



C. Earl Hunter, Commissioner

*Promoting and protecting the health of the public and the environment*

## **2009-2010 Childcare Exclusion List**

**This list was updated August 28, 2009 to reflect revised guidance from the CDC regarding exclusion of persons with influenza-like illness (ILI) from schools and out-of-home childcare. Revised guidance appears on page 8 below. ILI exclusion criteria apply to children, faculty, staff, volunteers, etc. in the school or childcare setting.**

### **Official List of Conditions Requiring Exclusion from Out-of-Home Childcare Settings for 2009-2010, with Guidance Section**

**Statutory authority: SC Code Sections 20-7-2980, 44-1-110, 44-1-140, and 44-29-10**

#### **Requirements.**

SC Regulation #61-20 requires that SC DHEC publish each year an Official School and Childcare Exclusion List of Contagious and Communicable Diseases, hereinafter referred to as the Childcare Exclusion List or the School Exclusion List. SC #61-20 further requires that school children, and children or employees in out-of-home childcare settings should be excluded from attendance if they have one or more of the conditions or exposures in the lists. Schools and childcare facilities should maintain a record of children or *employees* known to have been excluded under this regulation.

#### **Parent Notification.**

The school or childcare facility should give the list of conditions or exposures that require exclusion from out-of-home childcare to all childcare employees and to all parents/guardians. Distribution of a summary of the Exclusion List, such as the Parent Brochures developed by the SC DHEC Division of Acute Disease Epidemiology, satisfies this requirement. School and out-of-home Childcare Providers must inform staff and parents/guardians that they must notify the school or facility within 24 hours after the employee or child has developed a known or suspected communicable illness or exposure addressed on the School or Childcare Exclusion List. Children and employees may return to the school or childcare facility as soon as the symptoms are resolved, unless stated otherwise in the Exclusion List or by their health care provider.

#### **Reporting to Health Department.**

Per SC Statute 44-29-10, "any person or entity that maintains a database containing health care data must report [to SC DHEC] all cases of persons who harbor any illness or health condition that may be caused by ... epidemic or pandemic disease, or novel and highly fatal infectious agents and might pose a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability." These conditions, indicated on the SC 2006 List of Reportable Conditions as Immediately or Urgently Reportable, must be reported to the local health department. Childcare Facilities' and Schools' reporting of Routinely Reportable conditions greatly facilitates local and state disease control efforts. Facilities should consult with SC DHEC regarding outbreaks or clusters of symptoms related to communicable diseases.

#### **Revision for 2009-2010 School Year.**

The School and Childcare Exclusion Lists have undergone extensive revision for this school year based upon updated guidance from the American Academy of Pediatrics (AAP), found in the *2009 Red Book* and the AAP publication *Managing Infectious Diseases in Child Care and Schools*, both published in the spring of 2009.

**The 2009-2010 Childcare Exclusion List is effective July 1, 2009.**

### Guidance for Implementing the 2009-2010 Childcare Exclusion List

- **Use in Childcare Settings.** The Childcare Exclusion List indicates when children and childcare employees with conditions that may be spread to others should not be present in an out-of-home childcare setting. An out-of-home childcare setting is any place where more than one child is cared for outside of the child's home. The exclusions on this list are based on the close child/child and staff/child contact within childcare settings and on the immaturity of young children's immune systems.
- **Use in Schools.** The Childcare Exclusion List is used for students in grades K3, K4, and K5, as well as students in grades 1-12 who are designated as being medically fragile.<sup>A</sup> These children may be more susceptible to infections and often require care that involves close staff contact. There is a separate School Exclusion List for students in grades 1-12 who are not medically fragile.<sup>A</sup>
- **Special Circumstances.** These Exclusion criteria are aimed at generally healthy children. Immunocompromised children with an excludable condition or exposure may need longer periods of exclusion, subject to recommendations by their health care provider(s). Nothing in these criteria precludes the exercise of the professional judgment of Local Education Agency medical and/or nursing staff to protect the health of students.
- **Mixed age groupings.** When children are taught or routinely spend time in mixed age groups, the standards for the youngest children in the group apply.
- **Mild Respiratory Illness.** Mild illness is common among children. Most children will not need to be excluded from their usual source of childcare for mild respiratory tract illnesses, because transmission is likely to have occurred before symptoms developed in the child.
- **Notes / Documentation for Return.** The type of note needed for a child or employee to return to the childcare setting is indicated in the tables that follow. Physicians, nurse practitioners, physician assistants or SC DHEC licensed health care professional staff may provide medical notes for return to the school or childcare setting following an excludable condition. These notes should be kept on file at the school or childcare facility for at least one calendar year.
- **Period of Exclusion.** Infected children should be excluded from school until they are no longer considered contagious. If a child or employee does not respond to treatment for an excludable condition, the health care provider or health department may suggest longer periods of exclusion.
- **Bloodborne diseases.** The SC DHEC HIV/STD Division (1.800.322.AIDS) is available for consultation regarding infection control issues raised by the presence of students with blood-borne illnesses (HIV, chronic Hepatitis B, chronic Hepatitis C, etc.) in the school or childcare setting.
- **Other Risks.** These lists address common exposures to communicable disease. SC DHEC staff are available for consultation on exposure risks such as sports, water activities, immunocompromised status, contact with animals, special risks associated with biting, etc.
- **Food-handling.** SC DHEC staff are available for consultation on excluding childcare employees with symptoms or diagnoses of conditions that could be spread through feeding or other food-handling tasks.
- **Outbreaks.** During disease outbreaks or under special circumstances, SC DHEC may change the recommendations in the Childcare Exclusion List and/or the School Exclusion List.
- **Format for 2009-2010.** For ease of use, exclusion criteria for staff and children have been combined into one chart, in landscape orientation.

