

Communicable Diseases - School/Child Care Exclusion and Re-Admittance Criteria

DISEASE	CONTROL MEASURES
Campylobacteriosis	A child may return to school/childcare facility after diarrhea has ceased for 24 hours
Chickenpox (Varicella)	Children shall be excluded until the sixth day after onset of rash or until all lesions are dry, whichever comes first.
Common Cold	Exclude children with fever and those who feel ill; otherwise exclusion is impractical.
Conjunctivitis	Children with purulent conjunctivitis should be excluded until 24 hours after the start of antimicrobial therapy (if ordered by MD).
Croup	Exclude until severe symptoms are gone.
Cryptosporidiosis	A child may return to school/child care facility after diarrhea has ceased for 24 hours.
Diarrheal illness	Diarrhea is defined as three or more loose stools in a 24-hour period. Children with diarrhea of unidentified, possibly infectious cause shall be excluded from school/childcare facility. Children may return after diarrhea has resolved for 24 hours.
Diphtheria	Children may return after two cultures from both throat and nose (and skin lesions in cutaneous diphtheria) taken not less than 24 hours apart, and not less than 24 hours after cessation of antimicrobial therapy, fail to show diphtheria bacilli. If culturing is unavailable or impractical, exclusion may be ended after 14 days of appropriate antimicrobial therapy.
E. Coli 0157:H7 or Hemolytic Uremic Syndrome (HUS)	Children may return after diarrhea has ceased for 24 hours and after two consecutive follow-up stool specimens are Syndrome (HUS) negative for E. Coli O157:H7.
Fifth Disease (Erythema Infectiosum)	Exclusion not appropriate once diagnosis is known, unless child has a fever or uncomfortable.
Giardiasis	Children may return after diarrhea has ceased for 24 hours and after 72 hours of effective antimicrobial therapy. If not treated with antimicrobial therapy, they may return after diarrhea has ceased and after three consecutive follow-up stool specimens are negative for Giardia.
Hand, Foot and Mouth Disease (Coxsackie Virus)	Exclusion is recommended if children have blisters in their mouths and drool or have weeping lesions on their hands or are too ill to participate in daily activities.
Hepatitis A	Symptomatic children shall be excluded until 10 days after initial onset of symptoms.
Hepatitis B	Exclusion is not appropriate, not transmitted by casual contact such as occurs in child care or school setting.
Herpes (Herpes Simplex Virus-HSV)	Exclusion is recommended if children have blisters in their mouths and drool or are too ill to participate in daily activities.
Impetigo	Children may return 24 hours after initiation of antimicrobial therapy and all lesions are dry.
Influenza	Exclude children with fever and those who feel ill. Exclusion otherwise is impractical.
Measles (Rubeola)	Children shall be excluded for five days following onset of rash.
Meningitis (Bacterial)	Excluded until at least 24 hours of effective treatment.
Meningitis (Viral/Aseptic)	Exclude while febrile.

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Mononucleosis	May return to school/childcare facility when feeling well enough.
Mumps	Children shall be excluded for nine days after the onset of parotid swelling and until swelling subsides.
Pediculosis	Children with body lice may return 24 hours after application of an effective pediculocide. Children with head lice may return after the first treatment with appropriate pediculocide.
Pertussis	Children shall be excluded for five days after initiation of antimicrobial therapy. If the case is not treated with appropriate antimicrobial therapy, the child shall be excluded until three weeks after the onset of paroxysms.
Pinworms	Exclude until adequately treated.
Rash with fever or joint pain	Children shall be excluded until diagnosed not to be measles, rubella or other communicable disease.
Ringworm (Tinea)	Exclude those with scalp and skin lesions until 24 hours of appropriate treatment completed.
RSV (Respiratory Syncytial Virus)	Do not exclude ill children unless they are unable to participate comfortably in activities.
Rubella	Children shall be excluded for at least seven days after the onset of rash.
Salmonellosis	A child may return to school/child care facility after diarrhea has ceased for 24 hours.
Scabies	Children shall be excluded for 24 hours following the initial treatment with appropriate scabicide.
Shigellosis	Children may return after diarrhea has ceased for 24 hours and after two consecutive follow-up stool specimens are negative for Shigella.
Shingles	If sores cannot be covered by clothing or a dressing, exclude until sores have crusted and are dry.
Strep throat or other streptococcal infection	Children shall be excluded for 24 hours after the initiation of antimicrobial therapy.
Thrush (Candidiasis)	It is not necessary to exclude the child.
Tuberculosis (TB)	Children with confirmed or suspected TB shall be excluded from school/child care facility until the local designated TB authority approves the child's return. Well children should not be kept out of school/child care if they only have a positive skin test result.
Typhoid fever	Children may return when asymptomatic and after three consecutive follow-up stool specimens are negative for Salmonella typhi.
Vomiting	Children may return when vomiting resolves or is determined to be due to a noninfectious condition such as pregnancy or a digestive disorder.
Yersiniosis	Children may return after diarrhea has ceased for 24 hours.

The criteria for exclusion and readmittance represent the recommendations of the Ohio Department of Health.

Resources: *Handbook on Common Childhood Illnesses for Child Care Centers 2006*

Ohio Department of Health Communicable Disease Chart 2006

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