



C. Earl Hunter, Commissioner

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

## 2009-2010 School 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 students, faculty, staff, volunteers, etc. in the school setting.**

### **Official List of Conditions Requiring Exclusion from School 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 students should be excluded from school attendance if they have one or more of the conditions in these lists. Schools should maintain a record of students known to have been excluded under this regulation.

#### **Parent Notification.**

The school should give to all parents/guardians the list of conditions that require exclusion from school attendance. Distribution of summaries of the Exclusion Lists, such as the Parent Brochures developed by the SC DHEC Division of Acute Disease Epidemiology, satisfies this requirement. Schools should inform parents/guardians that they must notify the school within 24 hours after their student has developed a known or suspected communicable illness addressed on the School Exclusion List. Students may return to the school as soon as their symptoms are resolved, unless stated otherwise in the Exclusion List or by their health care provider.

#### **Reporting to the 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 List of Reportable Conditions as Immediately or Urgently Reportable, must be reported to the local health department. Schools' reporting of Routinely Reportable conditions greatly facilitates local and state disease control efforts. Schools should consult with SC DHEC regarding outbreaks or clusters of symptoms related to communicable diseases or incidents of permanent or long-term disability."

#### **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 School Exclusion List is effective July 1, 2009.**

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

- **Use in Schools.** The School Exclusion List applies to students in grades 1-12 who are not medically fragile.<sup>A</sup> The separate **Childcare Exclusion List** should be used for students in grades K-3, K-4, and K-5, as well as students designated as being medically fragile.<sup>A</sup>
- **Special Circumstances.** The exclusion criteria in this document are applied to generally healthy children. Immunocompromised or medically fragile 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.
- **Exclusion criteria that vary** for younger students (primary grades or elementary 1<sup>st</sup> through 5<sup>th</sup> grade) and for older students (middle school, junior high or high school) are indicated in the Exclusion List. Intermediate schools (generally 5<sup>th</sup> and 6<sup>th</sup> graders) should follow the exclusion criteria for the youngest age students attending the school.
- **Mixed age groupings.** When students are taught or routinely spend time in mixed age groups, the standards for the youngest children in the group apply. If these children are Kindergarten age or younger, the criteria found in the Child Care Exclusion List apply.
- **Notes / Documentation for Return.** The type of note needed for a student to return to school 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 school following an excludable condition. Medical notes, which document diagnosis, initiation of treatment, improvement in status, etc., and parent notes should be kept on file at the school for at least one calendar year, or as otherwise required by local school district policy. Medical notes may not shorten or abrogate the minimum period of exclusion required for any specific condition.
- **Period of Exclusion.** Infected children should be excluded from school until they are no longer considered contagious. If a student 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 school.
- **Other Risks.** This list addresses common exposures to communicable disease. SC DHEC staff are available for consultation on unusual conditions or exposures, as well as on risks associated with close contact sports, water sports, immunocompromised status, contact with animals, etc.
- **Food-handling.** Although the legal mandate for the School Exclusion List does not specifically address school staff, SC DHEC staff are available for consultation on excluding 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.

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

**Students with the following conditions must be excluded from school attendance:**

Exclusion Criteria	Documentation for Return	Reportable to Health Department? <sup>B</sup>
<p>1. Exclude the student with <b>symptoms or other manifestations of possible severe illness</b> which may include, but are not limited to:</p> <ol style="list-style-type: none"> <li>Fever (see #6 below)</li> <li>Difficulty breathing</li> <li>Unusual lethargy (an unusual tiredness or lack of energy)</li> <li>Unusually severe irritability, especially in younger students</li> <li>Rapidly spreading rash</li> <li>Weeping or draining sores that cannot be covered</li> <li><u>Severe</u> vomiting and diarrhea or vomiting blood</li> <li>When a student poses a risk of spreading a harmful disease to others in the school setting.</li> </ol>	<p>School to specify based on situation. Students will generally be eligible to return to school 24 hours after these symptoms have resolved, or after a healthcare provider has cleared the student with signs of severe illness for re-admission. SCDHEC is available for consultation on these criteria.</p>	<p>Report Outbreaks only<sup>C</sup></p>
<p>2. Exclude students with diarrhea associated with <b>Campylobacter</b> until diarrheal symptoms are resolved. Students with prolonged diarrheal symptoms following 24 hours or more of antimicrobial therapy for Campylobacter may be re-admitted if cleared by the student's physician. See other possibly applicable exclusion criteria for diarrheal illnesses in addition to the criteria specified for this illness.</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>3. <b>Conjunctivitis (pinkeye)<sup>D</sup></b></p> <ul style="list-style-type: none"> <li>Exclude students in <b>1<sup>st</sup> through 5<sup>th</sup> grades</b> 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>No exclusion is required for students in 6<sup>th</sup> through 12<sup>th</sup> grades with conjunctivitis</b> unless the student meets other exclusion criteria (see #1), or if there is a recommendation of the health department or the child's healthcare professional. (<i>continued</i>)</li> </ul>	<p>Medical Note documenting evaluation and treatment</p> <p>None required.</p>	<p>Report Outbreaks only<sup>C</sup></p> <p>Report Outbreaks only<sup>C</sup></p>

