



## Health Care School and Childcare Exclusion List

### Official School and Child Care Exclusion List of Contagious or Communicable Diseases

**Statutory authority:** SC Code of Laws Sections 44-1-140, 44-29-200; 63-13-180  
SC Code of Regulations Chapter 61-20 and Chapter 114, Article 5

#### Requirements

South Carolina law requires schools to take measures to prevent the spread of disease in the school and childcare populations by limiting the attendance of students and staff with contagious or infectious diseases at school and school activities. [SC Regulation #61-20](#) requires DHEC to publish in January of each year an Official School and Childcare Exclusion List of Contagious and Communicable Diseases, hereinafter referred to as the School and Childcare Exclusion List.

SC Law indicates that schools “on account of the prevalence of any contagious or infectious diseases or to prevent the spread of disease, may prohibit or limit the attendance of any employee or student at any school or school-related activities under its control.” 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.”

Students, employees and staff (including volunteers) are also excluded from school or childcare attendance if they have been exposed to one or more of the conditions designated in with this list, until the return to school or childcare criteria are met.

#### 2016 Revisions

The School and Childcare Exclusion Lists has been revised to include transmission and contagious period for the associated disease. Diarrheal illnesses are listed in alphabetical order to more easily find the disease agent. Conditions deleted include Abdominal Pain, Bronchiolitis and Stye.

Additional updates include that the condition of Ringworm (*Tinea*) now requires treatment for both Ringworm of the scalp and Ringworm of the body. The General Exclusion Criteria chart no longer contains possible severe illness criteria.

The 2016 List includes the addition of Enteropathogenic *E. coli* (EPEC) and Enterotoxigenic *E. coli* (ETEC) as diarrheal agents.

**This update to the School and Childcare Exclusion List is effective  
January 31, 2016.**

## Guidance for Implementing the School and Childcare Exclusion List

1. The **School and Childcare Exclusion List** applies to the following groups of people in out-of-home childcare (as defined in S.C. Code Ann. Section 63-13-20), and in any public, private, parochial, church or Sunday school (Reg 61-20).
  - Children and staff in out-of-home childcare settings;
  - Preschool/kindergarten students in grades 3K, 4K, and 5K;
  - Students in grades 1-12; and
  - School employees and staff (including volunteers) who have contact with students.
2. **Parent Notification:** Schools and childcare providers are encouraged to distribute the list of conditions that require exclusion from school attendance to parents/guardians, and/or distribute parent brochures developed by DHEC. The list is also available at <http://www.scdhec.gov/Health/ChildTeenHealth/SchoolExclusion>.
3. **Parent Reporting to School:** Schools and childcare providers should inform parents/guardians that they must notify the school within 24 hours after the child has developed a known or suspected communicable illness addressed on the Exclusion List.
4. **Return to School:** Students, children and staff 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.
5. **Special Circumstances:** 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) or by DHEC. 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. 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.
6. **Exclusion criteria that vary** by age or grade level are indicated in the Exclusion List. “Young children” or “younger children” as indicated in the List are generally those in childcare, preschool, or kindergarten grades. When students are taught or routinely spend time in mixed age groups, the standards for the youngest children in the group apply. Conditions that do not require exclusion for school and/or childcare staff are indicated in the table on the final page.
7. **Notes / Documentation for Return:** A student may return to school as indicated in the tables that follow. Physicians, nurse practitioners, physician assistants, or DHEC physician 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.

