

## Annex A: Exclusion criteria for cases and contacts

Exclusion and clearance aims to prevent the spread of infection, by limiting exposures from cases and/or contacts. The periods of exclusion and clearance are detailed below. In most situations ARPHS organises the clearance testing for both cases and contacts. ARPHS will advise you when a person with a high-risk occupation, or a child, has been cleared to return to work or early childhood education centre (ECEC)/school. Occasionally ARPHS may ask primary care for support to undertake this, or if special circumstances exist.

The medical officer of health can also consider whether it is necessary to use exclusion provisions in s92I (for cases) or s92J (for high risk contacts) of the Health Act and from early childhood centres using the Education (Early Childhood Centres) Regulations 1998.

### *Enteric infections*

Exclusion from work, school or an early childhood service is advised for **all** enteric infections until 48 hours have passed without any further symptoms. For specific enteric infections, additional microbiological clearance is needed for cases or contacts. Tables 1, 2 and 3 on page 6 show clearance for cases and close contacts in each of these groups. See [Annex B](#).

### *Hepatitis A*

School children and other high risk cases (see table A1 below), should stay away from school or work for at least one week after the onset of jaundice or other symptoms. There is no restriction on contacts who are well; those with symptoms of hepatitis should be investigated.

### *Hepatitis B*

Cases who may infect others during their work (e.g., health care workers) need to avoid exposure-prone procedures and adopt universal precautions. Contacts have similar restrictions until the test results are shown to be normal.

### *Meningococcal invasive disease*

Droplet precautions are needed for cases until 24 hours after the start of ceftriaxone, rifampicin or ciprofloxacin. Contacts are those exposed to the case's respiratory droplets from the case during the 7 days before the onset of illness to 24 hours after the onset of effective treatment. Close contacts may require both chemoprophylaxis and immunisation if the strain is vaccine-preventable (A, C, Y, W).

### *Measles, mumps, rubella*

Cases need to avoid contact with other people during their infectious period:

- measles; until 5 days after rash onset
- mumps; until 5 days from the onset of glandular swelling
- rubella; until fully recovered, or 7 days after the rash onset.

This means not going to work, school or ECEC, and not having visitors from outside the family who are not proven to be immune to the illness in question. For rubella, cases should avoid contact with women of childbearing age.

Measles contacts born after 1<sup>st</sup> January 1969, and without documented immunity (from infection or two doses of vaccine) are advised to avoid attending school, ECEC, and community gatherings; and to avoid

contact with susceptible individuals until 14 days after their last exposure to the infectious case. Susceptible contacts that get a first dose of measles vaccine within 72 hours of exposure are still subject to these restrictions – unless they can demonstrate immunity.

For mumps contacts born after 1<sup>st</sup> January 1981 who have not had lab-documented mumps or full immunisation for their age, exclusion for days 12 - 25 after the last exposure is advised for those in health care, school or ECEC settings.

For rubella contacts, there are no restrictions; the focus is on pregnant women to identify infection, and to offer protection through vaccine prior to pregnancy.

### *Pertussis*

Cases should be excluded from work, education, or other institutions for:

- 3 weeks since onset of cough if no antibiotics given;
- 5 days if given appropriate antibiotics; or
- 2 days if azithromycin used as antibiotic.

All contacts should be advised to avoid work, school or other institution if they become symptomatic. In some cases, the medical officer of health could place additional restrictions to prevent spread.

Chemoprophylaxis is of uncertain benefit, and only recommended for high priority contacts: children aged under one year; those who have contact with them (such as close family), pregnant women, and those at high risk of severe illness or complications (for example chronic respiratory conditions, congenital heart disease or immunodeficiency). Offer vaccine to any high priority contacts who are not fully immunised.

### *Tuberculosis*

Cases with active pulmonary or laryngeal TB in a health facility need isolation and airborne precautions until non-infectious. Cases who do not warrant hospitalisation and who will comply with infection control precautions may be isolated at home, after discussion with the medical officer of health. Contacts have no restrictions unless they have symptoms of pulmonary TB, when they should restrict social interaction until an urgent chest x-ray is available.