

# **SUMMARY OF RECOMMENDED PERIODS OF ABSENCE FOR COMMUNICABLE DISEASES**

## **SCHOOL PUPILS**

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**LOTHIAN NHS BOARD  
HEALTH PROTECTION TEAM**  
**Recommended Periods of Absence for Communicable Disease – School Pupils**

**Introduction**

In accordance with national guidance, this document provides a summary of the recommended periods of absence for school pupils who are, or are thought to be, suffering from an infection which may spread to others.

The key to prevention and control of spread of infection is maintaining high standards of hygiene at all times. In particular:

Hands should be washed **after**:

- Using or cleaning the toilet
- Immediately after handling raw meat/poultry
- Preparing food in general
- Blowing your nose or covering a sneeze or cough
- Smoking, as fingers will come in contact with the mouth and nose
- Touching pets or other animals

Hands should be washed **before**:

- Preparing food or drink
- Eating food

High standards of hygiene should also be applied to:

- Food hygiene
- Environmental cleaning
- Disposal of waste.

For further information and advice on infectious diseases and the control of infection, contact the Health Protection Team, Lothian NHS Board.

Tel: 0131 465 5420/5422

Also please refer to ***Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)*** produced by Health Protection Scotland which is available here:

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/infection-prevention-control-childcare-2015-v2.pdf>

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**Key for recommended period of absence:**

**Groups that pose a higher than normal risk of spreading infection.**

Group A	Any person of doubtful hygiene or with unsatisfactory toilet, hand washing or hand drying facilities at home, work or school.
Group B	Children who attend pre-school groups or nursery
Group C	People whose work involves preparing or serving unwrapped foods not subjected to further heating/cooking.
Group D	Health or Social Care staff who have direct contact with highly susceptible patients or persons in whom an infection would have particularly serious consequences.

**An outbreak is usually defined by the presence of 2 or more cases with the same suspected or confirmed disease.** The size of the total population also needs to be taken into account but if you are unsure then please call HPT to discuss.

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Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
<b>Campylobacter</b>	3-4 Days (Can be 1-10 days).	Food borne. Contaminated food and water. Contact with infected animals.	Low risk of transmission from person to person can occur, especially where there is poor hygiene practice.	Until clinically recovered and diarrhoea has ceased for 48hrs.	None	Practice good hygiene. Specifically hand hygiene
<b>Chickenpox</b> (Varicella Zoster)	15-18 days (Can be 10-21 days).	Direct person to person contact – airborne and droplet spread.	High risk of transmission from 2 days before rash onset until all the lesions have crusted.	Until vesicles become dry (approx 7 days) but a minimum of 5 days after rash onset.	None if asymptomatic.	Pregnant women and the immuno-compromised who are contacts of cases should seek medical advice as soon as possible.
<b>Clostridium Difficile</b>	Variable. Often triggered by antibiotic use and can start a few days or months after antibiotic course.	Contact with an infected person or contaminated environment or objects.	Those most at risk of transmission are elderly, people currently or recently taken antibiotics, been in hospital or are immunosuppressed.	Until clinically recovered and diarrhoea has ceased for 48hrs.	None	Practice good hygiene, specifically environmental and hand hygiene.
<b>Colds</b>	12 hours to 5 days (Commonly 48 hours).	Respiratory droplet. Contact with secretions.	High risk of transmission during active infection.	If symptoms are severe e.g. fever.	None.	Practice good hygiene. Good cough etiquette.

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<b>Cold sores (Herpes Simplex)</b>	2-12 days.	Direct contact with oral secretions or direct contact with lesion.	High risk of transmission until lesion crusted.	None.	None.	Practice good hygiene. Health education. Avoid kissing and contact with sores. Mild self limiting.
<b>Conjunctivitis</b>	1-3 days.	Contact with discharges.	High risk of transmission whilst symptomatic.	If unwell and a serious infection stay off until eye no longer inflamed and infected.	None.	Practice good hygiene. If outbreak or cluster inform HPT.
<b>Cryptosporidiosis</b>	7-10 days (can be 1-21 days average 7 days).	Faecal-oral. Waterborne. Contact with animal faeces.	High risk of transmission from person to person.	Until clinically recovered and diarrhoea has ceased for 48hrs. Avoid swimming until 2 weeks after symptoms cease.	None.	Practice good hygiene. Follow up by HPT/Environmental health.
<b>Cytomegalovirus (CMV)</b>	Variable. 3-8 weeks but can be up to 12.	Intimate exposure. Contact with infected tissue or fluids (e.g. body fluids/blood).	High risk of transmission through intimate contact with fluids, whilst organism present. Carriage may persist for many months.	None.	None.	Practice good hygiene.
<b>Diarrhoea</b>	Dependent on causative organism.	Often food or waterborne or due to poor hygiene. Can be faecal-oral. Some viruses may be	High risk of transmission whilst symptomatic, though dependent on cause.	Until clinically recovered and diarrhoea has ceased for 48hrs. (If cause known refer to	None (If cause known refer to disease).	Practice good hygiene (If cause known refer to disease).

