

INFECTIOUS DISEASES – OUTBREAK PROCEDURES AND EXCLUSIONS PERIOD PROCEDURES

This procedure must be read in conjunction with the *Infections Diseases - Outbreak Procedures and Exclusion Periods Policy*

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1. Overview

1.1. Provides advice on the procedures to be followed by schools in relation to infectious diseases requiring periods of exclusion from schools, vaccine preventable diseases and transmissible conditions that are notifiable to health authorities. The procedures section below outlines what is required and includes templates for notifying parents and ACT Health

2. Rationale

2.1. The Procedures provide the details of the actions required by schools, the ACT Health Directorate and Parents/Carers.

3. Procedures

3.1. Infectious Conditions – periods of exclusion from school

- Personal hygiene measures such as hand washing, covering the mouth and nose when coughing or sneezing, covering weeping sores, not sharing food or drinks and not attending school when ill or suffering from diarrhoea are important means of limiting the transmission of a number of common infectious conditions.
- The ACT Public Health Regulations 2000 require children with the following conditions, and children who have been in contact with the following conditions, to be excluded from school, preschool for the periods specified.

Condition	Exclusion period of person with condition	Exclusion of persons in contact with condition
Amoebiasis (entamoeba histolytica)	Exclude until diarrhoea ceases	Not excluded
*Campylobacteriosis	Exclude until diarrhoea ceases	Not excluded
Chicken pox (varicella and herpes zoster)	Exclude until the last blister has scabbed over. The child should not continue to be excluded by reason only of some remaining scabs.	Not excluded Any child with an immune deficiency (eg with leukaemia, or as a result of receiving chemotherapy) should be excluded for their own protection and seek urgent medical advice and varicella-zoster immunoglobulin (ZIG), if necessary.
Conjunctivitis (acute infectious)	Exclude until discharge from eyes ceases.	Not excluded
*Cryptosporidiosis	Exclude until diarrhoea ceases	Not excluded
Diarrhoea	Exclude until diarrhoea ceases	Not excluded
*#Diphtheria	Exclude until— at least 2 negative throat swabs have been taken (the first not less than 24 hours after cessation of antibiotic treatment and the second not less than 48 hours later), and a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Exclude family and household contacts until approval to return has been given by the Chief Health Officer.
Giardiasis	Exclude until diarrhoea ceases	Not excluded
*#Haemophilius influenza type b (Hib)	Exclude until a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Not excluded
Hand, Foot and Mouth disease	Exclude if— child is unwell, or child is drooling, and not all blisters have dried or an exposed weeping blister is not covered with a dressing.	Not excluded
*Hepatitis A	Exclude for at least 7 days after the onset of jaundice and a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Not excluded
Herpes (cold sores)	Exclude young children unable to comply with good hygiene practices while the lesion is weeping. Lesion to be covered by a dressing in all cases, if possible.	Not excluded
Impetigo (school sores)	Exclude until appropriate treatment has commenced and sores on exposed surfaces are covered with a watertight dressing.	Not excluded
Influenza and influenza- like illnesses	Exclude until well	Not excluded
*Leprosy	Exclude until approval to return has been given by the Chief Health Officer.	Not excluded

Condition	Exclusion period of person with condition	Exclusion of persons in contact with condition
*#Measles	Exclude for at least 4 days after the rash appears.	Immunised contacts not excluded. Exclude non-immunised contacts until 14 days after the first day of appearance of the rash in the index case. (b) Non-immunised contacts immunised with measles vaccine within 72 hours after their first contact with the index case are not excluded after being immunised. (d) Non-immunised contacts who are given normal human immunoglobulin (NHIG) within 7 days after their first contact with the index case are not excluded after being given NHIG.
Meningitis (bacterial)	Exclude until well	Not excluded
*Meningococcal infection	Exclude until adequate carrier eradication therapy has commenced.	Not excluded if receiving rifampicin or other antibiotic treatment recommended by the Chief Health Officer. Otherwise, excluded until 10 days after last contact with the index case.
*#Mumps	Exclude for 9 days after onset of symptoms, or until parotid swelling goes down (whichever is sooner).	Not excluded
*#Poliomyelitis	Exclude for at least 14 days after onset of symptoms and until a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Not excluded
Ringworm, scabies, pediculosis (lice), trachoma	Exclude until effective treatment has commenced.	Not excluded
Rotavirus	Exclude until diarrhoea ceases	Not excluded
*#Rubella (German measles)	Exclude for 4 days after the appearance of the rash.	Not excluded Female staff of child-bearing age should ensure that their immune status against rubella is adequate.
*Salmonellosis	Exclude until diarrhoea ceases	Not excluded
*Shigellosis	Exclude until diarrhoea ceases	Not excluded
Streptococcal infection (including scarlet fever)	Exclude until the person has recovered or has received antibiotic treatment for at least 24 hours.	Not excluded
*Tuberculosis	Exclude until approval to return has been given by the Chief Health Officer.	Not excluded

