TYNDALE
CHRISTIAN SCHOOL
God's Truth Prevails

Health Handbook

Tyndale Group of Christian Schools

INTENTIONALLY **CHRISTIAN** | INTENTIONALLY **INCLUSIVE** | INTENTIONALLY **EXCELLENT**

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Last updated: 2026

Tyndale Health

Medications at School

As per School Policy No. S1.21 *Medication for Students* **Medication will not be issued by staff to any student without a current medical action plan or notification from an authorised prescriber as listed below.**

Only authorised prescribers/health professionals under the Controlled Substances Act can order medications and sign the medication authority according to their specific professional regulations. Professionals who may prescribe are limited to:

- Medical practitioners (GPs and/or Specialists)
- Dentists
- Optometrists
- Nurse Practitioners
- Pharmacists

Medication for students encompasses all medications: prescribed, over the counter and alternative therapies, vitamins, minerals and supplements. A pharmacy label attached to prescribed medication provided by a doctor or pharmacist that clearly identifies the student, dosage, frequency and used-by details shall be accepted as a medical action plan or notification. See examples below:

Surname, First Name
Name of Drug
Dose of Drug
Frequency of Drug

Bloggs, Jo
Paracetamol 500mg Tablets
One Tablet every 4-6 hours when required
(Maximum 8 Tablets in 24 hours)

- **No student is to have medication kept in their bags to self-administer.**
- **All medication should be covered by an approved action plan and handed to the Health Care Team in accordance with policy S1.21.**
- **Exceptions must be approved by the Director of Wellbeing - Health Care and Family Support.**

Parent/guardians are responsible for reporting medical updates or changes in medication management to the Health Care Centre/First Aid Room/School Nurse. Updated student medical information will be collected annually in line with policy A4.02A *Standard Collection Notice*. Annual advice, from the parent/guardian, of routine and predictable emergency health care is required, including relevant updated action plan(s) e.g. asthma action plan. Additionally, this information is requested upon diagnosis or change in a medical condition. Failure of the parent/guardian to provide this information may inhibit the provision of effective care to the student concerned.

Please contact the School Nurse or First Aid Room if you require further information.

Salisbury East	8282 5128
Strathalbyn	8536 5400
Murray Bridge	8531 4600
Kadina	8821 4945

Too Sick for School

A plea every parent/guardian hears, especially during winter is, 'Can I stay home? I feel sick!' But how can you tell if your child is TOO ill to go to school? Here are a few pointers:

1. Temperature

A fever is a temperature of 37.5°C or more in a school-aged child. A child with a high temperature should stay home until the temperature returns to normal.

If your child has a high temperature in the evening, keep them at home the next day even if they seem well. Fever often settles in the morning and spikes in the afternoon.

2. Energy

A sick child does not bounce around the home getting into mischief. Any child without a temperature, who seems tired, listless and off their food should stay at home and seek medical advice.

3. Diarrhoea and Vomiting

Diarrhoea is two or more consecutive bowel motions that are looser and more frequent than normal with possible stomach cramps. The child must be excluded from school until they have had no diarrhoea or vomiting for 24 hours. It is important to make sure both symptoms have settled before you send them back to school for their own comfort and to prevent infecting the other children.

4. My Tummy Hurts

An aching stomach is often due to mild constipation causing wind. Some children are just too busy to empty their bowels properly. Encourage time on the toilet, give plenty of fluids and some fibre and the pain often disappears. Stomach aches can often be caused through worry, if you suspect this then please speak with your child's class teacher, the Health Care Centre/First Aid/School Nurse or a counsellor.

5. Other

All children complain of vague aches and pains from time to time. These rarely warrant time off school unless they are constant or accompanied by other symptoms. Some children may develop headaches and refuse to attend school from stress or anxiety. If such complaints are common and or they seem to be avoiding school, there may be a deeper cause, such as bullying. Talk to them about it and visit their teacher, school counsellor or school nurse if necessary. Always seek medical advice for any persistent symptoms and or symptoms of concern.

The information provided within this handout is not intended to replace a visit to a doctor.

Department for Education SA

Health Direct - Conditions

Department for Education SA 2025
Healthdirect 2026

Spread of Infectious Diseases

Airborne Spread Through the Nose and Throat
Some infections are spread when an infected person talks, breathes, coughs or sneezes tiny particles containing infectious agents into the air. These are called small particle aerosols. Due to their tiny size, small particle aerosols can travel long distances on air currents and remain suspended in the air for minutes to hours. These small particle aerosols may be breathed in by another person. Examples: Chickenpox, Common cold, Coronaviruses, Haemophilus influenzae type b (Hib), Influenza (Seasonal, Pandemic, Avian), Measles, Meningitis (bacterial), Meningococcal disease, Mumps, Parvovirus infection, Rubella, Streptococcal sore throat, and Whooping cough (pertussis).

Blood / Body Fluids
Some infections are spread when blood or other body fluids from an infected person comes into contact with the mucous membranes or bloodstream of an uninfected person, such as through a needle stick, break in the skin or kissing. Examples: Hepatitis B (Blood and genital secretions), Hepatitis C (blood), Human Immunodeficiency Virus (HIV/AIDS) (blood, breastmilk and genital secretions), Glandular Fever (Saliva) and Cytomegalovirus (CMV) infection (saliva, genital secretions and urine).

Skin or Mucous Membrane (lining of nose and mouth)
Some infections are spreads directly when skin or mucous membrane comes into contact with other skin and mucous membrane of another person. Infections are spread indirectly when skin or mucous membrane comes in contact with contaminated objects or surfaces. Examples: Chicken pox, Cold sores, Conjunctivitis, Hand Foot and Mouth, Head lice, Molluscum contagiosum, Ringworm, Scabies, School sores, Staphylococcus aureus infection and Warts.

Faecal-Oral
Some infections are spread when microscopic amounts of faeces from an infected person with or without symptoms (a carrier) are taken in by another person by mouth. The faeces may be passed directly from soiled hands to the mouth or indirectly by way of objects, surfaces, food or water soiled with faeces. Examples: Campylobacter infection, Cryptosporidium infection, Giardiasis, Hand, foot and mouth disease, Hepatitis A, Meningitis (viral), Rotavirus infection, Salmonella infection, Shigella infection, Thrush, Viral gastroenteritis, Worms and Yersinia infection.

Urine
Some infections are spread when urine is transferred from soiled hands or objects to the mouth. Example: Cytomegalovirus infection (CMV).

Saliva
Some infections are spread by direct contact with saliva (such as kissing) or indirect contact with contaminated objects (such as children sucking and sharing toys). Examples: Cytomegalovirus (CMV) infection, Glandular fever and Hepatitis B.

