HEALTH PROTECTION TEAM

DIRECTORATE OF PUBLIC HEALTH

EXCLUSION POLICIES FOR INFECTIOUS DISEASES

2017

Issued by the Health Protection Team
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It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies.

The most up to date NHS Grampian Exclusion Policy is available on the Health Protection Team website at www.nhsgrampian.org/hpt

CASE MANAGEMENT
REPORTING AND INVESTIGATION OF ILLNESS

NHS Grampian's Health Protection Team (HPT) is responsible for the surveillance, investigation and control of communicable disease and non-infectious environmental hazards in Grampian. An outbreak is defined either as two or more linked cases of the same illness or when the observed number of cases exceeds the number expected. **All** suspected outbreaks should be reported to the HPT by telephone on 01224 558520.

Infectious diseases are reported to the Health Protection Team from a variety of sources including;

- Clinicians and NHS laboratories
- Educational establishments including nursery, primary and secondary schools
- Health and social care colleagues, care homes, day care centres, prisons, community and recreational facilities

There are specific diseases/organisms that require notification to the Health Protection Team under The Public Health etc (Scotland) Act 2008 (further information available at http://www.hps.scot.nhs.uk/publichealthact/index.aspx)
Diseases notified by the diagnosing doctor are marked with (1). Organisms notified by the diagnostic laboratory are marked (2)

BASIC PRINCIPLES TO MINIMISE THE SPREAD OF INFECTIONS INCLUDE:

- Exclusion from nursery, school, work etc of ill individuals. Any individual who is unwell and has symptoms of an acute illness should stay at home until they are well. Those with a sudden onset enteric (diarrhoea and/or vomiting) symptoms should follow standard management i.e. stay at home until 48 hours after symptoms have settled unless advised otherwise by HPT.
- Frequent thorough hand washing using running water and liquid soap followed by drying with paper towels/separate towels.
- Maintaining a clean environment including dealing with spillages of body fluids immediately and appropriately
- Appropriate use (wearing and timely removal) of protective clothing e.g. disposable gloves and aprons
- Appropriate management of soiled linen, sharps and waste
- Covering broken skin and prompt first aid for injury or exposure to body fluids
- Appropriate vaccination in accordance with 'Immunisation against infectious disease – "Green Book" available at https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
- Not visiting hospitals or care homes until all symptoms have settled.

Further advice is available

- From HPT on 01224 558520 for non NHS settings and IP&C Team on 01224 550998 for NHS settings
- For Healthcare settings is available at http://www.hps.scot.nhs.uk/haiic/ic/nationalinfectionpreventionandcontrolmanual.aspx
- School and pre eight settings is available at http://www.hps.scot.nhs.uk/resourcedocument.aspx?id=5761

GROUPS WITH ENTERIC INFECTIONS THAT POSE AN INCREASED RISK OF SPREADING INFECTION

Cases and contacts with sudden onset enteric (diarrhoea and/or vomiting) symptoms should follow standard management i.e. cases and contacts can return to work or school 48 hours after symptoms have settled except where specific exclusions are stated for high-risk groups A, B, C and D. If there is any doubt about hygiene, exclude as Group A.

Group A	**Any person of doubtful hygiene or with unsatisfactory toilet, hand washing or hand drying facilities at home, work or school**
Group B	**Children who attend pre-school groups or nursery**
Group C	**People whose work involves preparing or serving unwrapped foods not subjected to further heating/cooking**
Group D	**Health or Social Care staff who have direct contact with highly susceptible patients or persons in whom a gastrointestinal infection would have particularly serious consequences**

Advice for individuals in their own home with enteric (diarrhoea and/or vomiting) infections (Enteric precautions)

- Wash hands frequently using running water and liquid soap. Dry hands with separate towels. Guidance is provided in the 'wash your hands of them' public information leaflet available at www.washyourhandsofthem.com .This web site also includes handwashing games, posters, stickers etc for children.
- If possible, do not prepare or handle food, not subjected to further heating/cooking, for members of the household or for other people.
- Do not rinse contaminated clothing under running water. Use toilet paper to wipe off any solid material down the toilet and then wash the clothing in the washing machine at the hottest temperature possible for the fabric.
- Hard surfaces that may be contaminated by faecal organisms for example toilet flush, tap and toilet door handles should be cleaned frequently and when visibly soiled.
- A two metre area should be cleaned promptly around any diarrhoea or vomit spills. Easy to follow advice on how to deal with spillages in community settings is available at on page 7 of the infection prevention and control in childcare settings available at http://www.hps.scot.nhs.uk/resourcedocument.aspx?id=5761
- Wearing gloves and aprons, preferably disposable, should be considered before contact with blood or body fluids or harmful substances e.g. materials for cleaning/disinfection.
- Those with gastrointestinal symptoms should not swim in public swimming pools until 48 hours after symptoms have settled unless advised otherwise for example see cryptosporidium

DEFINITIONS	
Asymptomatic	No symptoms of illness displayed, with or without confirmation of infecting organism
Case	Individual with symptoms and/or a laboratory confirmed specimen
Contact	An individual linked to a case that has been exposed to the infectious organism e.g. household member. Symptomatic contacts are often managed as cases until proven negative
Diarrhoea	Diarrhoea is defined as three or more loose stools (stools that conform to the shape of the container) in 24 hours or, for those who normally have loose stools, an altered bowl pattern for that person.
Faecal – oral transmission route	Organisms found in infected faeces are swallowed by people. The organisms may be on/in contaminated surfaces, food or water. For example organisms can be found on toilet flush handles or in inadequately treated private water supplies. The infected faeces may be human or animal.
Foodborne disease	Any disease of an infectious or toxic nature caused by or thought to be caused by the consumption of food or water. Food comprises all foodstuffs and drinks.
HPN	Health Protection Network (Scotland) available at http://www.hps.scot.nhs.uk/pubs/detail.aspx?id=3293
HPS	Health Protection Scotland available at www.hps.scot.nhs.uk/
HPT	Health Protection Team
Incubation period	The interval between exposure to an infection and the appearance of the first symptoms
PHE	Public Health England available at https://www.gov.uk/government/organisations/public-health-england
Standard management	Exclude from work, school, nursery etc until 48 hours after symptoms have settled.
Symptomatic	Symptoms of illness displayed, with or without confirmation of infecting organism
Vomiting	Sudden onset of vomiting where there is no alternative non-infective cause

