



Priory School

Infection Control Policy

| Version | Authorised | Approval Date | Effective Date | Review Date |
|---------|------------|---------------|----------------|--------------|
| 1 | FeP | 19.10.22 | October 2024 | October 2025 |
| | | | | |
| | | | | |
| | | | | |

Signed: _____ Date: 19.10.25
Chair of Governors

Contents:

| | |
|---------------------|---|
| Statement of Intent | 3 |
|---------------------|---|

| | | |
|----------------------------------|--|----|
| 1 | Legal Framework | 4 |
| Preventative measures | | |
| 2 | Ensuring a clean environment | 4 |
| 3 | Pupil Immunisation | 7 |
| 4 | Staff Immunisation | 8 |
| 5 | Contact with pets and animals | 9 |
| 6 | Water-based activities | 9 |
| In the event of infection | | |
| 7 | Preventing the spread of infection | 9 |
| 8 | Vulnerable pupils | 9 |
| 9 | Procedures for unwell pupils and staff | 10 |
| 10 | Exclusion | 11 |
| 11 | Medication | 11 |
| 12 | Outbreaks of infectious diseases | 11 |
| 13 | Pregnant staff members | 12 |
| 14 | Staff handling food | 13 |
| 15 | Managing specific infectious diseases | 13 |
| 16 | Monitoring and review | 13 |

Appendices

| | |
|--|----|
| Appendix A: Managing specific infectious diseases | 14 |
| Appendix B: Infection absence periods | 21 |
| Appendix C: Diarrhoea and vomiting outbreak action checklist | 25 |
| Appendix D: List of notifiable diseases | 26 |

Statement of Intent

Infections can easily spread in a school due to:

- Pupils' immature immune systems.
- The close-contact nature of the environment.
- Some pupils having not yet received full vaccinations.
- Pupils' poor understanding of good hygiene practices.

Infections commonly spread in the following ways:

- **Respiratory spread** – contact with coughs or other secretions from an infected person.
- **Direct contact spread** – direct contact with the infecting organism, e.g., skin-on-skin contact during sports.
- **Gastrointestinal spread** – contact with contaminated food or water, or contact with infected faeces or unwashed hands.
- **Blood borne virus spread** – contact with infected blood or bodily fluids, e.g., via bites or used needles.

We actively prevent the spread of infection via the following measures:

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Routine immunisations
- Taking appropriate action when infection occurs

This policy aims to help school staff prevent and manage infections in school. It is not intended to be used as a tool for diagnosing disease, but rather a series of procedures informing staff what steps to take to prevent infection and what actions to take when infection occurs.

1. Legal Framework

- 1.1 This policy has due regard to legislation including, but not limited to, the following:
- The Control of Substances Hazardous to Health Regulations (COSHH) 2002 (amended 2004)
 - Health and Safety at Work etc. Act 1974
 - The Management of Health and Safety at Work Regulations 1999
 - The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
 - The Health Protection (Notification) Regulations 2010
 - The Health Protection (Local Authority Powers) Regulations 2010
- 1.2 This policy has due regard to statutory guidance including, but not limited to, the following
- UK Health and Security Agency (2023) 'Health protection in schools and other childcare settings'
 - DfE (2015) 'Supporting pupils at school with medical conditions'
- 1.3 This policy operates in conjunction with the following school policies and documents:
- Health and Safety Policy
 - Supporting Pupils with Medical Conditions Policy
 - Administering Medication Policy
 - Animals in School Policy
 - First Aid Policy
 - Swimming Risk Assessment
 - Bodily Fluids Risk Assessment

Preventative Measures

2. Ensuring a Clean Environment

Sanitary Facilities

- 2.1 Wall-mounted soap dispensers are used in all toilets – bar soap is never used.
- 2.2 A foot-operated waste paper bin is always made available where disposable paper towels are used.
- 2.3 Toilet paper is always available in cubicles. Suitable sanitary disposal facilities will be provided where necessary, including where there are female staff and pupils aged nine and above.

Nappy changing areas

- 2.4 There is a designated changing area that is separate from play facilities and food and drink areas, and with appropriate hand washing facilities.

- 2.5 Children's skin is cleaned with disposable wipes, and nappy creams and lotions will be labelled with the relevant child's name and not shared with others.
- 2.6 Changing mats are wiped with soapy water or a mild detergent wipe after each use. If a mat is visibly soiled, it is cleaned thoroughly with hot soapy water at the end of the day. Mats are checked on a regular basis for tears and damage and replaced if necessary.
- 2.7 Hand wash basins are not used for cleaning potties, and instead staff will use a designated sink located in the area where potties are used. Potties are washed in hot, soapy water, dried and stored upside down. When cleaning potties, rubber gloves are used to flush waste down the toilet. Rubber gloves are washed after use (whilst still being worn), along with the wearer's hands.
- 2.8 Soiled nappies are disposed of in the general waste inside a wrapped plastic bag.

Continence aid facilities

- 2.9 Pupils who use continence aids, e.g. continence pads and catheters, are encouraged to be as independent as possible. Pads are changed in a designated area with adequate handwashing facilities, and disposable powder-free latex gloves and a disposable plastic apron are worn.

Laundry

- 2.10 All laundry is washed in a separate dedicated facility, and any soiled linens are washed separately.
- 2.11 Manual sluicing of clothing is not permitted, and gloves and aprons are worn when handling soiled linen or clothing. Hands are thoroughly washed after gloves are removed.

Cleaning contractors

- 2.12 A cleaning contractor is employed to carry out rigorous cleaning of the premises. Cleaning equipment is maintained to a high standard and is colour coded according to area of use. The Business Manager and Facilities Manager are responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.

Ventilation

- 2.13 Indoor spaces will be kept well-ventilated to help reduce the amount of respiratory germs. Areas of the school where there may be poor ventilation will be identified, e.g. through the use of CO2 monitors, and appropriate action taken, e.g. partially opening windows and doors to let fresh air in. The need for increased ventilation will always be balanced against the need to maintain a comfortable temperature for staff, pupils and visitors.