<sup>A</sup> For the purposes of school exclusion, the term "medically fragile" refers to those school students with special healthcare needs and/or developmental delays who require close assistance with feeding or other personal hygiene activities by which communicable illnesses may be easily spread.

Exclusion Criteria for Children	Exclude Employees?	Documentation or Criteria to Return	Reportable to Health Dept? <sup>B</sup>
1. Exclude children with illness that prevents them from participating comfortably in program activities.	Not required.	School or facility to specify based on situation.	Report Outbreaks only <sup>C</sup>
2. Exclude children with illness that results in a greater need for care than the staff can provide without compromising the health and safety of other children.	Not required.	School or facility to specify based on situation.	Report Outbreaks only <sup>C</sup>
3. Exclude the child with <b>symptoms or other manifestations of possible severe illness</b> which may include (not limited to): a. Fever (see below) b. Difficulty breathing c. Unusual Lethargy (an unusual tiredness or lack of energy) d. Unusually severe irritability, especially in younger students e. Persistent crying f. Rapidly spreading rash g. Weeping or draining sores that cannot be covered h. <u>Severe</u> vomiting and diarrhea or vomiting blood i. When a student poses a risk of spreading a harmful disease to others in the school setting.	Yes for a., b., f., g., h., i. Others based on situation.	School or facility to specify based on situation. Children will generally be eligible to return to school/childcare 24 hours after these symptoms have resolved, or after a healthcare provider has cleared the child with signs of severe illness for re-admission. SCDHEC is available for consultation on these criteria.	Report Outbreaks only <sup>C</sup>
4. Exclude children with <b>persistent abdominal pain</b> (continuing for 2 or more hours) or <b>intermittent abdominal pain</b> associated with fever, dehydration or other systemic symptoms.	Recommended, not required.	Medical Note	Report Outbreaks only <sup>C</sup>

<sup>B</sup> The requirement to report indicated Immediately Reportable or Urgently Reportable (within 24 hours) conditions applies to physicians, laboratories, health facilities, and “any person or entity that maintains a database containing health care data.” Schools’ and Childcare Providers’ reporting of Routinely Reportable conditions greatly facilitates local and state disease control efforts. Disease reporting requirements are found in the SC DHEC Bureau of Disease Control’s “SC 2009 List of Reportable Conditions” ([www.scdhec.gov/health/disease/docs/reportable\\_conditions.pdf](http://www.scdhec.gov/health/disease/docs/reportable_conditions.pdf)).

<sup>C</sup> Report suspected outbreaks and clusters of diseases or symptoms that would not be reportable as single cases. An “Outbreak” in a school is defined as an excess number of cases or symptoms over the expected occurrence of disease within a school or classroom or group.

Exclusion Criteria for Children	Exclude Employees?	Documentation or Criteria to Return	Reportable to Health Dept? <sup>B</sup>
<p>5. <b>Exclude children with diarrhea attributable to Campylobacter</b> until diarrheal symptoms are resolved. Children with prolonged diarrheal symptoms following 24 hours or more of treatment for Campylobacter may be re-admitted if cleared by the child's physician. See other possibly applicable exclusion criteria for diarrheal illnesses in addition to the criteria specified for this illness.</p>	<p>Yes, same criteria as for children</p>	<p>Medical Note clearing student with prolonged symptoms after antimicrobial therapy. A Parent Note is sufficient if there has been no diarrhea for 24 hours.</p>	<p>Report within 7 days.</p>
<p>6. <b>Conjunctivitis<sup>D</sup></b></p> <ul style="list-style-type: none"> <li>Exclude children who have <b>purulent conjunctivitis</b> (defined as pink or red conjunctivae with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye), until evaluated and treated.</li> <li><b>Non-purulent conjunctivitis</b> (defined as pink conjunctivae with a clear, watery eye discharge without fever, eye pain or eyelid redness) <u>does not require exclusion from school or childcare.</u></li> </ul>	<p>Yes, same criteria as for children</p> <p>No</p>	<p>Medical Note</p> <p>Not Applicable</p>	<p>Report Outbreaks only<sup>C</sup></p> <p>Report Outbreaks only<sup>C</sup></p>
<p>7. <b>Diarrhea<sup>E</sup></b></p> <ul style="list-style-type: none"> <li>Exclude children with <b>diarrhea</b> (3 or more loose stools in a 24 hour period), that is not associated with <i>Campylobacter</i>, <i>E. coli</i>, <i>Giardia</i>, <i>Salmonella</i> or <i>Shigella</i><sup>F</sup> until symptoms are resolved or medical evaluation indicates that inclusion is acceptable.</li> </ul> <p>(Continued)</p>	<p>Required if employee is determined to be contributing to spread of illness.</p>	<p>School or facility to specify based on situation.</p>	<p>Report Outbreaks only<sup>C</sup></p>

<sup>D</sup> Per the AAP: "Pinkeye is similar to the common cold, for which exclusion is not recommended. The best method for preventing spread is good hand hygiene. One form of viral conjunctivitis, caused by adenovirus, can cause epidemics. If two or more children in a classroom group care setting develop conjunctivitis in the same period, seek the advice of the program's health consultant." (*Managing Infectious Diseases in Child Care and Schools*, pp. 115-116)

<sup>E</sup> Diarrhea is defined by loose or watery stools that are not associated with changes in diet.