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
AEROMONAS NHS Grampian patient information leaflet available	Watery diarrhoea, mild fever	1 – 7 days	Water, fish	***Cases*** – Enteric precautions ***Contacts*** - None	***Cases*** – 48 hours after symptoms have settled ***Contacts*** - None
AMOEBIC DYSENTERY **(Entamoeba histolytica)**	Bloody diarrhoea, fever – wide range of severity	2 days to 1 year, usually 2 – 4 weeks	Faecal oral spread via water, raw or undercooked food	**Discuss with HPT** ***Cases*** – Enteric precautions ***Contacts –*** Screen household contacts	**Discuss with HPT** ***Cases*** – 48 hours after symptoms have settled Exclude groups C until one negative faecal sample taken at least one week after the END of treatment. ***Contacts*** – Discuss with HPT
BACILLUS CEREUS Notifiable (2)	Two clinical syndromes may occur 1. Mainly vomiting, 2. abdominal pain, diarrhoea, vomiting	1. 1 – 6 hours 2. 6 - 24 hours	Mainly rice: occasionally meat, cereals, dairy products, pasta	***Cases*** – Enteric precautions ***Contacts*** - None	***Cases -*** 48 hours after symptoms have settled ***Contacts*** - None
CAMPYLOBACTER Notifiable (2) NHS Grampian patient information leaflet available	Abdominal pain, profuse diarrhoea which might be bloody, malaise, headache, fever	1 – 10 days, usually 2 – 5 days	Faecal -oral - mainly via contaminated food or water, foods include poultry, milk and milk products. Occasionally person to person	***Cases*** – Enteric precautions ***Contacts*** - None	***Cases*** –48 hours after symptoms have settled ***Contacts*** - None

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
CHOLERA Vibrio cholerae serogroups 01 and 0139 Notifiable (1 & 2) **Information** Professional: The diagnosis, management and epidemiology of cholera PHE Patients: Information available on NHS Choices	Profuse watery stools, rapid dehydration, collapse	6 hours – 5 days, usually 2 – 3 days	Consumption of contaminated water or shellfish. Food items washed in contaminated water and not subjected to further heating	**Discuss with HPT** ***Cases*** –Normally hospitalised Enteric precautions ***Contacts*** Identify household contacts and those with common exposure, place under surveillance for 5 days from last contact. Advise to contact GP and HPT if symptomatic.	**Discuss with HPT** ***Cases*** – Groups ABCD - 2 consecutive negative faecal specimens at least 24 hours apart. 48 hours after symptoms have settled for those not in Groups ABCD. ***Contacts*** – Discuss with HPT Symptomatic contacts- treat as cases
OTHER CHOLERA ORGANISMS (non O1 or O139) Notifiable (1 & 2) Information as above	Watery diarrhoea, abdominal cramps, fever, headache	Few hours to 5 days (usually 2-3 days)	Fish, shellfish, marine environments, sea water Food items washed in contaminated water and not subjected to further heating	**Discuss with HPT** ***Cases*** – Enteric precautions ***Contacts*** - None	**Discuss with HPT** ***Cases*** -48 hours after symptoms have settled (If sero group unknown manage as O1 and O139) ***Contact****s* - None
CLOSTRIDIUM BOTULINUM Notifiable (1 & 2) URGENTLY TO HPT	Double vision, dry mouth, difficulty swallowing, respiratory failure, paralysis	2 hours – 5 days, usually 12 – 36 hours wound botulism may be longer	Swallowing food contaminated with toxin. Foods include fish, vegetables, preserved foods, both canned and vacuum packed Spores can enter the body during Injecting drug use	**Urgently discuss with HPT** ***Cases-*** hospitalised ***Contacts*** - None	***Cases*** - None ***Contacts*** - None

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
CLOSTRIDIUM DIFFICILE Notifiable (2) **Information** Professional: Prevention and Control of *Clostridium difficile* Infection (CDI) in Care Settings in Scotland. HPN Public: HPS leaflet available	Diarrhoea, abdominal pain, fever, colitis, toxic megacolon, peritonitis	Variable but may be within a few days of starting various treatments/ medications e.g. antibiotics	Faecal oral spread person to person via hands and/or the environment	***Cases*** Hospitalised cases - discuss with Infection Prevention & Control Team Living in residential establishments discuss with HPT Living in own home - enteric precautions ***Contacts*** - None	***Cases -*** 48 hours after symptoms have settled ***Contacts*** - None
CLOSTRIDIUM PERFRINGENS Notifiable (2)	Abdominal pain, diarrhoea	6 – 24 hours, usually 10 – 12 hours	Swallowing contaminated cooked meat & poultry including stews, rolled meat, pies and stovies	**Cases** - enteric precautions ***Contacts*** - None	***Cases*** - 48 hours after symptoms have settled ***Contacts*** - None
CRYPTOSPORIDIUM Notifiable (2) NHS Grampian patient information leaflet available	Abdominal cramps, watery diarrhoea, fever , nausea	1 – 12 days, usually 7 days	Faecal oral via water, raw milk, animal contact especially young animals such as calves and lambs. Person to person	**Cases** - enteric precautions ***Contacts*** - None	***Cases*** - 48 hours after symptoms have settled Cases should not use public swimming pools for 14 days after first normal stool ***Contacts*** - None

