



Panaga School, Brunei Darussalam – exclusion periods for infectious conditions

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox*	Until all vesicles have crusted over. 5 days minimum	Most children with a previous history of Chickenpox will be immune. The Chickenpox vaccine is not available at Panaga Health Centre (PHC), but available at many other private clinics.
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (Rubella)*	Four days from onset of rash.	Immunisation (MMR x2 doses) available.
Hand, foot and mouth (HFMD)	Must attend a doctor. Confirmed case: at least 1 week off school after onset of symptoms. Siblings <12 years: off school for 3 days.	PHC must be informed. Ministry of Health (MOH) school health nurses may visit if there are 2 or more cases per class within one week and advise class closure of not more than 7 days from date of symptom onset of the last case
Impetigo	Children <5 years, off school until lesions have crusted and healed. Others for at least 48 hours after starting antibiotics, in consultation with school SLT.	Antibiotic treatment speeds healing and reduces the infectious period. In consultation with Panaga School SLT, children who are able to maintain good hygiene will then be allowed back in school, with sores covered. No swimming.
Measles*	Four days from onset of rash.	Contact PHC. Investigation and contact tracing may be done by MOH. Vaccination (MMR x2) available.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Attend a doctor. At least 48 hours absence from school.	Treatment is required.
Scabies	Child can return after first treatment.	Household and close contacts require treatment.
Slapped cheek / fifth disease. Parvovirus B19	None (once rash has developed).	
Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact PHC
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing room.

Diarrhea and vomiting illness

Infection or complaint	Recommended period to be kept away from school	Comments
Diarrhea and/or vomiting	48 hours from last episode of diarrhea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shingella (dysentery)	Excluded for 48 hours from the last episode of diarrhea. Further exclusion may be required for some children until they are no longer excreting.	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contact who may also require microbiological clearance. Please consult PHC for further advice.
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhea.	Exclusion from swimming is advisable for two weeks after the diarrhea has settled.

Respiratory infections

Infection or complaint	Recommended period to be kept away from school	Comments
Flu (influenza)	Until recovered with no fever.	
Tuberculosis*	Until deemed non-infectious	Admitted and quarantined in hospital until non-infectious. Investigation and contact tracing may be done by MOH.
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Vaccination available. After treatment, non-infectious coughing may continue for many weeks. Contact PHC.

Other infections

Infection or complaint	Recommended period to be kept away from school	Comments
Fever	Free of fever for 24 hours or as advised by a doctor.	
Coughing	None	Children presenting with constant cough will require doctor clearance to continue school attendance.
Conjunctivitis	Minimum 48 hours if sticky discharge has cleared.	If an outbreak/cluster occurs (sticky discharge), consult PHC.
Diphtheria *	Exclusion is essential. Consult PHC.	Family contacts must be excluded until cleared to return by PHC. Vaccination available.
Glandular fever	None	
Head lice	Until clear of lice.	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Excluded until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, PHC will advise on control measures. Hepatitis A vaccine available at PHC
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are blood-borne viruses that are not infectious through casual contact. Hep B vaccination available
Meningococcal meningitis*/ Septicaemia*	Until recovered	Meningitis C vaccination available. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without the Meningococcal vaccination to close school contacts. PHC will advise on any action if needed.
Meningitis (bacterial and viral)*	Until recovered	If cause is Meningococcus C, Hib or pneumococcus, vaccination is available although not necessary from PHC. There is no reason to exclude siblings or close contacts if a case. It may be necessary to provide antibiotics with or without vaccination to close school contacts. PHC/MOH will advise on any action if needed.
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact PHC.
Mumps*	Exclude child for five days after onset of swelling	Vaccination (MMR x2 doses) available.
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None as long as child is well without fever.	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* Can cause possible harm to pregnant staff, so please inform school.

Endorsed, March 2019, by:


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