



ILLNESS REGISTER

DETAILS

ROOM: _____

DATE BOOK STARTED: _____

DATE BOOK FINISHED: _____

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Outbreak Definition and Response Guidelines for Early Childhood Illness Register

DEFINITION OF AN OUTBREAK

An outbreak can generally be identified by one or more of the following criteria:

- **Increased Absences:** A rise in the number of children or staff absent due to a similar illness beyond what is usually expected.
- **Related Illness Cases:** Two or more children and/or staff from the same group (e.g., same age group, room) develop similar symptoms of illness or infection within a specific period (e.g., two cases within three days).
- **Confirmed Cases:** Two or more laboratory-confirmed cases of an illness or infection within the center within a specific period (e.g., two cases within three days).

IMMEDIATE ACTIONS

The most crucial steps you can take are to **RECOGNISE** an outbreak and **TAKE ACTION** promptly.

SURVEILLANCE AND PREVENTION

- **Vigilance:** Kaiako (teachers) should continuously monitor for signs of illness and outbreaks within the center.
- **Early Detection:** Early detection allows for timely implementation of management practices to reduce the risk of an outbreak.
- **Hygiene Practices:** Follow the center's hygiene and infection control policy, and increase cleaning and sanitising efforts.

SUSPECTED OUTBREAK PROTOCOL

If you suspect an outbreak at your center:

1. Contact Public Health: Immediately contact your local Public Health Unit (PHU). The PHU will assist in controlling and managing the outbreak. Local PHU contact details can be found in the attached link.



<https://www.tewhātuora.govt.nz/corporate-information/our-health-system/health-sector-organisations/public-health-contacts/>

2. Notify Parents/Caregivers/Whānau: Inform them of any outbreak or potential outbreak.
3. Distribute Information: Provide educational materials and information to parents and caregivers.

ADDITIONAL RESOURCES AND INFORMATION

- HealthEd: Access free and up-to-date public health resources from New Zealand health organizations, provided by Te Whatu Ora Health New Zealand and the Ministry of Health at www.healthed.govt.nz
- Healthline: For free health advice and information anytime, call 0800 611 116.

By staying alert and taking prompt action, we can effectively manage and reduce the impact of outbreaks in our early childhood centers.

Infectious Diseases: information & exclusion list

Exclusion from
school, early childhood
centre, or work*

Time between
exposure and
sickness

Early
symptoms

This disease
is spread by

Condition

Rashes and skin infections

 Chickenpox	 Coughing, sneezing and contact with weeping blisters.	Fever and spots with a blister on top of each spot.	10-21 days after being exposed.	1 week from appearance of rash, or until all blisters have dried.
 Hand, foot and mouth disease	 Coughing, sneezing, and poor hand washing.	Fever, flu-like symptoms – rash on soles and palms and in the mouth.	3-5 days	Exclude until blisters have dried. If blisters are able to be covered, and child feeling well, they will not need to be excluded.
 Head lice (Nits)	 Direct contact with an infested person's hair, and less commonly by contact with contaminated surfaces and objects.	Itchy scalp, especially behind ears. Occasionally scab infections that require treatment may develop.	N/A	None, but ECC/school should be informed. Treatment recommended to kill eggs and lice.
 Measles	 Coughing and sneezing. Direct contact with an infected person. Highly infectious.	Rummy nose and eyes, cough and fever, followed a few days later by a rash.	7-21 days	5 days after the appearance of rash. Non-immune contacts of a case may be excluded.
 Ringworm	 Contact with infected skin, bedding and clothing.	Flat, ring-shaped rash.	4-6 weeks	None, but skin contact should be avoided.
 Rubella (German Measles)	 Coughing and sneezing. Also direct contact with an infected person.	Fever, swollen neck glands and a rash on the face, scalp and body.	14-23 days	Unit well and for 7 days from appearance of rash.
 Scabies	 Contact with infected skin, bedding and clothing.	Itchy rash.	4-6 weeks (but if hot scabies before it may develop within 1-4 days)	Exclude until the day after appropriate treatment.
 School sores (Impetigo)	 Direct contact with infected sores.	Blisters on the body which burst and turn into scabby sores.	Variable	Until sores have dried up or 24 hours after antibiotic treatment has started AND keep all sores on exposed skin covered.
 Slapped cheek (Human parvovirus infection)	 Coughing and sneezing. The virus may be passed from mother to child during pregnancy.	Red cheeks and face-like rash on body.	4-20 days	Unnecessary unless unwell.