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
DYSENTERY **Shigella sonnei** Notifiable (2) Patient information leaflet available from NHS Grampian and NHS Choices	Diarrhoea, may be bloody, abdominal cramps, toxaemia	1 – 7 days, usually 3 days	Mostly person to person by faecal oral route	***Cases –***enteric precautions ***Symptomatic contacts*** - As cases.	**<u>Exclusion based on risk assessment - discuss all cases/contacts with HPT</u>** ***Cases*** – Groups A&B - 2 consecutive negative faecal samples, at least 24 hours apart. 48 hours after symptoms have settled for those not in Groups A&B. ***Symptomatic contacts*** – As cases **A*symptomatic Contacts*** – None
DYSENTERY **Sh..boydii** **Sh..dysenteriae** **Sh. flexneri** Notifiable (2) Patient information leaflet available from NHS Grampian and NHS Choices	Diarrhoea, may be bloody, abdominal cramps, toxaemia	1 – 7 days, usually 3 days	Faecal- oral mainly via person to person in the UK. Contaminated food or water	**Cases** -enteric precautions **Symptomatic Contacts** – as cases	**Exclusion based on risk assessment so discuss all cases and contacts with HPT** ***Cases-*** Groups ABCD - 2 consecutive negative faecal samples at least 48 hours apart. 48 hours after symptoms have settled for those not in Groups ABCD ***Symptomatic contacts -*** As cases. **Asymptomatic contacts** – screen and exclude groups ABCD until 1 negative faecal sample

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
ESCHERICHIA COLI ENTERITIS Other than VTEC	Abdominal pain, fever, diarrhoea, vomiting	Variable depending on organism. Range 2-166 hours	Faecal oral spread via contaminated food and water or person to person spread	***Cases*** - enteric precautions ***Contacts*** – None	***Cases*** - 48 hours after symptoms have settled ***Contacts*** – None

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
All **Shiga-toxin producing Escherichia coli (STEC)** Notifiable (1 & 2) **Information** Professional: Guidance for the Public Health Management of Infection with Verotoxigenic *Escherichia coli* (VTEC) HPN Patients: NHS Grampian patient information leaflet available	Abdominal pain, diarrhoea, bloody diarrhoea, Haemolytic Uraemic Syndrome (HUS)	12 hours to 14 days, usually 3 – 5 days	Swallowing the bacteria • During and/or after direct contact with infected animal faeces e.g. caring for infected animals or spraying slurry • During and/or after indirect contact with infected animals faeces e.g. from clothing contaminated with cattle faeces, during picnics or BBQ's in the countryside • When eating raw or undercooked meat contaminated with the bacteria. • By drinking or eating unpasteurised (raw) or poorly pasteurised milk or milk products which are contaminated with the bacteria e.g. contaminated cheese. • On unwashed vegetables or fruit fertilised with infected manure Drinking rural or private water supplies contaminated with infected faeces Person to person spread can occur within families or community groups	**Management is based on risk assessment by Health Board appointed Competent Person therefore discuss all cases and contacts with HPT** ***Cases***– Enteric precautions ***Symptomatic contacts* -** Enteric precautions **Test symptomatic -**close contacts i.e. those that have had direct or indirect contact with infected faeces -consider sampling symptomatic individuals who have had common exposure Guidance for the Public Health Management of Infection with Verotoxigenic *Escherichia coli* (VTEC) http://www.documents.hps.scot.nhs.uk/about-hps/hpn/vtec.pdfg	**Exclusion based on risk assessment so discuss all cases and contacts with HPT** ***Cases*** ABCD - exclude until 2 consecutive negative faecal samples 24 hours apart Primary school children whose hygiene is doubtful manage as group A If not in groups ABCD - 48 hours after symptoms have settled ***Symptomatic Close Contacts*** - Exclude as case ***Asymptomatic Close Contacts* in** Groups ABCD - exclude until 2 consecutive negative faecal samples 24 hours apart. ***Note****: If case is in group A or B screening of contacts who are in groups A or B will not start until the case is asymptomatic or removed from the household.* *Exclusions will be reviewed regularly in accordance with the Public Health etc.(Scotland) Act 2008* *Cases in Group A&B should not swim in public swimming pools until exclusion lifted. All other cases 48 hours symptom free.*

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
GIARDIASIS Notifiable (2) NHS Grampian patient information leaflet available	Mucoid diarrhoea, abdominal cramps, nausea, weight loss	3 – 25 days, usually 7 – 10 days	Faecal - oral spread mainly person to person. Contaminated food and water	***Cases*** - Enteric precautions ***Contact****s* - None	***Cases -*** 48 hours after symptoms have settled ***Contact****s* - None
HEPATITIS A Notifiable Notifiable (2) **Information** Professional: Guidance for the Prevention and Control of Hepatitis A Infection.PHE Immunisation against Infectious Disease, Green Book, PHE Patient information leaflet available from NHS Grampian and NHS Choices	Fever, malaise, anorexia, jaundice, nausea	15 – 50 days, usually around 30 days	Infectious period is from 2 weeks before the onset of symptoms until 1 week after. Person-to-person faecal oral transmission Eating: • food contaminated by an infected person. • foods such as salads and fruits, which have been washed in contaminated water. • contaminated shellfish Drinking water contaminated by infected faecal material Sharing any equipment that may be contaminated with blood including razors, needles, syringes, filters, spoons etc. Through sexual intercourse • Through anal sex, usually men who have sex with men.	***Cases*** – enteric precautions. Do not share any equipment that may be contaminated with blood e.g. razors, needles ***Contacts*** - HPT will advise on immunisation and/or the use of immunoglobulin ***Asymptomatic contacts*** that attend preschool establishments require supervised hand washing	**Management and exclusion based on risk assessment so discuss all cases and contacts with HPT** ***Cases*** - exclude until 7 days after onset of jaundice **Or** 7 days after onset of symptoms if no jaundice ***Contacts*** - none **BUT** it may be necessary to exclude young children and food handlers in specific settings ***Symptomatic Contacts*** - Exclude as case ***Asymptomatic*** - *None*