<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' 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 "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.

<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)

## Students with the following conditions must be excluded from school attendance:

Exclusion Criteria	Documentation for Return	Reportable to Health Department? <sup>B</sup>
<p><b>Conjunctivitis (pinkeye), continued</b></p> <ul style="list-style-type: none"> <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</u> require exclusion from school.</li> </ul>	Not applicable	No
<p><b>4. Diarrhea</b></p> <ul style="list-style-type: none"> <li>• Exclude <b>children in 1<sup>st</sup> through 5<sup>th</sup> grade with diarrhea</b> (3 or more episodes of 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>E</sup> until symptoms are resolved or medical evaluation indicates that inclusion is acceptable.</li> <li>• Exclusion for diarrhea in <b>6<sup>th</sup> through 12<sup>th</sup> grade students is not mandatory</b> unless: <ul style="list-style-type: none"> <li>○ Diarrhea is caused by <i>E. coli</i>, <i>Salmonella</i> or <i>Shigella</i> (see #s 5, 22 &amp; 24 below), or</li> <li>○ A student is determined to be contributing to the spread of illness in the school setting.</li> </ul> </li> <li>• For students 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> <li>• Exclusion is not required 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>School to specify based on situation.</p> <p>Not applicable, unless one of the bulleted criteria applies, in which case a Medical Note is required.</p> <p>Not applicable.</p> <p>School to specify based on situation.</p>	<p>Report Outbreaks only<sup>C</sup></p> <p>No</p> <p>Report Outbreaks only<sup>C</sup></p>

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

**Students with the following conditions must be excluded from school attendance:**

Exclusion Criteria	Documentation for Return	Reportable to Health Department? <sup>B</sup>
5. Exclude for infection with <b><i>Escherichia coli</i> O157:H7, or other shiga-toxin producing <i>E. coli</i> (STEC)</b> until diarrhea resolves, AND 2 consecutive stool cultures taken at least 24 hours apart test negative for <i>E. coli</i> O157:H7 or STEC. <sup>F</sup>	Medical Note documenting diagnosis and negative culture results, and parent report of resolution of symptoms.	Report within 24 hours by phone.
6. Exclude for <b>Fever</b> , accompanied by behavior changes or other signs and symptoms of illness (such as sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion) until medical evaluation indicates inclusion is acceptable. Fever is defined in school children as: <ul style="list-style-type: none"> <li>• Oral temperature: 101.0° F or greater</li> <li>• Axillary (under the arm) temperature: 100.0° F or greater</li> </ul> <b>Note:</b> Students or Faculty/Staff 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> (#12, below) for additional information.	School to specify based on situation.	Report Outbreaks only <sup>C</sup>
7. Exclude for diarrhea attributable to <b><i>Giardia</i></b> until asymptomatic (diarrhea ceases) or until 24 hours after initiation of antimicrobial therapy, if cleared by the student's physician to return to school.	Medical Note documenting antimicrobial therapy. A Parent Note is sufficient if diarrhea has ceased.	Report within 7 days.
8. Exclude students with proven <b>Haemophilus influenzae type B (Hib)</b> infection for at least 24 hours after antibiotic therapy is completed. Re-admit after student is cleared by a health professional. No exclusion is required for exposed students or staff.	Medical Note documenting diagnosis, completion of antibiotic treatment, and clearance to return to school.	Report within 24 hours by phone
9. Exclude for <b>Head Lice (pediculosis)<sup>G</sup></b> , <u>from the end of the school day</u> until after the first treatment with an appropriate pediculicide or other school-approved lice removal product. <sup>H</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. ( <i>continued</i> )	Parent Note documenting school-approved treatment.	Not reportable

<sup>F</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*.

<sup>G</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>H</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 School Exclusion.

