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Promoting and protecting the health of the public and the environment

School Exclusion List

Official List of Conditions Requiring Exclusion from School, with Guidance Section

Statutory authority: **SC Code of Laws Sections 20-7-2980, 44-1-140 and 44-29-200;**
SC Code of Regulations 61-20 and Chapter 114, Article 5

Requirements

South Carolina law allows schools to prevent the spread of disease in the school by limiting the attendance of employees or students with contagious or infectious diseases at school or school activities. [SC Regulation #61-20](#) requires that DHEC publish in January of 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 Regulation states that schools, out-of-home childcare providers, and parents/guardians should not allow the attendance of children with “any contagious or infectious disease or syndrome requiring isolation” ... “if the disease or syndrome of the child or minor is on the Official School and Childcare Exclusion List of Contagious and Communicable Diseases.” Staff that are known to be ill with a communicable condition are not permitted to work in any capacity in out-of-home childcare in which there is likelihood of such person transmitting disease or infection to other individuals.

Students should be also excluded from school attendance if they have been exposed to one or more of the conditions designated in these lists, until the return to school criteria are met. Schools should maintain a record of students known to have been excluded under this regulation.

Revisions

The School Exclusion List was revised in January 2014 to address changes in exclusion criteria during outbreaks; to update exclusion criteria for several diarrheal illnesses (*E. coli*, *Salmonella* Typhi, and *Shigella*); to clarify exclusion for cytomegalovirus, hand, foot, and mouth disease, skin lesions, and tuberculosis, and to reflect updated guidance from the American Academy of Pediatrics on management of conjunctivitis (pink-eye) in schools.

This update to the School Exclusion List is effective September 4, 2014.

Guidance for Implementing the School Exclusion List

1. The **School Exclusion List** applies to students in grades 1-12 who are not medically fragile. For the purposes of school exclusion, the term “medically fragile” refers to those students with special health care needs or developmental delays who require close assistance with feeding or other personal hygiene activities by which communicable illnesses may be easily spread.
2. The separate **Childcare Exclusion List** should be used for
 - o children and employees in out-of-home childcare settings,
 - o students in grades K-3, K-4, and K-5, and
 - o older students who have been designated as being medically fragile.

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3. **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 DHEC Division of Acute Disease Epidemiology, satisfies this requirement.
4. **Parent Reporting to School:** 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.
5. **Return to School:** 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.
6. **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.
7. **Exclusion criteria that vary** for younger students (primary grades or elementary 1st through 5th grade) and for older students (middle school, junior high or high school) are indicated in the Exclusion List. Intermediate schools (generally 5th and 6th graders) should follow the exclusion criteria for the youngest age students attending the school.
8. **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.
9. **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 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 by DHEC for any specific condition.
10. **Period of Exclusion:** Per the *Red Book* (American Academy of Pediatrics, 2012), "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.
11. **Bloodborne diseases:** The 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.
12. **Other Risks:** This list addresses common exposures to communicable disease. DHEC staff are available for consultation on unusual conditions or exposures, as well as on risks associated with close contact sports, water activities, immunocompromised status, contact with animals, etc. State or national sanctioning bodies may also have applicable rules regarding participation in contact sports.

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13. **Food-handling:** 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.
14. **Outbreaks:** During disease outbreaks or under special circumstances, DHEC may change the recommendations in the Childcare Exclusion List and/or the School Exclusion List, including changing or lengthening exclusion periods. During outbreaks, the exclusion criteria in this document may also apply to students who display the same symptoms as lab-confirmed cases, even if the student has not been tested for the illness causing the outbreak.
15. **Disease/Outbreak reporting to the Health Department and the Family Education Rights and Privacy Act (FERPA):** Per SC Statute 44-29-10, “any person or entity that maintains a database containing health care data must report [to 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.
- For schools subject to FERPA: FERPA allows reporting of illnesses without specific parent permission if a “health or safety emergency” exists. DHEC has determined that conditions where reports are requested immediately or within 24 hours by phone, including all clusters or outbreaks of illnesses, may be reported to DHEC by name, without parental consent. Disclosure of this information is documented in the student’s/students’ record(s) per local policies for FERPA compliance. Conditions where reporting is required within 3 days may be reported to DHEC by name with parental consent. De-identified reporting is also allowed for these conditions. School personnel should work with local education agency nursing leadership, or local health department Epi staff to review processes for de-identified reporting of cases of varicella that may spread in schools, especially varicella.

