

Minor Illnesses & Attendance

The following table contains updated information on some common childhood illnesses, and whether children need to stay off school:

Illness	Recommendations
Athlete's foot	• No need to be off school but individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chicken pox	 Keep off school until all the spots have crusted over. This is usually about 5 days after the spots first appeared.
Cold sores	 No need to be off school. Encourage children not to touch the blister or kiss anyone while they have the cold sore, or to share things like cups and towels.
Conjunctivitis	 No need to be off school, unless they are feeling very unwell. Encourage children not to rub their eyes and to wash their hands regularly.
Respiratory infections including coronavirus (COVID-19)	 Children should not attend if they have a high temperature and are unwell. Children who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test. Children with mild symptoms such as runny nose, and headache who
Diarrhoea and vomiting	 are otherwise well can continue to attend school. Children with diarrhoea or vomiting can return to school 48 hours after the diarrhoea or vomiting have stopped.
Diptheria*	 Keeping children off school is essential. Always contact your local UKHSA health protection team. Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be prevented from coming into school until cleared to return by your local UKHSA health protection team.
Flu (influenza) or influenza like illness	Children should return to school as soon as they have recovered.
Glandular fever	No need to be off school.
Hand, foot and mouth disease	 Not usually necessary to be off school. Encourage children to throw away any used tissues straight away and to wash their hands regularly.
Head lice and nits	 No need to be off school. Head lice and nits can be treated without seeing a GP.
Hepatitis A	 Keep off school until 7 days after the onset of jaundice (or 7 days after symptom onset if no jaundice).
Hepatitis B, C, HIV	 No need to be off school. Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Impetigo	 Keep off school until all the sores have crusted over and healed, or for 48 hours after the start of antibiotic treatment. Encourage children to wash their hands regularly and not to share things like towels and cups with other children at school.
Measles	 Keep off school for 4 days from when the rash first appears. Children should also avoid close contact with babies and anyone who is pregnant or has a weakened immune system. Preventable by vaccination with 2 doses of MMR.
	Promote MMR for all individuals, including staff.

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Meningococcal meningitis* or	Keep off school until recovered. Maningitia ACW/V and B are proventable by vessingtion
septicaemia*	Meningitis ACWY and B are preventable by vaccination.
Meningitis* due to	Keep off school until recovered.
other bacteria	 Hib and pneumococcal meningitis are preventable by vaccination.
Meningitis viral	 No need to be off school.
	 Milder illness than bacterial meningitis.
Мрох	 Keep off school until confirmed safe to return by their clinician or in line
mport	with any current guidance.
MRSA	No need to be of school.
	Good hygiene, in particular handwashing and environmental cleaning,
	are important to minimise spread.
Mumps*	Keep off school for 5 days after the onset of swelling.
·	Preventable by vaccination with 2 doses of MMR.
Ringworm	It is not usually necessary to keep off school.
	• If a child has ringworm, see a pharmacist unless it's on their scalp, in
	which case you should see a GP.
	• It's fine for children to go to school once they have started treatment.
Rubella* (German	Keep off school for 5 days from the onset of the rash.
Measles)	Preventable by vaccination with 2 doses of MMR.
Scabies	No need to be off school (but avoid close physical contact with others
	until 24 hours after the first dose of chosen treatment).
	• Those unable to adhere to this advice (such as under 5 years or those
	with additional needs), should be kept off school until 24 hours after the
0	first dose of chosen treatment.
Scarlet fever*	Keep off school for 24 hours after starting antibiotic treatment.
Slapped cheek syndrome/ Fifth	 No need to be off school once the rash has developed.
disease/Parvovirus	
B19	
Threadworms	No need to be off school.
	Speak to a pharmacist, who can recommend a treatment for the child
	and household.
Tonsillitis	No need to be off school.
	• There are many causes, but most cases are due to viruses and do not
	need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Keep off school at least 2 weeks after the start of effective antibiotic
	treatment (if pulmonary TB).
	• Only pulmonary (lung) TB is infectious to others, needs close, prolonged
	contact to spread. No need to keep off school for non-pulmonary or
Marta and	latent TB infection.
Warts and	No need to be off school.
verrucae	Verrucae should be covered in swimming pools, gyms and changing
Whooning couch	rooms.
Whooping cough (pertussis)*	 Keep off school for two days after starting antibiotic treatment or 14 days from the start of the cough if no antibiotic treatment has been given and
(pertussis)	well enough.
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*Denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) health protection team (HPT) of suspected cases of certain infectious diseases.

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