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8. **Period of Exclusion:** 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.
9. **Outbreaks:** During disease outbreaks or under special circumstances, DHEC may change the length of the exclusion periods. During outbreaks, exclusion criteria may also apply to students, children and staff who display the same symptoms as lab-confirmed cases, even if the child has not been tested for the illness causing the outbreak.
10. **Disease/Outbreak reporting to the Health Department and the Family Education Rights and Privacy Act (FERPA):** DHEC has determined that conditions reportable immediately or within 24 hours by phone, including all clusters or outbreaks of illnesses, fall under the FERPA allowance and exception of reporting illnesses without parental consent. Conditions that are reportable within 3 days may be reported to DHEC by name with parental consent or reported de-identified without parental consent.
11. **The requirement to report 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/Health/FHPF/ReportDiseasesAdverseEventsReportableConditionsInSC/>

Children, students and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Chicken Pox (Varicella)	Airborne route or respiratory (droplet) route or by direct contact with drainage from blisters or nasal secretions.	2 days before rash begins until the rash is crusted over	Report cases within 3 days  Outbreak declared with 5th case	<ul style="list-style-type: none"> <li>Exclude students, employees or staff with rash until crusted over</li> <li>In outbreaks, exclude unimmunized students with no history of varicella vaccination from the start of the outbreak (or day that it is first recognized) until day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school.</li> <li>Breakthrough varicella, which occurs in appropriately vaccinated persons, may appear just as a rash, without crusting. In these cases, exclude until 24 hours following appearance of last lesions.</li> </ul>	<p>A parent note or staff statement that lesions have dried/crusted</p> <p>Parent note or staff statement that lesions are fading/resolving and no new lesions have appeared for 24 hours</p>
Diarrhea <sup>1</sup> (Gastrointestinal illness, cause not identified or cause has not yet been determined)	Varies, often associated with poor toileting habits, food and drink, contaminated fomites, environmental exposures including animals and recreational water; may be bacterial, parasitic or viral.	Varies according to the causative agent	Yes, above normal absentee rate	<p><b>Younger Students</b></p> <ul style="list-style-type: none"> <li>Exclude children in 5th grade or younger, with diarrhea until symptoms are resolved for at least 24 hours, or medical evaluation indicates that inclusion is acceptable.</li> </ul> <p><b>Older Students and Staff</b></p> <ul style="list-style-type: none"> <li>Exclusion for diarrhea in 6th through 12th grade students or for school staff is not mandatory unless the person with diarrhea is determined to be contributing to the spread of illness in the school setting.</li> </ul>	<p>Parent note</p> <p>N/A</p>

<sup>1</sup>Diarrhea is defined as 3 or more loose or watery stools in a 24 hour period that are not associated with changes in diet.

Children, students and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
<p><i>(Continued from previous page)</i></p> <p>Diarrhea<sup>1</sup> (Gastrointestinal Illness, cause not identified or cause has not yet been determined)</p>	<p>Varies, often associated with poor toileting habits, food and drink, contaminated fomites, environmental exposures including animals and recreational water; may be bacterial, parasitic or viral.</p>	<p>Varies according to the causative agent</p>	<p>Yes, above normal absentee rate</p>	<p><b>Special Circumstances for Diarrhea</b></p> <ul style="list-style-type: none"> <li>• <b>Exclude students of any age and staff with uncontrolled diarrhea or stools that contain blood or mucus</b>, unless symptoms are associated with a non-infectious condition (e.g., IBS or Crohn’s Disease). Return is permitted when symptoms are resolved or medical evaluation indicates that inclusion is acceptable.</li> <li>• <b>For diapered children or students of any age who require assistance with personal hygiene</b>, exclude for 2 or more diarrheal episodes in a school or program day <u>if the frequency or nature of the diarrheal episodes</u> challenges the ability of the caregiver(s) to maintain sanitary techniques and/or conditions (diaper spillage or accidents in toilet trained children).</li> </ul>	
<p>Diarrhea <i>(Campylobacter)</i></p>	<p>Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact.</p>	<p>Excretion is shortened by treatment</p> <p>Without treatment, can be infectious for 2-3 weeks with possible relapse</p>	<p>Report outbreaks IMMEDIATELY by phone</p> <p>Report within 3 days</p>	<p>Exclude until diarrheal symptoms are resolved for at least 24 hours.</p>	<p>Parent note or staff statement that diarrhea has resolved for 24 hours</p>
<p>Diarrhea <i>(Cryptosporidium)</i></p>	<p>Recreational water contact, the fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact.</p>	<p>Parasite can remain in stool for 2 weeks</p>	<p>Report outbreaks IMMEDIATELY by phone</p> <p>Report within 3 days</p>	<p>Exclude until diarrheal symptoms are resolved for at least 24 hours. Restrict recreational water activities (pools, splash pads, water tables, etc.) until 2 weeks after diarrheal symptoms resolve.</p>	<p>Parent note or staff statement that diarrhea has resolved for 24 hours</p>

