



Dear Doctor,

The Infectious Disease Prevention and Control Unit (IDCU) as part of the Health Promotion and Disease Prevention Directorate works on surveillance of infectious diseases. The recent demographic changes caused by the substantial increase in population size predominantly as a result of migration have altered the landscape of infectious disease risk in our population.

One of our aims is to decrease the spread of infectious diseases which occur with greater frequency within schools. We appreciate that as Specialists in Family Medicine, you review a large proportion of children every day and thus the IDCU heavily relies on receiving notifications about such diseases from your end.

Notification of Diseases

It is of utmost importance that you report those diseases which are notifiable according to the Public Health Act including: Chickenpox, Scarlet Fever, Mumps, Measles and Rubella. However, it would also be very useful to report cases of:

- Hand, Foot and Mouth Disease
- Impetigo
- Molluscum contagiosum
- Ringworm
- Slapped Cheek Syndrome
- Pinworms and
- Scabies

Notifications can be done either by accessing the IDCU notification form:

<https://deputyprimeminister.gov.mt/en/health-promotion/idpcu/Pages/Infectious-Disease-Notification-Form.aspx>

or by sending an email on: diseasesurveillance.health@gov.mt

We appreciate that confidentiality is an important ethical and legal duty, and thus on notification there is **no** need to reveal your patient's identity. It has become common practice not to include the patient's diagnosis when signing their 'School Medical Certificates', thus educators are not aware of what precautions or safety measures would need to be taken if they have been exposed to a contagious disease. This could potentially be harmful to other immunosuppressed children or to pregnant teachers/ learning support educators.

In order to follow-up a case and provide the necessary guidance and information to schools, the following details are required when sending a notification or an email;

- Name of School
- Class grade/year
- Infectious Disease
- Age of Affected person and
- Gender

School Exclusion Criteria

While clinical follow-up is always advisable, these are the recommendations for exclusion from school for commonly encountered infections:



Disease	School Exclusion
Chickenpox	until all lesions are dry and crusted (usually around 1 week from onset of symptoms)
Scarlet Fever	5 days after starting antibiotics (which are usually given for a duration of 10 days)
Mumps	at least 5 days after onset of symptoms
Measles	5 days from onset of rash
Rubella	6 days from onset of rash
Hand, foot and mouth disease	once any blisters have dried, and symptoms improved usually in around 5-7 days from onset of symptoms
Impetigo	48 hours after initiation of antibiotic treatment, or when sores have crusted and healed
Molluscum contagiosum	no school exclusion is required as long as lesions are covered
Ringworm	no school exclusion is required as long as treatment advise is being followed
Slapped Cheek Syndrome	with the development of a widespread rash (on the thorax and limbs) the child is no longer infectious, and thus able to return to school (this develops around 4 days after the appearance of the 'slapped cheek' rash)
Pinworms/ Threadworms	no school exclusion required
Scabies	can return to school 24 hours after the first treatment application

Scabies Treatment

After diagnosing a case of scabies, it is not only very important to explain the necessary treatment, but the method of application and who should be treated. The recommendation is that all people living in the same household as the case, and all people who have had prolonged skin contact with the affected persons (such as sexual contacts) should be treated simultaneously (to eradicate the mites at the same time and avoid re-infection).

Scabies is treated with Permethrin (Lyclear) dermal cream. Permethrin should be applied on dry, clean skin covering the entire skin surface from behind the ears downwards, avoiding the face and the scalp. Interdigital spaces of both hands and feet, the genital area, the palms and soles, buttock folds and under the nails are critical areas where the treatment should be applied.

It is recommended to allow the product to dry prior to putting on clean clothes, and to leave the cream for 8-12 hours prior to having a shower. If any body parts are washed during this period, reapplication of the cream should be done immediately. Thus, a practical advice would be to apply the cream in the evening and left throughout the night, then washed in the morning. Clothes, towels and bed linen used in the prior 2 days should be washed using hot water, and if this is not possible, the advice is to put them in a plastic bag and keep them for 72 hours in the sun.



Infected persons with scabies need to reapply the treatment after 1 week. Close, asymptomatic contacts should only apply the treatment once.

The itching and rash of scabies can last up to 4 weeks after the mite has been eliminated. There have been a few resistant cases to Permethrin, thus follow-up is recommended 2 weeks after the second application of treatment. If new lesions are seen or there is no improvement, kindly refer urgently to Dermatology.

For scabies referral to Dermatology, either an online or a written urgent referral form can be filled in and either sent with patient or by email on: dermatologicalwardconsultations.spbh@gov.mt. If a referral is filled online or sent by email, kindly inform the dermatology team on 2545 8400/3/4.

Mandatory Vaccination & TB in Migrant Population

The vaccines that are mandatory by law in the Maltese islands are: Diphtheria, Tetanus and Polio (DTP). The Rubella vaccine should be given to girls by 13 years of age. It is important to determine vaccination status when reviewing migrant children or adolescents, especially those with a residence permit and attending school. If they have no vaccination records or have not taken the above vaccines, kindly inform the IDCU or the immunization clinic immediately on the following address: immunisation@gov.mt. *In the email, please include:*

- Patient's name
- ID number
- Confirmed correct address
- Mobile number, and
- Name of school or nursery

It is of utmost importance that migrant children living in Malta due to family reunification, coming from high-risk TB countries are referred to Floriana health screening services (Chest clinic). These can be contacted on 2568 0215.

The list of high-risk TB countries can be accessed through the following link:

<https://deputyprimeminister.gov.mt/en/health-promotion/idpcu/Documents/HIGH%20RISK%20TUBERCULOSIS%20COUNTRY%20LIST.pdf>

When more urgent advice or action is required, one may call the IDCU on: 79004731 or 79847219

Thank you for your cooperation.

Kind regards,

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