**Students with the following conditions must be excluded from school attendance:**

Exclusion Criteria	Documentation for Return	Reportable to Health Department? <sup>B</sup>
<b>Head Lice, continued:</b> Sports or physical education governing bodies may impose additional restrictions on participation.		
10. Exclude for <b>Hepatitis A virus infection</b> , until 1 week after onset of illness or jaundice. Close contacts should be directed to their healthcare providers for consideration of immune globulin in consultation with the health department.	Medical Note documenting diagnosis	Report within 24 hours by phone
11. <b>Impetigo</b> (see <i>Staph and Strep skin and soft tissue infections, #25, below</i> )		
<b>ILI section revised August 28, 2009</b>		
12. <b>Exclude students, faculty, staff, volunteers, etc., with Influenza / Influenza-like Illness or ILI<sup>I</sup></b> , until at least 24 hours after they are free of fever or signs of a fever <sup>J</sup> (without the use of fever-reducing medicines).	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.	Report ILI daily using DHEC's web-based ILI surveillance system. <sup>K</sup> Report Outbreaks immediately by phone. <sup>L</sup>
13. Exclude for <b>Measles</b> , until 4 days after onset of rash.	Medical Note documenting diagnosis	<b>REPORT IMMEDIATELY by phone</b>
14. Exclude a student with symptoms of <b>Meningitis</b> as soon as meningitis is suspected. Re-admit when cleared by a healthcare professional.	Medical Note documenting that child is non-contagious.	<b>REPORT IMMEDIATELY by phone</b>
15. Exclude students with <b>Mononucleosis</b> , until cleared for re-admission by a healthcare professional.	Medical note indicating student may participate in routine activities	Not reportable
16. Exclude for <b>Mumps</b> , until 5 days after onset of parotid gland swelling.	Medical Note documenting diagnosis	Report within 24 hours

<sup>I</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>J</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>K</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/independent 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>.

<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.

**Students with the following conditions must be excluded from school attendance:**

Exclusion Criteria	Documentation for Return	Reportable to Health Department? <sup>B</sup>
<p>17. Exclude for <b>Pertussis (whooping cough)</b>, until completion of 5 days of appropriate antimicrobial therapy, unless the student is initially diagnosed with pertussis past the infectious period (21 or more days after cough onset.)</p> <p>In outbreaks and when recommended by DHEC, exclude close contacts to pertussis cases if the contacts are coughing or with other symptoms of pertussis<sup>M</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.</p>	<p>Medical Note documenting diagnosis, plus completion of 5 days of antibiotics (unless <math>\geq 21</math> days post cough onset at diagnosis)</p> <p>Medical Note indicating student is either free of pertussis infection or that student has been treated for pertussis as indicated above.</p>	<p>Report within 24 hours by phone</p> <p>Report cases within 24 hours by phone. Report outbreaks immediately by phone.</p>
<p>18. Exclude for <b>Rash with fever or behavioral change</b>, until a healthcare provider has determined that the illness is not a communicable disease.</p>	<p>Medical Note documenting evaluation, non-communicability.</p>	<p>Report Outbreaks only<sup>C</sup></p>
<p>19. <b>Ringworm (<i>Tinea</i>)</b></p> <ul style="list-style-type: none"> <li>• <b>Ringworm of the Scalp (<i>Tinea capitis</i>).</b> Exclude children in 1<sup>st</sup> through 5<sup>th</sup> grade with Ringworm of the Scalp (<i>Tinea capitis</i>) at the end of the school or program day until oral antifungal treatment is initiated. <i>Topical treatments such as selenium sulfide shampoo (1% or 2.5%) do not take the place of oral antifungal agents. However, they can decrease fungal shedding and may help curb the spread of infection.</i></li> <li>• <b>Ringworm of the Body (<i>Tinea corporis</i>).</b> If lesions cannot be covered, <b>exclude children in 1<sup>st</sup> through 5<sup>th</sup> grade with ringworm of the body (<i>Tinea corporis</i>)</b> at the end of the school day until oral or topical antifungal treatment is initiated. <ul style="list-style-type: none"> <li>○ If the affected area can be adequately covered, exclusion is not required for ringworm of the body, but treatment is recommended.</li> </ul> </li> <li>• <b>Exclusion for <i>Tinea capitis</i> or <i>Tinea corporis</i> is not mandatory for students in 6<sup>th</sup> through 12<sup>th</sup> grades</b>, unless a student is determined to be contributing to the spread of illness in the school setting or meets other exclusion criteria (see #1).</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>Medical Note documenting diagnosis and initiation of anti-fungal therapy.</p> <p>Parent Note for that treatment has been initiated for body ringworm lesions that cannot be covered.</p> <p>Generally not applicable</p>	<p>Not reportable</p> <p>Not reportable</p>

<sup>M</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.

