

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
Acute Respiratory Illness (ARI)	Fever (oral temperature 100°F or equivalent) and 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/suspect outbreaks ¹
Conjunctivitis, purulent	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/suspect outbreaks ¹
Conjunctivitis, non-purulent	Pink conjunctivae with a clear, watery eye discharge without fever, eye pain, or eyelid redness.	No exclusion.			Outbreaks/suspect outbreaks ¹
COVID-19	New or worsening cough, shortness of breath, difficulty breathing, new olfactory or taste disorder. Fever, chills, myalgia, headache, sore throat, GI, fatigue, congestion, rhinorrhea.	See school guidance for current exclusion recommendations.			Outbreaks/suspect outbreaks ¹
E. coli – Shiga toxin producing E. coli (STEC)	Nausea, vomiting, bloody diarrhea, abdominal cramps.	Daycare: Symptom free and 2 negative stools ² . School: Symptom free.	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. ²	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and outbreaks ³

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Fever (only)	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.	
Fifth Disease (Erythema infectiosum)	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/suspect outbreaks ¹
Gastrointestinal Illness (organism/cause not identified or not yet determined)	Frequent loose or watery stools, (2 above normal for that child), abdominal cramps/tenderness, and fever. Vomiting more than 2 times in 24 hours.	<u>Diarrhea</u> : 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. <u>Vomiting</u> : more than 2 times in 24 hours and vomiting is not from a known condition.	Excluded from cooking, preparing and touching food 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/suspect outbreaks ¹
Hand Foot and Mouth (coxsackievirus)	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/suspect outbreaks ¹
Head Lice	Itching of skin where lice feed on the scalp, behind ears and nape of neck.	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/suspect outbreaks ¹

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Hepatitis A	Jaundice	1 week after onset of jaundice or illness and fever free (if symptoms are mild).	Excluded from cooking, preparing and touching food 1 week after onset of jaundice or illness and fever free (if symptoms are mild)		Yes, Immediately ³
Herpes Gladiatorum ("Wrestlers Herpes")	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 ⁵ . No new vesicle formation and no swollen lymph nodes near area involved.			Outbreaks/suspect outbreaks ¹
Impetigo	Small, red pimples or fluid-filled blisters with crusted yellow scabs.	Until treatment is initiated Sports: Exclude if lesions cannot be adequately covered until deemed non-infectious and adequately treated by HCP ⁵ Wrestlers ⁵ .		Found most often on the face but may be anywhere on the body. When possible, lesions should be covered until dry.	Outbreaks/suspect outbreaks ¹
Influenza	Sudden onset of fever, headache, chills, myalgia, sore throat, nasal congestion, cough, mild pinkeye, fatigue, abdominal pain.	Fever free for 24 hours without fever reducing medication.			Outbreaks/suspect outbreaks ¹
Measles	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 ³
Meningitis, Bacterial (including Haemophilus influenzae)	High fever, headache and stiff neck.	Until adequately treated, 24 hours after initiation of effective antimicrobial therapy.			Yes, Immediately ³
Meningitis, Viral	High fever, headache and stiff neck.	Fever free for 24 hours without fever reducing medication.			Outbreaks/suspect outbreaks ¹
Mononucleosis	Fever, sore throat, swollen lymph nodes.	Fever free for 24 hours without fever reducing medication.		Medical note to resume physical activities.	Outbreaks/suspect outbreaks ¹

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MRSA (methicillin-resistant <i>staphylococcus aureus</i>)	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 ⁵ . Wrestlers ⁵			Two or more non-household, culture-confirmed cases of MRSA that occur within a 14-day period and may be linked.
Mumps	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 Outbreaks/suspect outbreaks ¹
Norovirus	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/suspect outbreaks ¹
Pertussis	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 ³
Rubella (German measles)	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 ³
Salmonella Typhi (typhoid fever)	Fever, anorexia, lethargy, malaise, headache.	Daycare: Symptom free and three negative stool tests ² School: Symptom free.	Excluded from cooking, preparing and touching food until symptom free and three negative stool tests. ²	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and Outbreaks/suspect outbreaks ¹

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Salmonella non-typhoid	Fever, nausea, vomiting, non-bloody diarrhea, abdominal cramps.	Symptom free ⁴ .	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. ²		Yes, individual cases Outbreaks/suspect outbreaks ¹
Scabies	Itchy raised areas around finger webs, wrists, elbows, armpits, beltline, and/or genitalia. Extensive scratching.	Until after treatment has been given. Wrestlers ⁵		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks/suspect outbreaks ¹
Shigella	Nausea, vomiting, diarrhea (may be bloody, and abdominal cramps.	Daycare: Symptom free and 2 negative stools ² School: Symptom free.	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. ²	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases Outbreaks/suspect outbreaks ¹
Staphylococcal or streptococcal skin infections (not including MRSA & Impetigo)	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 ⁵ Wrestlers ⁵			Outbreaks/suspect outbreaks ¹
Streptococcal pharyngitis (strep throat)	Fever, sore throat, exudative tonsillitis or pharyngitis, enlarged lymph nodes. May also have a sandpaper-like rash.	Until at least 12hrs. after antibiotic treatment has been initiated and child able to participate in activities.			Outbreaks/suspect outbreaks ¹
Tinea capitis (Ringworm of the scalp)	Hair loss in area of lesions.	Until after treatment has been started. Wrestlers ⁵		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks/suspect outbreaks ¹
Tinea corporis (Ringworm of the body)	Circular well demarcated lesion that can involve the face, trunk, or limbs. Itching is common.	Until after treatment has been started. Wrestlers ⁵		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks/suspect outbreaks ¹

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Varicella (Chickenpox)	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 ³

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).

¹ 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.

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

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

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

⁵ 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 30th 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