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
HEPATITIS E **Notifiable (2)** **Information** Professional: Hepatitis E: symptoms, transmission, prevention, treatment PHE Patient leaflet available at HPN	Fever, malaise, anorexia, jaundice, nausea	15-60 days Usually around 30-40 days	Faecal - oral • Drinking contaminated water • Eating contaminated undercooked foods e.g. pork, venison • Occasionally person to person	***Cases-*** enteric precautions ***Contacts –*** none	***Cases-*** Until well. ***Contact***s - none
NOROVIRUS Notifiable (2) Patient information leaflet available from Health Scotland	Vomiting and/ or diarrhoea abdominal cramps, headaches, fever, nausea	4 - 48 hours after exposure to the virus. Symptoms usually resolve in 12-60 hours	Person to person via faecal-oral route • Swallowing the virus after picking it up from contaminated surfaces or objects and not washing hands thoroughly before preparing or eating food. • Eating food contaminated by others • Swallowing suspended viral particles dispersed after vomiting Consumption of shellfish harvested from contaminated water	***Cases*** - enteric precautions ***Contacts*** - None	***Cases*** - 48 hours after symptoms have settled ***Contact***s - none

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
SALMONELLA INFECTION Notifiable (2) Patient information leaflets available from NHS Grampian and NHS Choices	Diarrhoea, abdominal pain, nausea, fever	6 - 72 hours, usually 12 - 36 hours	• Consumption of contaminated food i.e. under cooked poultry, eggs, or meat. • Person to person especially when case has diarrhoea • Exposure to exotic pets e.g. reptiles	***Cases-*** enteric precautions ***Contacts-*** None	***Cases*** –48 hours after symptoms have settled **Cases in A&B** require supervised hand washing ***Symptomatic contacts*** - 48 hours after symptoms have settled ***Asymptomatic contacts*** – None
SALMONELLA TYPHI & **PARATYPHI** Notifiable (1 & 2) **Information** Professional: Public health Operational Guidelines for Typhoid and Paratyphoid fever (Enteric Fever) PHE Patients : Leaflet available from NHS choices	Rigors, fever, headache, cough, rash, variable gastro-intestinal symptoms (can include constipation)	3 – 56 days, usually 1 – 3 weeks	Faecal – oral, occasionally food borne	**Discuss with HPT (Risk assess all cases and contacts in accordance with guidance)** ***Cases*** - Enteric precautions. May be hospitalised ***Contacts of*** **1 Travel related case:** - Co-traveller, one faecal sample ASAP - 'Warn & inform' non-travel contacts - Symptomatic co-travellers treat as case **2 Non travel related case:** - 'Warn and inform' - Close contacts - one faecal sample to investigate source	**Discuss with HPT (Risk assess all cases and contacts in accordance with guidance)** ***Cases –***48 hours after symptoms have settled unless in high risk group Exclude probable and confirmed cases in groups ABCD until 3 consecutive negative faecal specimens 48 hours apart commencing one week after completing antibiotics **Symptomatic contacts** - treat as case **Asymptomatic contacts –** None

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
STAPHYLOCOC-CUS AUREUS Notifiable (2)	Vomiting, abdominal pain, diarrhoea	1 – 6 hours	Pre-cooked foods, custards etc	***Cases*** - enteric precautions ***Contacts*** - None	***Cases*** 48 hours after symptoms have settled ***Contacts*** - Group C exclude food handlers with septic lesions on exposed skin until successfully treated.
YERSINIA Notifiable Notifiable (2) Patients : NHS Grampian leaflet available	Watery diarrhoea abdominal pain fever	2 – 11 days usually 3– 7 days	Faecal –oral via • Consumption of contaminated food especially pork or pork products • Drinking contaminated water • Direct contact with infected animals • Person to person	***Cases*** - enteric precautions ***Contacts*** - None	***Cases*** - 48 hours after symptoms have settled ***Contacts*** - None

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
CHICKENPOX (Varicella Zoster) Information Professional HPA Guidance on Viral rash in Pregnancy. January 2011 - update February 2016 Immunisation against Infectious Disease. Green Book Chapter 34. August 2014 Public NHS Inform	Sudden onset – fever, malaise, generalised rash. Initially macular, lesions become papules then vesicles. Rash develops in successive "crops" usually starting on the face and scalp so lesions at all stages are present during the first few days.	7-21 days, usually 13-17 days	Person to person by direct contact, droplet or airborne spread of respiratory or vesicular fluids Spread. High risk, mainly due to airborne spread of respiratory secretions, from 1 – 2 days before onset of rash and the first 5 days Note: Infectivity may be prolonged in the immunocompromised.	**Discuss with HPT** ***Cases*** Pregnant, neonate and immunocompromised – see GP urgently. In addition to the above risk groups, Acyclovir should be considered for all adults over 16 years if treatment can commence within 24 hours of onset of rash. ***Contacts*** Pregnant, neonate and immunocompromised - see GP urgently. VZIG may be indicated ***Healthcare settings*** HCW's with no previous history of chickenpox or shingles who have contact with a case should be tested for antibody; if negative exclude from contact with those at increased risk of serious disease for 8-21 days after contact All non-immune HCW's should be offered immunisation. Ref: Immunisation against Infectious Disease SEHD (2004) PHLS Guidance (2002)	**Community Settings** ***Cases*** 5 days from the onset of rash. If immunocompromised – until lesions have crusted over. ***Contacts*** - None Note: Susceptible contacts are potentially infectious 8-21 days after contact (8-28 days if VZIG has been given) and should be advised to avoid contact with those at increased risk during this period where possible. ***Healthcare Settings*** Cases should be isolated from those at increased risk of severe disease: antibody negative pregnant women, neonates and immunocompromised until lesions have crusted over Note: Susceptible contacts (including staff) are potentially infectious 8 -21 days after contact (8 –28 days if VZIG has been given) and should be excluded from contact with those at increased risk during this period.