Toys and equipment

- 2.14 Any toys that are used should be cleaned on a daily basis. Toys that are "soft", e.g. modelling clay and 'Play-doh', are discarded whenever they look dirty.
- 2.15 Sandpits are covered when not in use and the sand is changed on a regular basis: four weeks for indoor sandpits and, for outdoor sandpits, as soon as the sand becomes discoloured or malodorous. Sand is sieved or raked on a regular basis.

- 2.16 Water play troughs are emptied, washed with detergent and hot water, dried and stored upside-down when not in use for long periods. When in use, the water is replenished, at a minimum, on a daily basis, and the trough remains covered overnight.

Handwashing

- 2.17 The school will ensure all staff and pupils have access to liquid soap, warm water and paper towels – bar soap will not be used. Staff will check, encourage and supervise handwashing where appropriate
- 2.18 All staff and pupils are advised to wash their hands after using the toilet, before eating or handling food, and after touching animals.

Managing cuts, bites and other bodily fluids

- 2.19 Standard precautions will be taken when dealing with any cuts and abrasions. Cuts and abrasions will be cleaned under running water. The wound will be carefully dabbed then covered with a waterproof dressing or plaster. The dressing will be changed as often as necessary. Staff will wear disposable gloves when in contact with any accident or injury, e.g. washing grazes, or dressing wounds.
- 2.20 If a pupil suffers a bite or scratch that does not break the skin, the affected area is cleaned with soap and warm running water. If a bite, scratch or puncture injury breaks the skin or may have introduced someone else's blood, the affected area is rinsed well with water, the incident is recorded in the pupil accident log, the wound is covered with a waterproof dressing, and medical advice is sought immediately.
- 2.21 When coughing or sneezing, all staff and pupils are encouraged to cover their nose and mouth with a disposable tissue and dispose of the tissue after use, and to wash their hands afterwards.
- 2.22 Personal protective equipment (PPE) are worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex and CE (**Conformité Européene**) marked. If there is a risk of splashing to the face, goggles are worn.
- 2.23 Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. They are cleaned using a mixture of detergent and disinfectant. Paper towels or cloths are used, always wearing PPE, and they are disposed of after use.

Hypodermic needles (sharps)

- 2.24 The school will ensure that all waste produced is dealt with by a licensed waste management company.
- 2.25 Any PPE used will be placed in a refuse bag and disposed of as a normal domestic waste. PPE should not be put in a recycling bin or dropped as litter.
- 2.26 Injuries incurred through sharps found on school grounds will be treated in line with the school's Health and Safety Policy. All sharps found on school premises will be disposed of in the sharps bin wearing PPE.

3. Pupil Immunisation

3.1 The school keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/. Below is a list of vaccines available on the NHS, including who should have them and when:

- Before starting school, pupils should be given their second injection of the MMR vaccine, usually at 3 years and 4 months. Pupils should also be given their 4-in-1 pre-school booster against diphtheria, tetanus, whooping cough and polio, usually at 3 years and 4 months.
- All pupils in Reception to year 4 will be offered nasal flu vaccinations annually

3.2 The school will work with local health professionals to signpost parents to where they can book coronavirus (COVID-19) vaccination appointments for pupils online, at a vaccination centre or pharmacy, or at a local walk-in centre without an appointment.

3.3 The school will work with local health services and SAIS teams to ensure the effective planning and delivery of the immunisation service. Prior to vaccination visits, the school will:

- Send the invitation to parents of pupils who are eligible, in good time and with a clear deadline for response
- Communicate with pupils and parents to support consent and uptake
- Encourage parents or staff who may be concerned or require additional guidance to speak to their health visitor, school nurse, or GP
- Encourage parents to return the consent form, highlighting that if the consent deadline is missed, the SAIS team may not have enough vaccines for everyone who would like one on the day

3.4 On immunisation day, the school will:

- Ensure that the SAIS team can access the agreed space before the school day starts so they can set up.
- Provide if possible, access to a power supply with extension cables and anti-trip mats, separation screens, defibrillator, gym mats, tables and chairs
- Allow pupils to wear loose fitting short sleeved tops on the day of vaccination
- Identify and support pupils who may find the procedure stressful, in partnership with the school nurse
- Make every effort to contact parents and seek their verbal consent if a pupil wishes to be vaccinated and a consent form has not been returned.
- Help to keep noise and disruption to a minimum
- Ensure a steady flow of pupils throughout the school day

- Remove all household and clinical waste generated on the day
 - Avoid any unscheduled fire drills
- 3.5 The school will make every effort to contact parents and gain consent for their child's immunisation
- 3.6 A risk assessment will be conducted before any vaccinations take place.
- 3.7 The school will signpost parents to where they can book coronavirus (COVID-19) vaccination appointments for pupils online, at a vaccination centre or pharmacy, or at a local walk-in centre without an appointment.
- 3.8 The school will notify its regional DfE team of any anti-vaccination activity, e.g. campaign letters and emails spreading misinformation about vaccination programmes. Only information from trusted sources, e.g. the NHS, and where its authenticity is assured will be shared by the school
- 3.9 Some vaccinations may involve an exclusion period in which pupils are not required to attend school. The administering healthcare team will provide advice in such cases.

4. Staff immunisation

- 4.1. All staff will undergo a full occupational health check prior to employment, which confirms they are up-to-date with their immunisations. Staff are encouraged to check their immunisation records and contact their GP practice if they need to catch up on vaccines
- 4.2 For measles, mumps and rubella (MMR) and hepatitis B the school will take the following position:
- **Hepatitis B:** We do not recommend Hepatitis B vaccines for staff in routine contact with infected children; however, where staff are involved with the care of children with severe learning disabilities or challenging behaviour, we encourage immunisation.
 - **MMR vaccination:** The MMR vaccine is the safest and most effective way to protect against measles, mumps, and rubella which are viral infections that can quickly spread and cause outbreaks. School will liaise with staff to ensure they have two doses of the MMR vaccine. Female staff of childbearing age will be encouraged to check their immunisation status and contact their GP for any further medical advice.

