

## SPECIFIC DISEASE EXCLUSION GUIDELINES

See individual Fact Sheets for more information on the diseases listed below.



**CAMPYLOBACTERIOSIS**

**Until diarrhea has stopped.**

**CHICKENPOX**

Until all blisters have dried and crusted, a minimum of 6 days after rash appears.

**CONJUNCTIVITIS (Pinkeye)**

Bacterial (with pus): until examined by a physician, treated for 24 hours, and approved for readmission by physician. Viral (without pus): no exclusion necessary.



**CRYPTOSPORIDIOSIS**

Until diarrhea has stopped and at least 3 stool specimens collected on separate days are negative.

**CYTOMEGALOVIRUS (CMV) INFECTION**

No exclusion necessary.

**ENTEROVIRUSES (Nonpolio) INFECTION**

For diarrhea: until diarrhea has stopped. No exclusion for cold-like symptoms if child is well enough to participate in normal daily activities. See also Viral (aseptic) Meningitis



***E. coli* O157:H7**

Until diarrhea stops and 2 stool cultures, obtained at least 24 hours apart, have tested negative.

**FIFTH DISEASE**

No exclusion necessary if fever is not present and other rash causing illnesses have been ruled out.



**GIARDIASIS**

Until diarrhea has stopped. No exclusion for children who show *Giardia* in their stools but do not have symptoms.



***Haemophilus influenzae* DISEASE (Hib)**






Until child has been treated and is well enough to participate in normal daily activities. Rifampin should be given to child before discharge from the hospital to assure that Hib has been eliminated.



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**SPECIFIC DISEASE EXCLUSION GUIDELINES continued**

<p><b>HAND, FOOT, MOUTH DISEASE</b> (Coxsackievirus)</p>	<p><b>Until fever is gone and child is well enough to participate in normal daily activities. Sores may still be present.</b></p>
<p> <b>HEPATITIS A</b></p>	<p><b>Until 1 week after onset of illness or jaundice.</b></p>
<p> <b>HEPATITIS B</b></p>	<p><b>No exclusion necessary unless child exhibits unusually aggressive biting behavior, has open sores that cannot be covered, or has a bleeding condition. See Hepatitis B fact sheet.</b></p>
<p> <b>HIV/AIDS</b></p>	<p><b>No exclusion necessary unless child exhibits unusually aggressive biting behavior, has open sores that cannot be covered, or has a bleeding condition. See HIV/AIDS fact sheet.</b></p>
<p><b>IMPETIGO</b></p>	<p><b>Until child has been treated with antibiotics for 24 hours and the person no longer has a discharge.</b></p>
<p><b>INFLUENZA</b></p>	<p><b>Until child is without fever for 24 hours and is well enough to participate in normal daily activities.</b></p>
<p><b>LICE (Head)</b></p>	<p><b>Until first treatment is completed and no live lice are seen.</b></p>
<p> <b>LYME DISEASE</b></p>	<p><b>No exclusion necessary.</b></p>
<p> <b>MEASLES (Rubeola)</b></p>	<p><b>Until 4 days after the rash appears.</b></p>

 **MENINGOCOCCAL DISEASE**

Until child has been treated and is well enough to participate in normal daily activities. Rifampin should be given to child before discharge from the hospital to assure that the bacteria have been eliminated. If an antibiotic is recommended after an exposure to meningococcal disease, a child or staff member should be excluded until treatment has been started

**MONONUCLEOSIS (Infectious)**

Until the child is well enough to return to normal activities.

 **MUMPS**

Until 9 days after swelling begins.

**ORAL HERPES (Cold Sores)**

Exclude a child with open blister or mouth sores only if the child is a biter, drools uncontrollably or mouths toys other children may put in their mouths. Do not kiss the child or allow child to kiss others where direct contact with sores may occur.

 **PERTUSSIS (Whooping Cough)**

Until 5 days after antibiotic treatment begins or for 4 weeks after intense coughing begins and the child is well enough to participate in normal daily activities.

**PINWORMS**

Until 24 hours after treatment has been started.

**PNEUMOCOCCAL INFECTIONS**

Until child has been treated, fever is gone and is well enough to participate in normal daily activities.

**RESPIRATORY INFECTIONS (Viral)**

Until fever is gone and **child is** well enough to participate in normal daily activities. No exclusion for other mild respiratory infections without fever as long as child can participate comfortably.

**RESPIRATORY SYNCYTIAL VIRUS (RSV)**

Until fever is gone and child is well enough to participate in normal activities.





**REYE SYNDROME**

Until child is well enough to participate in normal activities.

  
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**SPECIFIC DISEASE EXCLUSION GUIDELINES continued**

<b>RINGWORM (TINEA)</b>	Until 24 hours after treatment has been started and the lesion has started to shrink.
<b>ROSEOLA</b>	Provided other rash illnesses are ruled out, child may return when fever is no longer present.
<b>ROTAVIRUS INFECTION</b>	Until diarrhea has stopped.
 <b>RUBELLA</b> (German Measles)	Until 7 days after rash appears.
 <b>SALMONELLOSIS</b>	Until diarrhea has stopped.
<b>SCABIES</b>	Until after treatment has been given.
 <b>SHIGELLOSIS</b>	Until treated, diarrhea has stopped and 2 successive fecal samples, taken at least 24 hours apart, are negative for <i>Shigella</i> .
<b>SHINGLES (Zoster)</b>	If clothing or a bandage can cover sores, no exclusion is needed. If sores cannot be covered, exclude until the sores have crusted.
<b>STREPTOCOCCAL SORE THROAT/ SCARLET FEVER</b>	Until 24 hours after treatment begins and <b>the fever is gone.</b>
 <b>TUBERCULOSIS (TB)</b>	A person with probable or confirmed TB: exclude until the physician states the patient or child is not contagious. A person with a positive skin test but without symptoms should not be excluded but should see a physician as soon as possible for further evaluation.
<b>VIRAL (Aseptic) MENINGITIS</b>	<b>Exclude until physician decides child can return to normal activities.</b> Children with uncontained diarrhea should be excluded.
<b>YEAST INFECTION</b>	No exclusion necessary if child is able to participate comfortably in normal activities.

**OTHER INFECTIOUS DISEASES**

Consult your local or state health department or the child’s physician regarding exclusion guidelines for other infections not described in this manual. Special exclusion guidelines may be recommended in the event of an outbreak of an infectious disease in a child care setting. **CONSULT YOUR LOCAL OR STATE HEALTH DEPARTMENT WHEN THERE IS MORE THAN ONE CASE OF A COMMUNICABLE DISEASE.**

**INADEQUATELY IMMUNIZED CHILDREN**

If a case of measles, mumps, rubella, pertussis, polio, or diphtheria occurs in the child care setting, children who are not adequately immunized may be excluded for the incubation period of the disease. This exclusion is necessary because these children may become infected and contribute to further disease spread. Exclusion also applies to children who have not been immunized for conscientiously held beliefs or medical contraindications.

**EXCLUSION GUIDELINES FOR CHILD CARE STAFF**

Adults can spread infectious diseases to children. If a staff person has no contact with children or with objects that children may handle and does not participate in preparing or serving food to the children, there may be little risk of disease spread to the children. However, ill staff members can spread infectious diseases to other co-workers. For this reason, it is recommended that staff follow the basic exclusion guidelines described above for children. Your health department can provide additional recommendations.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, or call your local health department.