1.12 Managing Infectious Diseases Policy

Reviewed: June 2026
Next Review Date: September 2027

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Chickenpox

Chickenpox is a mild and common childhood illness that most children catch. Chickenpox is most common in children under the age of 10.

Chickenpox has a sudden onset with fever, runny nose, cough and a generalised rash. The spotty rash starts with fluid-filled blisters which then scab over and eventually drop off. Some children have only a few spots, but others can have spots that cover their entire bodies. In most children, the blisters crust up and fall off naturally within 1 to 2 weeks.

Chickenpox in children is considered a mild illness. There is no specific treatment but there are pharmacy remedies that may alleviate symptoms. These include paracetamol to relieve fever, and calamine lotion and cooling gels to ease itching.

Chickenpox tends to be more severe in adults and they tend to have a higher risk of developing complications.

Some children and adults are at higher risk of serious problems if they catch chickenpox, including:

- pregnant women
- newborn babies
- people with a weakened immune system

These people should seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms. They may need a blood test to check if they are protected from (immune) chickenpox.

Shingles is caused by the chickenpox virus. When people get chickenpox, the virus remains in the body. It can be reactivated later and cause shingles if someone's immune system is lowered.

Shingles presents as a blistering rash in the area supplied by the affected nerve, usually only one side of the body. It can be very painful. Most people recover fully. There is often altered sensation before the rash appears, accompanied by 'flu-like' symptoms.

Chickenpox is highly infectious and spreads through respiratory secretions or direct contact with blister fluid.

Direct contact with fluid from the blisters of a person who has shingles can cause chickenpox in someone who has never had it before.

People with chickenpox are generally infectious from 2 days before the rash appears and until all blisters have crusted over (usually 6 to 7 days after the start of the rash).

Children are excluded from nursery until all of their blisters have crusted over.

In cases of shingles, the decision to exclude a child will depend on whether the rash or blisters can be covered; therefore, children are excluded from the nursery if they have a weeping shingles rash that cannot be covered.

People who are at higher risk (pregnant women, newborn babies, and people with a weakened immune system) should seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms.

Parents and Carers should seek immediate medical advice if the child is seriously ill or if they develop any abnormal symptoms such as:

- the blisters becoming infected
- pain in their chest or difficulty breathing

Cold Sores

Cold sores are common and usually clear up on their own within 10 days. There are things you can do to help ease the pain.

Check if it's a cold sore

- A cold sore usually starts with a tingling, itching or burning feeling.
- Over the next 48 hours, one or more painful blisters will appear on your face.
- Cold sore blisters are usually small and filled with fluid.
- The blisters can appear anywhere on the face.
- The blisters burst and crust over into a scab.

Cold sores should start to heal within 10 days but are contagious and may be irritating or painful while they heal.

Certain things may trigger a cold sore, such as illness or sunshine.

How long cold sores are contagious

Cold sores are contagious from the moment you first feel tingling or other signs of a cold sore coming on to when the cold sore has completely healed.

They can easily spread to other people and other parts of your body.

To help stop cold sores spreading:

- wash your hands with soap and water whenever you touch your cold sore
- do not kiss anyone while you have a cold sore

Important

Kissing a baby if you have a cold sore can lead to neonatal herpes, which is very dangerous to newborn babies.

A pharmacist can help with cold sores

A pharmacist can recommend:

- creams to ease pain and irritation
- antiviral creams to speed up healing time
- cold sore patches to protect the skin while it heals

Information:

If you regularly get cold sores, use antiviral creams as soon as you recognise the early tingling feeling. They do not always work after blisters appear.

Find a pharmacy

Things you can do yourself to help with cold sores

There are things you can do to help ease cold sores while they heal and to avoid triggering a cold sore.

Non-urgent advice: See a GP if:

- a cold sore has not started to heal within 10 days
- you're worried about a cold sore or think it's something else
- the cold sore is very large or painful
- you or your child also have swollen, painful gums and sores in the mouth (gingivostomatitis)
- you have a weakened immune system – for example, because of chemotherapy or diabetes

Treatment for cold sores from a GP

A GP may prescribe antiviral tablets if your cold sores are very large, painful or keep coming back.

Newborn babies, pregnant women and people with a weakened immune system may be referred to hospital for advice or treatment.

Children are excluded from nursery until the cold sore(s) have completely scabbed over.