<sup>1</sup>Diarrhea is defined as 3 or more loose or watery stools in a 24 hour period that are not associated with changes in diet.



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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Diarrhea ( <i>Giardia</i> )	Recreational water contact, the fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact.	Can be up to months, most contagious during diarrhea phase	Report outbreaks IMMEDIATELY by phone  Report within 3 days	Exclude until diarrheal symptoms are resolved for at least 24 hours.	Parent note or staff statement that diarrhea has resolved for 24 hours
Diarrhea (Norovirus)	Fecal-oral route through direct person- to-person contact or contaminated fomites, by ingestion of contaminated food or water.	Can be shed before symptoms start and 2 or more weeks after symptoms end	Report outbreaks only	Exclude until asymptomatic (diarrhea and/or vomiting have ceased for at least 24 hours).	A parent note or staff statement that diarrhea and/ or vomiting have resolved for 24 hours.
Diarrhea (Rotavirus)	Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water.	Present several days before symptoms and lasts for weeks after	Report outbreaks only	Exclude until diarrheal symptoms are resolved for at least 24 hours.	A parent note or staff statement that diarrhea has resolved for 24 hours
Diarrhea <i>Salmonella</i> Typhi (Typhoid fever)	Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water.	Can persist in stool up to 12 weeks; chronic carriage possible	Report outbreaks IMMEDIATELY by phone  Report within 24 hours	<ul style="list-style-type: none"> <li>Exclude until diarrheal symptoms are resolved for at least 24 hours AND three stool cultures collected at 24-hour intervals are negative for <i>Salmonella</i> Typhi.</li> <li>If antibiotics were prescribed, stool cultures must be collected 48 or more hours after the antibiotics are completed.</li> </ul>	A health care provider must clear a child or staff member for readmission for all cases of <i>Salmonella</i> Typhi along with the negative stool culture results

Children, students and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Diarrhea (Nontyphoidal <i>Salmonella</i> )	Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact.	Can persist in stool up to 12 weeks	Report outbreaks IMMEDIATELY by phone  Report within 3 days	Exclude until diarrheal symptoms are resolved for at least 24 hours.	Parent note or staff statement that diarrhea has resolved for 24 hours
Diarrhea ( <i>Shigella</i> )	Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water.	Untreated <i>Shigella</i> is found in the stool up to 4 weeks	Report outbreaks IMMEDIATELY by phone  Report within 3 days	<p><b>Children or staff in out-of-home childcare or students in Kindergarten:</b></p> <ul style="list-style-type: none"> <li>Exclude until diarrheal symptoms are resolved for at least 24 hours, and at least 1 stool culture is negative for <i>Shigella</i>.</li> <li>If antibiotics were prescribed, stool cultures must be collected 48 or more hours after the antibiotics are completed.</li> </ul> <p><b>Students in Grades 1-12:</b></p> <ul style="list-style-type: none"> <li>Exclude until diarrhea has stopped for at least 24 hours, provided that the student has good hand hygiene and ability to self-toilet.</li> <li>A student with questionable or poor hand hygiene may be required to have at least 1 <i>Shigella</i>-negative stool culture and to be diarrhea-free for at least 24 hours prior to returning. If antibiotics were prescribed, stool cultures must be collected 48 or more hours after the antibiotics are completed.</li> </ul>	<p>Medical note documenting negative test results</p> <p>Parent note or staff statement that diarrhea has resolved for 24 hours</p>