<sup>F</sup> Exclusion Criteria for *Campylobacter*, *E. coli*, *Giardia*, *Salmonella* and *Shigella* infections are addressed separately in this document.

Exclusion Criteria for Children	Exclude Employees?	Documentation or Criteria to Return	Reportable to Health Dept? <sup>B</sup>
<p><b>Diarrhea, continued:</b></p> <ul style="list-style-type: none"> <li>For diapered children or children who require assistance with personal hygiene, exclude for 2 or more diarrheal episodes in a school or program day <u>if the frequency of diarrheal episodes</u> challenges the ability of the caregiver(s) to maintain sanitary techniques and/or conditions.</li> </ul> <p>Exclusion also applies to diapered children whose diarrheal stools are not contained in the diaper or toilet-trained children whose diarrheal episodes are causing “accidents” that challenges the ability of the caregiver(s) to maintain sanitary techniques and/or conditions.</p> <ul style="list-style-type: none"> <li><b>Exclusion is not required</b> if student is known to have diarrheal symptoms for a non-infectious condition (e.g., IBS or Crohn’s Disease), or if diarrheal symptoms persist after completion of effective antimicrobial therapy for an enteric illness such as <i>Campylobacter</i> or <i>Giardia</i>.</li> <li><b>Exclude students of any age with uncontrolled diarrhea or stools that contain blood or mucus</b>, until symptoms are resolved or medical evaluation indicates that inclusion is acceptable. Exclusion is not required if student is known to have these symptoms for a non-infectious condition (e.g., IBS or Crohn’s Disease), or if diarrheal symptoms persist after <u>completion</u> of effective antimicrobial therapy of an enteric illness such as <i>E. coli</i>, <i>Salmonella</i>, <i>Shigella</i>, <i>Giardia</i> or <i>Campylobacter</i>.</li> </ul>	<p>Not applicable</p> <p>Yes, if uncontrolled diarrhea.</p>	<p>Re-admission after diarrhea can occur when diapered children have their stool contained by the diaper (even if the stools remain loose) and when toilet-trained children do not have toileting accidents.</p> <p>Not applicable</p> <p>Medical Note unless symptoms resolve &gt;24 hours.</p>	<p>No</p> <p>Report Outbreaks only <sup>C</sup></p>
<p>8. Exclude for infection with <b><i>Escherichia coli</i> O157:H7</b>, or other <b>shiga-toxin producing <i>E. coli</i></b>, until diarrhea resolves AND 2 stool cultures, taken at least 24 hours apart, test negative for <i>E. coli</i> O157:H7 or STEC. <sup>G</sup></p>	<p>Yes, until 24 hours pass without a diarrheal stool. Negative cultures are not required.</p>	<p>Medical Note documenting diagnosis, and Parent or employee report or resolution of symptoms.</p>	<p>Report within 24 hours by phone.</p>

<sup>G</sup> This exclusion criterion has been updated by the American Academy of Pediatrics in the *2009 Red Book*. It is recognized that in-school transmission of *E. coli* infection is uncommon among children who do not require diapering, and that there may be an academic burden imposed by lengthy exclusions while awaiting multiple negative culture results. SC DHEC is available for consultations on prolonged exclusions for sporadic cases of diarrheal illness attributable to *E. coli*.

Exclusion Criteria for Children	Exclude Employees?	Documentation or Criteria to Return	Reportable to Health Dept? <sup>B</sup>
<p>9. Exclude for <b>fever, accompanied by behavior changes or other signs and symptoms of suggestive of possibly severe illness</b> (such as sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion) until medical evaluation indicates inclusion is acceptable.</p> <p>Fever is defined by age:</p> <p>a. For Infants <b>4 months of age and younger</b> (<u>even if there has not been a change in child's behavior</u>):</p> <ul style="list-style-type: none"> <li>• Rectal temperature: 101.0 ° F or greater</li> </ul> <p>b. For Infants and Children <b>older than 4 months of age</b>:</p> <ul style="list-style-type: none"> <li>• Rectal temperature: 102.0 ° F or greater</li> <li>• Axillary (under the arm) temperature: 100.0 ° F or greater</li> <li>• Oral temperature: 101.0 ° F or greater</li> </ul> <p><b>Note:</b> Children or employees presenting with influenza-like illness (ILI), which includes fever of 100 or higher, sore throat and cough, may be excluded for temperatures lower than 101. See <b>Influenza-like Illness</b> (below on page 8) for additional information.</p> <p><b>Fever in a child 60 days of age or younger (axillary ≥100.5 or ≥101 rectally) requires immediate medical attention.</b></p>	<p>Yes, for oral temperature 101.0 ° F or greater.</p> <p><i>If presenting with a temperature of 100.0 ° F or higher and signs of the flu, see the criteria for Influenza-like illness on page 8.</i></p>	<p>School or facility to specify based on situation.</p> <p>Employee may state he/she is afebrile, or have temperature taken at facility.</p>	<p>Report Outbreaks only <sup>C</sup></p>
<p>10. Exclude for <b>Giardia infection</b>, until diarrheal symptoms are resolved or until 24 hours after initiation of antimicrobial therapy. Children with prolonged diarrheal symptoms following 24 hours or more of treatment for <i>Giardia</i> may be re-admitted if cleared by the child's physician.</p>	<p>Yes, until asymptomatic or after 24 hours of antimicrobial therapy, if prescribed.</p>	<p>Medical Note documenting antimicrobial therapy, if prescribed.</p> <p>A Parent Note (or Employee statement) is sufficient if diarrhea has ceased.</p>	<p>Report within 7 days.</p>

