BRADFORD VTS TEACHING AIDS
Clinical teaching resource
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Incubation & Infectious Periods — and how long to stay off school

A UK primary-care quick-reference for the common childhood infections you will be asked about most. Built around one simple parent question: **"When can my child go back?"**

◆ Two ideas unlock everything

Every infection has a **silent phase** before symptoms and a **spreading phase** when it can pass to others. Get these two clear and the rest is easy.

IDEA 1 · THE SILENT COUNTDOWN

Incubation period

The gap between catching a bug and the **first symptom**. The child looks and feels well, but the germ is already multiplying.

> *Like a lit fuse — nothing seems to be happening on the outside, but something is on its way.*

IDEA 2 · THE OPEN WINDOW

Infectious period

The stretch of time when the child **can pass the bug to others**. It often opens *before* the rash or main illness appears.

> *Like a window left open — germs can drift out. Our job is to keep it shut around other people.*

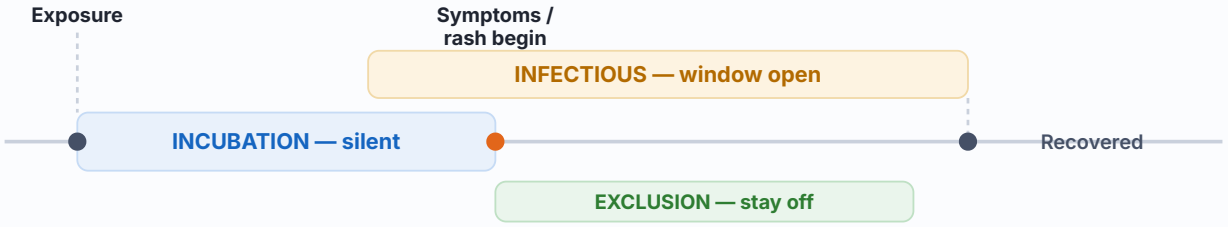
THE PRACTICAL ANSWER

Exclusion period

The **UKHSA rule** for how long to keep away from school or nursery. This is the number parents actually want from you.

> *"Keep the window shut" — for a set time or until a clear sign (e.g. spots crusted).*

How the phases line up in time



✓ The pearl that explains half the table

For many infections the window **opens before you can see anything**. By the time the rash appears, the most infectious days have often already passed. That is exactly why several common illnesses — like **slapped cheek** and **hand, foot & mouth** — need **no exclusion at all**: shutting the window late achieves nothing.

Educational use only. This teaching aid does not constitute formal clinical guidance. Verify all information against current UKHSA / NICE guidance, the BNF and your local policies before applying in practice.

THE MEMORY SPINE

1 The 5 return-to-school rules

Nearly every infection fits one of these five patterns — learn the five and you can answer "when can they go back?" for almost any case.

1 Go when well · no exclusion

The biggest, most reassuring group. Return once the child feels well and has no fever — no fixed time off. Many are most infectious *before* diagnosis, so keeping them home changes nothing.

Hand, foot & mouth | Slapped cheek | Glandular fever | Conjunctivitis | Head lice | Threadworms | Cold sores | Warts & verrucae | Ringworm | Tonsillitis | Common cold | Hep B / C · HIV

2 The 48-hour rule · diarrhoea & vomiting

Stay off until **48 hours after the last episode** of diarrhoea or vomiting. One clean rule for all the usual tummy bugs.

Rotavirus / norovirus | Bacterial gastroenteritis | Giardia | Traveller's diarrhoea | E. coli O157 / STEC → phone HPT

3 The antibiotic clock

Start the antibiotic, then wait a fixed time. The clock starts at the **first dose**, not at diagnosis.

Scarlet fever → 24 hours | Impetigo → 48 hours | Whooping cough → 2 days

4 The rash rule · count from the spots

Wait a set number of days from when the rash (or swelling) appeared — the marker of the illness itself.

Chickenpox → 5 days & all crusted | Measles → 4 days after rash | Rubella → 5 days after rash | Mumps → 5 days after swelling

5 Phone the HPT · notifiable / serious

You must notify UKHSA the same day on clinical suspicion — do **not** wait for lab confirmation. The Health Protection Team will guide exclusion, contacts and prophylaxis.

Measles | Mumps | Rubella | Whooping cough | Scarlet fever | Diphtheria | Meningococcal disease | Hepatitis A | TB | E. coli O157 / STEC

▲ What's changed from older teaching

"Infectious period" → "exclusion period". The UK no longer teaches a fixed infectious window for the school question — the **UKHSA exclusion table** now gives a simple "when can they go back?" rule for each infection. **Chickenpox is now vaccine-preventable**: the combined **MMRV** vaccine replaced MMR in the routine schedule from **1 January 2026**.