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		airborne.		disease).		
<b>Diphtheria (very rare in UK)</b>	2-5 days but may be longer.	Contact with discharge from lesions. Airborne droplet spread. Direct contact with respiratory discharges. Infected animals or unpasteurised dairy products.	Not highly infectious. Prolonged close contact is normally required for transmission. Cases remain infectious for up to 4 weeks after symptom onset or after 3 days of appropriate antibiotics.	Until clinically recovered and bacteriological specimens are clear. Always consult with local health protection team as exclusion will apply.	Household contacts should be excluded until specimens are clear.	Notifiable. Investigation by HPT  Preventable by vaccination.  Contact tracing will be required.
<b>Dysentery (Bacillary) Including</b> <i>Shigella flexneri</i> <i>Shigella boydii</i> <i>Shigella dysenteriae</i>  <i>*Shigella sonnei</i>	1-3 days (Can be 8hrs to 7 days).	Faecal-oral. Food borne. Occasionally waterborne	High risk of transmission from person to person especially whilst cases are symptomatic.	2 negative stool specimens for groups A, B, C and D taken at least 48 hours apart.  * 48 hours symptom free.	None. Unless contacts are symptomatic.	Notifiable Practice good hygiene. Follow up by EHO/HPT.
<b>E.coli O157 (VTEC)</b>	2-7 days (Can be 1-14).	Faecal-oral. Food borne. Contact with animal faeces.	Very high risk of transmission from person to person. Cases can still pass on infection once asymptomatic and contacts can carry E-coli O157 with no symptoms and pass it on.	2 negative stool specimens for groups A*, B, C and D taken 24 hours apart.  Otherwise until clinically recovered and diarrhoea has ceased for 48 hrs.  *all children aged 10 years and under are classed as group A and would be excluded	2 negative stool specimens for groups A*, B, C and D taken 24 hours apart. Otherwise 48 hrs symptom free. *All close contacts 10 years and under would be excluded	Notifiable. Follow up by HPT/EHO. Practice good hygiene

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<b>E.coli in urine</b>	Unknown.	Spread of the bacteria from the gut to the urinary system.	Low risk of transmission from person to person.	Until clinically recovered, usually 2-4 days. May require short course of antibiotics.	None	Practice good hygiene.
<b>Fifth Disease (Parvovirus B19 or 'slapped-cheek' disease)</b>	13-18 days (4-20 days).	Through contact with respiratory secretions.	High risk of transmission 7 days before rash appears until one day after onset of rash.	Until clinically recovered.	None. Pregnant contacts should seek advice from GP/Midwife.	Pregnant women, immunocompromised and people with haemolytic anaemia should avoid contact with known cases.
<b>Food Poisoning</b>	Dependent on causative organism.	Food borne.	Variable. Usually low risk of transmission if asymptomatic.	Until clinically recovered and diarrhoea has ceased for 48hrs. (If cause known refer to disease).	None. (If cause known refer to disease).	Practice good hygiene.
<b>German Measles (Rubella)</b>	14-17 days (Can be 14-21 days).	Droplet spread or direct contact with secretions.	High risk of transmission from 1 week before onset of rash to 4 days after.	Until clinically recovered but <u>at least</u> 4 days after onset of rash.	HPT may consider excluding contacts in group B&D if they are not fully immunised with MMR.	Notifiable. Follow up of cases by HPT. Pregnant women should consult their GP or midwife if exposed. Children should be immunised with MMR.
<b>Giardiasis</b>	7-10 days (Can be 5-28 days).	Waterborne. Faecal-oral.	High risk of transmission whilst organism present in stool.	Until clinically recovered and diarrhoea has ceased for 48hrs	None.	Notifiable. Follow up by HPT/EHO. Practice good hygiene.
<b>Glandular Fever (Infectious Mononucleosis)</b>	4-6 weeks.	Close contact with pharyngeal secretions (e.g. kissing).	Carriage may be prolonged with high risk of transmission.	Until clinically recovered.	None.	