Exclusion Criteria for Children	Exclude Employees?	Documentation or Criteria to Return	Reportable to Health Dept? <sup>B</sup>
11. Exclude all children with proven <b>Haemophilus influenzae type B (Hib)</b> infection for at least 24 hours after antibiotic therapy is completed. Re-admit after child is cleared by a health professional. No exclusion is required for exposed students or staff.	This infection is rare in adults Contact DHEC regarding exclusion criteria.	Medical Note documenting diagnosis, completion of antibiotic treatment, and clearance to return to school.	Report within 24 hours by phone
12. Exclude children with <b>Head Lice (pediculosis)<sup>H</sup></b> , <u>from the end of the school or program day</u> until after the first treatment with an appropriate pediculicide or other effective lice removal product. <sup>I</sup> The AAP recommends that, until the end of the school day, students with head lice avoid any activities that involve the student in head-to-head contact with other students or sharing of any headgear. Childcare centers may opt to exclude children immediately if close head-to-head contact cannot be avoided in the classroom/center setting. Sports or physical education governing bodies may impose additional restrictions on participation.	Yes, same criteria as for children. Exclude at the end of the day if head-to-head contact can be avoided.	Parent Note or Employee Statement.	Not reportable
13. Exclude for <b>Hepatitis A virus infection</b> , until 1 week after onset of illness or jaundice if symptoms are mild. Close school contacts should be directed to their healthcare providers for consideration of immune globulin in consultation with the health department.	Yes, same criteria as for children	Medical Note documenting diagnosis	Within 24 hours by phone
14. <b>Impetigo</b> (see <i>Staph and Strep skin and soft tissue infections, below</i> )			

<sup>H</sup> The American Academy of Pediatrics' guidelines address live (hatched, crawling) lice or nits closer than ¼ inch from the scalp. Nits found further than ¼" from the scalp are likely empty egg casings (Managing Infectious Disease ... pp. 95-96). Students with pediculosis must be excluded at the end of the school day; students with other evidence of infestation (e.g., nits further than ¼" from the scalp) may be excluded per local policies.

<sup>I</sup> Local Education Agencies opting for more stringent "No Nit Policies" for school re-admission should clearly explain these policies to families when distributing materials on Childcare Exclusion.

Exclusion Criteria for Children	Exclude Employees?	Documentation or Criteria to Return	Reportable to Health Dept? <sup>B</sup>
<b>ILI section revised August 28, 2009</b>			
15. <b>Exclude children with Influenza / Influenza-like Illness or ILI<sup>J</sup></b> , until at least 24 hours after they are free of fever or signs of a fever <sup>K</sup> (without the use of fever-reducing medicines).	Yes, same criteria as for children	Parent Note or parent communication (or employee statement) verifying that the child or employee has not had a fever for 24 hours and has not taken any fever-reducing medications for 24 hours.	<b>School and Childcare Providers:</b> Report Outbreaks immediately by phone. <sup>L</sup> <b>Schools only:</b> Report ILI daily using DHEC's web-based ILI surveillance system. <sup>M</sup>
16. Exclude for <b>Measles</b> , until 4 days after onset of rash.	Yes, same criteria as for children	Medical Note documenting diagnosis.	<b>REPORT IMMEDIATELY by phone</b>
17. Exclude a student with symptoms of <b>Meningitis</b> as soon as meningitis is suspected. Re-admit when cleared by a healthcare professional.	Yes, same criteria as for children	Medical Note documenting that child is non-contagious.	<b>REPORT IMMEDIATELY by phone</b>

<sup>J</sup> ILI is defined as an oral temperature of 100 degrees Fahrenheit or more with a cough and/or sore throat for which there is no other known cause besides the flu or an influenza-like illness.

<sup>K</sup> An ill person has *signs of a fever* if he or she feels warmer than usual to the touch, has a flushed appearance, or is sweating or shivering.

<sup>L</sup> Report suspected outbreaks and clusters of diseases or symptoms that would not be reportable as single cases. An “outbreak” in a school is defined as an excess number of cases or symptoms over the expected occurrence of disease within a school or classroom or group.

<sup>M</sup> Until DHEC’s web-based surveillance system is available schools should complete paper-based ILI reporting forms daily and submit them to their district surveillance coordinator. District surveillance coordinators should review the information and assure that follow-up has occurred if the data suggests an outbreak at a school. Private schools should complete the paper-based reporting forms and maintain the information at the school level. ILI-reporting and tracking forms are available from the August 21, 2009 DHEC Health Advisory: **Interim Guidance for Nonresidential K-12 School Responses to Influenza during the 2009-2010 School Year**, available from this page: <http://www.dhec.sc.gov/health/disease/han/notifications.htm>.