5. Contact with pets and animals

- 5.1 Animals in school will only be permitted with prior agreement from the headteacher.
- 5.2 The headteacher ensures that a knowledgeable person is responsible for each animal in conjunction with the Animal Welfare Act 2006
- 5.3 Animals are always supervised when in contact with children, and anyone handling animals will wash their hands immediately afterwards.
- 5.4 Where a pupil has a support animal, a member of staff will be assigned responsibility for infection prevention measures and supporting the pupil to follow these.

- 5.5 Risk assessments are completed for visits to farms and zoos.
- 5.6 The school recognises the school's therapy dog, Bernie and fish in the Learning Mentor's room as school pets. The school pets are always supervised when in contact with pupils and anyone handling Bernie will wash their hands immediately afterwards.
- 5.7 Bernie receives recommended treatments and immunisations, is groomed on a daily basis and is checked for any signs of infection regularly by the designated member of staff.
- 5.8 The School has pet insurance in place for Bernie through the Kennel Club.
- 5.9 Feeding areas are kept clean and pet food is stored away from human food. Any food that has not been consumed within 20 minutes is taken away or covered.
- 5.10 Visits to farms and zoos will be suitably risk assessed.
- 5.11 The school will ensure that any external companies bringing animals have the necessary insurance and will obtain copies of all their risk assessments.

6. Water-based activities

Swimming lessons

- 6.1 General swimming lessons are governed by the control measures outlined in our Swimming Risk Assessment.
- 6.2 Pupils who have experienced vomiting or diarrhoea in the weeks preceding the trip are not permitted to attend public swimming pools until two weeks after the end of symptoms.

Other activities

- 6.3 Alternative water-based activities are only undertaken at reputable centres.
- 6.4 Children and staff cover all cuts, scratches and abrasions with waterproof dressings before taking part, and hands are washed immediately after the activity. No food or drink is to be consumed until hands have been washed.
- 6.5 If a member of staff or a pupil becomes ill within three to four weeks of an activity taking place, we encourage them to seek medical advice and inform their GP of their participation in these activities.

In the event of infection

7. Preventing the spread of infection

- 7.1 Parents will not bring their child to school in the following circumstances:
 - The child shows signs of being unwell and needing one-to-one care
 - The child has taken, or needs to take, infant paracetamol, ibuprofen or 'Calpol'
 - The child has a high temperature or fever
 - The child has been vomiting and/or had diarrhoea within the last 48 hours

- The child has an infection and the minimum recommended exclusion period has not yet passed

8. Vulnerable pupils

- 8.1 Pupils with impaired immune defence mechanisms (known as immunosuppressed) are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such pupils. These pupils may have a disease that compromises their immune system or be undergoing treatment, e.g. chemotherapy, that has a similar effect.
- 8.2 The Pupil Services Administrator will be notified if a child is “vulnerable”. Parents are responsible for notifying the school if their child is “vulnerable”.
- 8.3 If a vulnerable child is thought to have been exposed to an infectious disease, the child’s parents will be informed and encouraged to seek medical advice from their doctor or specialist.

9. Procedures for unwell pupils and staff

- 9.1 Staff are required to know the warning signs of pupils becoming unwell including, but not limited to, the following:
- Not being themselves
 - Not having a snack
 - Not eating at lunchtimes
 - Wanting more attention/sleep than usual
 - Displaying physical signs of being unwell, e.g., watery eyes, a flushed face or clammy skin
- 9.2 Where a staff member identifies a pupil as unwell, the pupil is taken to the Medical Room, where their temperature will be taken by a member of staff/First Aider, and the pupil’s parents will be informed of the situation.
- 9.3 The member of staff/First Aider will:
- Attempt to cool the pupil down if they are too hot, by opening a window and suggesting that the pupil removes their top layers of clothing.
 - Provide the pupil with a drink of water.
 - Move the pupil to a quieter area of the classroom or school.
 - Ensure there is a staff member available to comfort the pupil.
 - Summon emergency medical help if required.
- 9.4 Pupils and staff displaying any of the signs of becoming unwell outlined in 9.1 will be sent home, and we will recommend that they see a doctor.
- 9.5 If a pupil is identified with sickness and diarrhoea, the pupil’s parents will be contacted immediately and the child will be sent home, and may only return after 48 hours have passed without symptoms.

- 9.6 If a staff member is suffering from vomiting and diarrhoea, they will be sent home and may not return until 48 hours have passed without symptoms.
- 9.7 If the school is unable to contact a pupil's parents in any situation, the pupil's alternative emergency contacts will be contacted.

Contaminated clothing

- 9.8 If the clothing of the first-aider or a pupil becomes contaminated, the clothing is removed as soon as possible and placed in a plastic bag. The pupil's clothing is sent home with the pupil, and parents are advised of the best way to launder the clothing.
- 9.9 Contaminated clothing should be washed separately in a washing machine, using a pre-wash cycle on the hottest temperature that the clothes will tolerate.

10. Exclusion

- 10 Pupils suffering from infectious diseases will be excluded from school on medical grounds for the minimum recommended period. Staff who are unwell with an infectious disease will be promptly excluded and sent home to recover.
- 10.1 The school will follow the recommendations of the UKSHA in determining the minimum required period for staff and pupils to stay away from school following an infection, as laid out in appendix B: infection absence periods
- 10.2 The school will expect parents to agree that, if their child is unwell and has symptoms of an infectious illness, such as a fever, they should not attend the school, given the potential risk to others.
- 10.3 If parents insist on their child returning to school when they are still symptomatic, in the case of confirmed or suspected infectious illness, the school can take the decision to exclude the pupil from school on medical grounds if it reasonably judges that this is necessary to protect other pupils and staff.
- 10.4 For some infections, individuals may be advised to remain away from school for a longer period of time and school will follow any advice received from the local health protection team (HPT)
- 10.5 If a pupil or member of staff is a close contact of someone unwell with an infectious disease, but is not confirmed to be infected themselves, this is not normally a valid reason for exclusion; however, the local health protection team (HPT) may be contacted to advise on specific precautions to take in response to a case or outbreak.
- 10.6 The school may seek to provide remote education where a pupil is well enough to participate in it.
- 10.7 The school is aware that exclusion may cause challenges for parents due to unexpected time off and, that some children may become vulnerable to domestic abuse or neglect during times where they would usually be at school. When recommending exclusion on public health grounds, the school will work with their HPT to consider any adverse effects or hidden harms

a pupil may be exposed to by imposing isolation, and staff will be alert and proactive in sharing information as early as possible.