**Students with the following conditions must be excluded from school attendance:**

Exclusion Criteria	Documentation for Return	Reportable to Health Department? <sup>B</sup>
20. Exclude for diarrhea attributable to <b>Rotavirus</b> until asymptomatic (diarrhea ceases).	A Parent Note is stating that diarrhea has ceased.	Report Outbreaks only <sup>C</sup>
21. Exclude for <b>Rubella (German Measles)</b> , until 7 days after onset of rash.	Medical Note documenting diagnosis	Report within 24 hours by phone
<p>22. <b>Salmonella</b></p> <ul style="list-style-type: none"> <li>• <b>Salmonella typhi (typhoid fever) infection:</b> Exclude until 24 hours without a diarrheal stool. A healthcare provider must clear students for re-admission following all cases of <i>Salmonella typhi</i> (Typhoid fever).</li> <li>• <b>Nontyphoidal Salmonella infections</b> do not require exclusion from school unless individuals are symptomatic with diarrhea, in which case the exclusion criteria in #4 would apply.</li> </ul>	<p>Medical Note for <i>Salmonella typhi</i>, documenting diagnosis. Parent report of symptom resolution.</p> <p>Parent Note for Symptomatic Nontyphoidal <i>Salmonella</i></p>	<p>Report within 24 hours</p> <p>Report within 7 days</p>
23. Exclude for <b>Scabies</b> , until after appropriate scabicial treatment has been completed. Sports or physical education governing bodies may impose additional restrictions on participation.	Medical Note documenting diagnosis, completion of therapy	Not reportable
24. Exclude for <b>Shigella</b> infection, until asymptomatic.	Medical Note documenting diagnosis and parent report of cessation of symptoms.	Report within 7 days
<p>25. <b>Staphylococcal and Streptococcal Skin and Soft Tissue Infections, including MRSA</b></p> <ul style="list-style-type: none"> <li>• <b>Impetigo<sup>N</sup>:</b> <p><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.</p> <p><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.</p> </li> </ul>	<p><b>Dry:</b> Parent 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. Parent or school observes improvement in status.</p>	Report Outbreaks only <sup>C</sup>

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

## Students with the following conditions must be excluded from school attendance:

Exclusion Criteria	Documentation for Return	Reportable to Health Department? <sup>B</sup>
<p><b>Staphylococcal and Streptococcal Skin and Soft Tissue Infections, including MRSA, continued</b></p> <ul style="list-style-type: none"> <li>• <b>Sores, Boils, Abscesses and Cellulitis</b> Exclude students with <b>draining lesions that cannot be covered</b>, or if the covering cannot be maintained because drainage comes through the dressing to contaminate other surfaces or persons. Readmit when the exclusion criteria are resolved, i.e., drainage is contained within dressing and/or covered adequately so that contact of others with drainage does not occur.  Students with non-draining or non-oozing lesions do not have to be excluded from school unless they meet other exclusion criteria (#1).</li> <li>• <b>Sports.</b> Children with Staphylococcal or Streptococcal lesions on uncovered skin, or with Staph- or Strep-lesions that are covered but draining or oozing, may not participate in close contact sports or other athletic activities. Sports or physical education governing bodies may impose additional restrictions on participation. (<i>continued</i>)</li> <li>• <b>Contact precautions.</b> Contact (standard) precautions, including appropriate disposal of potentially infectious materials, must be used if/when dressings are changed in the school setting.<sup>o</sup></li> <li>• <b>Carrier Status.</b> Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion unless other exclusion criteria are met.</li> <li>• <b>Outbreaks.</b> DHEC may change these recommendations in the event of reported outbreaks or clusters of Staph or Strep illness.</li> </ul>	<p>Parent or school observes cessation of drainage and/or containment of drainage. .</p> <p>Not required.</p>	<p>Report Outbreaks only <sup>C</sup></p> <p>Report Outbreaks only <sup>C</sup></p>
<p>26. Exclude for <b>Streptococcal pharyngitis (strep throat)</b>, until afebrile and at least 24 hours after treatment has been initiated.</p>	<p>Medical Note documenting diagnosis and initiation of treatment, plus parent report of afebrile status.</p>	<p>Report Outbreaks only <sup>C</sup></p>
<p>27. Exclude for <b>Tuberculosis</b>, until the local health department authority or <u>treating</u> physician states that the student is noninfectious.</p>	<p>Medical Note documenting diagnosis and noninfectious status.</p>	<p>Report within 24 hours</p>