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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Fever	N/A	Dependent upon the cause of the fever	Report outbreaks only	<ul style="list-style-type: none"> <li>• Exclude for fever accompanied by behavior changes or other signs and symptoms of contagious illness (such as rash, vomiting, diarrhea, irritability, or confusion).</li> <li>• Exclude all staff for oral temperature 101 or higher.</li> <li>• <b>In the childcare setting for infants up to 4 months of age:</b> <ul style="list-style-type: none"> <li>• Fever should prompt medical evaluation</li> <li>• Fever (100.4 F or above rectally) in a child 60 days of age or younger requires <b>immediate medical attention.</b></li> </ul> </li> <li>• <b>In the childcare setting for infants and children who are over 4 months:</b> <ul style="list-style-type: none"> <li>• Exclude for Axillary temperature: 100.0 F or Oral temperature: 101.0 F or greater</li> </ul> </li> <li>• <b>For Schools for students of all ages</b> <ul style="list-style-type: none"> <li>• Exclude Axillary temperature: 100.0 F or for Oral temperature: 101.0 F or greater</li> </ul> </li> </ul>	Parent note or staff statement that fever has resolved for at least 24 hours without the use of fever reducing medications
<i>Haemophilus influenzae</i> type B (Hib)	Respiratory (droplet) route or by direct contact with contaminated objects.	May be as long as bacteria is in the mouth or nose	Report Within 24 hours	<ul style="list-style-type: none"> <li>• Exclude until the student is cleared by a health professional.</li> <li>• Exclude staff with proven Hib infection until antibiotic therapy is initiated.</li> <li>• No exclusion is required for exposed students or staff.</li> </ul>	Medical note documenting completion of antibiotic treatment, and clearance to return to school

Children, students and staff with the following conditions must be excluded from the school or out-of-home childcare until the exclusions criteria have been met and documentation has been provided as noted below:

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Hand, foot and mouth Disease	<b>Direct contact with infected:</b> <ul style="list-style-type: none"> <li>• nose discharge</li> <li>• throat discharge</li> <li>• blisters</li> <li>• feces</li> </ul>	The virus may be shed for weeks to months in the stool after the infection starts; respiratory shedding of the virus is usually 1-3 weeks	Report outbreaks only	Exclude while symptoms of fever or excessive drooling are present, which is typically during the first week of illness.	Parent note
Head lice (pediculosis) <sup>2</sup>	Direct contact with infected person or contaminated object.	As long as live lice are present	Not reportable	<p><b>Exclude for:</b></p> <ul style="list-style-type: none"> <li>• The presence of live, crawling lice visualized on direct inspection of the scalp, or</li> <li>• The presence of nits (eggs) that appear to be ¼ inch or 6 mm from the scalp.</li> </ul> <p>Students identified with head lice can remain in the classroom until the end of the school day, with limitations placed upon activities that cause head-to-head contact or sharing of any headgear. Staff with head lice are excluded at the end of the school or childcare day if close head-to-head contact can be avoided during routine activities.</p> <p><b>Re-screening Recommendations for Head Lice:</b></p> <ul style="list-style-type: none"> <li>• Persons who were excluded for pediculosis should be rescreened at 7-10 days after initial treatments.</li> <li>• Rescreened persons who are found to have live crawling lice should be re-treated and excluded until screening identifies no live, crawling lice on the scalp.</li> </ul>	<p>Excluded persons may return after one initial treatment when screening identifies no live, crawling lice on the affected person's scalp<sup>3</sup></p> <p>The school or facility may identify alternative acceptable products for the effective treatment of head lice</p>

<sup>2</sup>Ideally, head lice screening is performed by health care providers, including school health nurses, or by school health aides who have been trained by school nurses. [Students with evidence of infestation (e.g., nits further than ¼ inch from the scalp may be excluded per local school policies)]

<sup>3</sup>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 and Childcare Exclusion.

