

Infectious Diseases:

information & exclusion list

Condition	This disease is spread by	Early Symptoms	Time between exposure and sickness	Exclusion from school, early childhood centre, or work*
Diarrhoea & Vomiting illnesses				
Norovirus	Contact with secretions from infected people.	Nausea, diarrhoea/and or vomiting.	1–2 days	Until well and for 48 hours after the last episode of diarrhoea or vomiting.
Rotavirus	Direct spread from infected person.	Nausea, diarrhoea/and or vomiting.	1–2 days	Until well and for 48 hours after the last episode of diarrhoea or vomiting.
Shigella	Contaminated food or water, contact with an infected person.	Diarrhoea (may be bloody), fever, stomach pain.	12 hours–1 week	Discuss exclusion of cases and their contacts with public health service.
VTEC/STEC (<i>Varocytotoxin- or shiga toxin-producing E. coli</i>)	Contaminated food or water, unpasteurised milk. Direct contact with animals or infected person.	High incidence of bloody diarrhoea, stomach pain. High rate of hospitalisation and complications.	2–10 days	Discuss exclusion of cases and their contacts with public health service.
Respiratory Infections				
Influenza and Influenza-like illness (ILI)	Coughing and sneezing. Direct contact with infected person.	Sudden onset of fever with cough, sore throat, muscular aches and a headache.	1–4 days (average about 2 days)	Until well.
Streptococcal sore throat	Contact with secretions of a sore throat. (Coughing, sneezing etc.)	Headache, vomiting, sore throat. An untreated sore throat could lead to Rheumatic fever.	1–3 days	Exclude until well and/or has received antibiotic treatment for at least 24 hours.
Whooping cough (Pertussis)	Coughing. Adults and older children can pass on the infection to babies.	Runny nose, persistent cough followed by "whoop", vomiting or breathlessness.	5–21 days	Five days from commencing antibiotic treatment or, if no antibiotic treatment then 21 days from onset of illness or until no more coughing, whichever comes first.
Other Infections				
Conjunctivitis (Pink eye)	Direct contact with discharge from the eyes or with items contaminated by the discharge.	Irritation and redness of eye. Sometimes there is a discharge.	2–10 days (usually 3–4 days)	While there is discharge from the eyes.
Meningococcal Meningitis	Close contact with oral secretions. (Coughing, sneezing, etc.)	Generally unwell, fever, headache, vomiting, sometimes a rash. Urgent treatment is required.	3–7 days	Until well enough to return.
Meningitis – Viral	Spread through different routes including coughing, sneezing, faecal-oral route.	Generally unwell, fever, headache, vomiting.	Variable	Until well.
Mumps	Coughing, sneezing and infected saliva.	Pain in jaw, then swelling in front of ear and fever.	12–25 days	Exclude until 5 days after facial swelling develops, or until well.

* Seek further advice from a healthcare professional or public health service

For further information contact:

Your Public Health Nurse

Your Public Health Service



Vaccine-preventable and/or on National Immunisation Schedule



Notifiable disease (Doctors notify the Public Health Service)



Pregnant women should seek advice from their maternity provider or G.P

Video your child if you can

If you can, or there is someone with you, try to get a video of the seizure with your phone to show your doctors.

What should I do after my child's seizure?

Once the seizure is over, let your child rest for a while. They may remain confused, feel strange and experience sore muscles or have a headache for some time afterwards.

If your child has bitten their tongue, paracetamol and an ice block can be helpful (when they are awake enough to have them). When giving paracetamol, follow the dosage instructions on the bottle. It is dangerous to give more than the recommended dose.

Write down the details of what happened to your child (before and during the seizure) so that you can remember what to tell your doctor.

When do I need to see a doctor for my child who's had a seizure?

If you think your child has had a seizure for the first time, you should see a doctor urgently.

If your child has had a previous seizure and has another one, but has fully recovered, you don't usually need to call a doctor immediately or call an ambulance.

Do tell your family doctor that your child has had another seizure. Your family doctor can then tell the specialists.

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Call Healthline free on 0800 611 116 for health advice and information in NZ

Source URL: <https://www.kidshealth.org.nz/seizure-first-aid>