Croup

Croup is a common condition that mainly affects the airways of babies and young children. It's usually mild, but it's important to see a GP if you think your child has croup. This is because they may need treatment.

Symptoms of croup include:

- a barking cough – this may sound like a seal (you can search online to hear examples)

- a hoarse voice
- difficulty breathing
- a high-pitched, rasping sound when breathing in

Your child will usually have cold-like symptoms to begin with, such as a temperature, a runny nose, and a cough.

Croup symptoms usually come on after a few days and are often worse at night. Croup usually gets better on its own within 48 hours.

Children are excluded from the nursery for 48 hours from the onset of croup; they may return when they are well enough in themselves.

Conjunctivitis

Conjunctivitis is an inflammation of the outer lining of the eye and eyelid, causing a sore or itchy red eye(s) with a sticky or watery discharge. It can be caused by bacteria, viruses, or allergies.

The eye(s) becomes reddened and swollen, with a sticky or watery discharge. Eyes usually feel sore or itchy and 'gritty'. Topical ointments or eye drops can be obtained from a pharmacy to treat the infection.

Conjunctivitis spreads through contact with eye discharge, such as when a child rubs their eye and then touches a toy. Conjunctivitis is contagious.

Children are excluded from nursery for 48 hours after treatment begins, or if no treatment is sought, until fully recovered.

Diarrhoea and Vomiting (gastroenteritis)

Diarrhoea and vomiting may be due to a variety of causes including bacteria, viruses, parasites, toxins or non-infectious diseases. Gastrointestinal infections are spread when germs enter the gut through the mouth, when contaminated hands or objects are put in the mouth, or after eating or drinking contaminated food or drink.

As a general principle, all cases of gastroenteritis should be regarded as potentially infectious unless there is good evidence to suggest otherwise.

Liquid stool is more likely to contaminate hands and the environment than formed stool and therefore poses a greater risk. Vomit, like liquid stool, may also be highly infectious, such as when there is norovirus circulating in the setting. Infection can also be spread when the affected person vomits. This is because aerosols can directly transmit the organism to others and contaminate the environment. A person will be infectious while symptoms remain.

People affected by infectious gastrointestinal diseases may have diarrhoea and/or vomiting.

Children are excluded from nursery until 48 hours after symptoms have stopped, and they are well enough to return. If medication is prescribed, ensure the full course is completed and that there is no further diarrhoea and/or vomiting for 48 hours after the course.

Glandular Fever

Glandular fever is a viral infection that mostly affects young adults; it is caused by the Epstein-Barr virus.

Symptoms include fatigue, aching muscles, sore throat, fever, swollen glands in the neck, and occasionally jaundice (yellowing of the skin and eyes). In children, the disease is generally mild. The incubation period is about 4 to 6 weeks.

Symptoms of glandular fever can be unpleasant, but most pass within 2 to 3 weeks. Fatigue, however, can occasionally last longer.

The virus is found in the saliva of infected people and can be spread by direct contact with saliva, such as kissing, being exposed to coughs and sneezes and sharing eating and drinking utensils. It can also be spread by indirect contact via contaminated objects if hands are not washed adequately.

Children are excluded from nursery until they are well enough to return.

Group A Streptococcus (GAS)

Group A streptococcus (GAS), also referred to as Strep A, is a common type of bacteria. It can cause several infections, some mild and some more serious.

Milder infections caused by group A streptococcus include scarlet fever, impetigo and 'strep throat'. These can be easily treated with antibiotics.

Children with a strep A infection should stay away from nursery for 48 hours after starting to take antibiotics. This will help stop the infection spreading to other people.

Hand, Foot and Mouth Disease

Hand, foot and mouth disease is a common viral illness in childhood. It is generally a mild illness caused by an enterovirus. In rare instances it can be more severe.

The child may develop a fever, reduced appetite and generally feel unwell. 1 or 2 days later, a rash may develop with blisters on the hands, feet, the insides of the cheeks, the gums, and the sides of the tongue. Not all cases have symptoms. The incubation period is 3 to 5 days. Persons affected are most infectious during the first week of the illness.

The illness is usually mild and clears up on its own within 7 to 10 days. If the child develops the rare additional symptoms of high fever, headache, stiff neck, back pain, or other complications, then prompt medical advice should be sought.