Ways infectious diseases spread

Chickenpox and Shingles

Description
Chickenpox (Varicella) is a viral infection caused by the Varicella-zoster virus. Chickenpox is spread when an infected person talks, breathes, coughs or sneezes tiny particles containing infectious agents into the air. These small particle aerosols can travel long distances on air currents and remain suspended in the air for minutes to hours. These small aerosols may be breathed in by another person. Chickenpox is also spread by contact with or breathing in blister fluid. Following infection, the virus will remain dormant in nerve cells of the spinal cord for the rest of the person's life. Reactivation of this virus causes shingles rather than a second attack of chickenpox.
Shingles (herpes zoster) is caused by re-activation of the chicken-pox virus. Shingles occurs when the body's immunity to the virus drops, and the virus becomes active again after resting in the spinal cord. A blistering rash, usually associated with severe pain, occurs on bands of skin overlying the area supplied by the spinal nerves carrying the dormant virus. The rash may be followed by persistent pain in the area, lasting for weeks. Direct contact with the blister fluid can cause chickenpox in a non-immune person.

Signs & Symptoms
- Slight fever and cold like symptoms, followed by a rash.
- A rash appears as blisters that crust to form scabs and is usually itchy.
- Crops of blisters may appear over several days and in various stages. The rash is more noticeable on the trunk. May affect the scalp, inside of mouth, nose and throat.

Incubation Period
For chickenpox, 10 to 21 days, commonly 14 to 16 days, but maybe longer.

Infectious Period
Chickenpox: from 2 days before the rash appears until at least 5 days after the rash first appears and all blisters have crusted over.
Shingles: a person is infectious from when the rash appears until all blisters have dried up.

Control Of Spread
- Exclude persons with chickenpox from childcare, preschool, school or work until all blisters have dried (usually about 5 days). Some remaining scabs are not a reason for continued exclusion.
- Vaccination as per recommended National Immunisation Program Schedule Australia.
- Wash hands after contact with soiled articles (tissues etc.).
- Persons with shingles should cover the rash with a dry bandage.
- Varicella-zoster immunoglobulin is effective in preventing or reducing the severity of chickenpox if given to non-immune people within 96 hours of exposure.

Treatment
Specific antiviral treatment for both chickenpox and shingles is available. Treatment is usually only given to those with severe disease or at risk of severe disease. To be effective, treatment must be commenced early, usually within 24 hours of onset of the rash. For all cases, Calamine lotion or promethazine [Phenergan] (available from pharmacies) may be useful for the itch. If treatment to reduce temperature or discomfort is necessary, Paracetamol is recommended. **Chickenpox and shingles are notifiable conditions.**
SA Health - Chickenpox & Shingles

SA Health 2026

Cold Sores / Fever Blisters

Description
Cold sores (also called fever blisters) are caused by the herpes simplex virus (HSV1).

The virus is spread by skin or mucous membrane contact with infected saliva. Sometimes this virus can cause infections of the eyes, hands, or brain, and cause severe illness in pregnant woman or people whose immune systems are weakened.
After the first infection the virus remains latent (resting) and is present for life. The virus can be triggered to become active again by physical or emotional stress, sunlight, a viral infection, or hormonal changes.

Signs & Symptoms
The commonest symptoms of infection by herpes simplex virus type 1 are cold sores. These are ulcers of the skin or mucous membranes (lining of the nose, mouth or throat) which causes painful clear blisters on a red base, usually on the face or lips. The blisters crust and heal within a few days.
Appearance of the blisters is often preceded by tingling, itching and pain at the site.

Incubation Period
2 – 12 days

Infectious Period
Spread of infection is most likely when a moist blister is present. However, people with a history of cold sores may shed the virus in their saliva and are therefore capable of infecting others even without a blister being present.

Control of Spread
- Young children unable to follow good hygiene practices should be excluded from childcare, preschool or school while the cold sore is weeping.
- Cold sores should be covered with a dressing where possible.
- Follow good hand washing techniques.
- Do not kiss on or near the cold sore.
- Do not share food or drink containers.
- Dispose of used tissues correctly.

Treatment
Treatment is available through pharmacies.

Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor

SA Health - Cold Sores

SA Health 2025

Common Cold

Description
The common cold may be caused by any of over 100 known cold viruses. It is not abnormal for children to have five or more colds a year.

Getting a cold has nothing to do with being cold or chilled and there is no scientific evidence that 'feeding a cold' (or 'starving a fever') makes the slightest difference to how long it lasts.

Spread is by contact with droplets from the nose of infected people, and can be spread indirectly by contact with hands, tissues or other articles soiled by nose, and throat discharges.

Signs & Symptoms
- Runny nose
- Sneezing
- Coughing
- Mild sore throat
- Watery eyes
- Feeling generally unwell

Fever is very uncommon, especially in people over 3 years of age. Most people will recover within 10 days.

Incubation Period
1 – 3 days.

Infectious Period
From approximately 1 day before symptoms begin and for the first 5 days of the illness.

Control of Spread
- Exclusion from childcare, preschool, school or work is not necessary, but a person with a cold should stay home until he or she feels well, and COVID-19 test is negative.
- Wash hands after contact with soiled tissues or with nose and throat discharges.
- Cover your mouth and nose when sneezing or coughing.
- Some viruses live for several days on surfaces (for example telephones, door handles, computer keyboards). Wipe down all frequently touched surfaces with a cloth dampened with detergent.

Treatment
There is no specific antiviral treatment against the viruses which cause colds. Paracetamol and other medications available from pharmacies may provide relief of symptoms.

Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor.

SA Health - Common Cold

SA Health 2024

Conjunctivitis

Description
Conjunctivitis, sometimes known as 'sticky eye', is an inflammation of the lining of the eye and eyelid caused by bacteria, viruses, chemicals or allergies.

Viral and bacterial conjunctivitis can be spread by direct contact with eye secretions or indirectly by contact with towels, washcloths, handkerchiefs, and other objects that have been contaminated with eye secretions. In some cases, it can be spread by insects such as flies. Conjunctivitis caused by chemicals or allergies is not infectious.
It is usually not possible to tell whether the conjunctivitis is caused by bacteria or viruses without laboratory tests.

Signs & Symptoms
Symptoms include redness in the whites of the eyes, irritation; discharge may be present causing the eyelids to stick together in the morning, swelling of the eyelids and sensitivity to light.

Incubation Period
Usually 24 – 72 hours.

Infectious Period
While eye discharge is present.

Control of Spread
- Exclude from childcare, preschool, school or work until discharge from the eyes has ceased.
- Good personal hygiene must be followed. Careful hand washing, using soap and warm water.
- Do not share towels and wash cloths.

Treatment
Antibiotic eye drops or ointment may be prescribed by a doctor. Since bacterial and viral infections look the same, a person with symptoms of conjunctivitis should always be seen by a doctor for examination, diagnosis and treatment.

Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor.

SA Health - Conjunctivitis

SA Health 2024

Covid-19

Description
COVID-19 is the disease caused by the coronavirus, severe acute respiratory syndrome coronavirus 2(SARS-CoV-2). COVID-19 is highly contagious.COVID-19 spreads from person to person by respiratory droplets or small airborne particles when an infected person coughs, sneezes, or talks and is in close contact with others.