Rules that moved: whooping cough is now **2 days** on antibiotics (or 21 days if untreated); impetigo **48 hours** (not 24); and **conjunctivitis, hand-foot-and-mouth, glandular fever and head lice now need no exclusion**.

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FULL REFERENCE

2 Skin infections & rashes

Incubation and infectious periods are typical ranges. The **exclusion column follows the current UKHSA exclusion table** — this is the clinically actionable number.

◎ Skin & rash

INFECTION	INCUBATION	INFECTIOUS PERIOD	UK EXCLUSION (UKHSA)
Chickenpox VACCINE varicella zoster	10–21 days (usually 14–16)	1–2 days before rash until **all lesions crusted** (~5 days)	**At least 5 days from rash onset and until every blister has crusted**
Slapped cheek CHANGED fifth disease · parvovirus B19	4–14 days (up to 21)	Infectious **before** the rash; once the rash shows, no longer infectious	**None. Warn pregnant contacts to seek advice**
Hand, foot & mouth CHANGED coxsackievirus	3–6 days	While unwell; virus lingers in stool for weeks	**None. Return when well**
Impetigo CHANGED staph / strep	4–10 days	Until lesions crust/heal or 48 h of antibiotics	**Until lesions crusted/healed or 48 h after starting antibiotics**
Measles NOTIFY morbillivirus	7–21 days (usually 10–12)	4 days before to 4 days after the rash	**4 full days from rash onset, and until well**
Rubella NOTIFY German measles	14–21 days	~7 days before to 5 days after the rash	**5 days from rash onset. Warn pregnant contacts**
Scarlet fever NOTIFY group A strep	1–4 days (up to 7)	Until 24 h of antibiotics	**Until 24 h after starting antibiotics**
Scabies Sarcoptes scabiei	2–6 weeks (days if re-infested)	Until first treatment completed	**Return after first treatment. Treat household together**
Shingles herpes zoster	Reactivation	Weeping lesions can give others chickenpox	**None if lesions covered; otherwise until crusted**
Ringworm tinea	Variable	Until treatment started	**Not usually required — but treat**
Head lice · warts pediculosis · verrucae	—	Low; direct contact	**None. Cover verrucae in pools; treat head lice if live lice seen**

"Notify" = notifiable to UKHSA on clinical suspicion. "Vaccine" = now preventable in the routine UK schedule.

▸ Chickenpox — say it in one breath

Five days and crusted. A child returns once it has been **at least 5 days since the rash started** *and* every spot has crusted over — whichever is later. Pregnant, newborn and immunocompromised contacts must be flagged early.

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FULL REFERENCE

3 Respiratory, gut & other

◎ Respiratory

INFECTION	INCUBATION	INFECTIOUS PERIOD	UK EXCLUSION (UKHSA)
Common cold / flu rhinovirus · influenza	1–5 days	From symptom onset until well	None if well. Stay off while feverish/unwell; report flu outbreaks
COVID-19 ADDED SARS-CoV-2	2–5 days	From ~2 days before symptoms	Children: 3 days after a positive test day. Adults: 5 days
Whooping cough NOTIFY CHANGED pertussis	7–21 days (usually 7–10)	From early coryza; ~21 days if untreated	2 days after starting antibiotics, or 21 days from onset if untreated
Diphtheria NOTIFY CHANGED C. diphtheriae	2–5 days	Until treated and cleared	Exclusion essential — always consult your HPT
Tuberculosis NOTIFY M. tuberculosis	Weeks–months (latency years)	Only **pulmonary** TB spreads; needs close, prolonged contact	Pulmonary: until ≥2 weeks of effective treatment. Non-pulmonary / latent: none

◎ Gut

INFECTION	INCUBATION	INFECTIOUS PERIOD	UK EXCLUSION (UKHSA)
Diarrhoea & vomiting rotavirus · norovirus · giardia · traveller's	1–28 days (cause-dependent)	Most infectious while symptomatic	48 hours after the last episode. Specific causes may need more — see HPT
Hepatitis A NOTIFY CHANGED HAV	15–50 days (avg ~28)	~2 weeks before to 1 week after jaundice	7 days after jaundice onset (or 7 days after symptoms if no jaundice)
Threadworms pinworms · Enterobius	2–4 weeks	Low; faecal–oral	None. Treat child and household

◎ Other

INFECTION	INCUBATION	INFECTIOUS PERIOD	UK EXCLUSION (UKHSA)
Mumps NOTIFY paramyxovirus	12–25 days (usually 15–24)	~5 days before to 5 days after swelling	5 days after the swelling started
Meningococcal disease NOTIFY meningitis / septicaemia	2–7 days	Low once treated	Until recovered. HPT arranges contact prophylaxis — see red flags →
Glandular fever CHANGED EBV · mononucleosis	4–7 weeks	Prolonged, low-level (saliva)	None. Return when well
Conjunctivitis CHANGED viral or bacterial	1–7 days	While discharging	None. Tell your HPT only if a cluster occurs

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DON'T MISS THE DANGEROUS ONES

4 Red flags & the safety net

▲ Meningococcal disease — act in minutes, not hours

Any child who is **rapidly unwell** with these signs needs **emergency admission by 999**. The classic non-blanching rash is a **late** sign — **do not wait for it**.

