose of cat droppings and dirty litter daily, because it can become infectious after 24 hours. If you
- 8 are pregnant, get someone else to clean out your cat's litter tray.
- 9 Cover your children's sandpit when they are not playing in it to stop animal droppings getting in it.

## 10 **More information about toxoplasmosis**

- 11 See healthdirect for more information on prevention, diagnosis and treatment of toxoplasmosis
- 12 ([healthdirect.gov.au/toxoplasmosis](http://healthdirect.gov.au/toxoplasmosis)).
- 13 To find out if a child needs medical help, you can:
- 14
  - use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
  - 15 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

16

# 1 **Trachoma**

2 Trachoma is an eye infection caused by a bacteria called Chlamydia trachomatis. Symptoms include  
3 red, sticky, itchy or painful eyes. Children may not show symptoms of trachoma, but repeated  
4 infections can cause blindness in adulthood.

5 Trachoma can be treated with a single dose of an antibiotic. If left untreated, it can cause the eyelid  
6 to turn inward. The person's eyelashes then rub on the surface of the eye, damaging it. In Australia,  
7 trachoma is more common in remote areas with limited access to water, which makes good hygiene  
8 more difficult.

## 9 **Exclusion period**

10 Exclude until appropriate antibiotic treatment has started, and talk to your local public health unit for  
11 advice.

## 12 **How it spreads**

13 Trachoma spreads when people have contact with fluid from the eyes and nose of infected people. It  
14 can spread when people share face cloths or towels. Flies can also spread the bacteria between  
15 people.

## 16 **Actions for educators**

17 Contact your local public health unit for advice if you have a case of trachoma in your service.

18 Follow exclusion period recommendations.

19 Ensure staff and children wash their hands and do not share towels or face cloths.

20 Ensure staff are using appropriate cleaning practices.

## 21 **Actions for parents**

22 If your child has trachoma, your child and everyone who lives in the same house with them will need  
23 to get antibiotic treatment from your doctor.

24 You can help prevent repeated trachoma infections by teaching your child to wash their hands and  
25 face well, and making sure family members don't share face cloths or towels.

## 26 **More information about trachoma**

27 See healthdirect for more information on prevention, diagnosis and treatment of trachoma  
28 ([healthdirect.gov.au/trachoma](http://healthdirect.gov.au/trachoma)).

29 To find out if a child needs medical help, you can:

- 30 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 31 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

# 1 Tuberculosis (TB)

2 Tuberculosis (TB) is an infection that can affect almost any part of the body, but it mostly affects the  
3 lungs. It is rare in Australia but is very common in other areas of the world.

4 People with TB may have symptoms such as fever, tiredness, sweating (especially at night), weight  
5 loss and a persistent cough that does not go away with normal treatment. The cough may produce  
6 phlegm and sometimes blood. A chest X-ray can help diagnose TB.

7 TB infection and TB disease are different. People with TB disease are ill because the germs are active  
8 in their body. They usually have one or more symptoms of TB. These people can spread TB to others.  
9 People with TB infection (but not TB disease) have the germs that cause TB in their body, but they are  
10 not ill because the germs are not actively causing disease. These people cannot spread the infection  
11 to others. Most people with TB infection do not become ill. However, the TB germs can remain within  
12 their body for years.

## 13 Exclusion period

14 Talk to your local public health unit for advice about exclusion.

## 15 How it spreads

16 TB spreads from person to person via infected droplets in the air. People get infected by breathing in  
17 droplets when a person with active TB disease breathes, coughs or sneezes on them. Remember,  
18 people who are infected with TB but who do not have TB disease can't spread the infection.

## 19 Actions for educators and other staff

20 Follow exclusion period recommendations.

21 Talk to your public health unit for advice about screening, antibiotics or accessing TB clinics.

22 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

23 Ensure staff use appropriate cleaning practices.

## 24 Actions for parents and carers

25 Keep your child at home until the local public health unit says they can return to care.

26 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
27 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
28 their hands.

## 29 More information about TB

30 See healthdirect for more information on prevention, diagnosis and treatment of TB  
31 ([healthdirect.gov.au/tuberculosis](http://healthdirect.gov.au/tuberculosis)).

32 To find out if a child needs medical help, you can:

- 33 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 34 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

## 1 **Typhoid and paratyphoid fever**

2 Typhoid is a serious bacterial illness that needs immediate treatment. Symptoms usually develop 1 to  
3 3 weeks after exposure, and include fever, headache, tiredness and stomach pain.

4 Typhoid is caused by infection with the bacterium *Salmonella* Typhi. Paratyphoid fever is a similar  
5 illness caused by a different but related bacterium, *Salmonella* Paratyphi. Paratyphoid infections are  
6 usually less severe than typhoid infections.

7 Typhoid and paratyphoid are not common in Australia, but people can catch them if they travel to  
8 countries where they are common, such as parts of India, Africa, Asia, South and Central America  
9 and the Middle East. There is a vaccine available to prevent typhoid fever, but no vaccine available  
10 for paratyphoid fever.