Signs & Symptoms
The symptoms of COVID-19 can range from mild to severe. Some people recover easily while others get very sick. If you have COVID-19 you can experience:

- Fever
- Cough
- Sore throat
- Tiredness (fatigue)
- Runny or blocked nose
- Shortness of breath (difficulty breathing)
- Muscle and joint pain
- Headache

Incubation Period
The COVID-19 incubation period ranges from 1 – 14 days.

Infectious Period
Most infectious from two days before symptoms started, or two days before testing positive if no noticeable symptoms. May be infectious for up to 10 days.

Control Of Spread

- Practice physical distancing
- Stay home until acute symptoms have cleared (usually 5 – 7 days).
- Practise good hygiene
- Wear a mask when indoors or on public transport if you leave the house before acute symptoms have cleared.
- Avoid high risk settings and those who are at higher risk of severe illness for at least 7 days.

SA Health - COVID-19
Department of Health, Disability and Ageing

SA Health 2025
Department of Health and Aged Care 2025

Fungal Infections

Description
These infections are commonly called 'ringworm' but are not caused by worms. They are superficial infections of the skin, hair or nails caused by a variety of fungi which otherwise live in the soil, on animals, or sometimes only on people. These infections are diagnosed by clinical examination. Knowing which fungus is causing the infection gives information on what treatments are best and how to prevent new infections occurring.

Infections are spread by direct skin contact or indirectly from contaminated articles or floors, or the soil. People shed tiny pieces of skin all the time, and if these contain a small amount of the fungus, it is able to survive in the environment and cause infection in someone else.

Signs & Symptoms
Often these infections are localized to specific parts of the body:

- Scalp and beard - begins as a small pimple which spreads outwards, leaving a scaly hairless patch. Infected hairs become brittle and break off easily.
- Toenails and fingernails - usually involves one or more nails of the hands and feet, most often the feet. The nail gradually thickens, becomes discoloured (white or yellowish) and brittle. Cheesy material forms beneath the nail or the nail becomes chalky and disintegrates.
- Skin - appears as a flat, spreading ring shaped lesion. The edge is usually reddened and may be dry and scaly or moist and crusted. The centre of the patch may appear to be normal skin.
- Foot (tinea, athlete's foot) - appears as scaling or cracking of the skin, especially between the toes. It is often very itchy.

Incubation Period
Varies with site of infection and the specific fungus.

Infectious Period
As long as the condition persists untreated. Some treatments will rapidly kill the fungus and prevent spread to others.

Control of Spread

- Exclude people with fungal infections from childcare, preschool, school or work until the day after appropriate treatment has commenced.
- Close contacts (people having household or close physical contact) should be inspected for signs of infection.
- Follow good hand washing, laundering, and keeping areas clean techniques. Vacuum floors regularly. Pets can be washed with anti-fungal washes.
- To prevent further spread, affected areas are to be covered during treatment while at school.

Treatment

- Specific antifungal therapies are available for both humans and animals. Sometimes the treatment must be continued for many months.

SA Health - Fungal Infections

SA Health 2025

Glandular Fever

Description
An infection caused by the Epstein Barr virus (EBV). Once a person catches Epstein Barr virus, it is believed that the virus remains in their body for life, though it usually does not cause further illness.

Often symptoms in young children are mild or absent. Fifty percent of people infected have no symptoms of infection at all. By adulthood, 90-95 percent of people have been infected with EBV. The illness can last between one and several weeks. The diagnosis is made by a blood test. The disease is spread from person-to-person through contact with saliva.

Signs & Symptoms
- Fever
- Sore throat
- Swollen glands
- Abdominal pain

Incubation Period
4 – 6 weeks.

Infectious Period
Not accurately known. The virus is shed in the saliva for up to a year after illness and intermittently thereafter.

Control Of Spread
- People with glandular fever do not need to be excluded from school or work. They should return whenever they feel able.
- Follow good hand washing techniques.
- Minimise contact with saliva.
- Avoid sharing cups and glasses.
- There is no vaccine available to prevent Epstein Barr virus infection.

Treatment
Seek medical advice if difficulty with swallowing or abdominal pain occurs. Medication for control of fever may be required. There is no effective antiviral drug available. Contact sports and heavy lifting should be avoided for the first month after illness because of risk of damage to the spleen, which often is enlarged during acute infection. Most patients with glandular fever recover uneventfully.

Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor.

SA Health - Glandular Fever

SA Health 2024

Haemophilus Influenza Type B (Hib)

Description
Haemophilus influenzae serotype b (Hib) is a bacterium that can cause serious infections in humans.

Before the widespread use of Hib vaccine, Hib was the commonest cause of bacterial meningitis in young children in Australia. Other serotypes of Haemophilus influenzae (not type b) are found in the nose and throat of up to 80% of healthy people and can also cause infections, though they do not commonly cause meningitis.
The disease is spread directly from person to person, by contact with airborne droplets from the nose or throat, or indirectly, by contact with articles soiled with discharges from the nose or throat.

Signs & Symptoms
Hib can cause several serious infections, including meningitis, blood infection (bacteraemia), epiglottitis, pneumonia, bone and joint infections, cellulitis.
Symptoms of meningitis may include headache, fever, vomiting, stiff neck or back, joint pains, drowsiness or confusion, discomfort when looking at light.
Symptoms of epiglottitis include fever, sore throat, dribbling (unable to swallow saliva), difficulty in swallowing and breathing.

Children or adults with these symptoms should receive urgent medical assessment.

Incubation Period
2 – 4 days.

Infectious Period
As long as the bacteria are present in the nose and throat. Hib is not able to be spread after 1 – 2 days of appropriate antibiotic therapy.

Control Of Spread
- Vaccination against Hib as per the recommended National Immunisation Program Schedule Australia.
- While immunisation is highly effective in protecting young children against serious Hib infections, occasional cases still occur in vaccinated children.
- Under certain circumstances, Public Health authorities may recommend that an appropriate antibiotic be given to members of a household where there is a serious Hib infection, or to staff and other children attending the same school.
- A child who has serious Hib infection cannot return to school or childcare until they have taken at least four days of an appropriate antibiotic course.

Treatment
A child with Hib may be treated in hospital with antibiotics. **Hib infection is a notifiable condition.**

Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor.

SA Health - HiB

SA Health 2024

Hand Foot and Mouth Disease

Description
Hand foot and mouth disease is as viral infection. Diagnosis is usually made by clinical examination.

Spread takes place through contact with the fluid in the blisters. This is most likely to occur when the virus becomes airborne during coughing and talking. Contact with faeces can also spread the infection.

Signs & Symptoms
- Fever
- Tiredness
- Loss of appetite
- Sore mouth for a few days before the ulcers or blisters appears.
- Blisters in the mouth and on the hands and feet.

Affected young children may refuse to eat or drink.