The spread is caused by direct contact with the infected person's secretions (including faeces) or by aerosol transmission, such as coughing and sneezing. Younger children are at greater risk because they tend to play in close proximity to their peers.

Although there is usually no risk to the pregnancy or baby, it is best to avoid close contact with anyone who has hand, foot and mouth disease. This is because having a high temperature during the first 3 months of pregnancy can very rarely lead to miscarriage, and getting hand, foot and mouth disease shortly before giving birth can mean your baby is born with a mild version of it. Pregnant women who have been in contact with an affected individual may wish to speak to their GP or midwife.

Children are excluded from nursery until they have fully recovered and are well enough to return.

Head Lice

Head lice and nits are common in young children and their families. They have nothing to do with dirty hair and are picked up through head-to-head contact.

Head lice are tiny insects that live only on humans. The eggs are grey or brown and about the size of a pinhead and stick to the hair close to the scalp. The eggs hatch in 7 to 10 days. Empty

eggshells (nits) are white and shiny and are found farther along the hair shaft as hair grows out.

Head lice are spread by direct head-to-head contact and therefore tend to be more common among children because of how they play. They cannot jump, fly or swim. Itching and scratching occur 2 to 3 weeks after coming into close contact with someone who has head lice.

Children are excluded until they have had treatment for head lice.

Impetigo

Impetigo is a bacterial skin infection caused by Streptococcus pyogenes, or group A streptococcus (GAS). It mostly affects infants and young children. It is highly contagious and most commonly presents as reddish sores on the face. It may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites.

The sores can develop anywhere on the body but tend to appear as reddish lesions on the face, especially around the nose and mouth, and on the hands and feet. After about a week, the sores burst and leave golden brown crusts. It can sometimes be painful and itchy. The incubation period is between 4 and 10 days.

Impetigo can easily spread to other parts of the affected person's body or to other people, such as through direct physical contact.

Children are excluded from the nursery until all lesions (sores or blisters) are crusted over or until 48 hours after commencing treatment (antibiotics and/or hydrogen peroxide cream).

Influenza

Influenza, commonly known as the flu, is caused by a virus, usually influenza A or B. Flu viruses are always changing, so this winter's flu strains will be slightly different from previous winters.

Flu can affect anyone, but if people have a long-term health condition, the effects of flu can make it worse, even if the health condition is well managed and they normally feel well.

Influenza is a respiratory illness and commonly has a sudden onset. Symptoms include headache, high temperature, cough, sore throat, aching muscles and joints and fatigue.

Cases can be infectious one day before to 3 to 5 days after symptoms appear. Importantly, children may sometimes present differently with flu – for example, without fever but with diarrhoea.

It is transmitted by inhaling droplets coughed into the air by infected people, or by droplets landing on mucous membranes. Transmission may also occur by direct or indirect contact with respiratory secretions, for example via soiled tissues or from contaminated surfaces. It spreads easily in crowded populations and in enclosed spaces.

Children with flu symptoms are excluded from the nursery until they recover.

Measles

Measles is a highly contagious virus that can spread quickly from person to person, especially in educational and childcare settings. Symptoms include a high temperature, a runny or blocked nose, sneezing, a cough, conjunctivitis (red, sore, watery eyes), and small white spots (Koplik spots) inside the cheeks. A rash usually appears 2 to 4 days after the cold-like symptoms started. The rash starts on the face and behind the ears before spreading to the rest of the body. This can look different depending on skin tone. Symptoms of measles usually start between 10 and 12 days after catching the infection. Sometimes it can take up to 21 days for any symptoms to appear.

Measles is spread by airborne transmission (for example, by droplets expelled when someone with the infection sneezes or coughs) and direct contact (for example, contact with nasal or throat secretions). A person with measles can spread the infection for 4 days before they develop the rash. Once a person has the rash, they can still spread the infection for another 4 days.

The measles, mumps and rubella (MMR) vaccine is the safest and most effective way to protect against measles. People need 2 doses of the MMR vaccine to be protected against measles, mumps, and rubella.

During the coronavirus (COVID-19) pandemic, there was a significant decrease in the number of children receiving the MMR and other childhood vaccines. Measles is very infectious so even a small decrease in children getting the MMR vaccine can lead to a large increase in measles cases.

Children are excluded from the nursery, on public health grounds, while they are likely to be infectious (from 4 days before rash onset and for a further 4 full days). Children can only return to the setting once they have fully recovered, as they may be more likely to contract other illnesses when they have measles.