Diarrhoea & Vomiting illnesses

 Campylobacter	 Undercooked food, contaminated water. Direct spread from an infected person or animal.	Stomach pain, fever, nausea, diarrhoea and/or vomiting.	Campylobacter 1-10 days Cryptosporidium 1-12 days Giardia 3-25 days Salmonella 6-72 hours	Until well and for 48 hours after the last episode of diarrhoea or vomiting. Cryptosporidium – do not use public pool for 2 weeks after symptoms have stopped. Salmonella – Discuss exclusion of cases and contacts with public health service.
 Cryptosporidium				
 Giardia				
 Salmonella	 Contaminated food or water, direct spread from an infected person.	Nausea, stomach pain, general sickness with (a) pale (yellow skin) appearing a few days later.	15-50 days	7 days from the onset of jaundice.

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

During pregnancy, seek advice from your healthcare provider or GP

Notifiable disease (Doctors notify the Public Health Service)

Vaccine-preventable and/or on National Immunisation Schedule

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Diarrhoea & Vomiting illnesses

Norovirus	Contact with secretions from infected people.	Nausea, diarrhoea/and/or vomiting.	1-2 days	Until well and/or 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/or 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 (Verocytotoxin- or shiga toxin-producing E. coli)	Contaminated food or water, unspiced 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 discharges 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.	10-25 days	Exclude until 5 days after facial swelling develops, or until well.

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Te Kāwanatanga o Aotearoa
New Zealand Government

Te Whatu Ora
Health New Zealand

 MANATŪ
HAUORA
HEALTH SERVICES

ILLNESS REGISTER

FULL NAME: _____

CHILD / WORKER (please circle) DATE: _____

SYMPTOMS SHOWN:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Eye Discharge |
| <input type="checkbox"/> Unusually Grizzly or irritable | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Nose Streaming Mucous |
| <input type="checkbox"/> Excessive Coughing/
Respiratory Difficulties | <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Rash / Skin Problem |
| <input type="checkbox"/> Flushed / Pale | <input type="checkbox"/> Lethargic, clingy,
constantly wanting to be
held or comforted | <input type="checkbox"/> Have no interest in play |

TREATMENT / ACTIONS / MONITORING

TIME	NOTES

PARENT / LEGAL GUARDIAN NOTIFICATION

TIME OF NOTIFICATION: _____

NAME OF PARENT/LEGAL GUARDIAN NOTIFIED: _____

RETURN PLAN:

In accordance with our policies and public health guidelines, they may return when symptom free and not before. (Please circle or highlight)

Conjunctivitis	While there is discharge from the eyes.	Grizzly/ Irritable	When happy and well within themselves
Impetigo/ School Sores	Until sores have dried up or 24 hours after antibiotic treatment has started.	Fever (a temperature higher than 38°C)	Temperature has returned to normal without needing medicine to reduce it. Happy and well within themselves.
Influenza	Until Well	Rash with fever and behaviour change	Until confirmed not a sign of a serious illness or infection and happy and well within themselves.
Vomiting or Diarrhoea	Until well and free from symptoms for 48 hours after the last episode, unless the symptoms are known to be caused by a condition or reaction rather than infectious illness.		

DETAILS OF STAFF MEMBER COMPLETING THIS RECORD:

Name: _____

Signature _____

PARENT/ LEGAL GUARDIAN ACKNOWLEDGEMENT:

Name: _____

Date: _____

Signature: _____