



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 available at Panaga Health (PH) and 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 at PH
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.	PH 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 PH. Investigation and contract tracing may be done by MOH. Vaccination (MMR x2) available at PH
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 PH
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 PH 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)/ COVID-19	Until recovered with no fever.	Mandatory isolation for COVID-19 is no longer necessary. Wearing of mask is encouraged (but not mandatory) if still has symptoms
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.

Other infections or complaint

Infection or complaint	Recommended period to be kept away from school	Comments
Fever	Free of fever for at least a day or as advised by a doctor.	
Coughing	None	Children presenting with constant cough should require doctor clearance to continue school attendance.
Conjunctivitis	Minimum 48 hours if sticky discharge has cleared.	None required
Diphtheria *	Exclusion is essential. Consult PHC.	Family contacts must be excluded until cleared to return by PH. 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, PH/MOH will advise on control measures. Hepatitis A vaccine available at PH
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 at PH
Meningitis (bacterial and viral)*	Until recovered	If cause is Meningococcus C, Hib or pneumococcus, vaccination is available although not necessary from PH. 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. PH/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 PH
Mumps*	Exclude child for five days after onset of swelling	Vaccination (MMR x2 doses) available at PH
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, October 2023, by:


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