Exclusion Criteria for Children	Exclude Employees?	Documentation or Criteria to Return	Reportable to Health Dept? <sup>B</sup>
18. Exclude students with <b>Mononucleosis</b> , until cleared for re-admission by a healthcare professional.	Yes, same criteria as for children	Medical note indicating student may participate in routine activities	Not reportable
19. <b>Mouth Sores:</b> Exclude for sores, including mouth ulcers and blisters, <u>inside the mouth</u> associated with uncontrolled drooling, unless the child's health care provider states that the child is noninfectious. Exclusion of children with cold sores (recurrent herpes simplex virus (HSV) infection) is not indicated.	No	Medical Note documenting diagnosis and non-infectiousness. If diagnosed with recurrent HSV, Medical Note with diagnosis only.	Report Outbreaks only <sup>C</sup>
20. Exclude for <b>Mumps</b> , until 5 days after onset of parotid gland swelling.	Yes, same criteria as for children	Medical Note documenting diagnosis.	Report within 24 hours
21. Exclude children with <b>Pertussis (whooping cough)</b> , until completion of 5 days of appropriate antibiotic therapy. No exclusion is required if the child is initially diagnosed with pertussis past the infectious period (21 days or more after cough onset, or 6 weeks after cough onset for infants.)  In outbreaks and when recommended by DHEC, exclude close contacts to pertussis cases if the contacts are coughing or showing other symptoms of pertussis <sup>N</sup> , until they receive appropriate evaluation, with treatment as indicated. Symptomatic contacts are excluded until after 5 days of antimicrobial therapy or a negative pertussis test result.	Yes, same criteria as for children  Yes, same criteria as for children	Medical Note documenting diagnosis plus completion of 5 days of antibiotics (unless ≥21 days, or ≥6 weeks for infants, post cough onset at diagnosis.)  Medical Note indicating student is either free of pertussis infection or that student has been treated for pertussis as indicated above.	Within 24 hours by phone  Report cases within 24 hours by phone. Report outbreaks immediately by phone.

<sup>N</sup> Symptoms of pertussis include a new or different cough that may be accompanied by vomiting after cough, loss of breath or difficulty catching breath during coughing spells, cyanosis, a whoop when inhaling after coughing, or apneic episodes in infants.

Exclusion Criteria for Children	Exclude Employees?	Documentation or Criteria to Return	Reportable to Health Dept? <sup>B</sup>
22. Exclude for <b>rash with fever or behavioral change</b> , until a healthcare provider has determined the illness is not a communicable disease.	Yes, for rash with fever, behavior change and/or joint pain, until a communicable disease such as measles or rubella has been ruled out.	Medical Note documenting evaluation, non-communicability.	Report Outbreaks only <sup>C</sup>
<p><b>23. Ringworm (Tinea)</b></p> <ul style="list-style-type: none"> <li>Exclude children of any age in child care with <b><i>Tinea capitis</i> (ringworm of the scalp)</b> until oral antifungal treatment is initiated. Exclusion for treatment may be delayed until the end of the day. <i>Topical treatments such as selenium sulfide shampoo (1% or 2.5%) do not replace oral therapy. However, they can decrease fungal shedding and may help curb the spread of infection. (continued)</i></li> <li><b>Ringworm of the Body (<i>Tinea corporis</i>)</b>. If lesions cannot be covered, <b>exclude children with ringworm of the body (<i>Tinea corporis</i>)</b> at the end of the school or program day until oral or topical antifungal treatment is initiated. If the affected area can be <u>adequately covered at all times</u> while in care or school, exclusion is not required for ringworm of the body, but treatment is recommended.</li> <li><b>Sports and PE:</b> The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with <i>Tinea capitis</i> or <i>Tinea corporis</i></li> </ul>	<p>Yes, same criteria as for children. Exclude at the end of the day until oral antifungal treatment is initiated.</p> <p>Not if area can be covered, and remains covered, while in the childcare setting.</p>	<p>Medical Note documenting diagnosis and initiation of antifungal therapy.</p> <p>Parent Note for that treatment has been initiated for body ringworm lesions that cannot be covered Employee report of condition, measures to treat and/or cover.</p>	<p>Report Outbreaks only <sup>C</sup></p> <p>Report Outbreaks only <sup>C</sup></p>
24. Exclude for diarrhea attributable to <b>Rotavirus</b> until asymptomatic (diarrhea ceases).	Yes, same as for children.	A Parent/Employee Note is stating that diarrhea has ceased.	Report Outbreaks only <b>Error!</b> <a href="#">Bookmark not defined.</a>



Exclusion Criteria for Children	Exclude Employees?	Documentation or Criteria to Return	Reportable to Health Dept? <sup>B</sup>
<p>28. Exclude children with <b>Shigella</b> infection, if symptomatic, until diarrhea is resolved AND either a) completion of full 5 days of treatment with an antibiotic that has shown to be active against the organism by antibiotic resistance testing, or b) if a course of antibiotics is not given, one negative stool culture.<sup>o</sup></p> <p>A healthcare professional must clear children for readmission in all cases of Shigella.</p>	<p>Yes, until diarrhea ceases.</p>	<p>Medical Note documenting diagnosis, <b>plus:</b>  <b>Children:</b> Either antibiotic treatment or negative cultures, plus parent report of cessation of symptoms.  <b>Employees:</b> Employee report of cessation of symptoms.</p>	<p>Report within 7 days</p>
<p>29. <b>Staphylococcal and Streptococcal Skin and Soft Tissue Infections, including MRSA</b></p> <ul style="list-style-type: none"> <li><b>Impetigo<sup>P</sup>:</b>  <b>For Dry Lesions:</b> Lesions should be washed and covered (if possible), and the student excluded from the end of the school/program day until he or she has received 24 hours of topical or systemic antibiotics. Readmit when topical, oral or systemic antibiotics are started, if sores are kept clean and dry.</li> <li><b>For Weepy or Wet Lesions:</b> Exclude the student immediately. Readmit after 24 hours of topical, oral or other systemic antibiotics IF lesions are showing signs of healing (decreasing in size), and oozing has stopped.</li> </ul>	<p>Yes, if lesions cannot be covered.</p> <p>Yes, same criteria as for children.</p>	<p><b>Dry:</b> Parent/Employee or Medical Note documenting 24 hours of antimicrobial therapy (medical note if oral or systemic antibiotics needed),</p> <p><b>Weepy:</b> Medical Note documenting 24 hours of antimicrobial therapy. Employee, parent or school observation of improvement in status.</p>	<p>Report Outbreaks only <a href="#">Error! Bookmark not defined.</a></p> <p>Report Outbreaks only<sup>C</sup></p>