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		Indirectly on hands.				
<b>Group A streptococcal infection</b>	1-4 days for acute infection, 2-3 weeks	Person to person	Low risk	Until clinically recovered and 24 hours after appropriate antibiotics	None, information will be provided if infection is invasive	HPT will follow up cases of invasive group A strep.
<b>Haemophilus Influenzae B (HIB)</b>	Unknown but probably 2-4 days.	Respiratory droplet or contact with secretions.	High risk of transmission whilst symptomatic and/or whilst organism is present in nasopharynx. Non infectious after 48 hours of appropriate antibiotic treatment.	Until clinically recovered but at least 48 hours after commencing treatment.	None.	Investigation by HPT. Children should have been immunised pre-school.
<b>Hand, Foot &amp; Mouth Disease</b>	3-5 days.	Direct contact with faeces, blisters and respiratory droplets (aerosol droplet spread).	High risk of transmission during acute stage of illness (occasionally longer as virus can persist in faeces for several weeks).	When clinically recovered. Until blisters have healed.	None.	Report outbreaks (2 or more) to HPT. Practice good hygiene.
<b>Head Lice</b>	Head lice mature in 6-12 days and live for about 20 days.	Direct head to head contact.	High risk of transmission until adequately treated.	Until treated. (After first treatment and no visible live lice). Treatment only recommended when live lice are seen.	None if asymptomatic. Check regularly with combing.	Health education. Practice good hygiene.
<b>Hepatitis A</b>	28-30 days (Can be 15-50).	Faecal-oral. Waterborne.	High risk of transmission from two weeks before onset of jaundice until one week after jaundice starts.	Until 7 days after onset of jaundice (if present) or other symptoms.	None unless they have symptoms suggestive of Hep A or are food handlers	Notifiable. Follow up by HPT/EHO. Practice good hygiene.
<b>Hepatitis B</b>	2-6 months	Blood borne.	Infectious during incubation	Until clinically	None.	Notifiable.



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	(Commonly 2-3).	Mother to baby vertical transmission. Sexual transmission. Sharing injecting equipment.	period and up to 6 months after acute illness. 10% of adult and up to 90% infant cases develop chronic infection and continue to be infectious Low risk of transmission if social contact only.	recovered.		Investigation by HPT. Practice good hygiene, with care when dealing with blood and body fluids.
<b>Hepatitis C</b>	2 weeks to 6 months (commonly 6-10 weeks)	Blood borne. Sexual transmission. Sharing injecting equipment.	80% of cases develop chronic infection and continue to be infectious unless treated. Low risk of transmission if social contact only.	Until clinically recovered.	None.	Notifiable. Practice good hygiene with care when dealing with blood/body fluids.
<b>Hepatitis E</b>	15-64 days (Mean 26-42 days)	Faecal-Oral Contaminated food/water Links to shellfish	Virus present in faeces during late incubation and have been detected 14 days after onset of jaundice. Does not transmit readily from person-person.	Until clinically recovered but all should be reminded of the importance of hand hygiene.	None	Notifiable Investigation by HPT/EHO Hand Hygiene.
<b>HIV</b>	1-3 months for detectable antibodies	Blood borne. Sexual transmission. Sharing injecting equipment. Mother to child vertical transmission.	Infectious for life. Low risk of transmission if social contact only.	None.	None.	Notifiable. Practice good hygiene. take care when dealing with blood/body fluids.
<b>Impetigo Group A Strep skin infection.</b>	1-10 days.	Direct contact with lesions. Indirect contact with infected items (e.g. towels, clothes).	Highly infectious whilst lesions are present and until they are healed and crusted over.	Until lesions are crusted or healed or 48 hours after commencing appropriate antibiotics.	None.	Report outbreaks to HPT. Practice good hygiene.
<b>Influenza</b>	1-5 days.	Airborne/droplet.	Highly infectious in the	Until clinically	None.	Immunisation for at risk