Meningitis

Meningitis is a general term for inflammation of the membranes covering the brain and spinal cord. It can be caused by a range of germs, including bacteria or viruses.

Bacterial meningitis is less common but more serious than viral meningitis and needs urgent medical attention. In some cases, bacterial meningitis can lead to septicaemia (blood poisoning).

Common signs and symptoms of meningitis and septicaemia include fever, severe headache, photophobia, neck stiffness, non-blanching rash, vomiting and drowsiness.

The incubation period varies, but for bacterial meningitis it is between 2 and 10 days.

There is no effective medication for viral meningitis, but symptoms are usually much milder.

Children are excluded from the nursery until they are fully recovered.

Meningococcal Meningitis and Septicaemia (sepsis)

Meningococcal meningitis and septicaemia (sepsis) require immediate medical attention.

The bacterium Neisseria meningitidis causes meningococcal meningitis and meningococcal septicaemia (collectively known as 'meningococcal infection').

There are 13 known groups of the bacteria; the most common worldwide are A, B, C, W and Y. In the UK, groups B and C are the most common. Meningococcal infection is a rare but serious disease, and it is fatal in around 1 in 10 people. About 15% of those who recover have long-term complications.

Symptoms include fever, severe headache, photophobia, drowsiness, and a non-blanching rash. Not all symptoms will be present, and cases can present with symptoms of meningitis and septicaemia.

It is spread from person to person through respiratory droplets and direct contact with nose and throat secretions.

Children are excluded from the nursery until they have been treated with antibiotics and are fully recovered.

Mumps

Mumps is a viral infection. The first symptoms of mumps are usually a raised temperature, swelling and tenderness of salivary glands (parotid) accompanied by headaches, joint pain and general malaise. The swelling can be one-sided or affect both sides.

The mumps virus is highly infectious and can be spread by droplets from the nose and throat, and by saliva.

Children are excluded from nursery until 5 days after the onset of swelling and are well enough to return.

Parents or carers should seek advice from a general practitioner.

Norovirus

Norovirus is the most common cause of gastroenteritis in England. Also known as the 'winter vomiting bug', it causes symptoms such as nausea, diarrhoea and vomiting.

The virus can spread from person to person through hand-to-mouth contact and can be picked up from contaminated surfaces such as equipment, hands, toys, or dirty nappies. It can also spread through the air by sneezing and coughing, though this is less common.

Children are excluded from nursery until 48 hours after symptoms have stopped, and they are well enough to return.

Respiratory Infections, Including Coronavirus (COVID-19)

Respiratory infections are common, particularly during the winter months. Symptoms can be caused by several respiratory infections, including the common cold, Covid 19, flu and respiratory syncytial virus (RSV).

People with respiratory infections can experience a range of symptoms including a runny nose, high temperature, cough and sore throat.

It is not possible to tell which germ someone is infected with based on symptoms alone.

Some children aged 2 years and under, especially those with a heart condition or born prematurely, and very young infants, are at increased risk of hospitalisation from RSV.

Respiratory infections can spread easily between people. Sneezing, coughing, singing, and talking may spread respiratory droplets from an infected person to someone nearby.

Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils, toys or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth.

Children who have a high temperature and are generally unwell are excluded from nursery until they no longer have a high temperature and are well enough to attend the setting.

Children with mild symptoms, such as a runny nose or a mild cough, who are otherwise well and happy, can come to nursery. We always say, "if they are happy to be here, then we are happy to have them."

Ringworm

Ringworm, also known as tinea, is a fungal infection of the skin, hair or nails. It is caused by various types of fungi, and infections are named after the parts of the body that are affected, namely face, groin, foot, hand, scalp, beard area and nail.

The main symptom of ringworm is a rash. The rash may be scaly, dry, swollen, or itchy, and may appear red or darker than the surrounding skin.

Scalp ringworm in children is becoming more common in the UK, particularly in urban areas. Until recently, this was usually spread by infected animals, but it can also spread within families and in children's and young people's settings.

Ringworm of the scalp starts as a small red spot which spreads, leaving a scaly bald patch. The hair becomes brittle and breaks easily.

The appearance of human scalp ringworm varies from lightly flaky areas, often indistinguishable from dandruff to small patches of hair loss on the scalp. There may be affected areas on the face, neck and trunk.