<sup>o</sup> This varies from the requirement for two negative cultures in the *2009 Red Book*. SC DHEC recognizes that there may be an academic burden imposed by lengthy exclusions while awaiting multiple negative culture results. SC DHEC is available for consultations on prolonged exclusions for sporadic cases of diarrheal illness attributable to *Shigella*

<sup>P</sup> Recent studies have indicated that up to 50% of impetigo lesions may be attributable to MRSA \*(Methicillin-resistant *Staphylococcus aureus*.)



Exclusion Criteria for Children	Exclude Employees?	Documentation or Criteria to Return	Reportable to Health Dept? <sup>B</sup>
30. Exclude children with <b>Streptococcal pharyngitis (Strep throat)</b> , until afebrile and 24 hours after treatment has been initiated.	Yes, same criteria as for children	Medical Note documenting diagnosis and initiation of treatment. Parent or employee report of afebrile status.	Report Outbreaks only <sup>C</sup>
31. Exclude a child with a <b>Stye</b> , if the eye is actively draining. It is impractical to cover the child's eye for an extended period of time.	Not required. Excellent hand hygiene is needed.	School or parent observation of resolution of drainage.	Not reportable
32. Exclude for <b>Tuberculosis</b> , until the local health department authority or <u>treating</u> physician states that the child is noninfectious.	Yes, same criteria as for children	Medical Note documenting diagnosis and non-infectious status.	Report within 24 hours
<p>33. <b>Varicella (chickenpox)</b></p> <ul style="list-style-type: none"> <li>• Exclude for <b>typical Varicella (chickenpox)</b>, until all lesions have dried and crusted (usually 6 days after the onset of rash.)</li> <li>• Children with <b>mild or breakthrough Varicella disease</b> (typically seen in previously immunized children) may not exhibit vesicles or crusting (scabbing) of lesions. These students should be excluded from school until lesions fade away and no new lesions appear.</li> </ul>	<p>Yes, same criteria as for children</p> <p>Yes, same criteria as for children</p>	<p>Parent Note or employee report that lesions have dried/crusted.</p> <p>Parent Note or employee report that lesions are fading/resolving.</p>	<p>Report Outbreaks only <sup>C</sup></p> <p>Report Outbreaks only <sup>C</sup></p>
34. Exclude children with <b>Varicella Herpes Zoster (shingles)</b> with lesions that cannot be covered, until lesions are crusted. In cases where lesions can be covered, the school or sanctioning athletic body may impose additional restrictions for PE & sports activities that could result in exposure of the lesions (e.g., wrestling.)	Yes, same criteria as for children	Parent Note or employee reports that any uncovered lesions have dried/crusted.	Report Outbreaks only <sup>C</sup>

Exclusion Criteria for Children	Exclude Employees?	Documentation or Criteria to Return	Reportable to Health Dept? <sup>B</sup>
35. Exclude for <b>Vomiting</b> 2 or more times during the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration. No exclusion is required for a brief, non-repeating episode of vomiting with no other signs of severe illness.	Not required, may be recommended based on situation.	Readmit when vomiting has resolved.	Report Outbreaks only <sup>C</sup>
36. Exclude for <b>conditions or illnesses that DHEC or a health care provider<sup>R</sup> indicates warrant exclusion</b> . This includes students determined to be contributing to the transmission of illness in the school.	Yes, same criteria as for children	Medical note addressing diagnosis and communicability.	DHEC staff are available for consultation on this exclusion.

<sup>R</sup> "Health Care Provider," in this instance, includes School Nursing staff.

**Exclusion Criteria for CHILDREN or EMPLOYEES in Out-of-Home Childcare Settings who are contacts (exposed) to individuals with excludable conditions:**