- 10.8 The school is aware that exclusion on public health grounds may cause some pupils or staff members to feel isolated or anxious. In such situations, the school will signpost them to mental health and wellbeing support services.

11. Medication

- 11.1 Where a pupil has been prescribed medication by a doctor, dentist, nurse or pharmacist, the first dose will be given at home, in case the pupil has an adverse reaction.
- 11.2 The pupil will only be allowed to return to school 24 hours after the first dose of medication, to allow it time to take effect.
- 11.3 All medicine provided in school will be administered in line with the Administering Medication Policy.

12. Outbreaks of infectious diseases

- 12.1 An incident is classed as an 'outbreak' where two or more people experiencing a similar illness are linked in time or place, or a greater than expected rate of infection is present compared with the usual background rate, e.g.
- Two or more pupils in the same classroom are suffering from vomiting and diarrhoea
 - A greater than expected rate of infection is present compared with the usual background rate, e.g:
 - Two or more pupils in the same classroom are suffering from vomiting and diarrhoea.
 - A greater number of pupils than usual are diagnosed with scarlet fever.
 - There are two or more cases of measles at the school.
- 12.2 Where an outbreak is suspected (even if it cannot be confirmed), a member of SLT will contact the HPT to discuss the situation and agree if any actions are needed. The school will support the HPT's identified control measures with clear and prompt communication with parents and rapid coordination of arrangements, e.g. staff immunisation
- 12.3 The member of SLT will provide the following information:
- The number of staff and children affected
 - The symptoms present
 - The date(s) the symptoms first appeared
 - The number of classes affected
- 12.4 The HPT will provide the school with draft letters and factsheets to distribute to parents.
- 12.5 The HPT will always treat outbreaks in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details.

- 12.6 If a member of staff suspects the presence of an infectious disease in the school, they will contact the Business Manager for further advice.
- 12.7 If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms by their teachers.
- 12.8 If a pupil is identified as having a notifiable disease, as outlined in Infection Absence Periods, appendix, the school will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local UK Health Security Agency centre.
- 12.9 During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The Business Manager or Facilities Manager will liaise with the cleaning contractor to ensure these take place.
- 12.10 Under the Health Protection (Notification) Regulations 2010, the school will always report instances of the following diseases to the HPT:
- Acute encephalitis
 - Acute Meningitis
 - Acute Poliomyelitis
 - Acute infectious hepatitis
 - Anthrax
 - Botulism
 - Brucellosis
 - Cholera
 - Diphtheria
 - Enteric fever (typhoid or paratyphoid fever)
 - Food Poisoning
 - Haemolytic uraemic syndrome (HUS)
 - Infectious bloody diarrhoea
 - Invasive group A streptococcal disease and scarlet fever
 - Legionnaires disease
 - Leprosy
 - Malaria
 - Measles
 - Meningococcal septicaemia
 - Mumps
 - Plague
 - Rabies
 - Rubella
 - SARS
 - Smallpox
 - Tetanus
 - Tuberculosis
 - Typhus
 - Viral haemorrhagic fever (VHF)
 - Whooping cough

- Yellow Fever

13. Pregnant Staff Members

- 13.1 If a pregnant staff member develops a rash or is in direct contact with someone who has a potentially contagious rash, the school will strongly encourage them to speak to their GP or midwife.
- 13.2 Pregnant staff members will be advised to ensure they are up-to-date with the recommended vaccinations, including against coronavirus.
- 13.3 **Chickenpox:** If a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously, she will speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, we encourage them to take a blood test.
- 13.4 **Measles:** If a pregnant staff member is exposed to measles, she will inform her midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of measles.
- 13.5 **Rubella (German measles):** If a pregnant staff member is exposed to rubella, she will inform her midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of Rubella.
- 13.6 **Slapped cheek disease (Parvovirus B19):** If a pregnant staff member is exposed to slapped cheek disease, she will inform her midwife promptly.

14. Staff Handling food

- 14.1 Food handling staff suffering from transmittable diseases will be excluded from all food handling activity until advised by the local Environmental Health Officer that they are clear to return to work. Both food handling staff and midday assistants are not permitted to attend work if they are suffering from diarrhoea and/or vomiting. They are not permitted to return to work until 48 hours have passed since diarrhoea and/or vomiting occurred, or until advised by the local environmental health officer that they are allowed to return to work.
- 14.2 The school will notify the local Environmental Health Department as soon as we are notified that a staff member engaged in the handling of food has become aware that they are suffering from, or likely to be carrying, an infection that may cause food poisoning.
- 14.3 Food handlers are required by law to inform the school if they are suffering from any of the following:
- Typhoid fever
 - Paratyphoid fever
 - Other salmonella infections
 - Dysentery
 - Shigellosis
 - Diarrhoea (where the cause of which has not been established)
 - Infective jaundice

- Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E. coli VTEC infection

14.4 'Formal' exclusions will be issued where necessary, but employees are expected to provide voluntary 'off work' certificates from their GP.

15. Managing specific infectious diseases

15.1 When an infectious disease occurs in the school, we will follow the appropriate procedures set out in the Managing Specific Infectious Diseases appendix.