Incubation Period
3 – 5 days.

Infectious Period
As long as there is fluid in the blisters. The faeces can remain infectious for several weeks.

Control Of Spread
- Exclude from childcare, preschool and school until all blisters have dried.
- The blisters should not be deliberately pierced or broken because the fluid within the blisters is infectious. The blisters will dry naturally.
- Follow good hand washing techniques and keeping areas clean procedures.

Treatment
Usually none is required. Use of Paracetamol for the fever and any discomfort may be indicated.

Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor

SA Health - Hand, Foot & Mouth Disease

SA Health 2024

Head Lice

Description
Head lice are wingless insects, which live and breed in human hair and feed by sucking blood from the scalp. Many lice infestations cause no symptoms and probably less than half cause itching. It is therefore important to check the hair to see if lice are present.
Female lice lay their eggs (nits) close to the scalp and hatch in 7-10 days. Lice are spread by direct head-to-head contact with another person who has lice, or less commonly with items that have had contact with someone with lice, such as combs, brushes, hats, scarves or pillowcases.

Signs & Symptoms
- Itching scalp
- Live lice on scalp or hair, 2-4mm long ranging from colourless to a whitish brown colour.
- Pale white specks (eggs) attached to hair strands, and do not fall out if hair is shaken.
- May have skin sores caused by scratching.

Detection of Head Lice
Wet combing technique is applying a generous amount of hair conditioner (any brand) on dry hair, then dry the hair and comb through with a coarse comb to detangle the hair. The conditioner stuns head lice for approx. 20mins. Then using a fine-toothed comb, comb hair in 3-4 cm sections using a small toothed comb (available at supermarkets and chemists), wiping it on a tissue regularly to check for lice and their eggs. Thoroughly rinse hair, when checked.

Treatment
- When using head lice products, either recommended by a Dr or a Pharmacist, read the instructions carefully. Some products cannot be used on children under two, pregnant women or breastfeeding women or those with sensitive skin or dermatitis.
- Products range from shampoos, mousses, conditioners, lotions, and sprays.
- Lice can become resistant to some active ingredients. Check hair 24-48 hours after treatment. If live lice are found, change to a different hair product, consult with a pharmacist.
- Dry hair with a towel and NOT a hairdryer, as heat can inactivate the treatment.
- NO single treatment kills 100% of the eggs. Retreatment to occur 7-10 days after initial treatment. Between treatments use the wet coming technique to remove the eggs.
- Remember to check all same household members, as they may need treatment.

Contacts
- Contact the school if head lice are found.
- If lice are detected at school the child will be sent home and may return once treatment (including a thorough wet combing) has been completed.

Control of Spread
- Clean combs and brushes with detergent and hot water.
- Wash towels, sheets, pillowcases and head wear (hats and hair ties) in hot water (60◦ C or more).
- Don’t share hats, hairbrushes, and combs.
- Keep long hair tied back.

SA Health - Head Lice

SA Health 2025

Hepatitis A

Description
Hepatitis A is an infection of the liver caused by the hepatitis A virus. Older children and adults are more likely to have symptoms lasting one to two weeks, or in severe cases, up to several months. Children under age three rarely have symptoms. The diagnosis is made by a blood test.

The infection is spread when traces of faeces (containing hepatitis A virus) contaminate hands, objects, water or food and the virus is then taken in by mouth. Hepatitis A virus is extremely durable in the environment. In Australia, most cases of hepatitis A are associated with day care centres enrolling children not yet toilet trained,household contacts of people infected with hepatitis A, overseas travel to high risk countries or illicit drug use. It is occasionally transmitted in sexual activity where faecal-oral contact occurs and rarely is transmitted by blood transfusion.

Most people recover fully and after infection will have life-long immunity. Death from hepatitis A is rare.

Signs & Symptoms
- Abdominal pain
- Fever and chills
- Tiredness
- Dark urine and pale faeces
- Loss of appetite
- Nausea (sometimes vomiting)
- Mild headaches
- Yellow skin/eyes (jaundice)

Incubation Period
Generally 28 days, with a range of 15 – 50 days.

Infectious Period
A person is considered infectious from 2 weeks prior to the onset of illness, to 2 weeks after the onset of illness (or 1 week after the onset of jaundice if it occurs).

Control of Spread
- Follow good personal hygiene practices, especially thorough hand washing.
- Good food handling procedures should always be followed.
- Exclude people with Hepatitis A from childcare, preschool, school or work for seven days after the onset of jaundice (if present) or 2 weeks from the onset of illness.
- Immunisation against hepatitis A. The hepatitis A vaccine provides protection within 2 weeks of having the vaccine, a second dose 6 months later gives long lasting protection.

Treatment
There is no specific antiviral treatment for hepatitis A. Rest, good fluid intake and alteration in diet may decrease symptoms. Severely ill people require admission to hospital.
Hepatitis A is a notifiable condition

SA Health - Hepatitis A

SA Health 2024

Hepatitis B & C

Description
Infection with the hepatitis B or C virus causes inflammation of the liver. Hepatitis B is spread by blood to blood through needle puncture, broken skin or a break in mucous membranes (the thin moist lining of many parts of the body such as the nose, mouth, throat and genitals) and sexual contact.

Hepatitis C is spread by blood-to-blood contact through needle puncture, broken skin or a break in mucous membranes (the thin moist lining of many parts of the body such as the nose, mouth, throat and genitals).

Signs & Symptoms
- Fever
- Loss of appetite
- Nausea and vomiting
- Abdominal pain
- Yellow skin or eyes (jaundice)
- Dark coloured urine and pale faeces
- Muscle and joint pain
- Rash

Incubation Period
Hepatitis B - between 45 to 180 days, and rarely from as early as 2 weeks to as late as 9 months. Hepatitis C - 6 to 9 weeks but can range from 2 weeks to 6 months. The majority of infected people do not develop symptoms of acute hepatitis.

Infectious Period
Hepatitis B - from up to 3 months before symptoms develop until the infected person eliminates the virus from their body. Chronically infected people remain infectious for life although the risk of transmitting the infection to others varies considerably from person-to-person.

Hepatitis C - One or more weeks before symptoms develop in the acute stage, lifelong in chronic infection.

Treatment
Hepatitis B -There is a safe and effective vaccine available for hepatitis B for infants and those at higher risk of acquiring hepatitis B infection and/or higher risk of severe disease. Completion of a full course will give protection against hepatitis B infection in more than 90% of people.

Hepatitis C - Improved antiviral therapy is available and new treatments have increased the number of people who have been able to clear the virus (are cured of hepatitis C) and avoid ongoing symptoms and liver damage.
Hepatitis B and C are notifiable conditions.