Ringworm of the body is found on the trunk or legs and has a prominent red margin with a scaly central area.

Ringworm of the nails often appears with infection of the adjacent skin. There is thickening and discolouration of the nail.

Spread occurs through direct skin-to-skin contact with an infected person or animal, or through indirect contact with contaminated surfaces.

Scalp ringworm is treated with oral anti-fungal agents. An anti-fungal cream is used to treat ringworm of the skin and feet.

Children are excluded from nursery. Parents or carers are asked to seek advice from a general practitioner for recommended treatment. 48 hours after treatment has started, children may return to Nursery.

Rotavirus

Rotavirus is a highly infectious virus that is more common in the winter months, but it can be seen throughout the year. Rotavirus spreads easily between people through hand-to-mouth contact and contact with contaminated surfaces, such as equipment, toys, dirty nappies, or hands. It can also be spread through the air by coughing and sneezing.

Rotavirus infection can cause severe diarrhoea, usually accompanied by vomiting, stomach cramps, dehydration, and mild fever. The symptoms usually last 3 to 8 days.

Adults can become infected with rotavirus, but the infection is usually very mild. Rotavirus infection is more common in infants and younger children than in teenagers.

Most babies and children recover within a week, but in a small number of cases, rotavirus infection can become serious, with babies getting dehydrated (fluid loss) and possibly needing hospital treatment.

Children are excluded until 48 hours after the diarrhoea and vomiting symptoms have stopped.

Rubella (German Measles)

Rubella is a viral infection that generally causes a mild, febrile rash-illness. The MMR vaccine is the safest and most effective way to protect against rubella. People need 2 doses of MMR to be protected.

Recovery from rubella is usually rapid, and complications rarely occur. Rubella does, however, have serious consequences for pregnant women who are not immune and for the unborn baby if acquired during the first 20 weeks of pregnancy.

The symptoms of rubella are mild. Usually, the rash is the first indication of rubella infection. The main symptoms are:

- swollen lymph glands around the ears and back of head 5 to 10 days before the onset of a rash
- sore throat and runny nose 1 to 5 days before the rash appears
- mild fever, headache, tiredness
- conjunctivitis (sore, itchy, watery, red and/or sticky eyes)
- red rash mostly seen behind the ears and on the face and neck
- painful and swollen joints

Rubella is highly infectious. It is spread by respiratory droplets through coughing or sneezing, or by direct contact with the saliva of an infected individual. People with rubella are infectious from one week before the symptoms start and for 5 days after the rash first appears.

Children are excluded for 5 days from the appearance of the rash.

Scabies

Scabies is a skin infection caused by tiny mites that burrow in the skin. The pregnant female mite burrows into the top layer of the skin and lays about 2 to 3 eggs per day before dying after 4 to 5 weeks.

The appearance of the rash varies, but most people have tiny pimples and nodules on their skin. Secondary infection can occur, particularly if the rash has been scratched.

Scabies mites are attracted to skin folds, such as the webs of the fingers. Burrows may also be seen on the wrists, palms, elbows, genitalia and buttocks.

Spread is most commonly by direct contact with the affected skin. The rash usually spreads across the whole body, apart from the head. Scabies remains infectious until treated.

Occasionally, if immunity is impaired or skin sensation is altered, large numbers of mites can occur, and the skin thickens and becomes scaly.

Affected children can attend the Nursery 48 hours after the first dose of treatment. It is important that the full course of treatment is completed. This may involve several treatments spread out over time.

In line with clinical recommendations, all household contacts and any other very close contacts should receive treatment coordinated with the case and complete their full course of recommended treatment.

Scarlet Fever

Scarlet fever (sometimes called scarlatina) is a bacterial illness caused by Streptococcus pyogenes, or group A streptococcus (GAS). It mostly affects young children.

A wide variety of bacteria and viruses can cause tonsillitis and other throat infections. Most are caused by viruses, but streptococci bacteria account for 25 to 30% of cases. It sometimes produces toxins (poisons), which usually cause a rash.

Symptoms vary, but in severe cases there may be high fever, difficulty swallowing and tender enlarged lymph nodes. The rash usually develops on the first day of fever; it is red, generalised, pinhead-sized, and gives the skin a sandpaper-like texture, and the tongue has a strawberry-like appearance.