16. Monitoring and Review

16.1 All members of staff are required to familiarise themselves with this policy as part of their induction programme.

16.2 The Business Manager will review this policy on an annual basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.

16.3 The next scheduled review date is September 2025.

Appendix A: Managing specific infectious diseases

| Disease | Symptoms | Considerations | Exclusion period |
|-------------------|--|---|---|
| Athlete's foot | Scaling, peeling or cracking of the skin, particularly between the toes and on soles of the feet, or blisters containing fluid. The infection may be itchy, and toenails can become discoloured, thick and crumbly. | Cases are advised to see their local pharmacy or GP for advice and treatment. | Exclusion is not necessary. |
| Chicken pox | Sudden onset of fever with a runny nose, cough and generalised rash. The rash then blisters and scabs over. Several blisters may develop at once, so there may be scabs in various stages of development. Blisters typically crust up and fall off naturally within one to two weeks. Some mild infections may not present symptoms. | Cases are advised to consider pharmacy remedies to alleviate symptoms and consult their GP. Immediate medical advice should be sought if abnormal symptoms develop, e.g. infected blisters, chest pain or difficulty breathing. | <p>Chickenpox is infectious from 48 hours prior to a rash appearing, and until all blisters have crusted over, typically five to six days after the onset of a rash.</p> <p>Cases will be excluded from school for at least five days from the onset of a rash and until all blisters have dried and crusted over.</p> <p>It is not necessary for all the spots to have healed before the case returns to school.</p> |
| Cold sores | The first signs of cold sores are tingling, burning or itching in the affected area. Around 24 hours after the first signs appear the area will redden and swell, resulting in a fluid-filled blister or blisters. After blistering, they may form ulcers, then dry up and crust over. | Cases are advised not to touch the cold sore, or pick at the blisters. Sufferers of cold sores should avoid kissing people and should not share food and items such as cutlery, cups, towels and facecloths. | Exclusion is not necessary. |
| Conjunctivitis | The eye(s) become reddened and swollen, and there may be a sticky or watery discharge. Eyes may feel itchy and 'gritty'. | <p>Cases are encouraged to seek advice, wash their hands frequently and not to rub their eyes.</p> <p>Parents will be advised to seek advice and treatment from their local pharmacist.</p> <p>The HPT will be contacted if an outbreak occurs.</p> | <p>Exclusion is not necessary.</p> <p>In the case of an unmanageable outbreak, exclusion may become necessary, as per the HPT's advice.</p> |
| Cryptosporidiosis | Symptoms include abdominal pain, diarrhoea and occasionally vomiting. | Staff and pupils will be asked to wash hands regularly. Kitchen and toilet areas will be cleaned regularly. | Cases will be excluded until 48 hours have passed since symptoms were present. |

| Disease | Symptoms | Considerations | Exclusion period |
|--|--|--|---|
| Diarrhoea and vomiting (gastroenteritis) | Symptoms include diarrhoea and/or vomiting; diarrhoea is defined as three or more liquid or semi-liquid stools in a 24-hour period. | The HPT will be contacted where there are more cases than usual. | <p>Cases will be excluded until 48 hours have passed since symptoms were present – for some infections, longer periods are required, and the HPT will advise accordingly.</p> <p>If medication is prescribed, the full course must be completed and there must be no further symptoms displayed for 48 hours following completion of the course before the cases may return to school.</p> <p>Cases will be excluded from swimming for two weeks following their last episode of diarrhoea.</p> |
| E. coli STEC | Symptoms vary but include diarrhoea which can be bloody, abdominal pain, vomiting and fever. | Cases will immediately be sent home and advised to speak to their GP. | <p>Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved.</p> <p>Where the sufferer poses an increased risk, e.g. food handlers, pre-school infants, they will be excluded until a negative stool sample has been confirmed.</p> <p>The HPT will be consulted in all cases.</p> |
| Food poisoning | Symptoms normally appear within one to two days of contaminated food being consumed, although they may start at any point between a few hours and several weeks later. The main symptoms are likely to be nausea, vomiting, diarrhoea, abdominal pain and fever. | <p>Cases will be sent home.</p> <p>The HPT will be contacted where two or more cases with similar symptoms are reported.</p> <p>All outbreaks of food poisoning outbreak will be investigated.</p> | <p>Cases will be excluded until 48 hours have passed since symptoms were present.</p> <p>For some infections, longer exclusion periods may be required. The HPT will advise in such cases.</p> |
| Giardiasis | Infection can be asymptomatic, and the incubation period is between 5 and 25 days. Symptoms can include abdominal pain, bloating, fatigue and pale, loose stools. | <p>Cases will be sent home.</p> <p>The HPT will be contacted where two or more cases with similar symptoms are reported.</p> | Cases will be excluded until 48 hours have passed since symptoms were present. |
| Group A Streptococcus (GAS) | Symptoms include flu-like symptoms, sore throat, rough rash, scabs and sores (impetigo), pain and swelling, severe muscle aches, nausea and vomiting | GAS can cause a number of infections, some mild and some more serious. Milder infections can be | Cases will be excluded for 24 hours after starting to take antibiotics |

| Disease | Symptoms | Considerations | Exclusion period |
|------------------------------|--|--|--|
| | | easily treated with antibiotics and usually recover at home in a few days | |
| Glandular fever | Symptoms include severe tiredness, aching muscles, sore throat, high fever, swollen glands in the neck and occasionally jaundice. | The sufferer may feel unwell for several months with fatigue and the school will provide reasonable adjustments where necessary. | Exclusion is not necessary, and cases can return to school as soon as they feel well. |
| Hand, foot and mouth disease | Symptoms include a fever, reduced appetite and generally feeling unwell. One or two days later, a rash with blisters may develop with blisters on the inside of cheeks, gums, sides of the tongue, and hands and feet. Not all cases will have symptoms. | Where rare additional symptoms develop, e.g. high fever, headache, stiff neck, back pain or other complications, prompt medical advice should be sought. | Exclusion is not necessary, and cases can return to school as soon as they feel well. |
| Head lice | Other than the detection of live lice or nits, there are no immediate symptoms until two to three weeks after infection, where itching and scratching of the scalp occurs. | <p>Treatment is only necessary when live lice are seen.</p> <p>Staff are not permitted to inspect any pupil's hair for head lice.</p> <p>If a staff member incidentally notices head lice in a pupil's hair, they will inform the pupil's parents and advise them to treat their child's hair.</p> <p>Upon noticing, staff members are not required to send the pupil home; the pupil is permitted to stay in school for the remainder of the day.</p> <p>When a pupil has been identified as having a case of head lice, a letter will be sent home to all parents notifying them that a case of head lice has been reported and asking all parents to check their children's hair.</p> | <p>Exclusion is not necessary, as headlice are not considered a health hazard.</p> <p>In severe, ongoing cases, the LA does have the power to exclude. This use of power must be carefully considered, and exclusion should not be overused.</p> |
| Hepatitis A | Infection can be asymptomatic. Symptoms can include abdominal pain, loss of appetite, nausea, fever and fatigue, followed by jaundice, dark urine and pale faeces. | The illness in children usually lasts one to two weeks, but can last longer and be more severe in adults. | Cases are excluded while unwell and for seven days after the onset of jaundice (or the onset of symptoms if no jaundice presents). |
| Hepatitis B | Infection can be asymptomatic. Symptoms can include general fatigue, nausea, vomiting, loss of | The HPT will be contacted where advice is required. | Acute cases will be too ill to attend school and their doctor will advise when they are fit to return. |