### 11 **Exclusion period**

12 Exclude until cleared by the local public health unit.

13 Contacts: Talk to your local public health for advice.

### 14 **How it spreads**

15 The bacteria causing these diseases are found in the faeces (poo) and urine of infected people. These  
16 diseases usually spread when people drink water or eat food that is contaminated with the bacteria.  
17 It can also spread if people touch contaminated surfaces such as taps, toilets, cutlery, toys and  
18 nappies.

19 Some people are carriers, which mean they have the bacteria in their faeces but don't have  
20 symptoms of the disease.

### 21 **Actions for educators and other staff**

22 Follow exclusion period recommendations.

23 Contact your local public health unit for advice if you have a case of typhoid or paratyphoid in your  
24 service.

25 Ensure staff and children wash their hands after using the toilet.

26 Ensure staff are using appropriate cleaning practices.

### 27 **Actions for parents and carers**

28 See a doctor immediately if you think your child may have typhoid or paratyphoid.

29 Follow exclusion period recommendations. You will need a medical certificate of recovery before your  
30 child can return to the care service.

31 Make sure you and your child wash their hands regularly, especially after going to the toilet or  
32 changing nappies.

33 If you are planning to travel to a country where typhoid is common, you can get vaccinated before  
34 you go. See your doctor at least 6 weeks before you travel.

1 **More information about typhoid and paratyphoid fever**

2 See healthdirect for more information on prevention, diagnosis and treatment of typhoid and  
3 paratyphoid fever ([healthdirect.gov.au/typhoid-and-paratyphoid](http://healthdirect.gov.au/typhoid-and-paratyphoid)).

4 To find out if a child needs medical help, you can:

- 5 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))  
6 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

7

Draft

## 1 **Warts**

2 Warts are skin growths that are usually harmless. They look like thickened skin that is clearly different  
3 from the skin around them. They are usually round or oval shaped. Warts are caused by a virus (called  
4 the human papillomavirus) that enters the skin through scratches or other skin damage.

5 There are several types of warts and they can appear in different places on the body. Mostly, there  
6 are only 1 or 2 warts, but sometimes there can be a lot in one area.

## 7 **Exclusion period**

8 Not excluded.

## 9 **How it spreads**

10 Warts can spread to other people, usually from skin-to-skin contact with another person. Picking or  
11 scratching warts can mean the warts are spread to other parts of the infected person's body.

12 Warts can also be spread by touching contaminated surfaces.

## 13 **Actions for educators and other staff**

14 Ensure staff and children practise effective hand hygiene.

15 Ensure staff use appropriate cleaning practices.

## 16 **Actions for parents and carers**

17 Try to stop your child picking or scratching the warts.

18 Make sure your child washes their hands thoroughly and frequently, especially if they touch the  
19 warts.

## 20 **More information about warts**

21 See healthdirect for more information on prevention, diagnosis and treatment of warts  
22 ([healthdirect.gov.au/wart-treatments](http://healthdirect.gov.au/wart-treatments)).

23 To find out if a child needs medical help, you can:

- 24 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 25 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

26

# 1 **Whooping cough (pertussis)**

2 Whooping cough (pertussis) is a highly infectious disease caused by infection of the throat with a  
3 germ called *Bordetella pertussis*. It can affect babies, children and adults. Vaccination can prevent  
4 whooping cough.

5 The disease usually starts like a cold, with a runny nose, tiredness and sometimes a mild fever. Then a  
6 cough develops. Usually the person coughs in short bouts that may be followed by a characteristic  
7 deep gasp, or whoop. Not every person makes the whooping sound – this is more common in  
8 children who are not vaccinated. The cough can last up to 3 months.

9 Babies may stop breathing and sometimes turn blue during a coughing fit. About a quarter of children  
10 who catch the disease also develop a lung infection (pneumonia). Some children have fits  
11 (convulsions), and some develop swelling of the brain (encephalitis). Whooping cough is particularly  
12 serious in children under 12 months, and they often have to go to hospital if they catch it. Teenagers  
13 and adults may just have a persistent cough.

## 14 **Exclusion period**

15 Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of  
16 coughing if they don't receive antibiotics.

17 Contacts: Talk to your local public health for advice about excluding unvaccinated contacts.

## 18 **How it spreads**

19 Whooping cough spreads from person to person via infected droplets in the air. People get infected  
20 by:

- 21 • breathing in droplets when an infected person breathes, coughs or sneezes on them
- 22 • touching a surface contaminated with droplets – for example, hands, tissues, toys or eating  
23 utensils – and then touching their face.

## 24 **Risks in pregnancy**

25 If you catch whooping cough while you are pregnant, it can pass to the baby after birth and cause  
26 severe disease and even death. If you are 20 to 32 weeks pregnant, you can get a free vaccination  
27 under the National Immunisation Program. For more, see [pregnancybirthbaby.org.au/whooping-](http://pregnancybirthbaby.org.au/whooping-cough-and-pregnancy)  
28 [cough-and-pregnancy](http://pregnancybirthbaby.org.au/whooping-cough-and-pregnancy).