Condition	Exclusion period of person with condition	Exclusion of persons in contact with condition
*Typhoid and paratyphoid fever	Exclude until a certificate is provided by a medical practitioner recommending that the exclusion should cease.	 (a) Not excluded unless the Chief Health Officer notifies the person in charge of the school. (a) If the Chief Health Officer gives notice, exclusion is subject to the conditions in the notice.
*#Whooping cough (pertussis)	Exclude for 21 days from start of cough, or for at least 5 days after starting a course of antibiotics recommended by the Chief Health Officer.	Exclude non-immunised household, home based child care and close child care contacts under 7 years old for 14 days after the last exposure to infection, or until 5 days after starting a course of antibiotics recommended by the Chief Health Officer (whichever is sooner).
Worms (intestinal)	Exclude until diarrhoea ceases	Not excluded

A parent/carer of a child with a listed exclusion condition or a child who has been in contact with a listed exclusion condition must notify the school principal or principal carer as soon as possible.

*These conditions must be notified by medical practitioners to the Chief Health Officer #These conditions must be notified by the school principal or principal carer to the Chief Health Officer.

3.2. Vaccine Preventable Diseases

- Diphtheria;
- Haemophilus influenzae type b (hib) infection; Measles;
- Mumps; Poliomyelitis;
- Rubella (German measles);
- Tetanus; pertussis (whooping cough); Hepatitis B; or
- Any disease declared by the Chief Health Officer to be vaccine preventable for the purposes of the Public Health Regulations.

3.3. Notifying Parents and Carers of their responsibilities

• Principals are to notify parents of their responsibilities, including those outlined in section 3.1, by school newsletters each year. Principals must also advise parents/carers of outbreaks at their school by circular letter or newsletter, preferably both. The advice to parents is recommended to be along the following lines:

Dear Parents/Carers

I am sending you a list of infectious diseases and the exclusion periods and other measures which should be followed if a child contracts or comes into contact with a person who has one of the listed diseases.

The ACT Public Health Regulations 2000, assigns to parents a responsibility to exclude their child from school and to notify the school if there are reasonable grounds for believing that their child has an infectious disease, or been in contact with a person who has one of the diseases listed.

Under the Regulations schools must also notify the Chief Health Officer if a child enrolled at the school has a vaccine preventable disease. This allows the Chief Health Officer to take any public health action necessary to prevent the further spread of the disease.

In the event of an outbreak of a vaccine preventable disease at the school, or in the community, the Chief Health Officer may issue a health direction to the school to take any specified action to reduce the public health risk caused by the outbreak.

If you have any questions in relation to these requirements, please ring the Communicable Disease Control Section, Health Directorate on (02) 6205 2155.

3.4. Notifying ACT Health Directorate of Vaccine Preventable Diseases by Schools

 Notifications should be made by telephone as soon as possible to: ACT Health Directorate Communicable Disease Control Section Telephone: 6205 2155 The telephone advice should be followed up in writing on the template provided below by; Fax: (02) 6205 0711, or Email: <u>cdc@act.gov.au</u>.



Notification of Vaccine Preventable Diseases by Schools

Notifications should be made to the Office for Schools and by telephone as soon as possible to:

ACT Health Directorate Communicable Disease Control Section Telephone: 6205 2155 Fax: 6205 0711 Email: <u>cdc@act.gov.au</u>

Disease being notified:

School Name:

Name of person making notification:

Telephone number:

Child's Name:

Date of Birth:

Gender:

Class:

Residential Address:

Immunisation Status (if known):

Parent name:

Parent/Carer's contact telephone numbers:

Any other relevant information requested by the Public Health Officer to assist in the investigation and control of the disease.