Exclusion Criteria for Exposure: Children	Exclusion Criteria for Exposure: Employees	Documentation for Return
<p>1. <b>When recommended by DHEC</b>, contacts to <i>Neisseria meningitidis</i> (meningococcal disease) should be excluded until antibiotic treatment has been initiated.</p>	<p>1. <b>When recommended by DHEC</b>, contacts to <i>Neisseria meningitidis</i> (meningococcal disease) should be excluded until antibiotic treatment has been initiated.</p>	<p>Medical Note documenting initiation of antimicrobial therapy.</p>
<p><b>2. Pertussis (whooping cough):</b> In an outbreak, exclusion of <u>exposed people with cough illness</u> pending evaluation by a physician should be considered. If exclusion is recommended by physician or DHEC, exclude until (a) completion of five days of appropriate antimicrobial therapy or (b) 21 days after last contact with an infected person.</p>	<p><b>2. Pertussis (whooping cough):</b> Exclusion of <u>exposed people with cough illness</u> pending evaluation by a physician should be considered. If exclusion is recommended by physician or DHEC, exclude until (a) completion of five days of appropriate antimicrobial therapy or (b) 21 days after last contact with an infected person.</p>	<p>Medical Note documenting 5 days of antimicrobial therapy if exposed person has a cough illness. Parent or employee report if returning to childcare facility 21+ days after last contact.</p>
<p><b>3. Unimmunized children</b> without proof of immunity or natural disease must be excluded as indicated below if exposed to:</p> <ul style="list-style-type: none"> <li><b>Measles:</b> Exclude exposed students who have not been immunized for 21 days after onset of rash in last case of measles in the affected school or community.<sup>S</sup> Students may return immediately following receipt of MMR vaccine, if vaccine is received within 72 hours of exposure. SC DHEC is available for consultation regarding exclusion of infants under 12 months of age, who are under the age when the MMR vaccine is given. Pregnant students should not receive MMR immunization.<sup>T</sup></li> </ul>	<p><b>3. Unimmunized employees in out-of-home childcare facilities</b>, without proof of immunity or natural disease, must be excluded as indicated below if exposed to:</p> <ul style="list-style-type: none"> <li><b>Measles:</b> Exclude exposed employees who have not been immunized for 21 days after onset of rash in last case of measles in the affected school or community. Staff may return immediately following receipt of MMR vaccine, if vaccine is received within 72 hours of exposure. Pregnant employees should not receive MMR immunization.<sup>T</sup></li> </ul>	<p>Children and employees may return following receipt of MMR vaccine, or with documentation of immunity or natural disease.</p>

<sup>S</sup> "Exclude for 21 days after onset of rash in last case of measles..." This criterion is more stringent than what appears in the 2009 Red Book (p. 455), but is consistent with recent research. The SC DHEC Bureau of Disease Control (803.898.0861) is available for consultation on exclusion for measles exposure during an outbreak.

<sup>T</sup> SC DHEC should be consulted immediately about pregnant, non-immunized students or employees who are exposed to measles, mumps, rubella or varicella.

**Exclusion Criteria for CHILDREN or EMPLOYEES in Out-of-Home Childcare Settings who are contacts (exposed) to individuals with excludable conditions:**

Exclusion Criteria for Exposure: Children	Exclusion Criteria for Exposure: Employees	Documentation for Return
<ul style="list-style-type: none"> <li> <b>Mumps:</b> <u>During mumps outbreaks</u>, exclude exposed students who have not been immunized until they become immunized, or, if they have an immunization exemption, continue to exclude them until the health department determines that it is safe for them to return. This will typically be for 26 days after the onset of parotitis in the last person with mumps in the affected school.                      Per the AAP, mumps vaccine has not been demonstrated to prevent infection among susceptible contacts, but immunization should be administered to unimmunized students to protect them from infection from subsequent exposure.<sup>U</sup>                      SC DHEC is available for consultation regarding exclusion of infants under 12 months of age, who are under the age when the MMR vaccine is given.                      Pregnant students should not receive MMR immunization.<sup>T</sup> </li> </ul>	<ul style="list-style-type: none"> <li> <b>Mumps:</b> <u>During mumps outbreaks</u>, exclude exposed students who have not been immunized until they become immunized, or, if they have an immunization exemption, continue to exclude them until the health department determines that it is safe for them to return. This will typically be for 26 days after the onset of parotitis in the last person with mumps in the affected school.                      Per the AAP, mumps vaccine has not been demonstrated to prevent infection among susceptible contacts, but immunization should be administered to unimmunized staff to protect them from infection from subsequent exposure.<sup>U</sup>                      Pregnant staff should not receive MMR immunization.<sup>T</sup> </li> </ul>	<p>Children and employees may return following receipt of MMR vaccine, or with documentation of immunity or natural disease.</p>
<ul style="list-style-type: none"> <li> <b>Rubella:</b> Exclude exposed students who have not been immunized until they become immunized with at least one dose of rubella vaccine. Exclude exposed students older than age 6, if they have not received two doses of vaccine, until they have become immunized with one [additional] dose of rubella or MMR vaccine.                      If an immunization exemption applies, continue to exclude exposed students until the health department determines that it is safe for them to return, typically for 26 days after the onset of rash in the last person with rubella in the affected school or community.                      Pregnant students should not receive MMR or rubella immunization.<sup>T</sup> <i>(continued)</i> </li> </ul>	<ul style="list-style-type: none"> <li> <b>Rubella:</b> Exclude exposed staff that have not been immunized until they become immunized with at least one dose of rubella vaccine.                      If immunization is not received, continue to exclude exposed staff until the health department determines that it is safe for them to return, typically for 26 days after the onset of rash in the last person with rubella in the affected school or community.                      Pregnant employees should not receive MMR or rubella immunization.<sup>T</sup> </li> </ul>	<p>Children and employees may return following receipt of MMR vaccine, or with documentation of immunity or natural disease.</p>

<sup>U</sup> 2009 Red Book, page 142, 469, 472

**Exclusion Criteria for CHILDREN or EMPLOYEES in Out-of-Home Childcare Settings who are contacts (exposed) to individuals with excludable conditions:**