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		Contact with respiratory secretions.	first 3-5 days (up to 10 days in young children).	recovered.		groups. Practice good hygiene.
<b>Measles</b>	7-18 days (can be up to 21 days). Rash usually appears 14 days after exposure.	Airborne. Direct contact with respiratory secretions.	Highly infectious from 5 days before onset of rash until 4 days after the rash develops.	4 days from the onset of rash.	Contacts in groups A and D who are not immune may be excluded by HPT for 21 days after last contact with the case.	Notifiable Investigation by HPT Children should be routinely immunised with MMR. Pregnant women and immunocompromised should seek advice from their GP/midwife.
<b>Meningococcal Disease/Septicaemia</b>	2-10 days. Commonly 3-4.	Direct contact. Contact with respiratory droplets from nose and throat.	Low risk of transmission person to person until 48 hrs of appropriate antibiotic therapy.	Until clinically recovered.	None. HPT will organise info for contacts and schools if req.	Notifiable. Investigation by HPT. Meningitis ACWY vaccination recommended for 14-18 year olds and University fresher's. Men B vaccine now also part of childhood immunisation schedule.
<b>Mumps</b>	16-18 days (Can be 12-25 days).	Airborne/droplet spread. Direct contact with saliva.	Medium risk of transmission 7 days before onset of symptoms until 9 days after.	Until clinically recovered but no less than 5 days from the onset of symptoms/onset of swollen glands	None.	Notifiable. Preventable by vaccination with 2 X MMRs. Inform HPT if outbreak suspected.
<b>Norovirus (Winter vomiting bug)</b>	15-50 hours (can be 4-77 hours)	Faecal-Oral Aerosol transmission	High risk of transmission from person to person and environmental transmission.	Until recovered and 48 hours since symptoms have ceased.	None	Inform HPT if outbreak suspected.
<b>Poliomyelitis (very rare in UK)</b>	7-14 days (Can be 3-35 days).	Faecal-oral.	High risk of transmission when virus present in stools and/or nasopharynx.	At the discretion of the duty Consultant in Public Health Medicine (CPHM)	None.	Notifiable. Investigation by HPT. Children should be routinely immunised.

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<b>Respiratory syncytial Virus</b>	2-8 days average of 5 days	Exposure to respiratory secretions directly or indirectly	High risk at onset of illness until 1 week after.	None. Children can return to school when clinically well	None	Practice good hygiene and good cough etiquette.
<b>Ringworm</b>	2-6 weeks.	Direct skin to skin contact with infected person or animal. Indirect contact with fomites or environmental surfaces.	Medium risk of transmission whilst infected lesions are present.	None, but lesions should be covered.	Families should be checked for ringworm.	Avoid direct contact with lesions. Good hygiene practice.
<b>Rubella ( see German Measles)</b>						
<b>Salmonella (excluding typhoid and paratyphoid)</b>	12-36 hrs (can be 6hrs to 7 days)	Faecal-oral Contaminated food	High risk of transmission when symptomatic.	None but until clinically recovered and 48hrs after diarrhoea has ceased.	None	Notifiable. Follow up by HPT/EHO. Practice good hygiene
<b>Scabies</b>	2-6 weeks if not previously infected. 1-4 days if reinfected.	Prolonged skin to skin contact. E.g. hand holding.	High risk of transmission until adequately treated.	Until treated. Can return after first treatment.	All household and close contacts may require treatment	Practice good hygiene. Health education. Contact HPT if two or more cases.
<b>Scarlet Fever</b>	1-3 days.	Airborne/droplet. Contact with respiratory secretions. Direct contact with patients or carriers.	Medium risk of transmission whilst organism present in nasopharynx, although minimal risk after 24 hours of appropriate antibiotic treatment.	Until clinically recovered and 24 hours after start of treatment.	None.	None. Antibiotics are recommended for affected children
<b>Shigella (see Dysentery)</b>						
<b>Shingles</b>	Reactivation of	Direct contact with	Moderate risk of	None if lesions can be	None.	Practice good hygiene.