SA Health - Hepatitis B
SA Health - Hepatitis C

SA Health 2026

Influenza

Description
Influenza, commonly known as the flu, is an infection of the nose, throat and lungs caused by the Influenza A or B viruses. It is highly infectious.
Most people recover within a week, although the cough and fatigue may last longer. Influenza is much more serious than the common cold. It can lead to pneumonia (lung infection or inflammation) and other complications, and even death particularly in people over 65, pregnant women, young children and people with chronic conditions.
Influenza is spread when infected airborne droplets, produced by coughing or sneezing by someone with influenza. Infection may also be spread by contact with hands, tissues and other articles soiled by infected nose and throat discharges.

Signs & Symptoms
- Fever – rapid onset
- Headache
- Muscle aches
- Fatigue
- Cough
- Sore throat
- Runny nose
- Nausea, vomiting and diarrhoea in children.

Incubation Period
Average of 2 days for seasonal influenza (range 1 to 4 days).

Infectious Period
1 day before the onset of symptoms and 7 days from the onset of symptoms in adults; level of infectiousness after day 5 is likely very low, however some people including children may be able to infect others for a longer time.

Control of Infection
- Exclude people with flu from childcare, preschool, school and work.
- Wash hands after contact with nose and throat discharges, or articles soiled by these.
- Wipe down all frequently touched surfaces regularly with cleaning cloth dampened with detergent.
- Cover a cough or sneeze with a tissue or your arm, not with your hand.
- Influenza vaccines are available and reduce the risk of getting severe influenza. Annual influenza vaccination is recommended for anyone 6 months of age and older.

Treatment
Specific antiviral therapy is available to those with moderate or severe illness and at risk populations and is effective if commenced within 48 hours of illness onset. Paracetamol should be used for the relief of pain and fever.
Influenza is a notifiable condition. Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor

SA Health - Influenza

SA Health 2026

Measles

Description
An illness caused by infection with the measles virus. Measles is often a severe disease. Complications from measles are more common and more severe in the chronically ill and in very young children.

The measles virus is very infectious. It is spread by breathing infected airborne droplets caused by coughing and sneezing and by contact with hands, tissues and other articles soiled by nose and throat discharges. Droplets in the air may infect people entering a room for up to 30 minutes after an infected person has left it. The diagnosis is suspected from clinical examination and can be confirmed by a blood test, or detection of the virus in urine, throat or eye specimens.

Signs & Symptoms
Early in the infection;

- Fever
- Runny nose
- Photophobia (discomfort looking at light)
- Tiredness
- Sore throat
- Sore eyes

These symptoms usually worsen over three to five days, then a blotchy rash begins on the head and over the next day or two spreads down the entire body. The rash lasts four to seven days. Measles illness usually lasts about 10 days. The cough may be the last symptom to disappear.

Incubation Period
Usually, 10 days to onset of fever (range 7 to 18 days) and about 14 days to onset of rash.

Infectious Period
From 24 hours before the onset of symptoms to four days after the appearance of the rash.

Treatment
There is no specific antiviral treatment for measles. Complications may require antibiotic therapy. Treatment for the symptoms includes plenty of fluids and paracetamol for the fever.

Control Of Spread

- Exclude the person with measles from childcare, preschool, school and work for at least 4 days after the onset of the rash.
- Non immune people should be excluded from childcare, preschool, school and work for 18 days after the last contact with an infectious person.
- Best prevented by a vaccination with measles, mumps and rubella (MMR) vaccine or measles, mumps, rubella and varicella (MMRV) vaccine.
- If a non-immunised child aged 6 months of age or older or adult has contact with measles, the infection may be prevented by immediate vaccination (within 72 hours of first contact with an infectious person) with a measles-containing vaccine (unless contraindicated).

Measles is a notifiable condition

SA Health - Measles

SA Health 2026

Viral Meningitis

Description
Viral meningitis is an infection of the covering of the spinal cord and brain caused by a variety of viruses, most commonly those associated with gastroenteritis (also known as 'gastro'). Viral meningitis is relatively common, but rarely serious, though symptoms may be severe. Recovery is usually complete.

The viruses that can cause meningitis in humans may be spread by a variety of means including respiratory secretions or faeces. In some cases of viral meningitis, the virus can be identified either by blood tests or by growing the virus from throat specimens, faeces or CSF (cerebrospinal fluid: the fluid surrounding the brain and spinal cord), an exact cause is identified in less than half of cases.

Signs & Symptoms
- Headache
- Fever
- Nausea or vomiting
- Photophobia (discomfort looking at light)
- Neck stiffness
- Joint pain
- Drowsiness or confusion
- Seizures.

Incubation Period
Varies according to the specific infectious virus

Infectious Period
Varies according to the specific infectious virus

Control of Spread
- Exclude people with viral meningitis from childcare, preschool, school and work until well.
- Always follow good hand washing procedures and personal hygiene.

Treatment
There is no specific treatment for most cases of viral meningitis. Some cases will need to go to hospital for specialised care and observation. Early diagnosis and treatment are very important. If symptoms occur, the patient should see a doctor right away. It is important to drink plenty of fluids. Paracetamol may be used for pain and fever.

Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor

SA Health - Viral Meningitis

Health Direct - Meningitis

SA Health 2024
Healthdirect 2025

Meningococcal Infection

Description
A severe bacterial infection caused by the bacterium Neisseria meningitidis, also commonly known as meningococcus (plural meningococci). There are 13 different types of meningococci, but most infections in Australia are caused by types B and W.

Meningococcal disease is a severe infection caused by the meningococcus which may result in meningitis, septicaemia, joint infection, eye infection, pneumonia, and rash.

Septicaemic meningococcal disease can cause shock and death within hours of the onset of symptoms. In Australia, 5 to 10 percent of people with meningococcal disease die, despite rapid treatment.

Meningococcal disease can affect all age groups but is most common in children under 5 years of age and in the 15 to 24 years age group.

The meningococcus is carried, usually harmlessly, in the nose and throat of around 10-20% of the population. The bacteria are passed from person to person by close prolonged contact with fine droplets spread by coughing, sneezing and talking. Very few people in close contact with carriers develop meningococcal disease, which occurs when the bacteria 'invade' the body from the throat or nose.

Contact with saliva from the front of the mouth (e.g. from sharing drinks or cigarettes) has not been shown to cause meningococcal disease.

In infants and younger children, the symptoms of meningococcal include fever, refusing to take feeds, fretfulness, child difficult to wake, high-pitched or moaning cry, tiny red or purple spots that soon spread and enlarge to look like fresh bruises, pale or blotchy skin, abnormal skin colour, leg pain and cold hands and feet.

In older children and adults, the symptoms of meningococcal include headache, fever, vomiting, neck stiffness, photophobia, drowsiness, or confusion, tiny red or purple spots that soon spread and enlarge to look like fresh bruises, collapse and joint pains.

Meningococcal infection can occur year-round but is most common in winter and spring.

Incubation Period
Usually 3 – 4 days but can vary from 1 – 10 days.

Infectious Period
The person is infectious as long as the meningococcal bacteria are present in the nose and throat, but they disappear within 24 hours of starting appropriate antibiotic therapy.