3.5. Transmissible Notifiable Conditions

• Transmissible Notifiable Conditions: (determined by the Minister for Health on 28 September 2005)

Condition	Transmissible
Acquired Immunodeficiency Syndrome (AIDS)	
Anthrax	
Arbovirus infections	
Barmah Forest virus	
Dengue virus	
Japanese encephalitis virus	
Kunjin virus	
Murray Valley encephalitis virus (notified as Australian arbo-encephalitis in Victoria)	
Ross River virus	
Flavivirus infection – unspecified or not otherwise classified	
Avian Influenza	Yes
Botulism	
Brucellosis	
Campylobacteriosis	Yes
Chlamydia trachomatis	Yes
Cholera	Yes
Creutzfeldt-Jakob Disease (all forms, including classical and variant CJD)	
Cryptosporidiosis	Yes
Diphtheria	Yes
Donovanosis	Yes
Equine morbillivirus	
Food poisoning (not elsewhere specified)	Yes
Gastrointestinal illness cluster	Yes
Giardiasis	Yes
Gonococcal infection	Yes
Haemolytic uraemic syndrome (HUS)	
Haemophilus influenzae serotype b (Hib) (invasive only)	Yes
Hepatitis A	Yes
Hepatitis B	Yes
Hepatitis C	Yes
Hepatitis D	Yes
Hepatitis E	Yes
Hepatitis – Infectious, not otherwise specified	Yes
Human immunodeficiency virus (HIV) infection	Yes
Influenza laboratory-confirmed	Yes
Legionellosis	
Leprosy (Hansen's disease)	Yes
Leptospirosis	Yes
Listeriosis	Yes
Lyssavirus	Yes
Australian bat lyssavirus	Yes
Duvenhague virus	Yes
Rabies	Yes
European Bat 1 & 2	Yes
Malaria	res
Measles	Vac
	Yes
Meningococcal disease (invasive)	Yes

Condition	Transmissible
Mumps	Yes
Paratyphoid	Yes
Pertussis	Yes
Plague	Yes
Pneumococcal disease (invasive)	Yes
Poliomyelitis – wild type and vaccine-associated	Yes
Psittacosis (Ornithosis)	Yes
Rubella and congenital rubella syndrome	Yes
SARS	Yes
Salmonellosis	Yes
Shigellosis	Yes
Shiga Toxin-producing and Vero Toxin-producing Escherichia coli (STEC/VTEC)	Yes
Smallpox	Yes
Syphilis	Yes
Tetanus	
Tuberculosis	Yes
Tularemia	
Typhoid	Yes
Varicella	Yes
Viral haemorrhagic fevers (quarantinable)	Yes
Lassa	Yes
Marburg	Yes
Ebola	Yes
Unspecified or otherwise unclassified	Yes
Yellow fever	
Yersiniosis	

Under Regulation 21 of the Public Health Regulations 2000:

- 1) A person who knows or suspects that he or she has a transmissible notifiable condition, or knows or suspects that he or she is a contact of such a person, must take reasonable precautions (appropriate to that conditions) against transmitting the condition.
- 2) If a person responsible for another person knows or suspects that the other person has a transmissible condition, or knows or suspects that the other person is a contact of such as person, the responsible person must take reasonable precautions (appropriate to the condition) to prevent the other person from transmitting the condition.

Reasonable precautions includes precautions taken on the advice of a doctor (including and authorised medical officer) or an authorised officer (authorised officer includes the Chief Health Officer, authorised medical officer/ public health officer).

4. Contact

- 4.1. The Director, Governance and Assurance Branch is responsible for this procedure.
- 4.2. For support contact Governance and Assurance Branch on (02) 6205 9423 or email <u>DETMedia@act.gov.au</u>.

5. Complaints

- 5.1. Any concerns about the application of this procedure or the procedure itself, should be raised with:
 - the school principal in the first instance;
 - contact the Directorate's Liaison Unit on (02) 6205 5429;
 - online at http://www.det.act.gov.au/contact us.
 - see also the *Complaints Policy* on the Directorate's website.

6. References

6.1. Definitions

- **Parents/carers:** people with parental responsibility and guardians.
- **Principal:** includes a person in charge at a school or preschool.
- **Responsible person:** means a person responsible for the care, education or support of another person.
- **Transmissible Notifiable Condition:** a condition determined by the Minister for Health on 28 September 2005 listed in section 3.5.
- Vaccine Preventable Disease: diphtheria; Haemophilus influenzae type b (hib) infection; measles; mumps; poliomyelitis; rubella (German measles); tetanus; pertussis (whooping cough); hepatitis B as listed in section 3.2. The Chief Health Officer may also declare a disease to be vaccine preventable for the purposes of the ACT Public Health Regulations 2000.

6.2. Related Policies

- Health and Safety First Aid Policy
- Student Immunisation Record Keeping Policy