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
SHINGLES (Herpes Zoster) Information Professionals HPA Guidance on Viral rash in Pregnancy. Public Information available on NHS Inform	Pain, occasionally flu like symptoms accompanied by clusters of clear vesicles	Reactivation of Varicella Zoster Virus (the virus that causes chickenpox). 14-16 days depends on immunity	Contact with vesicle fluid or indirectly via articles freshly soiled with vesicle fluid Much lower risk of spread than in chickenpox. Spread may be possible until all lesions have crusted usually about 1 week following the onset of the rash. Immunocompromised individuals may be infectious 1 – 2 days prior to rash and it may be several weeks until all lesions crust.	***Cases*** Basic principles Pregnant, neonate and immunocompromised – see GP urgently. In these groups consider Aciclovir at any stage of illness. Consider for other cases if given within 72 hours ***Contacts*** Pregnant, neonate and immunocompromised – see GP. VZIG may be indicated Ref: Immunisation against Infectious Disease	***Cases*** For exposed lesions (e.g. face) – exclude for 5 days from onset of rash. If immunocompromised – until lesions have crusted. If lesions can be covered no exclusion is usually necessary. ***Contacts*** None. Note: Susceptible contacts are potentially infectious 8-21 days after contact (8-28 days if VZIG has been given) and should be advised to avoid contact with those at increased risk during this period where possible. ***Healthcare Settings*** Cases should be isolated from those at increased risk of severe disease: antibody negative pregnant women, neonates and immunocompromised until lesions have crusted over. Note: Susceptible contacts (including staff) are potentially infectious 8 -21 days after contact (8 –28 days if VZIG has been given) and should be excluded from contact with those at increased risk during this period. NHS staff should be referred to Occupational Health

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
COLD SORES (Herpes Simplex) Information available on NHS Inform	Fever, malaise, blister-like lesions on lips and in the mouth, including the tongue.	2 – 12 days	Direct contact with saliva and fluid from blisters. Virus can be found in saliva after recovery and during reactivations (which may be subclinical) for the rest of life.	***Cases*** Treat any secondary bacterial infection. Basic principles "mouthing" toys should be thoroughly cleaned between children ***Contacts*** - None	***Cases*** None ***Contacts*** - None (HPS 2016)
CONJUNCTIVITIS (Children) information available on NHS Inform	Watering eyes, swelling of the conjunctiva, swelling of the eyelids and yellow/green discharge.	24 – 72 hours	Contact with discharge from the conjunctiva and respiratory secretions. Contact with contaminated fingers, clothing and other items. Spread, high during acute stage of infection	***Cases*** Topical antibiotic - if appropriate Basic principles ***Contacts*** - Basic principles	***Cases*** None if there is an increased number of cases noted in one school class or nursery there may be a need to exclude discuss with HPT ***Contacts*** - None (HPS 2016)
DIPHTHERIA (Corynebacterium diphtheriae) Notifiable (1 & 2) **URGENT** **Information Professional** Public Health control and management of diphtheria (in England and Wales)	Nasal discharge, sore throat, patches of adherent greyish membrane to uvula and soft palate. Swelling of soft tissues in the neck ("bull-neck" appearance)	2 – 5 days, occasionally can be up to 10 days	Direct person – person transmission by intimate respiratory and physical contact. More rarely contact with articles soiled with discharge from lesions of infected people. Raw milk can be a vehicle. Spread, high in non-immunised individuals.	**Discuss cases and contacts with HPT** HPT will assess all cases and contacts to establish the need for chemoprophylaxis and immunisation	**Discuss cases and contacts with HPT** ***Cases*** Until 2 negative nose and throat swabs (+ skin lesions if cutaneous) taken at least 24 hours apart and a minimum of 24 hours after completing treatment are negative. ***Contacts*** HPT to assess

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
Public Information available on NHS Choices					
ENTEROVIRUS D68 (EV-D68) Professional Information for staff on Enterovirus D68 HPS PHE risk Assessment of Entervirus D-68 (EV-D68)	Mild symptoms may include runny nose, sneezing, cough, body aches, and muscle aches. Severe symptoms may include wheezing and difficulty breathing. Polio like neurological symptoms Ventilator support may be required	3-5 days	Via infectious respiratory secretions e.g. saliva, nasal mucus and sputum. Mainly droplet spread and touching and close contact with respiratory secretions e.g. contaminated surfaces. Faecal-oral spread also possible	**Discuss with HPT** who will assess all cases and contacts and offer specific infection prevention and control advice	**Cases** – HPT to assess **Contacts** – HPT to assess

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
FIFTH DISEASE (Parvovirus B19, Slapped Cheek Syndrome, erythema infectiosum) **Information** Professional Guidance on Viral Rash in Pregnancy Public Information available on NHS Inform	Striking erythema of the cheeks (slapped-face appearance) Mild usually 'febrile illness Most common in children although all ages can be affected	4 - 20 days more commonly 13 - 18 days	Person to person by direct contact, droplet or airborne spread particularly in closed environments e.g. classrooms Contact with infected respiratory secretions. Mother to foetus Spread most likely 1 – 2 weeks before the rash appears. **By the time the rash appears the person is not infectious.**	**Cases - Basic principles** **Discuss with HPT if:** ***Cases*** Pregnant Blood disorder Immune suppression All see GP urgently ***Contacts*** Pregnant Blood disorder Immune suppression All see GP urgently	***Cases*** - None ***Contacts*** - None
GLANDULAR FEVER (Infectious Mononucleosis) Information available on NHS Inform	Fever, sore throat, malaise, rarely jaundice can occur Mainly occurs in teenagers and young adults	4 – 6 weeks	Person to person via saliva. Saliva on toys etc can cause infection in children.	***Cases*** - Basic principles ***Contacts*** - None	***Cases*** - None ***Contacts*** - None