Treatment
A person with suspected meningococcal infection must be treated immediately with an injection of intramuscular or intravenous antibiotics and be transferred urgently to a hospital.

Control Of Spread
- There are vaccines available to protect against meningococcal disease.
- A person with meningococcal infection must be given an appropriate antibiotic in addition to the

antibiotic used intravenously or intramuscularly to treat the meningococcal infection. These antibiotics are used to eliminate meningococci from the nose and throat, preventing the spread to others.

- In South Australia the meningococcal ACWY vaccine is provided under National Immunisation Program and is administered at 12 months of age. The meningococcal ACWY vaccine is also offered through the School Immunisation Program in Year 10. Adolescents aged 15 to 19 years of age, who have not already received the vaccine in school, can receive the vaccine through a GP based catch-up program.
- In 2018, South Australia introduced funded meningococcal B vaccine for specific age groups. This vaccine is also available on the private market. A common side effect of meningococcal B vaccine is a fever, which can be more common in children aged less than two years of age.
- Because vaccines do not protect against all types of meningococci, vaccinated people must still be alert for symptoms of meningococcal disease.
- Very close contacts, such as family members, of a person who has meningococcal infection may need a short course of appropriate antibiotics to kill any meningococci they may carry in their nose and throat. These antibiotics do not treat the disease but can help stop any meningococci from spreading to other people. It is important to seek medical attention urgently if any symptoms of meningococcal infection develop.
- Tissues and other objects soiled with nose and throat secretions should be disposed of appropriately.

Meningococcal infection is a notifiable condition

SA Health - Meningococcal

Mumps

Description
The mumps virus is spread when an infected person talks, coughs or sneezes small droplets containing infectious agents into the air. The droplets in the air may be breathed in by those nearby. Infection may be spread by contact with hands, tissues and other articles soiled by infected nose and throat discharges. Mumps virus is also spread by direct contact with the saliva of an infected person.

Mumps occurs most commonly in children and adolescents, though symptoms are more severe in adults. Approximately 30% of cases will have only mild symptoms or no symptoms at all.

Signs & Symptoms
- Swelling of glands on side of face and along jaw line. Swelling and tenderness start just below and in front of one or both ears.
- Fever
- Headache
- Inflammation of testicles (orchitis) occurs 20% adult males
- Inflammation of ovaries (oophoritis) occurs in about 5% of adult females

Despite popular opinion, sterility following infection is rare. Another rare complication is inflammation of the brain (encephalitis), though meningitis (inflammation of the lining of the brain and spinal cord) from mumps is probably more common and may be accompanied by hearing loss.

Incubation Period
Generally 14 – 25 days, usually 18 days.

Infectious Period
Up to 6 days before swelling of the glands begins and up to 5 days after the onset of swelling.
Exposed non-immune people should be considered infectious from the 12th to the 25th day after exposure whether or not they have symptoms.

Control of Spread
- Exclude the person with mumps from childcare, preschool, school and work for 5 days after the onset of swelling.
- Tissues and other objects soiled with nasal secretions should be disposed of appropriately.
- Vaccination against Mumps (MMR) or (MMRV) as per the recommended National Immunisation Program Schedule Australia.
- Almost 100% of people who have had 2 doses of a mumps-containing vaccine will be protected against mumps.

Treatment
Treatment of the symptoms includes giving plenty of fluids. Paracetamol may be given for fever and pain. There is no specific antiviral treatment. **Mumps is a notifiable condition.**

Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor
SA Health - Mumps

SA Health 2024

Parvovirus B19

Description
Parvovirus B19 (Fifth Disease, Slapped Cheek, Slapped Face, Erythema Infectiosum) is a virus that commonly infects humans. The most common illness caused by parvovirus B19 is “fifth disease”, a mild rash illness that occurs most often in children.

About 20% of infected children have no symptoms at all. In others, early in the infection there may be mild cold-like symptoms, then two to five days later, the child typically develops a “slapped cheek” rash on the face and a lacy red rash on the trunk and limbs. The child usually is not very ill, though the rash may occasionally be itchy. The rash disappears after 7 to 10 days, although it may come and go for several weeks, often in response to heat. On recovery, the child develops lasting immunity and is protected against future infection.

Spread of infection is by direct or indirect connection with airborne droplets from coughing or sneezing. Once the rash appears, the person is no longer infectious.

If a pregnant woman is infected, the infection may be transmitted to the fetus. In less than 5% of cases, parvovirus B19 infection may cause the unborn baby to have severe anaemia and the woman may miscarry. This occurs more commonly if the infection occurs during the first half of pregnancy. There is no evidence that parvovirus B19 infection causes birth defects or mental retardation. A pregnant woman who has been exposed to parvovirus B19 should seek medical advice.

Incubation Period
4 – 14 days from exposure, though may be up to 20 days.

Infectious Period
In most cases, not infectious once the rash appears. Immunocompromised people with parvovirus infection may be infectious for long periods.

Control of Spread
- Do not exclude people with parvovirus infection from childcare, preschool, school or work. People are contagious before they develop the rash.
- There is no vaccine for prevention of parvovirus B19 infection.
- Wash hands regularly.
- Clean surfaces contaminated by discharges from the nose or throat.
- Pregnant women who are concerned that they are at risk of exposure to parvovirus B19 infection (for example, school teachers) can have a blood test to detect evidence of previous infection and therefore immunity.

Treatment
There is no specific antiviral treatment for parvovirus B19 infection.

SA Health - Parvovirus

SA Health 2025

Rotavirus Infection

Description
This is a type of gastroenteritis (also known as 'gastro') caused by a virus (rotavirus). There are several different types of rotaviruses. Rotavirus infection is the most common cause of severe diarrhoea in infants and children worldwide.

The onset is sudden, and symptoms last for an average of 3 to 7 days. The illness may cause severe dehydration. Mainly infants up to three years of age are affected, but older children and adults may also have symptomatic infection. The infection is diagnosed by testing a faecal specimen.

Rotavirus infection is spread through contamination of hands, objects, water or food with infected faeces. The virus is taken in by the mouth. It may also be spread by mucous membrane (lining of nose and mouth) contact with infected airborne droplets produced by coughing and sneezing.

Signs & Symptoms
- Vomiting
- Fever
- Watery diarrhoea

Incubation Period
About 24 – 72 hours (1-3 days)

Infectious Period
Children can spread rotavirus 2 days before and up to 8 days after they become unwell with diarrhoea. Rotavirus is not usually detectable in the faeces after the 8th day of illness.

Control of Spread
- Exclude people with rotavirus from childcare, preschool, school and work until there has been no vomiting or diarrhoea for at least 24 hours.
- Infants, children and adults with rotavirus should not swim until there has been no diarrhoea for 24 hours.
- Follow good hand washing.
- Oral rotavirus vaccines are now recommended for all infants.