| Disease | Symptoms | Considerations | Exclusion period |
|--------------------------------------|--|--|---|
| | appetite, fever and dark urine, and older cases may develop jaundice. It can cause an acute or chronic illness. | The procedures for dealing with blood and other bodily fluids will always be followed. The accident book will always be completed with details of injuries or adverse events related to cases. | Chronic cases will not be excluded or have their activities restricted. Staff with chronic hepatitis B infections will not be excluded. |
| Hepatitis C | Symptoms are often vague but may include loss of appetite, fatigue, nausea and abdominal pain. Less commonly, jaundice may occur. | The procedures for dealing with blood and other bodily fluids will always be followed. The accident book will always be completed with details of injuries or adverse events related to cases. | Cases will not be excluded or have their activities restricted. |
| Impetigo | Symptoms include sores, typically on the face and on the hands and feet. After around a week, the sores burst and leave golden brown crusts, and can sometimes be painful and itchy. | Towels, facecloths and eating utensils will not be shared by pupils. Toys and play equipment will be cleaned thoroughly; non-washable soft toys will be wiped or washed with a detergent using warm water and dried thoroughly. | Cases will be excluded until all sores or blisters are crusted over, or 48 hours after commencing antibiotic treatment. |
| Influenza | Symptoms include headache, high temperature, cough, sore throat, aching muscles and joints, and fatigue. Younger cases may present different symptoms, e.g. without fever but with diarrhoea. | Those in risk groups will be encouraged to have the influenza vaccine. Anyone with flu-like symptoms will stay home until they have recovered. Pupils under 16 will not be given aspirin. | There is no specific exclusion period; cases will remain home until they have fully recovered. |
| Invasive Group A Streptococcus (GAS) | Symptoms include flu-like symptoms, sore throat, rough rash, scabs and sores (impetigo), pain and swelling, severe muscle aches, nausea and vomiting | These infections re caused by the bacteria getting into parts of the body where it not commonly found, such as the lungs or bloodstream. In rare cases an IGAS infection can be fatal. | Inform HPT if any cases reported. The HPT will carry out a risk assessment and undertake appropriate investigations and/or further actions as required. |
| Measles | Symptoms include a runny nose, cough, conjunctivitis, high fever and small white spots inside the cheeks. Around the third day, a rash of flat red or brown blotches may appear on the face then spread around the body. | All pupils are encouraged to have MMR immunisations in line with the national schedule. Staff members should be up-to-date with their MMR vaccinations. | Cases are excluded while infectious, which is from four days before the onset of a rash to four days after. |

| Disease | Symptoms | Considerations | Exclusion period |
|--|---|--|---|
| | | Pregnant staff members and those with weak immune systems will be encouraged to contact their GP immediately for advice if they come into contact with measles. | |
| Meningitis | Symptoms include fever, severe headaches, photophobia (aversion to light), stiff neck, non-blanching rash, vomiting and drowsiness. | Pupils are encouraged to be up-to-date with their vaccinations. Meningitis is a notifiable disease. | Once a case has received any necessary treatment, they can return to school once they have recovered. |
| Meningococcal meningitis and septicaemia (sepsis) | Symptoms include fever, severe headache, photophobia, drowsiness, and a non-blanching rash. Not all symptoms will be present. | Medical advice will be sought immediately. The confidentiality of the case will always be respected. The HPT and school health advisor will be notified of a case of meningococcal disease in the school. The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks. | When the case has been treated and recovered, they can return to school. Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection. |
| Methicillin resistant staphylococcus aureus (MRSA) | Symptoms are rare but include skin infections and boils. | All infected wounds will be covered. | No exclusion is required. |
| Mumps | Symptoms include a raised temperature, swelling and tenderness of salivary glands, headaches, joint pain and general malaise. Mumps may also cause swelling of the testicles. | The case will be encouraged to consult their GP. Parents are encouraged to immunise their children against mumps. | Cases can return to school five days after the onset of swelling if they feel able to do so. |
| Norovirus | Symptoms include nausea, diarrhoea, and vomiting. It is known as the 'winter vomiting bug' and the most common cause of gastroenteritis. | The HPT will be contacted if there is a higher than previously experience and/or rapidly increasing number of pupil and staff absences due to diarrhoea and vomiting | Exclusion until 48 hours after symptoms have stopped and they are well enough to return |
| Panton-Valentine Leukocidin | Symptoms can include recurrent boils, skin abscesses and cellulitis. | The HPT will contacted if there are two or more cases. | Exclusion is not necessary unless cases have a lesion or wound that cannot be covered. Cases |