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<b>(Varicella-Zoster virus)</b>	Varicella infection (chickenpox).	lesions.	transmitting chickenpox in the 7 days after the appearance of lesions.	covered and are not weeping. Otherwise for 7 days after onset of lesions.	Can cause C.Pox in those who have not had chicken pox.	Seek advice from GP or midwife if pregnant or immunocompromised
<b>Staphylococcus aureus infection (MRSA/MSSA/PVL)</b>	Variable and indefinite	Contact with patients with purulent lesions, or with an asymptomatic carrier. Airbourne spread is rare	High for certain groups of patients, and if patients have active infection and there is skin to skin contact, poor hygiene or sharing of personal items.	Special considerations for Health care workers: contact occupational health.	None	HPT will only follow up cases of PVL staph aureus. Hand hygiene is very important. Health education should be provided. Any active lesions should be covered.
<b>Threadworm</b>	Variable- days to weeks.	Faecal oral.	Medium risk of transmission whilst eggs in stool.	None but should be treated properly.	None but treat household contacts at same time as case.	Practice good hygiene. Health education. Keep nails short
<b>Thrush (candidiasis)</b>	Variable. 2-5 days in infants.	Contact with secretions from mouth, skin, vagina and faeces. Vertical mother to child transmission at birth.	High risk of transmission.	None.	None.	Practice good hygiene. Health education.
<b>Toxocariasis</b>	Weeks or months depending on the severity of infection.	Ingestion of eggs from contaminated soil, hands or contact with dogs (especially puppies).	Not spread from person to person.	None.	None.	Practice good hygiene. Health education.
<b>Toxoplasmosis</b>	5-23 days.	Ingestion of eggs from	Not spread from person	None.	None.	Practice good hygiene.

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		sand boxes/play areas contaminated with cat faeces. Also from rare, undercooked meats.	to person.			Health education.
<b>Tuberculosis - pulmonary</b>	2-12 weeks (Disease can be “sleeping” for decades).	Airborne/droplet.	Medium to low risk until 2 weeks after treatment. Requires close prolonged contact.	After consultation with specialist physician the TB nurse/CPHM will inform the patient about their return to school.	At the discretion of the CPHM.	Notifiable. Investigation by HPT. At risk children should be vaccinated as babies.
<b>Tuberculosis - non-pulmonary</b>	Indefinite.	Not usually infectious.	Not usually transmitted from person to person.	Until clinically recovered.	None.	Notifiable Investigation by HPT.
<b>Typhoid and Paratyphoid Fever</b>	10-14 days (Can be 1-3 weeks).	Food borne. Waterborne. Faecal/Urine-oral.	High risk of transmission whilst symptomatic.	3 negative stool specimens 48hrs apart if in a risk group (starting one week after antibiotic course completed). Otherwise 48 hrs symptom free.	None unless symptomatic in which case should be excluded until symptoms have ceased for at least 48hrs.	Notifiable. Follow up by HPT/EHO. Practice good hygiene.
<b>Viral Gastro-enteritis</b>	Dependant on causative organism.	Faecal-oral. Airborne secondary to environmental contamination. Food borne.	High risk of transmission during acute vomiting and diarrhoea and up to 48 hrs after symptom free.	48hrs after symptoms cease.	None.	Outbreaks followed up by HPT/EHO's. Practice good hygiene.
<b>Viral Meningitis</b>	Dependant on virus.	Dependant on the virus. Person to	Considered to be very unlikely.	Until clinically recovered (usually	None.	If more than one case then may wish to call HPT

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		person spread usually droplet spread or may be airborne.		within a week).		for advice. Practice good hygiene.
<b>Vomiting</b>	Dependant on causative organism.	Often food or waterborne or due to poor hygiene. Can be faecal-oral. Some viruses may be airborne.	High risk of transmission whilst symptomatic, though dependent on cause.	Until clinically recovered and symptoms have ceased for 48 hrs.	None.	Outbreaks followed up by HPT/EHO's. Practice good hygiene.
<b>Warts/Verrucae</b>	2-3 months (but can be 1-20 months).	Direct contact with warts. Verrucas may spread in pools or showers.	Can probably be transmitted at least as long as visible lesions present.	None. Verrucae should be covered in swimming pools, gyms and changing rooms.	None.	Practice good hygiene.
<b>Whooping Cough (pertussis)</b>	7-10 days (Can be 5-21).	Airborne/droplet. Contact with respiratory secretions.	Highly infectious in early stages of illness and up to 3 weeks after onset of cough (rarely 6 weeks).	Until clinically recovered and 3 weeks from onset of cough or 48hrs of appropriate antibiotic therapy.	If symptomatic see case absence.	Notifiable. Investigation by HPT. Children should be routinely immunised pre-school.

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