Treatment
Gastroenteritis (inflammation of the stomach and intestines) is a common illness which can be particularly serious in young children. No specific antiviral treatment is available, and antibiotics are not effective. Drugs to decrease diarrhoea or vomiting should not be given, except where specifically advised by a doctor. There are several treatments useful for gastroenteritis of any cause - consult a pharmacist. Drink plenty of fluids – avoid fizzy drinks or undiluted juice.
Seek medical advice if any of the following symptoms occur: signs of dehydration, fever, abdominal pain, bloody diarrhoea, any symptoms in a child less than 12 months of age. **Rotavirus is a notifiable disease.**

SA Health - Rotavirus

SA Health 2024

Rubella

Description
Rubella (also known as German measles) is an infection caused by the rubella virus. Rubella infection in a woman in the first 8 to 10 weeks of pregnancy results in death of or damage to the fetus in up to 90% of cases. Multiple defects are common (for example, deafness, blindness, brain and heart damage, and mental handicap) and late complications are being increasingly recognised. The risk lowers to about 10 to 20% if the mother gets rubella at 16 weeks gestation and defects are rare after 20 weeks.

In other people, rubella is a mild disease. Rubella is diagnosed by a blood test. Clinical diagnosis based on the appearance of rash is unreliable.

Rubella is spread directly by mucous membrane (lining of nose and mouth) contact with infected airborne droplets from the nose and throat and indirectly by contact with hands, tissues and other articles soiled by infected nose and throat discharges.

Signs & Symptoms
- Fever
- Headache
- Runny nose
- Conjunctivitis
- Rash
- Swollen glands (especially back of neck)
- Joint pain

Incubation Period
16 – 18 days with a range of 14 – 23 days.

Infectious Period
Up to seven days before and at least four days after appearance of the rash.

Control of Spread
- Exclude people with rubella from childcare, preschool, school and work until fully recovered or for at least 4 days after the onset of the rash.
- All pregnant women should be tested for immunity to rubella. Seek specialist's advice if exposed.
- Anyone with suspected rubella should consult a doctor.
- Rubella is best prevented by the measles, mumps and rubella (MMR) combination vaccine or the measles, mumps, rubella and varicella (MMRV) combination vaccine. Most people who have two doses of a rubella-containing vaccine will be protected against rubella infection
- Vaccination after exposure will not prevent infection

Treatment
There is no effective antiviral treatment for rubella. Treatment of symptoms includes fluids and paracetamol, following the directions on the pack, for fever or joint pain. **Rubella is a notifiable disease. Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor.**
SA Health - Rubella

SA Health 2024

Streptococcal Sore Throat

Description
Streptococcal sore throat is a bacterial infection of the throat and tonsils caused by *Streptococcus pyogenes*. Streptococci are spread when an infected person talks, coughs or sneezes small droplets containing infectious agents into the air. The droplets in the air may be breathed in by those nearby. The droplets may contaminate hands or objects such as drinking cups or eating utensils. Sometimes spread occurs by eating contaminated food that occurs by direct contact with infected wounds or skin sores. Diagnosis is made by taking a throat swab and sending to a laboratory for testing.

Signs & Symptoms
- Fever
- Sore throat
- Tender, swollen glands in the neck

Complications
Scarlet fever is an uncommon reaction to a streptococcal infection. Additional symptoms include fine red rash, vomiting and a general feeling of being unwell;
- The rash looks like sunburn and feels like rough sandpaper
- Rash first appears on neck, chest and abdomen. Usually redder in armpits and groin.
- Lasts for about 2 to 5 days.
- The face may look flushed with a pale ring around the mouth.
- There is often reddening of the tongue and the bumps on the tongue appear larger than usual, causing an appearance known as 'strawberry tongue'.
- After the rash is gone, often the skin on the tips of the fingers and toes begins to peel.

Infectious Period
Streptococcus: Untreated people remain infectious for 2 to 3 weeks after becoming ill. Treated people are infectious for about 24 hours after appropriate antibiotic treatment begins.
Scarlet Fever: 1-2 days if on the right treatment. But the infection might last 10-21 days if it isn't treated.

Control of Spread
- Exclude from school, preschool and Preschool. Infected people need to be isolated until 24 hours after antibiotics are started and feels well.
- Cover the nose and mouth when coughing or sneezing.
- Good hand washing, as infections can spread before people are aware that they are infected.
- People with sore throats should not prepare food for others.

Treatment
- Effective antibiotic treatment is available, and the course of antibiotics must be completed.
- Paracetamol may be given for high temperatures and pain.

Raising Children - Scarlet Fever

SA Health - Streptococcal Sore Throat

SA Health 2024
Raising Children 2024

School Sores

Description
A superficial skin infection caused by Staphylococcus or Streptococcus bacteria, or sometimes both, most common in children.

Diagnosis is based on clinical examination. Dry, cracked skin serves as an area for growth of the Streptococcus and Staphylococcus bacteria. The bacteria can easily spread to other parts of the infected person's body or to other people directly by contact with sores or indirectly by contact with contaminated clothes.

Signs & Symptoms
School Sores (Impetigo) appear as a flat, yellow, crusty or moist patch on the skin, usually on exposed parts of the body such as the face and legs. The sores are often greater than 1cm in diameter.

Incubation Period
4 – 10 days.

Infectious Period
As long as there is discharge from the sores. School sores are extremely infectious.

Control of Spread
- Persons with school sores should be excluded from childcare, preschool, school or work until appropriate treatment has commenced.
- Any sores on exposed surfaces must be completely covered with a watertight dressing until they are completely dried up.
- Good hand washing procedures should be encouraged.

Treatment
The doctor may recommend the use of antibiotic ointment, or antibiotics by mouth in for multiple school sores and recurrent school sores.

SA Health - School Sores

SA Health 2025

Tuberculosis

Description
An infection caused by a bacterium Mycobacterium tuberculosis. Tuberculosis (TB) most commonly affects the lungs. TB can also infect the kidneys, spine and brain. Not everyone infected with TB bacteria becomes sick. As a result two TB-related conditions exist: TB Disease and latent TB infection.

TB disease is when the bacteria become active. The active bacteria begin to grow and start to damage the lungs or other parts of the body. TB disease can develop soon after infection in some people, while others can develop TB disease later when the immune system becomes weak and they progress from latent TB to TB disease.

Latent TB is when the bacteria in the body are “asleep”, so the person has the bacteria in their body but is not sick, does not have any symptoms and cannot spread the infection. Tuberculosis may last a lifetime as an infection, never developing into a disease.

Spread occurs when a person with TB disease of the lungs or throat coughs, sneezes, speaks or sings the bacteria into the air. People who then breathe in the air with particles can become infected. It is not possible to catch TB disease or latent TB infection from drinking glasses, cutlery, crockery, sheets, clothes or telephones.

Those with latent TB infection cannot pass the infection onto other people.

