### SPECIFIC DISEASE EXCLUSION GUIDELINES FOR CHILDCARE

See individual fact sheets for exclusion and other information on the diseases listed below.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Exclusion Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bed Bugs</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Acute Bronchitis (Chest Cold)/Bronchiolitis</strong></td>
<td>Until fever is gone (without the use of a fever reducing medication) and the child is well enough to participate in routine activities.</td>
</tr>
<tr>
<td><strong>Campylobacteriosis</strong></td>
<td>Until 24 hours after diarrhea has stopped. Children who have <em>Campylobacter</em> in their stools, but who do not have symptoms, do not need to be excluded. Anyone with <em>Campylobacter</em> should not go in lakes, pools, splash pads, water parks, or hot tubs until after diarrhea has stopped. Staff with <em>Campylobacter</em> may be restricted from working in food service. Call your local health department to see if these restrictions apply.</td>
</tr>
<tr>
<td><strong>Chickenpox</strong></td>
<td>Until all blisters have dried into scabs; usually by day 6 after the rash began. Chickenpox can occur even if someone has had the varicella vaccine. These are referred to as breakthrough infections. Breakthrough infections develop more than 42 days after vaccination, are usually less severe, have an atypical presentation (low or no fever, less than 50 skin lesions), and are shorter in duration (4 to 6 days). Bumps, rather than blisters, may develop; therefore, scabs may not present. <strong>Breakthrough cases should be considered infectious.</strong> These cases should be excluded until all sores (bumps/blisters/scabs) have faded or no new sores have occurred within a 24-hour period, whichever is later. Sores do not need to be completely resolved before the case is allowed to return.</td>
</tr>
<tr>
<td><strong>Conjunctivitis (Pinkeye)</strong></td>
<td><strong>Purulent Conjunctivitis</strong> (redness of eyes and/or eyelids with thick white or yellow eye discharge and eye pain): Until examined by a health care provider and approved for readmission. <strong>Nonpurulent conjunctivitis</strong> (redness of eyes with a clear, watery eye discharge but without fever, eye pain, or eyelid redness): None.</td>
</tr>
<tr>
<td><strong>Croup</strong></td>
<td>Until fever is gone (without the aid of fever reducing medication) and the child is well enough to participate in routine activities.</td>
</tr>
<tr>
<td><strong>Cryptosporidiosis</strong></td>
<td>Until 24 hours after diarrhea has stopped. Anyone with <em>Cryptosporidium</em> should not go in lakes, pools, splash pads, water parks, or hot tubs until 2 weeks after diarrhea has stopped. Staff with <em>Cryptosporidium</em> may be restricted from working in food service.</td>
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</tbody>
</table>

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service. Call your local health department to see if these restrictions apply.

**Cytomegalovirus (CMV) Infection**

None.

**Diarrhea (Infectious)**

Until 24 hours after diarrhea has stopped. The length of time may vary depending on the pathogen. For some infections, the person must also be treated with antibiotics or have negative stool tests before returning to childcare. See fact sheet for specific organism when known.

Anyone with diarrhea should not go in lakes, pools, splash pads, water parks, or hot tubs until after diarrhea has stopped.

Staff with diarrhea should be restricted from working in food service. Call your local health department to determine how these restrictions apply.

**E. coli O157:H7 Infection**

Until 24 hours after diarrhea has resolved and two stool cultures obtained at least 24 hours apart have tested negative for *E. coli* O157:H7.

Anyone with *E. coli* O157:H7 should not go in lakes, pools, splash pads, water parks, or hot tubs until 2 weeks after diarrhea has stopped.

Staff with *E. coli* O157:H7 may be restricted from working in food service or childcare. Call your local health department to see if these restrictions apply.

**Enteroviral Infection**

Until 24 hours after diarrhea and/or vomiting has stopped. For mild, cold-like symptoms, no exclusion, as long as the child is well enough to participate in routine activities.

**Fifth Disease (Parvovirus)**

None, if other rash-causing illnesses are ruled out by a health care provider. Persons with fifth disease are no longer infectious once the rash begins.