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
BLOOD BORNE VIRUS (HIV, HEPATITIS B & C HBV and HCV notifiable (2) Information available on: NHS Inform British Liver Trust Hepatitis B Hepatitis C	No specific symptoms Symptoms can be vague but there maybe tiredness/ muscle aches/ fever/ loss of appetite/ abdominal pain/ jaundice	Varies from virus to virus. Many individuals unaware of infection status.	Unprotected sexual intercourse, heterosexual and homosexual. Sharing injecting paraphernalia Vertically from mother to child Blood to blood i.e. from a sharp injury.	Standard Infection Control Procedures should be practiced at all times In event of significant exposure advice should be sought from GP, A&E or OHS.	**Cases -** None ***Contacts*** - None
HAND, FOOT AND MOUTH DISEASE (Coxsackie Virus) Information available on NHS Inform	Sudden onset - fever, sore throat, lesions in the mouth Rash on the fingers, palms and the soles of the feet.	3 – 5 days	Direct contact of with faeces, blisters and respiratory droplets of the infected person Not to be confused with Foot & Mouth Disease.	***Cases -*** Basic principles ***Contacts*** - None	**Cases** - None. ***Contacts*** - None If a large number of children affected contact HPT (HPS 2015)
HEAD LICE Information available on NHS Inform	PLEASE REFER TO NHS GRAMPIAN'S HEAD LICE POLICY				
INFLUENZA **Notifiable (2)** Information available on Immunisation Scotland website	Fever, headache, muscle pain, exhaustion, runny nose, sore throat, and cough.	1 – 4 days	Airborne, droplet spread particularly in closed environments. Close contact with respiratory secretions. Cases are infectious from 1 day before the onset of symptoms until 3 - 5days after onset in Adults (Hawker et al 2012\)	***Cases*** - Basic principles ***Contacts*** - Basic principles Immunisation available for all children age 2-Primary 7 as well as people in high risk groups from 6 months to age 64 and all over 65 years	***Cases*** - None ***Contacts -*** None Subject to change during an influenza pandemic.

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
MEASLES Notifiable (1 & 2) **URGENT** Information Professional Guidelines for the Control of Measles Incidents and Outbreaks in Scotland HPN Public Information available on NHS Inform	Fever, conjunctivitis, runny nose, and cough. White "Koplik" spots on the buccal mucosa, which fade as the rash appears around day 3 of illness. A generalised maculopapular rash appears in the hairline rapidly spreading to face, trunk and limbs fading over 7-10 days	10 days (ranging between 7 and 18 days) with a further 2 – 4 days before the rash appears.	Airborne, droplet spread and direct contact with respiratory secretions of *an individual with measles infection.* Cases are infectious from 5 days before the onset of rash until 4 days after the rash develops *(HPN January 2014))*	**Discuss with HPT** ***Cases*** Salivary testing kit to HPA Colindale to confirm diagnosis. Basic principles. ***Contacts*** In some circumstances MMR or HNIG may be indicated following discussion with HPT. (HPN January 2014) Basic principles. Preventable by vaccination	**Discuss with HPT** ***Cases*** Until 4 days after onset of rash (HPS 2016) ***Contacts*** - None Healthcare workers need to liaise with Occupational Health Department. Exclusions will be put in place for those with no evidence of past infection or MMR x 2 (HPN January 2014))
MENINGOCOCCAL INFECTION Notifiable (1 & 2) **URGENT** **Information** **Professional** Meningococcal disease: guidance on public health management. HPA Information available from NHS Inform Meningitis Now Organisation	Fever, severe headache, nausea, vomiting, stiff neck, and petechial rash. Delirium, shock and coma.	2 – 10 days commonly 3 – 5 days. Disease more common in winter months.	Direct contact with respiratory secretions, including droplets. Spread is low. Requires frequent close, prolonged personal contact e.g. household	**Discuss cases and contacts with HPT** HPT will assess all cases and contacts to establish the need for chemoprophylaxis and immunisation	**Discuss with HPT** ***Cases*** - None ***Contacts*** - None

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
Meningitis Research Foundation					
MOLLUSCUM CONTAGIOSUM Information available on NHS Choices	Smooth, firm, spherical, painless lesions (flesh-coloured, white, yellow or translucent) with a dip in the middle. Lesions may appear in crops and persist for months. Lesions may spread to other parts of the body. Mainly affects children age 1-10 although it can occur in any age	It is estimated to be between 2 weeks and 6 months. (CDC 2015)	Direct skin to skin contact –with someone who already has the condition. Indirect contact with items handled by an infected person i.e. towels, clothing, and toys.	Treatment for molluscum contagiosum isn't routinely recommended because most cases clear up on their own in around 6 to 18 months ***Cases*** - Basic principles ***Contacts* -** None	***Cases*** Avoid skin to skin contact with others ***Contacts*** - None (HPS 2016)

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
MUMPS Notifiable (1 & 2) Information available on NHS Inform	Fever, swelling and tenderness of one or both salivary glands, orchitis (20-30% adult males), oophoritis (5% adult females)	12 – 25 days commonly 18 days	Droplet spread and direct contact with saliva. Infectious from 5 days before swelling appears to 9 days after.	***Cases*** Basic principles ***Contacts*** – None Preventable by vaccination	***Cases*** 5 days after onset of swelling (HPS 2016) 10 days if contact with unvaccinated population e.g. babies. ***Contacts*** – None NHS staff should be referred to Occupational Health
POLIOMYELITIS Notifiable (1 & 2) **URGENT**	Fever, malaise, headache, nausea, vomiting, muscle pain and stiffness and sudden onset flaccid paralysis	3 – 35 days, commonly 7 – 14 days	Faecal-oral spread, close contact with pharyngeal secretions Spread. High in the few days before and after onset of symptoms. Can be transmitted as long as virus present in stools and nasopharynx.	**Discuss cases and contacts with HPT**	**Discuss cases and contacts with HPT**
RINGWORM Information available on NHS Choices	Fungal infection of skin. Flat, spreading ring shaped lesions. There is no involvement with worms despite the name	4 - 10 days.	Direct and indirect contact with lesions of infected people and animals Spread. Fairly high as fungus survives for long periods of time.	***Cases*** Complete treatment. Basic principles *NB for ringworm of scalp treatment by GP required.* ***Contacts*** - None	***Cases*** Not usually required unless extensive (HPS 2016) ***Contacts*** - None