Signs & Symptoms
- Tiredness
- Fever
- Night sweats
- Weight loss
- Cough that lasts longer than two weeks
- Blood-stained sputum
- Chest pain

Incubation Period
Many people with TB infection never develop TB disease.
Some people will develop TB disease soon after becoming infected (within weeks).
People who have latent TB may get sick years later, when their immune system is weakened for another reason and they progress from latent TB to TB disease.

Infectious Period
People with TB disease in the lungs or throat who have persistent coughing, coughing up blood, breathing problems, or flu-like symptoms can be infectious.
People with symptomatic TB in the lungs or throat may be infectious until they have taken their TB medications for at least two weeks.

Control Of Spread
- Exclusion from school or work until treatment has been given and a medical certificate is produced from the appropriate health authority.
- SA Tuberculosis Service is responsible for follow-up and treatment of all cases of tuberculosis in South Australia and should be informed if any person is suspected of having tuberculosis.

- A vaccine (BCG) is available. The vaccine does not prevent tuberculosis infection but does reduce the risk of TB meningitis and widespread disease in children aged less than 5 years in countries with high TB prevalence. It is not recommended for general use in Australia.

Treatment

SA Tuberculosis Services is responsible for monitoring the follow-up and treatment of all cases of TB disease in South Australia.

For active TB, a combination of targeted antibiotics is required for at least 6 months or more.

For latent TB infection, tablets can be prescribed to reduce the risk of developing TB disease.

Tuberculosis is a notifiable disease.

SA Health - Tuberculosis

Warts

Description
Warts are lumpy growths in the skin caused by infection with human papilloma viruses, of which there are now over 100 known types. Papilloma viruses which cause warts in humans infect only humans and occur worldwide. Animals have their own types of wart viruses, but these cannot infect people. Different types of papilloma virus tend to infect different areas of the body.

Common warts develop on the skin of children and adolescents and mainly occur on the knuckles, the backs of the hands and the knees. Occasionally such warts appear as a group.

Flat warts are flat-topped and are most common on the face and the back of the hands.

Plantar warts occur on the soles of the feet and occasionally on the palms of the hands.
They are found most commonly in older children and adolescents.

The wart virus is thought to be transmitted by direct skin-to-skin contact or by contact with contaminated surfaces, for example, floors.

Incubation Period
2 – 3 months but ranging from 1 – 20 months.

Infectious Period
Unknown, but at least as long as visible warts persist.

Control of Spread
- Avoid direct contact with warts.
- Wear shoes.
- Wash hands after any contact with warts.
- Exclusion from childcare, preschool, school or work is not necessary.

Treatment
About 65% of warts will go away by themselves within two years. If treatment is necessary, the following may be used: liquid nitrogen, chemical paint applications, surgical removal and laser therapy.

SA Health - Warts

SA Health 2024

Whooping Cough

Description
Whooping cough (pertussis) is a bacterial infection of the nose and throat caused by Bordetella pertussis. Whooping cough is spread when an infected person talks, coughs or sneezes small droplets containing infectious agents into the air. The droplets in the air may be breathed in by those nearby. Infection may be spread by contact with hands, tissues and other articles soiled by infected nose and throat discharges. Whooping cough is highly infectious, spreading to 70 to 100% of susceptible household contacts and 50 to 80% of susceptible school contacts.
In recent years many cases of whooping cough have been recognised in adults and adolescents due to waning immunity. These individuals are a significant source for the transmission of infection to infants. Epidemics usually occur every 3 to 4 years.

Signs & Symptoms
- Runny nose
- Sore, watery, red eyes
- Low-grade fever
- General unwellness

After 3 to 7 days a dry cough develops that is usually present for many weeks or may last for months.

Incubation Period
4 – 21 days; most commonly 7 – 10 days.

Infectious Period
Pertussis is highly infectious when the "cold-like" symptoms occur in the early stages. Without treatment, a person is infectious for the first 3 weeks of coughing. With appropriate antibiotic therapy, the person is no longer infectious to others 5 days after starting antibiotics.

Control of Spread
- Exclude a person with whooping cough from childcare, preschool, school and work until 5 days after starting antibiotic treatment. If not treated, he/she should be excluded for 21 days from the start of any cough.
- Protection against whooping cough is provided by a whooping cough containing vaccine as part of the routine childhood immunisation.
- Anyone, particularly childcare, preschool, school or work contacts of a person with whooping cough should seek medical advice if he or she develops any symptoms of whooping cough.
- Cover your nose and mouth when sneezing or coughing. Dispose of soiled tissues appropriately. Wash hands after contact with soiled articles, such as tissues.
- If there is a young child under 6 months of age in the same household as the person with whooping cough or a woman in the late stages of pregnancy, it is recommended that all household members receive preventive antibiotics. It is important that anyone with suspicious symptoms see their doctor so that an accurate diagnosis can be made, and treatment commenced, if necessary.

Treatment
Appropriate early antibiotic therapy. **Whooping cough is a notifiable disease.**

SA Health - Whooping Cough

SA Health 2026

Worms

Description
Worldwide, there are many worms that can infest the bowels of people, but most of them are not problems in Australia. Worms causing infection in people are parasites that live and breed mostly in the bowel.

The most common worm in Australian children is the threadworm, sometimes called the pinworm. Infection with other worms such as roundworms, hookworms and tapeworms is less common. Threadworms are small white thread like worms approx. 2-13mm long.

Threadworms are caught when someone swallows the worm's eggs. The eggs hatch inside the bowel, where they live, then travel out through the anus to lay their eggs on the skin there at night time. Eggs may be picked up on the fingers and transferred to the mouth if the child scratches their bottom or doesn't wash their hands after going to the toilet. Eggs may fall off into bedding or clothing, or be wafted into the air, settling on many surfaces in the home or school. They can survive for up to two weeks in the environment and can easily be picked up and cause infection in other people.
Domestic pets are not a source of infection.

Symptoms include an itchy bottom, irritability and behavioural changes, but most people have no symptoms. Occasionally, with heavy infections, the thin adult threadworms may be seen on the surface of freshly passed faeces. Sometimes the worms can be seen around the child's anus, if examined with a torch at night time.

Incubation Period
Symptoms of infection are associated with high worm numbers resulting from repeated infections and may not occur until several months after initial infection, if at all.

Infectious Period
Spread is possible as long as worms are present.

Control of Spread
- Exclusion from school is not necessary after treatment or 24 hours after the diarrhoea has ceased.
- Make sure children wash their hands after using the toilet and before eating.
- Parents should seek medical treatment for infected children.
- Change bed linen and underwear daily for several days after treatment. Washing clothes and linen in normal hot water will kill the threadworm eggs.
- Clean toilet seats and potties regularly.
- Keep children's fingernails short.

Treatment
A single dose therapy, repeated after two weeks, is administered to the infected person and each family member at the same time. You can buy worm treatment from your chemist, without a prescription. It is not necessary to treat children on a regular basis, just in case they have worms.

SA Health - Worms

SA Health 2024

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