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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Hepatitis A virus infection	Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water.	Most infectious in the 2 weeks before onset of signs or symptoms, the risk <u>is minimal</u> after the onset of jaundice	Report within 24 hours by phone	Exclude until 1 week after onset of illness or jaundice. Refer contacts to their health care providers for consideration of immunoglobulin or vaccine in consultation with the health department.	Medical note documenting diagnosis and more than one week since onset
Impetigo ( <i>Streptococcal Staphylococcal</i> bacteria)	By infection of skin opening, or by contact with skin sores of an infected person.	Until treatment with antibiotics for 24 hours or lesions crusted	Not Reportable	Exclude until 24 hours after antibiotic treatment has been initiated or as long as lesion is draining AND cannot be covered with a watertight dressing.	Parent note or staff statement indicating antibiotic therapy has been initiated for 24 hours
Influenza/ Influenza-like Illness (ILI) ( <i>ILI is defined as an oral temperature of &gt; 100° F with a cough and/or sore throat for which there is no other known cause</i> )	Airborne and respiratory (droplet) routes, or by contact with infected individuals or objects.	One day before symptom onset until at least 7 days after onset	Report outbreaks IMMEDIATELY by phone	Exclude until at least 24 hours after fever has resolved without the use of fever-reducing medications.	Parent note or staff statement that fever has resolved for at least 24 hours without the use of fever reducing medications
Measles (Rubeola)	Airborne and respiratory (droplet) routes	1-2 days before signs and symptoms appear until 4 days after rash	REPORT IMMEDIATELY by phone	Exclude until 4 days after onset of rash and cleared by health care provider.	Medical note documenting at least 4 days since onset of illness
Meningitis (Bacterial) <ul style="list-style-type: none"> <li>• <i>Neisseria Meningitides</i> (meningococcal)</li> <li>• <i>Haemophilus influenza</i> (h. flu)</li> <li>• <i>Streptococcus pneumoniae</i> (pneumococcal)</li> </ul>	Contact with respiratory secretions or contact with contaminated objects.	Until after 24 hours of antibiotics	REPORT IMMEDIATELY by phone	Exclude as soon as meningitis is suspected and until cleared by a health care provider. Refer to medical attention promptly for any combination of multiple symptoms of fever, headache, stiff neck, irritability, or photophobia. Special attention should be made to a rash that is non-blanching and has small red or purple spots on the skin caused by bleeding under the skin. Re-admit when cleared by a health care professional.	Medical note documenting that the infected person is non-contagious

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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Meningitis (Viral)	Environmental exposure to respiratory secretions of an infected individual or by poor toileting habits.	Shedding of virus in feces can continue for several weeks or the respiratory tract for a week or less	REPORT IMMEDIATELY by phone	Exclude as soon as meningitis is suspected and until bacterial meningitis is ruled out.	Medical note documenting that the infected person is non-contagious
Mouth Sores (also see hand-foot and mouth disease) (Herpes Simplex, Canker Sores, and Thrush)	Exposure to an infectious agent.	Varies by the infectious agent	Report outbreaks only	<ul style="list-style-type: none"> <li>• Exclude young children for sores, including mouth ulcers and blisters, inside the mouth associated with uncontrolled drooling, unless the child's health care provider states that the child is noninfectious.</li> <li>• Exclusion of children with cold sores (recurrent herpes simplex virus (HSV) infection) is not indicated.</li> <li>• Caregivers in the childcare setting with (HSV) cold sores should not be excluded, but should not touch their lesions, and carefully observe hand hygiene practices</li> </ul>	Parent note
Mumps (Rubulavirus)	Respiratory (droplet) route, or contact with infected individuals or contaminated objects.	1-2 days before and up to 5 days after the swelling of glands	Report within 24 hours by phone	Exclude until 5 days after onset of parotid gland swelling.	Medical note documenting at least 5 days since onset of parotid gland swelling