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

Exclusion Criteria	Documentation for Return	Reportable to Health Department? ^A
<p>1. Symptoms or other manifestations of possible severe illness:</p> <ul style="list-style-type: none"> • Students with these conditions should be excluded until symptoms cease and a medical evaluation determines that the child is not contagious: <ul style="list-style-type: none"> ○ Fever, with behavior changes ○ Rapidly spreading rash ○ Weeping or draining sores that cannot be covered ○ When a student poses a risk of spreading a harmful disease to others in the school setting 	<p>Medical note</p>	<p>Report outbreaks only^B</p>
<ul style="list-style-type: none"> • Students with these conditions should be excluded until symptoms resolve and until after a medical evaluation: <ul style="list-style-type: none"> ○ Difficulty breathing ○ Unusual lethargy (an unusual tiredness or lack of energy) ○ Unusually severe irritability, especially in younger students 	<p>Medical note</p>	
<ul style="list-style-type: none"> • Students with these conditions should be excluded until symptoms resolve: <ul style="list-style-type: none"> ○ Illness preventing participation in routine educational activities, as determined by school staff 	<p>Parent note</p>	
<ul style="list-style-type: none"> • Students with <u>severe</u> vomiting and diarrhea or vomiting blood should be excluded until symptoms resolve, unless the vomiting and/or diarrhea is known to be caused by a non-communicable condition 	<p>Parent or medical note, depending upon situation</p>	

^A 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.” The List of Reportable Conditions may be accessed here: <http://www.scdhec.gov/administration/library/CR-009025.pdf>.

^B 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. Outbreaks are reported immediately to DHEC.

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

Exclusion Criteria	Documentation for Return	Reportable to Health Department? ^A
<p>2. Exclude students with diarrhea associated with Campylobacter until diarrheal symptoms are resolved for at least 24 hours.</p>	<p>A parent note is sufficient if there has been no diarrhea for 24 hours</p>	<p>Report within 3 days Report outbreaks immediately De-identified reporting is permitted if parental consent is not obtained for identified reporting of single cases</p>
<p>3. Conjunctivitis (pinkeye)</p> <ul style="list-style-type: none"> • Exclude students with pinkeye <u>if they also have fever, severe eye pain, or are too sick to participate</u> in routine curricular activities. • Students who experience pinkeye with changes in vision or severe eye pain should be promptly referred for an ophthalmologic evaluation. • In outbreaks, DHEC may change the exclusion criteria for conjunctivitis. • From the America Academy of Pediatrics (<i>Managing Infectious Diseases, 3rd ed., 2013, p. 134</i>) <i>It is helpful to think of pinkeye like the common cold. Both conditions may be passed on to other children but resolve without treatment. We do not exclude for the common cold. Pinkeye generally results in less symptoms of illness than the common cold. The best method for preventing spread is good hand hygiene.</i> 		<p>Report outbreaks only^C</p>
<p>4. Exclude children with cytomegalovirus until cleared for re-admission by a health care professional.</p>	<p>Medical note indicating student may participate in routine activities</p>	<p>Not reportable</p>
<p>5. Diarrhea^D</p> <p>All Students: Exclude all students with diarrhea caused by E. coli, Salmonella Typhi, or Shigella until return-to-school criteria are met.</p>	<p>Medical clearance is required to return to school after having <i>E. coli</i> or STEC, <i>Salmonella Typhi</i>, or <i>Shigella</i></p>	

^C 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.”

^D Diarrhea is defined by loose or watery stools that are not associated with changes in diet.

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

Exclusion Criteria	Documentation for Return	Reportable to Health Department? ^A
<p>Younger Students Exclude children in 1st through 5th grade with diarrhea (3 or more episodes of loose stools in a 24 hour period) until symptoms are resolved for 24 hours or more, or medical evaluation indicates that inclusion is acceptable.</p> <p>Older Students Exclusion for diarrhea in 6th through 12th grade students is not mandatory unless a student is determined to be contributing to the spread of illness in the school setting.</p> <p>Students needing assistance with toileting For students of any age 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.</p> <p>Exclude students of any age with uncontrolled diarrhea or stools that contain blood or mucus, until symptoms are resolved or medical evaluation indicates that inclusion is acceptable.</p> <p>Exclusion for diarrhea is not required if student is known to have these symptoms for a non-infectious condition (e.g., IBS or Crohn’s Disease).</p> <p>Exclusion may not be required if diarrheal symptoms persist after <u>completion</u> of effective antimicrobial therapy for an enteric illness such as <u>Campylobacter</u>, <u>E. coli</u>, <u>Giardia</u>, <u>Salmonella</u>, or <u>Shigella</u>, if other return to school criteria are met and a health care provider has cleared the student.</p>	<p>Parent note in most cases</p> <p>NA</p> <p>School to specify based on situation</p>	<p>Report outbreaks only</p> <p>Report outbreaks only</p> <p>Report outbreaks only</p>
<p>6. Exclude for infection with Escherichia coli O157:H7, or other shiga-toxin producing bacteria (includes STEC) 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.^E</p> <p>If antibiotics were prescribed, stool cultures should be collected 48 or more hours after the antibiotics are all taken. A healthcare professional must clear a child for readmission for all cases of <i>E. coli</i> O157:H7 or STEC.</p> <p>Students with <i>E. coli</i> / STEC infections should be excluded from recreational water activities (pools, splash pads, water tables, etc.) until 2 weeks after diarrheal symptoms resolve.</p>	<p>Medical note documenting diagnosis and negative test results, and parent report of resolution of symptoms</p>	<p>Report within 24 hours by phone.</p>

^E 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 test results. DHEC is available for consultations on prolonged exclusions for sporadic cases of diarrheal illness attributable to *E. coli*.

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

Exclusion Criteria	Documentation for Return	Reportable to Health Department? ^A
<p>7. Exclude for Fever, <u>accompanied by behavior changes or other signs and symptoms of illness</u> (such as rash, vomiting, diarrhea, earache, irritability, or confusion), in students <u>who do not have signs of influenza-like illness</u>, until medical evaluation indicates inclusion is acceptable.</p> <p>Fever is defined in school children as:</p> <ul style="list-style-type: none"> • Oral temperature: 101.0° F or greater • Axillary (under the arm) temperature: 100.0° F or greater <p>Note: Students or Faculty/Staff presenting with influenza-like illness (ILI), which includes feverishness (fever of 100 or higher), sore throat, and cough, may be excluded for temperatures lower than 101. See Influenza-like illness for additional information.</p> <p>Students with non-contagious medical conditions characterized by fever may attend school with medical clearance.</p> <p>Students who have fever under 101 who have no other signs of illness and who can participate in routine activities, do not have to be excluded.</p>	School to specify based on situation	Report outbreaks only
<p>8. Exclude for Giardia infection until diarrhea resolves for at least 24 hours</p>	A parent note is sufficient if diarrhea has ceased	Report within 3 days Report outbreaks immediately De-identified reporting is permitted if parental consent is not obtained for reporting of single cases
<p>9. Exclude students with proven Haemophilus influenzae type B (Hib) infection until the student is cleared by a health professional.</p> <p>No exclusion is required for exposed students or staff.</p>	Medical note documenting diagnosis, completion of antibiotic treatment, and clearance to return to school	Report within 24 hours by phone
<p>10. Exclude children with hand, foot, and mouth disease while they have fever, excessive drooling, and are not able to participate in routine activities. This is typically during the first week of illness.</p>	Parent note	Report outbreaks only

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

Exclusion Criteria	Documentation for Return	Reportable to Health Department? ^A
<p>11. Exclude students with Head Lice (pediculosis)^F, defined as</p> <ul style="list-style-type: none"> • the presence of live, crawling lice visualized on direct inspection of the scalp, and/or • the presence of nits (eggs) that appear to be ¼ inch or 6 mm from the scalp.^G <p>Students identified with pediculosis may be allowed to remain in the classroom until the end of the school day, with limitations placed upon activities that cause head-to-head contact.</p> <p>Criteria for Return—Screening AND Treatment:</p> <ol style="list-style-type: none"> 1. Screening: Excluded students may be readmitted when screening identifies no live, crawling lice on the student's scalp.^H 2. Treatment: Excluded students may return with a parent note, after one initial treatment with an over-the-counter or prescription chemical product (shampoo, lotion, oral medication) identified in literature as having pediculicidal activity. Schools may opt to allow students to return after one initial treatment with a mechanical lice-removal or pediculicidal method (heat, nit/lice combing). While no recommendation is made by DHEC, school districts may opt to allow students to return after one initial treatment with an herbal or botanical product advertised or identified in literature as having pediculicidal properties. The school may identify acceptable products. <p>Re-screening Recommendation:</p> <p>Students who were identified with pediculosis and excluded should be rescreened at 7-10 days after initial treatments. Rescreened students who are found to have live crawling lice should be re-treated and excluded until screening identifies no live, crawling lice on the student's scalp.</p> <p>Other Restrictions:</p> <p>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.</p> <p>Sports or physical education governing bodies may impose additional restrictions on participation.</p>	<p>Parent note documenting school-approved treatment, plus evidence of no live-crawling lice on student's scalp.</p>	<p>Not reportable</p>

^F Students with other evidence of infestation (e.g., nits further than ¼" from the scalp) may be excluded per local policies.

^G Ideally, pediculosis screening is performed by school health nurses, or by school health aides who have been trained by school nurses.

^H 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? ^A
<p>12. Exclude for Hepatitis A virus infection, until 1 week after onset of illness or jaundice. Contacts should be directed to their health care providers for consideration of immunoglobulin or vaccine in consultation with the health department.</p>	<p>Medical note documenting diagnosis and > one week since onset and not contagious</p>	<p>Report within 24 hours by phone</p>
<p>13. Impetigo Exclude until 24 hours after antibiotic treatment has been initiated. Lesions on exposed skin should be covered with a watertight dressing.</p>	<p>Parent note indicating antibiotic therapy has been initiated</p>	<p>Not reportable</p>
<p>14. Exclude students, faculty, staff, volunteers, etc., with Influenza / Influenza-like Illness or ILI, until at least 24 hours after they are free of fever without the use of fever-reducing medicines. 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.</p>	<p>Parent note or parent communication (or employee statement) verifying that the student or employee has not had a fever for 24 hours and has not taken any fever-reducing medications for 24 hours</p>	<p>Report outbreaks immediately by phone</p>
<p>15. Exclude for Measles, until 4 days after onset of rash and cleared by health care provider.</p>	<p>Medical note documenting at last 4 days since onset of illness</p>	<p>REPORT IMMEDIATELY by phone</p>
<p>16. Exclude a student with symptoms of Meningitis as soon as meningitis is suspected. Seek medical attention for student promptly. Re-admit when cleared by a health care professional.</p>	<p>Medical note documenting that child is non-contagious</p>	<p>REPORT IMMEDIATELY by phone</p>
<p>17. Exclude students with Mononucleosis, until cleared for re-admission by a health care professional.</p>	<p>Medical note indicating student may participate in routine activities</p>	<p>Not reportable</p>
<p>18. Exclude for Mumps, until 5 days after onset of parotid gland swelling.</p>	<p>Medical note documenting diagnosis</p>	<p>Report within 24 hours</p>
<p>19. Exclude for diarrhea or vomiting attributable to Norovirus until asymptomatic (diarrhea and/or vomiting cease for at least 24 hours).</p>	<p>A Parent note is stating that diarrhea or vomiting has ceased.</p>	<p>Report outbreaks only</p>

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

Exclusion Criteria	Documentation for Return	Reportable to Health Department? ^A
<p>20. Exclude for Pertussis (whooping cough), until completion of 5 days of appropriate antimicrobial 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.)</p>	<p>Medical note documenting diagnosis, and type of antibiotic prescribed Parent note documenting completion of 5 days of antibiotics</p>	<p>Report within 24 hours by phone. Report outbreaks immediately by phone.</p>
<p>21. Exclude for Rash with fever or behavioral change, until a health care provider has determined that the illness is not a communicable disease.</p>	<p>Medical note documenting evaluation, non-communicability</p>	<p>Report outbreaks only</p>
<p>22. Ringworm (<i>Tinea</i>)</p> <ul style="list-style-type: none"> • Ringworm of the Scalp (<i>Tinea capitis</i>). Exclude children in 1st through 5th 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. • Ringworm of the Body (<i>Tinea corporis</i>). If lesions cannot be covered, exclude children in 1st through 5th grade with ringworm of the body (<i>Tinea corporis</i>) at the end of the school day until oral or topical antifungal treatment is initiated. If the affected area <u>can be adequately covered at all times while in school</u>, exclusion is not required for <i>Tinea corporis</i>, but treatment is recommended. • Exclusion for <i>Tinea capitis</i> or <i>Tinea corporis</i> is not mandatory for students in 6th through 12th grades, unless a student is determined to be contributing to the spread of illness in the school setting or meets other exclusion criteria. • Sports and PE: 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>. 	<p>Medical note documenting diagnosis and initiation of oral 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>
<p>23. Exclude for diarrhea attributable to Rotavirus until asymptomatic (diarrhea ceases).</p>	<p>A parent note stating that diarrhea has ceased</p>	<p>Report outbreaks only</p>
<p>24. Exclude for Rubella (German Measles), until 7 days after onset of rash.</p>	<p>Medical note documenting diagnosis and onset date</p>	<p>Report within 24 hours by phone</p>

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

Exclusion Criteria	Documentation for Return	Reportable to Health Department? ^A
<p>25. Salmonella</p> <ul style="list-style-type: none"> • Salmonella typhi (typhoid fever) infection: Exclude until diarrhea resolves AND three stool cultures collected at 24-hour intervals are negative for <i>Salmonella Typhi</i>. A healthcare professional must clear a child for readmission for all cases of <i>Salmonella Typhi</i>. • Exclude students with Nontyphoidal Salmonella infections until 24 or more hours after diarrhea has ceased. 	<p>Medical note for <i>Salmonella Typhi</i>, documenting diagnosis and negative test results, and Parent report of resolution of symptoms</p> <p>Parent note for non-typhoidal <i>Salmonella</i></p>	<p>Report Typhoid fever within 24 hours Report outbreaks immediately</p> <p>Report non-typhoid Salmonella within 3 days Report outbreaks immediately</p>
<p>26. Exclude for Scabies, until after appropriate scabicial treatment has been completed (usually overnight) The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with scabies.</p>	<p>Medical note documenting diagnosis, completion of therapy</p>	<p>Not reportable</p>
<p>27. Exclude for Shigella infection, until 24 hours or more after diarrhea has ceased and test results from two stool cultures collected at least 1 day apart are negative. A healthcare professional must clear a child for readmission for all cases of Shigella.</p>	<p>Medical note documenting diagnosis and negative test results. Parent report of resolution of symptoms</p>	<p>Report within 3 days. Report outbreaks immediately. De-identified reporting is permitted if parental consent is not obtained for reporting of single cases.</p>
<p>28. Skin lesions, including Staphylococcal and Streptococcal skin and soft tissue Infections, MRSA, Herpes Gladiatorum, etc.</p> <p>Exclude only if skin lesions are draining and cannot be covered, or if the covering cannot be maintained because drainage comes through the covering to contaminate other surfaces.</p> <p>Sports. Children with lesions on uncovered skin, or with lesions that are covered but draining or oozing, may not participate in close contact sports or other athletic activities. The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with skin lesions.</p>	<p>Not required</p>	<p>Report outbreaks only</p>

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

Exclusion Criteria	Documentation for Return	Reportable to Health Department? ^A
<ul style="list-style-type: none"> • Precautions. Barriers, including gloves, and appropriate disposal of potentially infectious materials must be used if/when dressings are changed in the school setting.^I • Carrier Status. Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion. • Outbreaks. DHEC may change these recommendations in the event of reported outbreaks or clusters of skin lesions. 		
<p>29. Exclude for Streptococcal pharyngitis (strep throat), until afebrile and at least 24 hours after treatment has been initiated.</p>	Medical note documenting diagnosis and initiation of treatment, plus parent report of afebrile status	Report outbreaks only
<p>30. Exclude for active (infectious) Tuberculosis, until the local health department authority or <u>treating</u> infectious disease physician states that the student is noninfectious.</p>	The health department or infectious disease physician must clear the student for return to school	Report within 24 hours
<p>31. Varicella (chickenpox)</p> <ul style="list-style-type: none"> • Exclude for typical Varicella (chickenpox), which occurs in unvaccinated children, until all lesions have dried and crusted. • Breakthrough varicella, which occurs in vaccinated children, may appear just as a rash, without crusting. In these cases, exclude until 24 hours following appearance of last lesions. 	<p>Parent note indicating lesions have dried/crusted</p> <p>Parent note indicating lesions are fading/resolving and no new lesions have appeared for 24 hours</p>	<p>Report cases within 3 days</p> <p>Report outbreaks immediately</p> <p>De-identified reporting is permitted if parental consent is not obtained for reporting of single cases</p>
<p>32. Exclude for Varicella Herpes Zoster (shingles) with lesions that cannot be covered, until lesions are crusted.</p> <p>Sports and PE: The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with shingles.</p>	Parent note indicating any uncovered lesions have dried/crusted	Report outbreaks only
<p>33. Exclude for conditions or illnesses that DHEC or a health care provider^J indicates warrant exclusion. This includes students determined to be contributing to the transmission of illness in the school.</p>	Medical note addressing diagnosis and communicability	DHEC staff are available for consultation on this exclusion

^I From the CDC: Use standard precautions (e.g., hand hygiene before and after contact, wearing gloves) when caring for nonintact skin or potential infections. Use barriers such as gowns, masks, and eye protection if splashing of body fluids is anticipated. (<http://www.cdc.gov/mrsa/community/schools/index.html>)

^J "Health care provider" includes school nurses.

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

Exclusion Criteria for Exposure	Documentation for Return
<p>1. When recommended by DHEC, 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. Pertussis (whooping cough): In outbreaks and when recommended by DHEC, exclude <u>close contacts to pertussis cases if the contacts are coughing or have other symptoms of pertussis^K</u>. Contacts with cough illness are excluded a) until after 5 days of appropriate antimicrobial therapy, or b) if no antibiotics are given, until 21 days after last contact with an infected person, or c) until after a negative pertussis test result, or d) until a health care provider indicates that illness is not pertussis</p>	<p>Medical note indicating student is either free of pertussis infection or that student has been treated for pertussis as indicated at left. Parent report if returning to school 21+ days after last contact.</p>
<p>3. Unimmunized students without documentation of immunity or natural disease must be excluded as indicated below if exposed to:</p>	
<ul style="list-style-type: none"> • Measles: 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. As warranted, DHEC may publish exclusion criteria for staff exposed to measles cases or outbreaks. Pregnant students and staff should not receive MMR immunization. 	<p>Individuals without previous immunization may be readmitted to school immediately after receiving measles vaccine (if received within 72 hours of exposure to case) or measles immunoglobulin (if received within 6 days of exposure). Contact DHEC regarding previously unimmunized persons who receive vaccine or immunoglobulin after the above time frames.</p>
<ul style="list-style-type: none"> • Mumps: <u>During mumps outbreaks</u>, exclude exposed students who have not been immunized until they become immunized. 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 25 days after the onset of parotitis in the last person with mumps in the affected school. As warranted, DHEC may publish exclusion criteria for staff exposed to mumps cases or outbreaks. Pregnant students and staff should not receive MMR immunization. 	<p>Unimmunized persons receiving their first dose as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>

^K 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 Students who are contacts of (exposed to) individuals with excludable conditions:

Exclusion Criteria for Exposure	Documentation for Return
<ul style="list-style-type: none"> Rubella: 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 21 days after the onset of rash in the last person with rubella in the affected school or community. As warranted, DHEC may publish exclusion criteria for staff exposed to rubella cases or outbreaks. Pregnant students and staff should not receive MMR or rubella immunization. 	<p>Unimmunized persons receiving their first dose as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>
<ul style="list-style-type: none"> Varicella (chicken pox): <u>In outbreaks^L</u>, exclude unimmunized students who with no history of varicella vaccination from the start of the outbreak (or day it is first recognized) until day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school.^M Students may return immediately following receipt of varicella vaccine. As warranted, DHEC may publish exclusion criteria for staff exposed to varicella outbreaks. Pregnant students should not receive Varicella immunization. 	<p>Unimmunized students receiving their first dose as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>
<p><i>DHEC should be consulted immediately about pregnant, non-immunized, or immunocompromised students who are exposed to measles, mumps, rubella, or varicella.</i></p>	
<p>3. Other conditions when recommended by DHEC or the student's health care provider.</p>	<p>DHEC will specify based upon situation.</p>

^L An outbreak of Varicella is defined as 5 or more cases within 6 weeks in a common setting, such as school, childcare, community, or institutional setting.

^M Mild break-through cases of Varicella (occurring in immunized persons) are generally considered less infectious than cases in unimmunized persons. Consult with DHEC as needed for exclusion guidance in ongoing outbreaks of Varicella or if/when exclusion may be extended past 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"> • Canker Sores • Chronic Hepatitis B or C infection • 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 • Cold sores • Cough not associated with an infectious disease or a fever • Croup • Diseases spread by mosquitos: Malaria, West Nile Virus • Diseases spread by ticks: Babesiosis, Ehrlichiosis, Lyme Disease, Rocky Mountain Spotted Fever, Tularemia | <ul style="list-style-type: none"> • Ear infection • Fifth Disease (Parvovirus B19 infection), once the rash has appeared and the child no longer has a fever • HIV infection • MRSA carrier or colonized individual, without uncovered draining lesions • Pinworms • Rash, without fever or behavior change • Roseola, once the fever is gone • Thrush • Urinary Tract Infection • Warts, including Molluscum contagiosum • Yeast Diaper Rash |
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