Exclusion Criteria for Exposure: Children	Exclusion Criteria for Exposure: Employees	Documentation for Return
<p>SC DHEC is available for consultation regarding exclusion of infants under 12 months of age, who are under the age when the MMR vaccine is given.</p>		
<ul style="list-style-type: none"> <li>• <b>Varicella.</b> Children exposed to Varicella outbreaks in the school or childcare setting who are unimmunized or who do not have documentation of immunity to Varicella or a history of natural Varicella disease must be excluded from day 10 to day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school or childcare facility. <sup>V</sup> There are two exceptions:                     <ol style="list-style-type: none"> <li>(1.) Children under 12 months of age are too young to receive Varicella immunization. They are not required to be excluded if exposed to Varicella.</li> <li>(2.) Medically fragile school children in grades 10 or higher are not subject to the Varicella immunization requirement and do not have to be routinely excluded. The children would very rarely be in a childcare setting.</li> </ol> <p>Children at least 12 months of age may return to childcare or school immediately following receipt of Varicella vaccine, if vaccine is received within 72 hours (or up to 120 hours with DHEC consultation/approval) following exposure.</p> <p>Pregnant students should not receive Varicella immunization. <sup>T</sup></p> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Varicella</b> (chicken pox): During outbreaks, exclude exposed/ unimmunized employees for days 10-21 after the onset of rash in the last person with Varicella in the affected facility.</li> </ul> <p>Employees may return to childcare or school immediately following receipt of Varicella vaccine, if vaccine is received within 72 hours (or up to 120 hours with DHEC consultation/approval) following exposure.</p> <p>Pregnant employees should not receive Varicella vaccine<sup>T</sup>.</p>	<p>Children and employees may return following receipt of MMR vaccine, or with documentation of immunity or natural disease.</p>
<p>4. Exposure to other conditions when recommended by DHEC or the child's / student's healthcare provider.</p>	<p>4. Exposure to other conditions when recommended by DHEC or the employee's healthcare provider.</p>	<p>SC DHEC will specify based upon situation.</p>

<sup>V</sup> Mild break-through cases of Varicella (occurring in immunized persons) are generally considered to be less infectious than cases in un-immunized persons. Consult with SC DHEC as needed for exclusion guidance in on-going outbreaks of Varicella or if/when exclusion may be extended over than one incubation period (i.e., over 21 days.)

<p><b>Children with the following conditions are not typically excluded from school, so long as they are healthy enough to participate in routine curricular activities:</b></p>			
<ul style="list-style-type: none"> <li>• Bronchitis or Common Colds: Exclusion is not warranted even if illness is associated with green or yellow nasal discharge, as long as the student does not have a fever or any of the other excludable symptoms described in this document.</li> <li>• Canker Sores</li> <li>• Croup</li> <li>• Cytomegalovirus (CMV) infection</li> <li>• Ear infection</li> <li>• Fever, without any other signs of severe illness, if child can participate comfortably in school/program activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Fifth Disease (Parvovirus B19 infection): Individuals are no longer contagious once the rash appears, and they cannot be diagnosed with Fifth Disease before the rash appears. <b>However, students with recurrent fifth Disease episodes may be excluded</b> if they meet the criteria of fever with rash or behavior change.</li> <li>• Hand-Foot-and-Mouth Disease</li> <li>• Lyme Disease</li> </ul>	<ul style="list-style-type: none"> <li>• Molluscum contagiosum</li> <li>• Mosquito-borne diseases (West Nile Virus, Malaria, etc.)</li> <li>• MRSA carrier or colonized individual, without uncovered draining lesions</li> <li>• Pinworms</li> <li>• Pneumonia</li> <li>• Rash, without fever or behavior change</li> <li>• Red watery eyes without yellow or green discharge, fever, eye pain or matting</li> </ul>	<ul style="list-style-type: none"> <li>• Respiratory Syncytial Virus (RSV)</li> <li>• Rocky Mountain Spotted Fever</li> <li>• Roseola</li> <li>• Thrush</li> <li>• Tick-borne disease, such as Babesiosis, Ehrlichiosis or Tularemia</li> <li>• Urinary Tract Infection</li> <li>• Warts</li> <li>• Yeast Diaper Rash</li> </ul>

**References:**

American Academy of Pediatrics. (2009). *Managing infectious diseases in childcare and schools*. Elk Grove Village, IL: Author.

American Academy of Pediatrics. (2009). *Red Book: 2009 Report of the Committee on Infectious Diseases, 28<sup>th</sup> ed.* Elk Grove Village, IL: Author.

American Academy of Pediatrics, Pennsylvania Chapter, (1997). *Model Childcare Health Policies, 3rd ed.* Rosemont, PA: Healthy Childcare Pennsylvania,

American Public Health Association, & American Academy of Pediatrics. (2002). *Caring for our children, National health and safety standards: Guidelines for out-of-home childcare programs, 2nd Ed., Chapter 3.* US Department of Health and Human Services. Accessed from <http://nrc.uchsc.edu> and [http://nrckids.org/CFOC/HTMLVersion/Chapter\\_3.html#1021398](http://nrckids.org/CFOC/HTMLVersion/Chapter_3.html#1021398)

Centers for Disease Control and Prevention. (2009). MRSA in schools. Retrieved May 1, 2009 from <http://www.cdc.gov/Features/MRSAinSchools/>

Centers for Disease Control and Prevention. 2006. Outbreak of Varicella among vaccinated children -- Michigan, 2003. *Morbidity and Mortality Weekly Report*, 53, 18, pp. 389-391.

Centers for Disease Control and Prevention. 1997. The ABCs of safe and healthy childcare, Access in 2002 from [www.cdc.gov/ncidod/hip/abc/abc.htm](http://www.cdc.gov/ncidod/hip/abc/abc.htm). (The ABC's were posted in 1997, and then removed from CDC website in 2003. This site's content was used to develop these exclusion lists.)

SC Department of Social Services, Division of Child Day Care Licensing and Regulatory Services. (2004). Revisions to Regulations 114-500 through 114-509.