

WHAT'S CHANGED FROM OLDER TEACHING No fruit juice or fizzy drinks for D&V (give ORS) · Measles: back to school **≥4 days** from rash — not 2 weeks · Scarlet fever: back **24 h after antibiotics**, not when the course ends · Chickenpox is now **vaccine-preventable** (MMRV, Jan 2026) · Glandular fever: avoid contact sport **1 month** (splenic rupture)

	Gastroenteritis USUALLY VIRAL ‡ Rotavirus (infants)	Chickenpox VARICELLA-ZOSTER ‡ MMRV	Scarlet fever GROUP A STREP ! NOTIFIABLE	Measles MEASLES VIRUS ! NOTIFIABLE ‡ MMR / MMRV	Glandular fever EPSTEIN-BARR VIRUS	Viral hepatitis A HEPATITIS A VIRUS ! NOTIFIABLE ‡ HAV vaccine	Meningitis BACTERIAL / VIRAL ! NOTIFIABLE ‡ MenB-ACWY-Hib
Incubation	1–7 days (varies by germ)	10–21 days	1–5 days	~10–14 days	4–6 weeks	~2–6 weeks (avg ~4); faecal–oral	2–10 days
Early symptoms	Nausea & vomiting, then watery diarrhoea. Mild fever and crampy tummy pain are common.	Itchy rash, often first noticed on the trunk. Mild fever and feeling unwell.	Sudden sore throat, fever, headache, nausea/vomiting and tender neck glands.	The 3 C's — Cough, Coryza, Conjunctivitis — with high fever, <i>before</i> the rash.	Severe sore throat, marked tiredness, fever and widespread swollen glands (esp. neck).	~1 week flu-like illness — nausea, poor appetite, right-upper tummy ache — then jaundice, dark urine, pale stools.	Comes on over hours: fever, severe headache, stiff neck, vomiting, dislike of light. Babies: floppy, high-pitched cry, bulging fontanelle.
Distinctive features	Vomiting usually settles in 1–2 days; diarrhoea may last longer. Mostly self-limiting.	Spots come in crops: red bumps → fluid blisters → crust. Different stages seen <i>together</i> .	Fine “ sandpaper ” rash on red skin; flushed cheeks with pallor around the mouth; strawberry tongue .	Koplik spots (tiny white spots inside mouth) appear early. Blotchy rash starts <i>behind the ears</i> , spreads down.	White exudate on tonsils; glands may swell in armpits/groin; spleen & liver may enlarge. Amoxicillin causes a rash.	As jaundice appears, fever and tummy symptoms often ease. Skin may itch.	Viral is usually milder & self-limiting. Bacterial (meningococcal) may cause a non-blanching rash (glass test) = septicaemia.
Duration & return to school	Usually 1–4 days. School: back 48 h after last vomiting/diarrhoea.	Infectious until all blisters crust — usually ~5 days. School: back when fully crusted.	Fever settles ~24 h after antibiotics. School: back 24 h after starting antibiotics.	Rash fades over ~1 week. School: back ≥4 days from rash onset (not “2 weeks”).	Sore throat/fever 1–3 weeks; tiredness lingers. School: no exclusion needed.	Self-limiting over weeks. School: back 7 days after jaundice/symptoms began.	Viral: ~4–7 days. Bacterial: urgent hospital care. Return per specialist advice.
Care · red flags · prevention	Keep feeding normally; continue milk/breastfeeds. Give ORS (e.g. Dioralyte) if dehydration risk. Do NOT give fruit juice or fizzy drinks. Do NOT routinely give antibiotics. Same-day review: blood in stool, green/bilious vomit, drowsiness, or reduced urine/wet nappies.	Keep nails short; soothe the itch. Keep away from newborns, pregnant women & the immunosuppressed. NEW: now vaccine-preventable — MMRV added to the routine schedule (Jan 2026). Seek help: spreading red/painful skin, breathlessness, or drowsiness.	You MUST treat with antibiotics — 1st-line phenoxymethylpenicillin (clarithromycin/azithromycin if penicillin-allergic). Do not wait for the swab. NOTIFIABLE → inform UKHSA. Urgent: high persistent fever, spreading skin infection, joint swelling (invasive Strep A).	Phone the GP before attending — highly infectious. NOTIFIABLE → inform UKHSA. Prevent with 2 doses MMR/MMRV — UK cases are rising, so promote uptake. Urgent: breathlessness, drowsiness, fits, or dehydration (pneumonia/encephalitis).	Supportive only — rest, fluids, paracetamol/ibuprofen. Do NOT prescribe amoxicillin or ampicillin. AVOID contact sport & heavy lifting for the first month (splenic rupture). Urgent: severe left-upper tummy pain (spleen), or trouble breathing/swallowing (airway).	Supportive — rest, fluids, small frequent meals; AVOID alcohol . No chronic liver disease follows. NOTIFIABLE → inform UKHSA. Vaccine available (travel/contacts). Urgent: drowsiness/confusion, persistent vomiting, or bruising/bleeding (liver failure).	If you suspect meningitis or sepsis you MUST call 999 / arrange emergency transfer. Do NOT wait for a rash . GP: give IM benzylpenicillin if a non-blanching rash is present, but do not delay transfer. NOTIFIABLE.