



Government of **Western Australia**
Department of **Health**
Public and Aboriginal Health Division

Communicable Disease Control Directorate Guidelines

Exclusion of People with Enteric Diseases and their Contacts

Guideline 0001/April 202x

These guidelines have been released by the Communicable Disease Control Directorate, Public and Aboriginal Health Division, Western Australian Department of Health, to provide consistent and evidence informed advice to agencies involved in the prevention of infections and management of communicable diseases in Western Australia.

ACKNOWLEDGEMENT OF COUNTRY AND PEOPLE

The Communicable Disease Control Directorate at the Department of Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.

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1. Definitions

Term	Definition
Contact	Any person who has been exposed to an infected person (a case) and at risk of acquiring the infection from that person.
Diarrhoea	The passage of three or more loose or watery stools in a 24 hour period (or more frequent than usual).
Foodborne toxins	Toxins produced by bacteria in food (e.g. <i>Bacillus cereus</i> , <i>Clostridium botulinum</i> , <i>Clostridium perfringens</i> and <i>Staphylococcus aureus</i>) that can cause foodborne illness (e.g. scombroid/histamine poisoning).
Gastroenteritis	Gastroenteritis (often called 'gastro') is the inflammation of the stomach and intestines. It is a common infection that can cause diarrhoea (runny faeces or poo), vomiting, or both.
High risk case or contact	A person who has a higher risk of transmitting infections or works/resides/attends a high-risk setting, including food handlers, health care, residential care and childcare settings; children in childcare.
Low risk case or contact	A person who does not fulfil the 'high risk' definition.

2. Purpose

The purpose of this document is to provide recommended exclusion periods for persons with enteric infections (cases) and their contacts from work, school and childcare, in order to prevent further transmission of these infections within the community.

3. Introduction

Enteric diseases are gastrointestinal tract infections commonly resulting in gastroenteritis or 'gastro'. [Gastroenteritis](#) can be caused by the ingestion of a variety of microorganisms or toxins via microscopic amounts of faeces or contaminated food. Microorganisms include bacteria (e.g. *Salmonella*, *Campylobacter*, *Shigella*), viruses (e.g. norovirus, rotavirus, hepatitis A) and parasites (e.g. *Giardia*, *Cryptosporidium*). Common symptoms of gastroenteritis include diarrhoea and/or vomiting, cramps and fever.

The need for a person with an enteric diseases to be excluded from a particular setting depends on:

- infectiousness of the pathogen
- how long a person can remain infectious
- the potential severity of the infection
- ability of the infected person to undertake good hygiene precautions
- whether the infected person or contact works or attends a work place/facility which can facilitate transmission such as a food handler, childcare worker or child at a childcare

Generally, people with enteric disease should be excluded until the diarrhoea and/or vomiting has ceased for at least 24 hours. People who are at higher risk of transmitting their infection or work/reside in a high-risk setting (see high risk case definition) should be excluded until at least 48 hours after cessation of diarrhoea and/or vomiting. Additional public health action may be required for certain infections or circumstances (see Table 1).

It is recommended that residents of facilities (e.g. residential or aged care facility, boarding school, correctional facility) with symptomatic enteric disease be placed in a single room with a toilet and bathroom for their exclusive use to prevent further transmission.

Note: this guideline supersedes the Operational Directive 0645-16: Guidelines for exclusion of enteric infections.

4. Recommended Minimum Exclusion Periods

Organism or Condition	Exclusion of case from work, school and childcare		Exclusion of contacts from work, school and childcare
	Low risk case	High risk case	
Cholera (toxigenic <i>Vibrio cholerae</i> serotypes O1/O139)	Exclude until there have been no loose bowel motions for 24 hours	Exclude until clearance with two consecutive negative faecal specimens, collected at least 24 hours apart, commencing at least 48 hours after symptom resolution	Not excluded
<i>Cryptosporidium</i>	Exclude until there have been no loose bowel motions for 24 hours	Exclude until there have been no loose bowel motions for 48 hours	Not excluded
	Cases should also avoid using public aquatic facilities until two weeks after symptom resolution		
Diarrhoea and/or vomiting due to: <ul style="list-style-type: none">• <i>Campylobacter</i>• <i>Giardia</i>• <i>Salmonella</i>• Shiga toxin-producing <i>E.coli</i> (STEC)• Viral gastroenteritis (e.g. norovirus, rotavirus)• <i>Yersinia</i>• Unknown organism	Exclude until asymptomatic and there have been no loose bowel motions or vomiting for 24 hours.	Exclude until asymptomatic and there have been no loose bowel motions or vomiting for 48 hours	Not excluded
Foodborne toxins	Not excluded		Not excluded
Hepatitis A & Hepatitis E infection	Exclude until at least 7 days after onset of jaundice or two weeks after onset of first symptoms if not jaundiced		Not excluded
<i>Shigella</i> infection	Exclude until there have been no loose bowel motions for 24 hours	Exclude until there have been no loose bowel motion for 48 hours For <i>Shigella dysenteriae</i> exclude until clearance with two consecutive negative faecal specimens, collected at least 24 hours apart, commencing at least 48 hours after symptom resolution. To determine if treatment is required for any <i>Shigella</i> case, follow the Treatment Guidelines ¹ .	Not excluded
Typhoid and Paratyphoid fever (also refer to the national SoNG)	Exclude until there have been no loose bowel motions for 24 hours	Exclude until clearance with two consecutive negative faecal specimens, collected at least 48 hours apart, commencing at least 48 hours after cessation of antibiotic therapy and at least 48 hours after symptom resolution ² .	Not excluded unless a high risk contact who had a similar exposure history to that of the case ³ , these contacts require two consecutive culture negative faecal specimens, collected at least 24 hours apart ⁴ .

Notes :

¹ [Treatment for Shigella infections \('shigellosis'\) in Western Australia.](#)

² Request culture only for clearance.

- ³ Contacts of cases that require microbiological screening specimens include, but are not limited to, high risk contacts who have had a similar exposure history to that of the case, in the month prior to the case's illness onset. A similar exposure history includes:
- travelled overseas with the case, or
 - if the case acquired the infection in Australia, household members or others who may have consumed an implicated food.
- ⁴ Collect screening specimens for PCR testing (if the collected sample is not suitable for PCR, then culture will be carried out) from high risk contacts as soon as possible to exclude asymptomatic infection. If a cleared contact subsequently develops symptoms, re-test and apply exclusions if required.

5. Relevant Legislation

- [Public Health Act 2016](#)

6. Additional Resources

- Contact your nearest public health unit at:
https://healthywa.wa.gov.au/Articles/A_E/Contact-details-for-population-public-health-units
- WA notification of infectious diseases and related conditions.
https://ww2.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions
- For fact sheets about various communicable diseases visit the Healthy WA website at: <https://healthywa.wa.gov.au/Health-conditions/Health-conditions-A-to-Z>

7. Guideline Contact

Enquiries relating to this Guideline may be directed to:

Communicable Disease Control Directorate, Department of Health Western Australia

Email: cdcd.directorate@health.wa.gov.au

8. Document Control

Version	Published	Review Date	Amendments
V.1.	12/06/2023	30/06/2025	Original version

9. Approval

Approved by	Dr Paul Effler, Acting Director, Communicable Disease Control Directorate, Department of Health
Approval date	28/04/2023

10. References / Bibliography

National Health and Medical Research Council publication: infectious diseases in early childhood and education and care services, 5th edition <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

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