| Disease | Symptoms | Considerations | Exclusion period |
|---|---|---|---|
| Staphylococcus aureus (PVL-SA) | | | should not visit gyms or swimming pools until wounds have healed. |
| Respiratory infections, including coronavirus | Symptoms can be caused by several respiratory infections including the common cold, coronavirus (COVID-19), Flu, and respiratory syncytial virus (RSV) Symptoms can be wide-ranging, including a runny nose, high temperature cough and sore throat, and loss of change in sense of smell or taste | Pupils with symptoms will be encouraged to cover their mouth and nose with a tissue when coughing and sneezing, and to wash their hands afterwards. The DfE helpline and/or the local HPT will be contacted if an outbreak occurs or there is evidence of severe disease, e.g. hospital admission. | Cases with mild symptoms, e.g. a runny nose and/or sore throat, can continue to attend if they are otherwise well. Cases who are unwell and have a high temperature should remain at home until they no longer have a high temperature. It is not recommended that children and young people are tested for coronavirus unless directed to by a health professional. Cases aged 18 years and under with a positive test result should stay at home for 3 days after the day they took their test. |
| Ringworm | Symptoms vary depending on the area of the body affected. The main symptom is a rash, which can be scaly, dry, swollen or itchy and may appear red or darker than surrounding skin. | Pupils with ringworm of the feet will wear socks and trainers at all times and cover their feet during PE. Parents will be advised to seek advice from a GP for recommended treatment. | No exclusion is usually necessary. For infections of the skin and scalp, cases can return to school once they have started treatment. |
| Rotavirus | Symptoms include severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever. | Cases will be sent home if unwell and encouraged to speak to their GP. | Cases will be excluded until 48 hours have passed since symptoms were present. |
| Rubella (German measles) | Symptoms are usually mild. Symptoms include a rash, swollen lymph glands, sore throat and runny nose, mild fever, headache, tiredness, conjunctivitis, painful and swollen joints. | MMR vaccines are promoted to all pupils. | Cases will be excluded for five days from the appearance of the rash. |
| Scabies | Symptoms include tiny pimples and nodules on the skin. Burrows may be present on the wrists, palms, elbows, genitalia and buttocks. | All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case. The second treatment must not be missed and should be carried out one week after the first treatment. | Cases will be excluded until after the first treatment has been carried out. |

| Disease | Symptoms | Considerations | Exclusion period |
|--|---|--|--|
| Scarlet Fever and Invasive group A Streptococcal Disease | <p>Scarlet fever is highly infectious. It is usually a mild illness, though severe complications can occur in rare circumstances. It may be confused with measles.</p> <p>Symptoms include:</p> <ul style="list-style-type: none"> • Flu-like symptoms e.g. a high temperature, swollen glands, and an aching body • Sore throat and/or tonsillitis • A rash that feels rough, like sandpaper, i.e. scarlet fever, typically on the chest and stomach • Flushed cheeks • Scabs and sores | <p>Cases will be encouraged to visit their GP. The HPT will be contacted if:</p> <ul style="list-style-type: none"> • Two or more cases occur within 10 days of each other and the affected individuals have a link • There are cases of serious disease which have resulted in overnight stays in hospital • There are cases of chickenpox and/or influenza co-circulating in the group where a case of scarlet fever has been confirmed | <p>Cases are excluded and can return 24 hours after commencing appropriate antibiotic treatment – cases not receiving treatment will remain infectious for two to three weeks.</p> |
| Slapped cheek syndrome, Parvovirus B19, Fifth's Disease | <p>Where symptoms develop, a rose-red rash making the cheeks appear bright red may appear several days after a mild feverish illness. The rash usually peaks after a week and then fades.</p> | <p>Cases will be encouraged to visit their GP.</p> <p>Parents are requested to inform the school of a diagnosis of slapped cheek syndrome.</p> | <p>Exclusion is not required – cases are not infectious by the time the rash occurs.</p> |
| Threadworm | <p>Symptoms include itching around the anus or vagina, particularly at night, and worms may be seen in stools or around the bottom.</p> | <p>Cases will be encouraged to visit their pharmacy for advice on treatment.</p> | <p>Exclusion is not required.</p> |
| Tuberculosis (TB) | <p>Symptoms include cough, loss of appetite, weight loss, fever, sweating (particularly at night), breathlessness and pains in the chest. TB in parts of the body other than the lungs may produce a painful lump or swelling.</p> | <p>Advice will be sought from the HPT before taking any action, and regarding exclusion periods.</p> | <p>Cases with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.</p> <p>Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, will not be excluded.</p> |
| Typhoid and Paratyphoid fever | <p>Symptoms include fatigue, fever and constipation. The symptoms of paratyphoid fever include fever, diarrhoea and vomiting.</p> | <p>All cases will be immediately reported to the HPT.</p> | <p>Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved.</p> |

| Disease | Symptoms | Considerations | Exclusion period |
|----------------------------|--|---|---|
| | | | Environmental health officers or the HPT may advise the school to issue a lengthened exclusion period. |
| Whooping cough (pertussis) | Symptoms include a heavy cold with a temperature and persistent cough. The cough generally worsens and develops the characteristic 'whoop'. Coughing spasms may be worse at night and may be associated with vomiting. | Cases will be advised to see their GP. Parents are advised to have their children immunised against whooping cough. | Cases will not return to school until they have had 48 hours of appropriate treatment with antibiotics and feel well enough to do so, or 21 days from the onset of illness if no antibiotic treatment is given. Cases will be allowed to return in the above circumstances, even if they are still coughing. |

Appendix B: Infection absence periods

This table details the minimum required period for staff and pupils to stay away from school following an infection, as recommended by UK Health Security Agency.