- Non-blanching rash (glass test) — may be absent early
- Neck stiffness, photophobia, severe headache
- High-pitched cry or bulging fontanelle in a baby
- Cold hands & feet, mottled or pale skin, leg pain
- Drowsiness, confusion, floppiness, or a seizure
- Rapid deterioration despite antipyretics

You must give parenteral benzylpenicillin (or an alternative if penicillin-allergic) before transfer — **unless** it would delay admission. Confirm the dose against the **BNF for Children**. Then **notify your HPT**.

◎ Your notifiable-disease duty

Under the Health Protection (Notification) Regulations 2010 you **must notify UKHSA** of suspected notifiable disease — **by phone the same day** for urgent ones (measles, meningococcal, diphtheria), on clinical suspicion, before results.

- Measles · mumps · rubella
- Whooping cough · scarlet fever · diphtheria
- Meningococcal disease · TB
- Hepatitis A · food poisoning · E. coli O157/STEC

◆ New: MMRV from January 2026

The combined **MMRV** vaccine (measles, mumps, rubella **+ varicella**) replaced MMR in the routine schedule on **1 January 2026**.

- Two doses: **12 months** and **18 months**
- Second dose brought forward from 3 y 4 m to 18 m
- Selective catch-up for older children from Nov 2026
- Chickenpox is now a **vaccine-preventable** disease in the UK

✓ Safety-netting every parent should leave with

Return if the child becomes **drowsy or hard to wake**, develops a **rash that does not fade** under a glass, has a **stiff neck** or **dislikes light**, is **breathing fast** or struggling, shows **signs of dehydration** (no wet nappies, no tears), or a **fever lasts beyond 5 days**. Trust a parent who says their child is **"just not right"**.

◎ The 20-second exclusion conversation

Four lines cover almost every case — and documenting them protects both the family and you:

- **Name it** — which infection, and does it need time off? (run the five rules)
- **Give the number** — the exact return point: a date, or a clear sign such as "all spots crusted"
- **Safety-net** — the red flags above, in plain words
- **Notify** — if it is on the HPT list, phone the same day

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LOCK IT IN

5 Recap & sources

Close the document by recalling the five rules from memory. If you can, you can handle nearly any "time off school" question in clinic.

① Go when well

No fixed exclusion — many are most infectious before you even diagnose them. Hand-foot-mouth, slapped cheek, glandular fever, conjunctivitis, head lice.

② The 48-hour rule

Diarrhoea & vomiting: back **48 hours after the last episode**. E. coli O157/STEC is the exception — phone the HPT.

③ The antibiotic clock

Count from the first dose: scarlet fever **24 h**, impetigo **48 h**, whooping cough **2 days**.

④ The rash rule

Count from the spots: chickenpox **5 days + crusted**, measles **4 days**, rubella **5 days**, mumps **5 days** after swelling.

⑤ Phone the HPT

Notifiable or serious infections — measles, mumps, rubella, whooping cough, scarlet fever, diphtheria, meningococcal disease, hepatitis A, TB, E. coli O157. **Notify the same day on suspicion; never wait for the lab.** And never let the meningococcal red flags slip past you.

◆ One-line summary

The **incubation period** is the silent countdown; the **infectious period** is the open window; the **exclusion period** is how long the UK asks you to keep that window shut. When in doubt on a serious or notifiable case, **the HPT decides — you dial.**

✓ Sources & further reading

UK Health Security Agency (UKHSA). Health protection in children and young people settings, including education — *Exclusion table* and *Managing specific infectious diseases: A to Z* (updated 2026). Primary source for all exclusion periods. · **UKHSA / NHS England.** National measles guidelines (v7, 2026); measles guidance for healthcare services. · **NICE CKS.** Chickenpox; Impetigo; Measles; Feverish children; Gastroenteritis. · **UKHSA / DHSC.** Introduction of routine varicella (MMRV) vaccination programme, from 1 January 2026; Changes to the childhood vaccination schedule (2026). · **NICE.** Meningitis (bacterial) and meningococcal disease — recognition, diagnosis and management. · **BNF / BNF for Children.** All prescribing (including pre-hospital benzylpenicillin) — verify doses before use. · **Health Protection (Notification) Regulations 2010** — notifiable disease duties.

Original teaching aid adapted and modernised for UK primary care; incubation and infectious ranges are typical values drawn from UKHSA/NHS sources and may vary by individual and reference.

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