The scarlet fever rash may be confused with measles. The fever lasts 24 to 48 hours. Scarlet fever is usually a mild illness, but in rare circumstances complications such as ear infections, rheumatic fever, which affects the heart, and kidney problems may develop.

Scarlet fever is highly infectious and spreads through close contact with someone carrying the bacteria. The incubation period is 2 to 5 days.

Coughing, sneezing, singing, and talking may spread respiratory droplets from an infected person to someone nearby.

Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils, toys, or other items, and spread to others who use or touch them, particularly if they then touch their nose or mouth.

Parent or carers should seek advice from their general practitioner.

Children are excluded from the nursery for 48 hours after the commencement of appropriate antibiotic treatment. Children of parents who decline treatment with antibiotics are excluded until resolution of symptoms.

Contacts of scarlet fever cases (including siblings or household members) who are well and do not have symptoms do not require antibiotics and can continue to attend the setting. They should seek treatment if they develop symptoms.

Slapped Cheek Syndrome (parvovirus B19)

Slapped cheek syndrome (also called fifth disease or parvovirus B19) is common in children and usually resolves on its own. It is rarer in adults and can be more serious in individuals with immune deficiencies, some inherited blood disorders, and for unborn babies in the first 20 weeks.

The illness may only consist of a mild feverish illness which escapes notice, but in others a rash appears after a few days.

The rose-red rash makes the cheeks appear bright red, hence the name 'slapped cheek syndrome'. The rash may spread to the rest of the body, but unlike many other rashes it rarely involves the palms and soles.

The affected individual begins to feel better as the rash appears. The rash usually peaks after a week and then fades.

Spread is by the respiratory route, and a person is infectious 3 to 5 days before the appearance of the rash. Individuals are no longer infectious once the rash appears. There is no specific treatment.

Children with slapped cheek syndrome can attend nursery if they have no temperature and are otherwise well.

Anyone exposed to an affected individual early in pregnancy (before 20 weeks) should be advised to seek prompt advice from their antenatal care provider.

If there are complications, advise individuals, parents or carers to seek advice from a general practitioner.

Threadworm

Threadworm infection is an intestinal infection and is very common in childhood. They are tiny worms in stools and can spread easily.

Worms may be seen in stools or around an individual's bottom. They look like pieces of white thread.

Symptoms include extreme itching around the anus or vagina, particularly at night. They can also cause individuals to be irritable and wake up during the night.

Pharmacies can advise on treatment.

Reinfection is common, and infectious eggs are also spread to others directly on fingers or indirectly on bedding, clothing, and environmental dust.

Parents or carers should contact the pharmacy for treatment.

Children can return to nursery once treatment has begun.

Tonsillitis

Tonsillitis is an infection of the tonsils at the sides of your throat. It's a common childhood illness, but teenagers and adults can get it too.

Tonsillitis can feel like a bad cold or flu. The tonsils at the sides of your throat will be red and swollen.

Symptoms in children and adults can include:

- a sore throat
- problems swallowing
- a high temperature
- coughing
- a headache
- feeling and being sick
- earache
- feeling tired

Sometimes the symptoms can be more severe and include:

- swollen, painful glands in your neck (feels like a lump on the side of your neck)
- pus-filled spots or white patches on your tonsils
- bad breath

Symptoms of tonsillitis usually go away after 3 to 4 days but can last longer.

Tonsillitis is not contagious, but most of the infections that cause it are contagious, for example colds and flu.

Children are excluded from the nursery until they no longer have a temperature and are well enough in themselves to be at nursery.

Whooping Cough

Whooping cough (pertussis) is an acute bacterial infection caused by Bordetella pertussis.

The early stages of whooping cough, which may last a week or so, can be very much like a heavy cold, with a temperature and a persistent cough.

The cough worsens, and the characteristic 'whoop' usually develops. Coughing spasms are frequently worse at night and may be associated with vomiting. The cough may last several months.

The disease is usually more serious in children of pre-school age and especially young babies. Antibiotics rarely affect the course of the illness but may reduce the period the individual is infectious.

It is spread by inhaling infectious respiratory particles coughed into the air by infected people, or by droplets landing on mucous membranes.

Children are excluded until they have received at least 48 hours of the appropriate antibiotic, or for 14 days from the onset of coughing if no antibiotics have been taken and they feel well enough to return.