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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Pinkeye (Conjunctivitis) Purulent or Non-purulent	Contact with discharge from eyes, nose or mouth of an infected individual or contaminated hands or shared objects.	Bacterial: while symptoms are present or until treatment is started  Viral: while signs and symptoms are present and for days after the onset of signs and symptoms	Report outbreaks only	Exclude symptomatic students and staff who have fever, severe eye pain, purulent drainage or are too sick to participate in routine activities	Parent note or staff statement that condition has resolved
Rash with fever and behavioral change associated with severe diseases such as Meningitis, Chicken Pox, Measles and other communicable diseases	Varies depending upon the infectious agent.	Varies depending upon the infectious agent	Report outbreaks only	<ul style="list-style-type: none"> <li>Exclude students/children until a health care provider has determined that the illness is not a communicable disease.</li> <li>Exclude faculty and staff for rash with fever and/or joint pain, until a communicable disease such as measles or rubella has been ruled out.</li> </ul>	Medical note documenting evaluation, non-communicability
RSV (Respiratory Syncytial Virus)	Respiratory (droplet) route, or contact with infected individuals or contaminated objects.	Shed for 3-8 days for children and adults  Shed for 3-4 weeks in young infants	Report outbreaks IMMEDIATELY by phone	Exclude younger children with RSV if the child has a fever or if the child is too sick to participate in activities with other children and staff.	Parent note
Ringworm ( <i>Tinea</i> )  Ringworm of the Scalp ( <i>Tinea capitis</i> )	Contact with infected individuals, animals or contact with contaminated objects.	Infectious as long as fungus is in the skin lesion  Once treatment begins the individual is no longer infectious	Not Reportable	Exclude all students, employees and staff at the end of the day.  <ul style="list-style-type: none"> <li>Ringworm of the scalp requires oral antifungal treatment.</li> </ul> Students, employees and staff must have appropriate treatment initiated to return.	Parent or staff note that treatment has been initiated

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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Ringworm of the Body ( <i>Tinea corporis</i> )	Contact with infected individuals, animals or contact with contaminated objects.	Infectious as long as fungus is in the skin lesion  Once treatment begins the individual is no longer infectious	Not Reportable	Exclude all students, employees and staff at the end of the day.  • Ringworm of the body requires topical treatment.  Students, employees and staff must have appropriate treatment initiated to return.	Parent or staff note that treatment has been initiated
Rubella (German Measles)	Respiratory (droplet) route, or contact with infected individual or contaminated objects.	May be spread 7 days before and up to 14 days after the rash appears	Report within 24 hours by phone	• Exclude until 7 days after onset of rash.  • Congenital Rubella: Exclude until 1 year of age unless nasopharyngeal and urine cultures after 3 months of age are repeatedly negative for rubella virus.	Medical note documenting at least 7 days since onset of rash
Scabies	Close person to person contact, or contact with infected objects.	Until treatment is completed	Report outbreaks only	Exclude until after appropriate scabicial treatment has been completed (usually overnight)	Medical note documenting evaluation and completion of therapy
Shingles (Varicella Herpes Zoster)	Contact with fluid from vesicles	Until blisters are scabbed over	Not Reportable	Exclude if lesions cannot be covered, until lesions are crusted.	Parent note or staff statement indicating any uncovered lesions have dried/crusted