<sup>o</sup> From the CDC: Use standard precautions (e.g., hand hygiene before and after contact, wearing gloves) when caring for non-intact skin or potential infections. Use barriers such as gowns, masks and eye protection if splashing of body fluids is anticipated. (<http://www.cdc.gov/Features/MRSAinSchools/>)

**Students with the following conditions must be excluded from school attendance:**

Exclusion Criteria	Documentation for Return	Reportable to Health Department? <sup>B</sup>
<p>28. <b>Varicella (chickenpox)</b></p> <ul style="list-style-type: none"> <li>In outbreaks, 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 of lesions. These students should be excluded from school until lesions fade away and no new lesions appear.</li> </ul>	<p>Parent Note indicating lesions have dried/crusted.</p> <p>Parent Note indicating lesions are fading/resolving.</p>	<p>Report Outbreaks only<sup>C</sup></p> <p>Report Outbreaks only<sup>C</sup></p>
<p>29. Exclude for <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 &amp; sports activities that could result in exposure of the lesions (e.g., wrestling.)</p>	<p>Parent Note indicating any uncovered lesions have dried/crusted.</p>	<p>Report Outbreaks only<sup>C</sup></p>
<p>30. Exclude for <b>conditions or illnesses that DHEC or a health care provider<sup>P</sup> indicates warrant exclusion.</b> This includes students determined to be contributing to the transmission of illness in the school.</p>	<p>Medical note addressing diagnosis and communicability.</p>	<p>DHEC staff are available for consultation on this exclusion.</p>

<sup>P</sup> "Health care provider," in this instance, includes School Nursing staff.

**Exclusion Criteria for Students who are contacts of (exposed to) individuals with excludable conditions:**

Exclusion Criteria for Exposure	Documentation for Return
<p>1. <b>When recommended by DHEC</b>, contacts to <i>Neisseria meningitidis</i> (meningococcal disease) should be excluded until antimicrobial treatment has been initiated.</p>	<p>Medical Note documenting initiation of Antimicrobial therapy</p>
<p>2. <b>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>Medical Note documenting 5 days of antimicrobial therapy if exposed person has a cough illness. Parent report if returning to school 21+ days after last contact.</p>
<p>3. <b>Unimmunized school children</b> without documentation of immunity or natural disease must be excluded as indicated below if exposed to:</p>	<p>DHEC will provide guidance on an individual basis regarding when a student who is immunocompromised and unimmunized may return to the school setting following an excludable exposure to one of these vaccine-preventable conditions.</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>Q</sup> Students may return immediately following receipt of MMR vaccine, if vaccine is received within 72 hours of exposure. Pregnant students should not receive MMR immunization.<sup>R</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 students to protect them from infection from subsequent exposure.<sup>S</sup> Students may return following receipt of MMR vaccine. Pregnant students should not receive MMR immunization.<sup>R</sup></li> </ul>	

<sup>Q</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 newer research. The SC DHEC Bureau of Disease Control (803.898.0861) is available for consultation on exclusion for measles exposure during an outbreak.

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

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

**Exclusion Criteria for Students who are contacts of (exposed to) individuals with excludable conditions:**

Exclusion Criteria for Exposure	Documentation for Return
<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 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>R</sup></li> <li>• <b>Varicella (chicken pox):</b> Exclude unimmunized students who are covered by the Varicella vaccine requirement (grades K-9) from day 10 to day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school.<sup>T</sup>  Students may return immediately following receipt of varicella vaccine, if vaccine is received within 72 hours of exposure.  Pregnant students should not receive Varicella immunization.<sup>R</sup></li> </ul>	<p>SC DHEC will provide guidance on an individual basis regarding when a student who is immunocompromised and unimmunized may return to the school setting following an excludable exposure to one of these vaccine-preventable conditions.</p>
<p>4. Other conditions when recommended by DHEC or the student's healthcare provider.</p>	<p>SC DHEC will specify based upon situation.</p>

<sup>T</sup> Mild break-through cases of Varicella (occurring in immunized persons) are generally considered to be less infectious than cases in unimmunized 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).

**Children with the following conditions are not typically excluded from school, so long as they are healthy enough to participate in routine curricular activities:**

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| <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>• 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> <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> <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> |
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**References:**

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- 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.