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
RUBELLA Notifiable (1 & 2) Information Professional Green Book Guidance Guidance on Viral Rash in Pregnancy HPA. Public NHS Inform	A mild prodrome of malaise and fever 1-2 days prior to appearance of rash (especially adults) Diffuse maculopapular rash (resembling measles or scarlet fever), lymph-adenopathy (may be generalised), arthropathy (especially adult women)	14 – 23 days, commonly 16 – 18 days	Droplets spread or direct contact with respiratory secretions. Virus also found in urine of infants with Congenital Rubella Syndrome (CRS) but is not generally a source of infection Spread. High in closed environments and from infants with CRS. From 1 week before to 6 days after onset of rash.	***Cases*** If pregnant see GP urgently. Salivary testing kit to HPA Colindale to confirm diagnosis. ***Contacts*** If pregnant see GP urgently. (HPA 2016) Preventable by vaccination	**Discuss with HPT** ***Cases*** 4 days from onset of rash. (HPS 2016) ***Contacts*** – None NHS staff should be referred to Occupational Health
SCABIES Information Professional NHS Grampian Scabies Policy Public Information available on NHS Inform	Intense itching, particularly at night. Rash may be present on the fingers, elbows, knees, ankles waist, under the breast and the genital area.	2 – 6 weeks before onset of itching if not previously exposed. 1 – 4 days after re-exposure	Prolonged direct skin to skin contact. Sexual contact. Spread. The risk of further spread is more likely among families and intimate contacts. Individuals with poor immunity are susceptible. Bedding and clothing are not considered a major risk of transmission.	***Cases*** Treatment should be reapplied one week later (BNF 2017) ***Contacts*** Only household and close personal contacts need to be treated. Please refer to (NHS Grampian Scabies Policy 2005)	***Cases*** Until first treatment is complete. (HPS 2016) ***Contacts*** - None If outbreak suspected discuss with HPT

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
GROUP A STREPTOCOCCAL INFECTION These include: • Impetigo • scarlet fever • some throat infections Information available on NHS Inform	Wide range of infections including: Sore throat Impetigo Erysipelas Scarlet Fever	1 – 4 days	Contact with secretions from the nose and throat of infected persons (direct, indirect or droplet), airborne spread has also been suggested) Contact with infected wounds or skin lesions Drinking unpasteurised milk	***Cases*** Treatment with appropriate antibiotic ***Contacts*** - None	***Cases*** Throat Infections -minimum 24 hours after start of antibiotics. (HPA 2010) Scarlet Fever - minimum 24 hours after start of antibiotics (HPS 2016) Impetigo - until skin is healed or 48 hours after starting treatment (HPS 2016) ***Contacts*** - None
INVASIVE GROUP A STREPTOCOCCUS (iGAS) Necrotising fasciitis Notifiable (1) **URGENT** Professional Interim Guidance for the Public Health Management of Invasive Group A streptococcal infection (iGAS)	Sore throat, fever and skin infections Necrotising fasciitis Bacteraemia, Toxic Shock syndrome	1 – 4 days	Contact with secretions from the nose and throat of infected persons (direct, indirect or droplet), airborne spread has also been suggested) Contact with infected wounds or skin lesions Spread, 7 days before onset of iGAS until 24 hours after start of antibiotics (NHS Grampian May 2010) Increased risk of sporadic iGas - aged 65+ ,recent Varicella infection, HIV +ve, diabetes heart disease, cancer high dose steroids, IV drugs. (HPA, 2004)	***Cases*** Treatment with appropriate antibiotic ***Contacts*** **Discuss contacts with HPT** Close contacts may require antibiotic chemoprophylaxis. (NHS Grampian 2010)	***Cases*** Minimum of 24 hours after start of antibiotics. (HPA 2010) ***Contacts*** - None

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
THREADWORMS Information available on NHS Inform	Peri-anal itching, sleep disturbance	Worms lay eggs in the large intestines, which develop into infective embryos within 6 hrs	Eggs are transferred to fingers during anal itching then transferred into the mouth on the hands. Spread More likely in households on hands, bedding and clothing.	Basic principles ***Cases*** Initial course of treatment to be repeated 2 weeks later. ***Contacts*** Household members should be treated at the same time.	***Cases*** - None ***Contacts*** - None (HPS 2016)
TUBERCULOSIS (Respiratory) i.e. Mycobacterium tuberculosis of the lung disease Notifiable (1 & 2) Leaflet available	Persistent cough usually with sputum. Sometimes haemoptysis, malaise, unexplained weight loss, fever/night sweats	4 – 12 weeks but can reactivate years after initial exposure	Airborne, droplet spread following inhalation of bacilli Spread. Low risk, but more likely in household and close contacts	**Discuss with HPT** ***Cases*** Ongoing by lead consultant and TB Specialist Nurses (HPT) for a minimum of 6 months. ***Contacts*** TB Specialist nurses will identify at risk contacts and screen as appropriate.	***Cases*** Usually until 2 weeks after start of treatment regime. MDRTB - Discuss with CPHM and on line National MDR TB Forum ***Contacts*** - None (NICE 2016)
TUBERCULOSIS (Non-Respiratory) i.e. Mycobacterium tuberculosis not affecting the lung Notifiable (1 & 2) Leaflet available	Dependant on site of TB. Usually includes unexplained weight loss, malaise and fever/night sweats.	4 – 12 weeks but can reactivate years after exposure	Source is through airborne, spread following inhalation of bacilli Spread. Not infectious but TB Specialist Nurse will screen household contacts to try to determine index case	**Discuss with HPT** ***Cases*** Ongoing by lead consultant and TB Specialist Nurses (HPT) for a minimum of 6 months ***Contacts*** TB Specialist Nurses will identify at risk contacts and screen as appropriate.	***Cases*** - None MDR TB - Discuss with CPHM and on line National MDR TB Forum ***Contacts*** – None (NICE 2016)