## 29 **Actions for educators and other staff**

30 Follow exclusion period recommendations.

31 Contact your local public health unit for advice if you have a case of whooping cough in your service.

32 Review vaccination records of all staff and children.

33 Ensure staff and children practise cough and sneeze etiquette and effective hand hygiene.

34 Ensure staff use appropriate cleaning practices.

## 1 **Actions for parents and carers**

2 Make sure your child is fully vaccinated against whooping cough.

3 If your child has whooping cough, see your doctor straight away so they can treat your child with an  
4 effective antibiotic.

5 Keep your child at home for the recommended exclusion period. Keep them away from other children  
6 during this time. Tell your friends and contacts that your child has whooping cough.

7 Teach your child to cough or sneeze into a tissue, then throw the tissue into a bin and wash their  
8 hands. If there are no tissues nearby, teach them to cough or sneeze into their inner elbow instead of  
9 their hands.

10 Make sure your child washes their hands thoroughly and frequently.

## 11 **More information about whooping cough**

12 See healthdirect for more information on prevention, diagnosis and treatment of whooping cough  
13 ([healthdirect.gov.au/whooping-cough](http://healthdirect.gov.au/whooping-cough)).

14 To find out if a child needs medical help, you can:

- 15 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 16 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.

17

## 1 **Worms**

2 Many types of worms can infect people. In Australia, threadworm (also called pinworm) is the most  
3 common worm in children, but worms can infect people of any age. Threadworms are small, white,  
4 thread-like worms that are 2 to 13 millimetres long. The worms only infect humans, so children  
5 cannot catch threadworms from pets.

6 Other types of worms include roundworms, hookworms and tapeworms. One type of tapeworm,  
7 called hydatids, can cause hydatid disease. In people, the baby hydatids live inside fluid-filled balls  
8 called cysts that can grow in many different parts of the body, but mostly in the liver and lungs.  
9 Hydatid disease is more common in rural communities where dogs and livestock interact.

## 10 **Exclusion period**

11 Not excluded.

## 12 **How it spreads**

### 13 **Threadworms**

14 People get threadworms by swallowing worm eggs. Worm eggs are picked up and transferred to the  
15 mouth when an infected person scratches their bottom and then touches their mouth, or when they  
16 don't wash their hands properly after going to the toilet. This keeps this infection going. The eggs can  
17 also be transferred to bedding, clothes and other surfaces, where other people can pick them up.  
18 Eggs can survive on surfaces for up to 2 weeks.

### 19 **Hydatids**

20 In Australia, people mostly get hydatids from infected dogs, but dingoes and foxes can also spread the  
21 infection. Animals such as sheep, goats, cattle and kangaroos spread the infection to dogs. People get  
22 infected by swallowing eggs passed in the droppings of an infected dog. This may happen when a  
23 person handles infected dogs, or things soiled with infected dog droppings, and then touches their  
24 mouth. They can also get infected if they swallow food or water contaminated with dog droppings.

25 Hydatid disease does not spread directly from person to person, and a person cannot get infected by  
26 eating the meat of infected sheep or cattle.

## 27 **Actions for educators and other staff**

28 Ensure staff and children practise effective hand hygiene, especially after touching animals and before  
29 preparing or eating food.

30 Ensure any dogs that visit the service are regularly treated for worms.

31 Ensure staff use appropriate cleaning practices.

## 32 **Actions for parents and carers**

33 To minimise the chance of your child getting any kind of worms, make sure they wash their hands  
34 thoroughly and frequently. This is especially important after going to the toilet or touching animals,  
35 and before eating.

1 **Threadworms**

- 2 • You can get an effective treatment for threadworms from your chemist. You should treat all  
3 family members. Follow the directions on the label.
- 4 • Change bed linen and underwear daily for several days after treatment. Washing clothes and bed  
5 linen in hot water will kill threadworm eggs.
- 6 • Keep children’s fingernails short.

7 **Hydatids**

8 Prevention is important as treatment can be complicated.

- 9 • Regularly treat your dog for worms.
- 10 • Don’t let dogs lick people on the face.
- 11 • Dispose of dog droppings regularly, wearing gloves.
- 12 • Don’t feed dogs raw offal meat (such as liver or kidneys) because this is how they can become  
13 infected.

14 **More information about worms**

15 See healthdirect for more information on prevention, diagnosis and treatment of worms  
16 ([healthdirect.gov.au/worms-in-humans](http://healthdirect.gov.au/worms-in-humans)).

17 To find out if a child needs medical help, you can:

- 18 • use the online symptom checker ([healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker))
- 19 • speak to a registered nurse by calling the 24-hour health advice hotline on 1800 022 222.
- 20