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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Skin lesions (including <i>Staphylococcal</i> and <i>Streptococcal</i> skin and soft tissue infections, MRSA, Herpes Gladiatorum, etc.)	Contact with infected person or contaminated objects.	Varies by infectious agent and treatment	Report outbreaks only	<ul style="list-style-type: none"> <li>Exclude only if skin lesions are draining and cannot be covered, or if the covering cannot be maintained because drainage is soaking through the coverage.</li> <li>Carrier Status: Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion.</li> </ul>	Not required
Strep Throat ( <i>Streptococcal</i> pharyngitis)	Respiratory (droplet) route, or contact with contaminated objects.	Infectious until treated with appropriate antibiotic	Report outbreaks only	Exclude until afebrile and at least 24 hours after treatment has been initiated.	Medical note documenting initiation of treatment, with parent note of afebrile status
TB (Tuberculosis)	Airborne route	Varies with progression and severity of illness	Report within 24 hours by phone	Exclude for active (infectious) TB, until the local health department authority or treating infectious disease physician states that the student or staff member is noninfectious.	The health department or infectious disease physician must clear the student or staff member for return to school
Vomiting	Varies with cause	Varies with cause	Report outbreaks only	Exclude young children for Vomiting <ul style="list-style-type: none"> <li>2 or more times during the previous 24 hours, or</li> <li>For vomiting and fever (101 or higher)</li> </ul> Special Circumstances for Vomiting: <ul style="list-style-type: none"> <li>Exclude and refer for medical attention anyone with vomit that appears green and bloody, vomiting after recent head injury, vomiting and no urine output for 8 hours, or who appears very ill during vomiting episodes for prompt medical evaluation.</li> </ul> No exclusion is required for a brief, non-repeating episode of vomiting with no other signs of severe illness.	Readmit children when parent note stating vomiting has resolved, and child is able to remain hydrated and participate in activities

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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Whooping Cough (Pertussis)	Respiratory (droplet) route.	<p>From the beginning of symptoms until 2 weeks after the cough begins.</p> <p>Infants with no vaccinations can be infectious for over 6 weeks</p>	<p>Report within 24 hours by phone</p> <p>Report outbreaks IMMEDIATELY by phone</p>	<ul style="list-style-type: none"> <li>• Exclude until completion of 5 days of macrolide antimicrobial therapy, such as azithromycin or erythromycin.</li> <li>• No exclusion is required if the person is initially diagnosed with pertussis past the infectious period (21 days or more after cough onset, or 6 weeks after cough onset for infants.)</li> </ul>	<p>Medical note documenting macrolide antibiotic prescribed with parent note or employee/staff statement of completion of 5 days of antibiotics</p>

**Exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions<sup>4</sup>**

Exclusion Criteria for Contacts (Exposures)	Documentation for Return
<p><b><i>Neisseria meningitides</i> (Meningococcal):</b>                      Exclude close contacts to <i>Neisseria meningococcal</i> (meningococcal disease) cases until antimicrobial treatment has been initiated.</p>	<p>Medical note documenting initiation of antimicrobial therapy</p>
<p><b>Whooping cough (Pertussis):</b>                      Contacts do not need to be excluded. <u>If close contacts to pertussis cases are identified who are coughing or have other symptoms of pertussis they are considered to be suspect cases:</u>                      Contacts with cough illness are excluded as suspect cases:                      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 clears the child or employee to return to school.</p>	<p>Medical note indicating the symptomatic contact is cleared to return to school or childcare or that student/employee has met one of the criteria at left.</p> <p>Parent note if returning to school 21 or more days after last contact.</p>

<sup>4</sup>Exclusion may be indicated for contacts to other conditions when recommended by DHEC or the student's or employee/staff member's health care provider.

**Exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions<sup>4</sup>**

Exclusion Criteria for Contacts (Exposures)	Documentation for Return
<p><b>Unimmunized students</b> without documentation of immunity or natural disease must be excluded if exposed to the following conditions as indicated below<sup>5</sup>:</p>	
<p>• <b>Measles:</b></p> <p>Exclude exposed students who have not been immunized against measles for 21 days after onset of rash in last case of measles in the affected school or community.</p> <p>Staff born in 1957 or later who cannot provide documentation of 2 doses of measles vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 21 days after onset of rash in last case of measles in the affected school or community.</p> <p>Pregnant students and staff should not receive MMR immunization.</p> <p>DHEC is available to provide consultation on vaccinating children 6-11 months of age who are exposed to measles.</p>	<p>Individuals without previous measles immunization may be readmitted to school immediately after receiving measles-containing vaccine (if received within 72 hours of exposure to case) or measles immunoglobulin (if received within 6 days of exposure).</p> <p>Contact DHEC regarding previously unimmunized persons who receive vaccine or immunoglobulin after the above time frames.</p>
<p>• <b>Mumps:</b></p> <p><u>During mumps outbreaks</u>, exclude exposed students who have not been immunized against mumps until they receive at least one dose of mumps-containing vaccine. 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.</p> <p><u>During mumps outbreaks</u>, staff born in 1957 or later who cannot provide documentation of 2 doses of mumps vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 25 days after the onset of parotitis in the last person with mumps in the affected school or facility.</p> <p>Pregnant students and staff should not receive MMR immunization.</p>	<p>Unimmunized persons receiving their first dose of mumps-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>

<sup>5</sup>DHEC should be consulted immediately about pregnant, non-immunized, or immunocompromised students or staff who are exposed to measles, mumps, rubella, or varicella.

**Exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions<sup>4</sup>**

Exclusion Criteria for Contacts (Exposures)	Documentation for Return
<ul style="list-style-type: none"> <li> <b>Rubella:</b>                      Exclude exposed students who have not been immunized against rubella until they receive at least one dose of rubella-containing vaccine. Exclude exposed students older than age 6 who have received only one dose of vaccine, until they have received one additional dose of rubella or MMR vaccine.                       Staff born in 1957 or later who cannot provide documentation of 2 doses of rubella vaccine on or after their first birthday, or laboratory evidence of immunity, should be excluded for 21 days after the onset of rash in the last person with rubella in the affected school or community.                       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.                       Pregnant students and staff should not receive MMR or rubella immunization.                 </li> </ul>	<p>Unimmunized persons receiving their first dose of rubella-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>
<ul style="list-style-type: none"> <li> <b>Varicella (chicken pox):</b>                      In outbreaks<sup>6</sup>, exclude unimmunized students with no history of varicella vaccination from the start of the outbreak (or day that it is first recognized) until day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school<sup>7</sup>.                       Students and staff may return immediately following receipt of varicella vaccine.                       Pregnant students and staff should not receive Varicella immunization.                 </li> </ul>	<p>Unimmunized students receiving their first dose of varicella vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>

<sup>6</sup>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.

<sup>7</sup>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 in childcare and students in school with the following conditions are not typically excluded , so long as they are healthy enough to participate in routine activities:**

<ul style="list-style-type: none"> <li>• Canker Sores</li> <li>• Chronic Hepatitis B or C infection</li> <li>• 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</li> <li>• Cold sores</li> <li>• Cough not associated with an infectious disease or a fever</li> <li>• Croup</li> <li>• Cytomegalovirus (PE and sports exclusions may apply)</li> <li>• Diseases spread by mosquitos: Malaria, West Nile Virus</li> <li>• Diseases spread by ticks: Babesiosis, Ehrlichiosis, Lyme Disease, Rocky Mountain Spotted Fever, Tularemia</li> </ul>	<ul style="list-style-type: none"> <li>• Ear infection</li> <li>• Fifth Disease (Parvovirus B19 infection), once the rash has appeared and the child no longer has a fever</li> <li>• HIV infection</li> <li>• Mononucleosis (PE and sports exclusions may apply)</li> <li>• MRSA carrier or colonized individual, without uncovered draining lesions</li> <li>• Pinworms</li> <li>• Rash, without fever or behavior change</li> <li>• Roseola, once the fever is gone</li> <li>• Thrush</li> <li>• Urinary Tract Infection</li> <li>• Warts, including Molluscum contagiosum</li> <li>• Yeast Diaper Rash</li> </ul>
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