DISEASE	CLINICAL FEATURES	INCUBATION PERIOD	COMMON SOURCES & MEANS OF SPREAD	MANAGEMENT	EXCLUSION
TUBERCULOSIS Environmental (atypical) i.e. infection with Mycobacterium other than TB	Dependant on site of TB. May include unexplained weight loss, malaise and fever/night sweats.	4 – 12 weeks but can reactivate years after exposure	Usually through water or soil. Infectious people with Mycobacterium abscessus can, rarely, spread infection to susceptible contacts e.g.to those with cystic fibrosis	***Cases*** Ongoing by Chest consultant and TB Specialist Nurse (HPT) for a minimum of 6 months ***Contacts*** - None	***Cases*** - None ***Contacts*** – None
WARTS and Verrucas Information available on NHS Inform	Many different types of wart. Generally a raised, rough textured papule, sometimes in clusters. May persist for months or years.	1 – 20 months, usually 2 – 3 months.	Direct contact. Contact with contaminated items such as razors, floors etc have been implicated. Some types can be transmitted sexually. Increased risk of spread in immunosuppressed individuals.	***Cases*** Verrucas should be covered when swimming etc. Basic principles. ***Contacts*** - None	***Cases*** - None ***Contacts*** - None (HPS 2016)
WHOOPING COUGH (Pertussis) Notifiable (1 & 2) **URGENT** **Information Professional** Guidelines for the Public Health management of Pertussis in England Information on whooping cough available on NHS Inform	Insidious onset, cough becoming paroxysmal. Cough following by high pitched inspiratory "whoop" and/or vomiting.	6 – 20 days, commonly 7 – 10 days	Airborne/droplet spread and direct contact with respiratory secretions Spread. High in period before onset of paroxysmal cough. After this, communicability decreases to negligible risk by 3 weeks.	**Discuss with HPT** ***Cases*** 7 day course of antibiotics ***Contacts*** – None	**Discuss with HPT** ***Cases*** 48hours after starting antibiotic treatment or 21 days from onset of illness if no antibiotic treatment. (PHE 2016) ***Contacts*** Depends on vaccination status. May require 7-day course of antibiotics NHS staff should be referred to Occupational Health

Reference

British Liver Trust: https://www.britishlivertrust.org.uk/
https://www.britishlivertrust.org.uk/wp-content/uploads/Hepatitis-B-Low-Res-PDF.pdf
https://www.britishlivertrust.org.uk/wp-content/uploads/Hepatitis-C-publication.web_1.pdf

Centres for Disease Control and Prevention
https://www.cdc.gov/

Communicable Disease Control and Health Protection Handbook. Hawker et all 2012 (third edition)

Guidance for the Public Health Management of Infection with Verotoxigenic *Escherichia coli* (VTEC) HPN revised 2013
http://www.hps.scot.nhs.uk/resourcedocument.aspx?id=1170

Guidance on Viral Rash in Pregnancy HPA 2011 – updated February 2016
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322688/Viral_rash_in_pregnancy_guidance.pdf

Guidelines for the Control of Measles Incidents and Outbreaks in Scotland HPN 2014 Edition
http://www.hps.scot.nhs.uk/resourcedocument.aspx?id=1690

Guidelines for the Public Health management of Pertussis in England PHE 2016
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/576061/Guidelines_for_the_Public_Health_Management_of_Pertussis_in_England.pdf

Guidance for the prevention and Control of Hepatitis A infection HPA 2009 (updated 2015)
https://www.gov.uk/government/collections/hepatitis-a-guidance-data-and-analysis

Immunisation against infectious disease (The Green Book) PHE 2013
https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Hepatitis E: symptoms, transmission, prevention, treatment PHE 2017
https://www.gov.uk/government/publications/hepatitis-e-symptoms-transmission-prevention-treatment/hepatitis-e-symptoms-transmission-treatment-and-prevention

Infection Prevention and Control in Childcare Settings. Appendix 3 – Exclusion criteria for childcare and childminding settings: October 2016 Health Protection Scotland
http://www.hps.scot.nhs.uk/resourcedocument.aspx?id=5761

Meningococcal disease: guidance on public health management PHE 2012
https://www.gov.uk/government/publications/meningococcal-disease-guidance-on-public-health-managemen

Meningitis Research Foundation

http://www.meningitis.org/

Meningitis Now
https://www.meningitisnow.org/

NHS Choices: http://www.nhs.uk/pages/home.aspx

NHS Inform: https://www.nhsinform.scot

NHS Grampian Interim Guidance for the Public Health Management of Invasive Group A Streptococcal infection (iGAS) May 2010

Norovirus: the winter vomiting bug Keep it to yourself. Advice for everyone. Health Scotland
http://www.healthscotland.com/uploads/documents/24074-Norovirus%20Leaflet-8-16-English.pdf

Prevention and Control of *Clostridium difficile* Infection (CDI) in Care Settings in Scotland. HPN revised January 2014
http://www.hps.scot.nhs.uk/resourcedocument.aspx?id=2420

Public health Operational Guidelines for Typhoid and Paratyphoid fever (Enteric Fever) Public health England Feb 12 (updated 2017)
https://www.gov.uk/government/publications/typhoid-and-paratyphoid-public-health-operational-guidelines

The diagnosis, management and epidemiology of cholera PHE 2007
https://www.gov.uk/guidance/cholera

Tuberculosis NICE Guideline 13th January 2016
https://www.nice.org.uk/guidance/ng33