*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to their local PHE centre.

| Infection | Recommended minimum period to stay away from school | Comments |
|---|--|--|
| Athlete's foot | None | Advise cases to visit their local pharmacy or GP for advice and treatment. Individuals should not be barefoot at their setting e.g. in changing areas and should not share towels, socks or shoes with others. |
| Chicken pox | At least 5 days from onset of rash and until all blisters have crusted over | Pregnant staff should consult with their GP or midwife |
| Cold sores | None | Avoid contact with the sores. |
| Conjunctivitis | None | Advise cases to visit their local pharmacy or GP for advice and treatment. If an outbreak occurs, consult the HPT |
| Respiratory infections including coronavirus (COVID 19) | Cases should not attend if they have a high temperature and are unwell. Case who have a positive test result for COVID-19 should not attend the school for 3 days after day of test | Cases with mild symptoms such as runny nose, and headache who are otherwise unwell can continue to attend |
| Diarrhoea and/or vomiting | Whilst symptomatic and 48 hours from the last episode | GPs should be contacted if diarrhoea or vomiting occur after taking part in water-based activities. |
| Diphtheria* | Exclusion is essential. | Family contacts must be excluded until cleared by the HPT and the HPT must always be consulted. |

| Infection | Recommended minimum period to stay away from school | Comments |
|---|--|--|
| Flu (influenza) | Until recovered | Report outbreaks to the HPT. |
| Glandular fever | Exclusion is not necessary and cases can return to school as soon as they feel well | Glandular fever is spread through spit and can be transferred through kissing or by sharing cups or cutlery. Cases will be infectious for up to 7 weeks before symptoms appear. |
| Hand, foot and mouth | None | Contact the HPT if a large number of children are affected. Exclusion may be considered in some circumstances. |
| Head lice | None | Treatment recommended only when live lice seen. Exclusion is not normally permitted. In severe, ongoing cases, the LA does have the power to exclude; however, exclusion should not be overused. |
| Hepatitis A* | Seven days after onset of jaundice or other symptoms | If it is an outbreak, the HPT will advise on control measures. |
| Hepatitis B*, C* and HIV | None | Not infectious through casual contact. Procedures for bodily fluid spills must be followed. |
| Impetigo | 48 hours after commencing antibiotic treatment, or when lesions are crusted and healed | Antibiotic treatment is recommended to speed healing and reduce the infectious period. |
| Measles* | Four days from onset of rash | Preventable by vaccination (MMR). Follow procedures for vulnerable children and pregnant staff. |
| Meningococcal meningitis*/ septicaemia* | Until recovered | Meningitis ACWY and B are preventable by vaccination. The HPT will advise on any action needed. |

| Infection | Recommended minimum period to stay away from school | Comments |
|--|--|---|
| Meningitis* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination. The HPT will advise on any action needed. |
| Meningitis viral* | None | As this is a milder form of meningitis, there is no reason to exclude those who have been in close contact with infected persons. |
| MRSA | None | Good hygiene, in particular environmental cleaning and handwashing, is important to minimise the spread. The local HPT should be consulted. |
| Mumps* | Five days after onset of swelling | Preventable by vaccination with two doses of MMR. |
| Ringworm | Exclusion is not usually required | Treatment is required. |
| Rubella (German measles) | Five days from onset of rash | Preventable by two doses of immunisation (MMR). Follow procedures for pregnant staff. |
| Scarlet fever and invasive group a Streptococcal Disease | 24 hours after commencing antibiotic treatment | Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT should be contacted. |
| Scabies | Can return to school after first treatment | The infected person's household and those who have been in close contact will also require treatment. |
| Slapped cheek/Fifth disease/Parvo Virus B19 | None (once rash has developed) | Follow procedures for vulnerable children and pregnant staff. |
| Threadworms | None | Treatment recommended for the infected person and household contacts. |
| Tonsillitis | None | There are many causes, but most causes are virus-based and do not require antibiotics. |
| Tuberculosis (TB) | If pulmonary TB - until at least 2 weeks after the start of effective antibiotic treatment | Only pulmonary (lung) TB is infectious. It requires prolonged close contact to spread. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, should not |

| Infection | Recommended minimum period to stay away from school | Comments |
|-----------------------------|---|---|
| | Exclusion not required for non-pulmonary or latent TB infection | be excluded. Consult the local HPT before disseminating information to staff and parents. |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gymnasiums and changing rooms. |
| Whooping cough (pertussis)* | Two days from commencing antibiotic treatment, or 21 days from the onset of illness if no antibiotic treatment is given | Preventable by vaccination. Non-infectious coughing can continue for many weeks after treatment. The HPT will organise any necessary contact tracing. |

Appendix C: Diarrhoea and vomiting outbreak action checklist

| | |
|----------------------|--|
| Date: | |
| Completed by: | |

| Action | Action taken? | | Comments |
|--|---------------|----|----------|
| | Yes | No | |
| A 48-hour exclusion rule has been enforced for ill pupils and staff. | | | |
| Individuals with symptoms have been kept in an areas away from communal areas where they can be observed until collected | | | |
| Liquid soap and paper hand towels are available at all hand wash basins. | | | |
| Enhanced cleaning is undertaken twice daily as a minimum, and an appropriate disinfectant is used. | | | |
| Advice has been given on the cleaning of vomit, e.g. steam cleaning carpets and furniture and machine hot washing of soft furnishings. | | | |
| Appropriate disposal personal protective equipment (PPE) is available. | | | |
| Appropriate waste disposal systems are in place for removing infectious waste. | | | |
| Hard toys are cleaned and disinfected on a daily basis, and their use is limited and rotated. | | | |
| Appropriate spill kits is in place. Staff wearing appropriate PPE when dealing with spills, which will be removed and disposed of quickly. | | | |
| The use of soft toys, water and sand play, and cookery activities has been suspended. | | | |
| Infected linen is segregated, and dissolvable laundry bags are used where possible. | | | |
| Visitors are restricted, and essential visitors are informed of the outbreak and advised on hand washing. | | | |
| New pupils joining the affected class or year group are delayed from joining. | | | |
| The health protection team (HPT) has been informed of any infected food handlers. | | | |
| Staff work in dedicated areas and food handling is restricted where possible. | | | |
| All staff (including agency) are asked if they are unwell and excluded for 48 hours if unwell. | | | |
| Staff work in dedicated areas where possible. | | | |
| Trays of fruit/snacks covered until point of serving. Snacks served in individual bowls handed directly to pupils. | | | |

| | | | |
|--|--|--|--|
| Drink bottles clearly labelled with names | | | |
| The HPT is informed of any planned events at the school. | | | |

Appendix D: List of notifiable diseases

Under the Health Protection (Notification) Regulations 2010, the following diseases will always be reported to the HPT:

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Coronavirus (COVID-19)
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever