



## General Guidelines for the Control of Outbreaks in School and Child Care Settings School Exclusion List

This chart provides information about some communicable disease that may occur in schools, day care centers, summer camps and other group settings for children. It is meant as a guide to answer questions frequently asked of persons responsible for groups of children. This is not an all-inclusive list of significant diseases or a comprehensive guide to all information about each disease or condition. More specific information about these and other diseases may be obtained by contacting your local health department or the New Jersey Department of Health, Communicable Disease Service.

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
<b>Acute Respiratory Illness (ARI)</b>	Fever (oral temperature 100°F or equivalent) <b>and</b> rhinorrhea, nasal congestion, sore throat, cough in absence of a known cause (e.g., seasonal allergies).	Until fever free for 24 hours without fever reducing medication			Outbreaks Only <sup>1</sup>
<b>Conjunctivitis, purulent</b>	Pink or red conjunctivae with white or yellow discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye.	Until examined by a medical provider and approved for return			Outbreaks Only <sup>1</sup>
<b>Conjunctivitis, non-purulent</b>	Pink conjunctivae with a clear, watery eye discharge without fever, eye pain, or eyelid redness.	No exclusion			Outbreaks Only <sup>1</sup>
<b>E. coli – Shiga toxin producing E. coli (STEC)</b>	Nausea, vomiting, bloody diarrhea, abdominal cramps.	Daycare: Symptom free and 2 negative stools <sup>2</sup>  School: Symptom free	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. <sup>2</sup>	Stools of all child care staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and outbreaks <sup>3</sup>

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<b>Fever (only)</b>	Oral temperatures >101° F (38°C), rectal temperatures >102°F (38.9°C), or axillary temperatures > 100°F (37.8°C) usually are considered to be above normal.	Fever free for 24 hours without fever reducing medication. When fever above normal is associated with behavior change or other signs of illness or the child is unable to participate, and staff cannot care for child without compromising ability to care for the other children in the group.		Signs of illness are anything (other than fever) that indicates that the child's condition is different from what is usual when the child is healthy.	
<b>Fifth Disease (Erythema infectiosum)</b>	Mild cold symptoms followed by rash, characterized by "slapped face" appearance.	No exclusion unless the child has an underlying blood disorder or a compromised immune system		Pregnant women and immuno- compromised persons should seek medical advice.	Outbreaks Only <sup>1</sup>
<b>Gastrointestinal Illness (organism/cause not identified or not yet determined)</b>	Frequent loose or watery stools, (2 above normal for that child), abdominal cramps/tenderness, and fever.  Vomiting more than 2 times in 24 hours.	Diarrhea: until stools are contained in the diaper or toilet-trained children no longer have accidents using the toilet and when stool frequency becomes less than 2 stools above normal frequency for that child. Vomiting: until symptoms have resolved	Excluded from food handling or feeding until 24 hrs. after symptoms resolve.	Medical evaluation for stools with blood or mucus.  Exclude unless vomiting is determined to be caused by a non-communicable condition (i.e. reflux) and child is able to remain hydrated and participate in activities.	Outbreaks <sup>1</sup> and individual cases of diarrheal disease (child in daycare center and foodhandler)
<b>Hand Foot and Mouth (coxsackievirus)</b>	Fever, sore throat, malaise, ulcers in the mouth and blisters on hands and feet.	Daycare: Fever free and no longer drooling steadily due to mouth sores School: Fever free for 24 hours without fever reducing medication		Most often seen in summer and early fall.	Outbreaks Only <sup>1</sup>
<b>Head Lice</b>	Head scratching	While NJDOH does not recommend exclusion after treatment, individual schools may have different policies. Refer to school policy		Recommendation: Refer for treatment at the end of program day. Readmission on completion of treatment.	Outbreaks Only <sup>1</sup>
<b>Hepatitis A</b>	Jaundice	1 week after onset of jaundice or illness and fever free (if symptoms are mild)	Food handlers - 1 week after onset of jaundice or illness and fever free (if symptoms are mild)		Yes, Immediately <sup>3</sup>

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<b>Herpes Gladiatorum (“Wrestlers Herpes”)</b>	Cluster of blisters typically head, neck and shoulders. Fever, sore throat, swollen lymph nodes, burning or tingling skin.	Wrestlers: All lesions healed with well adhered scabs <sup>5</sup>			Outbreaks Only <sup>1</sup>
<b>Impetigo</b>	Small, red pimples or fluid-filled blisters with crusted yellow scabs.	24 hours after treatment initiated Sports: Exclude if lesions cannot be adequately covered until deemed non-infectious and adequately treated by HCP <sup>5</sup> Wrestlers <sup>5</sup>		Found most often on the face but may be anywhere on the body. Lesions should be covered until dry.	Outbreaks Only <sup>1</sup>
<b>Influenza-like Illness (ILI)</b>	Fever (oral temperature $\geq 100^{\circ}\text{F}$ or equivalent) and cough and/or sore throat in absence of a known cause (e.g., strep throat).	Fever free for 24 hours without fever reducing medication			Outbreaks Only <sup>1</sup>
<b>Measles</b>	Initially characterized by fever, reddened eyes, runny nose, cough, followed by maculopapular rash that starts on the head and spreads down and out.	Through 4 days from rash onset		Rash onset = day 0	Yes, Immediately <sup>3</sup>
<b>Meningitis, Bacterial (including Haemophilus influenzae)</b>	High fever, headache and stiff neck.	Until adequately treated, 24 hours after initiation of effective antimicrobial therapy			Yes, Immediately <sup>3</sup>
<b>Meningitis, Viral</b>	High fever, headache and stiff neck.	Fever free for 24 hours without fever reducing medication			Outbreaks Only <sup>1</sup>
<b>Mononucleosis</b>	Fever, sore throat, swollen lymph nodes.	Fever free for 24 hours without fever reducing medication		Medical note to resume physical activities.	Outbreaks Only <sup>1</sup>
<b>MRSA (methicillin-resistant staphylococcus aureus)</b>	Red bumps that progress to pus-filled boils or abscesses.	If lesions cannot be adequately covered Sports: If lesions cannot be adequately covered or drainage cannot be contained by the bandage <sup>5</sup> Wrestlers <sup>5</sup>			Two or more non-household, culture-confirmed cases of MRSA that occur within a 14-day period and may be linked.
<b>Mumps</b>	Fever with swelling and tenderness of one or both parotid glands located below and in front of ears.	5 days after onset of parotid swelling		Parotitis = day 0	Yes, individual cases and outbreaks <sup>3</sup>

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<b>Norovirus</b>	Nausea, vomiting, diarrhea, abdominal cramps. May also have low grade fever, chills, body aches, headache.	24-48 hrs. after symptoms resolve	48-72 hrs. after symptoms resolve. Staff may perform duties not associated with food preparation 24 hrs. after symptoms resolve	Exclusion time on a case by case basis after consultation with the local health department.	Outbreaks Only <sup>1</sup>
<b>Pertussis</b>	Initial stage begins with URI symptoms and increasingly irritating cough. Paroxysmal stage is characterized by repeated episodes of violent cough broken by high pitched inspiratory whoop. Older children may not have whoop.	After 5 days of appropriate antibiotic therapy completed. If untreated, through 21 days from cough onset.			Yes, Immediately <sup>3</sup>
<b>Rubella (German measles)</b>	Slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph nodes. Joint pain may occur.	6 days after onset of rash			Yes, Immediately <sup>3</sup>
<b>Salmonella Typhi (typhoid fever)</b>	Fever, anorexia, lethargy, malaise, headache.	Daycare: Symptom free and three negative stool tests <sup>2</sup>  School: Symptom free	Excluded from cooking, preparing and touching food until symptom free and three negative stool tests. <sup>2</sup>	Stools of all child care staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and outbreaks <sup>3</sup>
<b>Salmonella non-typhoid</b>	Fever, nausea, vomiting, non-bloody diarrhea, abdominal cramps.	Symptom free <sup>4</sup>	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. <sup>2</sup>		Yes, individual cases and outbreaks <sup>3</sup>
<b>Scabies</b>	Itchy raised areas around finger webs, wrists, elbows, armpits, beltline, and/or genitalia. Extensive scratching.	Until after treatment has been given  Wrestlers <sup>5</sup>		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks Only <sup>1</sup>
<b>Shigella</b>	Nausea, vomiting, diarrhea (may be bloody, and abdominal cramps.	Daycare: Symptom free and 2 negative stools <sup>2</sup>  School: Symptom free	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. <sup>2</sup>	Stools of all child care staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and outbreaks <sup>3</sup>

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<b>Staphylococcal or streptococcal skin infections (not including MRSA &amp; Impetigo)</b>	Honey crusted draining lesions, skin lesions with a reddened base.	If lesions cannot be adequately covered Sports: If lesions cannot be adequately covered or drainage cannot be contained by the bandage <sup>5</sup> Wrestlers <sup>5</sup>			Outbreaks Only <sup>1</sup>
<b>Streptococcal pharyngitis (strep throat)</b>	Fever, sore throat, exudative tonsillitis or pharyngitis, enlarged lymph nodes. May also have a sandpaper-like rash.	24 hrs. after treatment has been initiated and child able to participate in activities			Outbreaks Only <sup>1</sup>
<b>Tinea capitis (Ringworm of the scalp)</b>	Hair loss in area of lesions	Until after treatment has been started. Wrestlers <sup>5</sup>		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks Only <sup>1</sup>
<b>Tinea corporis (Ringworm of the body)</b>	Circular well demarcated lesion that can involve the face, trunk, or limbs. Itching is common	Until after treatment has been started. Wrestlers <sup>5</sup>		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks Only <sup>1</sup>
<b>Tuberculosis</b>	Cough, chest pain, fever, night sweats, fatigue, and weight loss	Until LHD and physician state the student is non-infectious			Yes, individual cases and outbreaks <sup>3</sup>
<b>Varicella (Chickenpox)</b>	Slight fever with eruptions which become vesicular. Lesions occur in successive crops with several stages of maturity at the same time	Until all lesions have dried and crusted usually 6 days after onset of rash			Yes, individual cases and outbreaks <sup>3</sup>
<b>Varicella-Herpes Zoster (Shingles)</b>	Localized vesicular lesions	Until all lesions have dried and crusted unless lesions can be covered Wrestlers <sup>5</sup>			Outbreaks Only <sup>1</sup>

#### Conditions Requiring Temporary Exclusion

Temporary exclusion is recommended when the illness prevents the child from participating comfortably in activities as determined by the staff of the school or program; the illness results in a greater need for care than the staff of the program determine they can provide without compromising their ability to care for other children; the child

**has any of the following conditions, unless a health professional determines the child's condition does not require exclusion: appears to be severely ill (this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash, fever (as defined above) and behavior change or other signs and symptoms (e.g. sore throat, rash, vomiting, and diarrhea).**

<sup>1</sup>An outbreak may be occurring if: several children who exhibit similar symptoms are in the same classroom, same wing or attended a common event. There is an increase in school absences with report of similar symptoms. Two or more students diagnosed with the same reportable disease. A single case of a highly infectious disease exists or is suspected to exist.

<sup>2</sup> Negative stool specimens taken at least 24 apart and at least 48 hours after cessation of antibiotic treatment

<sup>3</sup> For specific reporting requirements refer to NJDOH Reporting Requirements <http://nj.gov/health/cd/reporting>

<sup>4</sup> During an outbreak negative stool specimens may be required before return to school and/or food handling

<sup>5</sup> Wrestling and other contact sports refer to <http://www.ncaapublications.com> (search "sports medicine handbook") for exclusion guidance

Sources:

A. American Academy of Pediatrics. Red Book 30<sup>th</sup> Edition

B. NJDOH <http://nj.gov/health/cd/topics> Communicable Disease Chapters

C. Centers for Disease Control and Prevention <http://www.cdc.gov>

D. National Collegiate Athletic Association. NCAA 2014-15 Sports Medicine Handbook <http://www.ncaapublications.com>

F. American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools a Quick Reference Guide, 3rd Edition