**Giardiasis**

Children infected with *Giardia* who have symptoms should be excluded until 24 hours after diarrhea has stopped. Children who have *Giardia* in their stools, but who have no symptoms, do not need to be excluded.

Anyone with *Giardia* should not go in lakes, pools, splash pads, water parks, or hot tubs until after diarrhea has stopped.

Staff with *Giardia* may be restricted from working in food service. Call your local health department to see if these restrictions apply.

**Haemophilus influenzae type B (Hib) Disease**

Until the child has been treated and is well enough to participate in routine activities.
<table>
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<tr>
<td>Hand, Foot, and Mouth Disease</td>
<td>Until fever is gone and child is well enough to participate in routine activities (sores or rash may still be present).</td>
</tr>
<tr>
<td>Head Lice</td>
<td>None, but treatment is recommended before returning to school.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Consult with your local or state health department. Each situation must be looked at individually to decide if the person with hepatitis A can spread the virus to others.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>None, unless the hepatitis B-infected child has unusually aggressive behavior (e.g., biting) that cannot be controlled, oozing sores that cannot be covered, or bleeding problems. A team of medical experts should assess on a case-by-case basis to determine whether exclusion from some activities is necessary. Consult with your local or state health department.</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>None, unless the hepatitis C-infected child has oozing sores that cannot be covered or bleeding problems. A team of medical experts should assess on a case-by-case basis to determine whether exclusion from some activities is necessary. Consult with your local or state health department.</td>
</tr>
<tr>
<td>Herpes, Oral</td>
<td>Primary infection: Until those children who do not have control of their oral secretions no longer have active sores inside the mouth. Recurrent infections (fever blisters and cold sores): None.</td>
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<tr>
<td>HIV/AIDS</td>
<td>None, unless a child with HIV infection has unusually aggressive behavior (e.g., biting) that cannot be controlled, oozing sores that cannot be covered, or bleeding problems. A team of medical experts should assess on a case-by-case basis to determine whether exclusion from some activities is necessary. Consult with your local or state health department.</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Until 24 hours after treatment and sores are drying or improving.</td>
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<tr>
<td>Influenza</td>
<td>Until 24 hours after fever is gone (without the use of a fever reducing medicine) and the child is well enough to participate in routine activities.</td>
</tr>
<tr>
<td>Measles</td>
<td>Until 4 days after the rash appears. A child with measles should not attend any activities during this time period.</td>
</tr>
<tr>
<td>Meningococcal Disease</td>
<td>Until the child has been on appropriate antibiotics for at least 24 hours and is well enough to participate in routine activities.</td>
</tr>
<tr>
<td>Methicillin-Resistant <em>Staphylococcus aureus</em> (MRSA)</td>
<td>If draining sores are present and cannot be completely covered and contained with a clean, dry bandage or if a person cannot maintain good personal hygiene. Children who are only colonized do not need to be excluded.</td>
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</table>
**SPECIFIC DISEASE EXCLUSION GUIDELINES FOR CHILDCARE**

**Activities:** Children with draining sores should not participate in any activities, including contact sports, where skin-to-skin contact is likely to occur until their sores are healed.

**Molluscum Contagiosum**

None. Encourage parents/guardians to cover bumps with clothing when there is a possibility that others will come in contact with the skin. If not covered by clothing, cover with a bandage.

**Activities:** Exclude any child with bumps that cannot be covered with a watertight bandage from participating in swimming or other contact sports.

**Mononucleosis**

None, as long as the child is well enough to participate in routine activities.

**Sports:** Contact sports should be avoided until the child is recovered fully and the spleen is no longer palpable.

**Mumps**

Until 5 days after swelling begins.

**Norovirus**

Until 24 hours after diarrhea and vomiting have stopped.

Anyone with vomiting and/or diarrhea should not go in lakes, pools, splash pads, water parks, or hot tubs until after diarrhea and/or vomiting have stopped.

Staff must avoid food preparation when diarrhea and/or vomiting are present and for at least 72 hours after diarrhea and/or vomiting have stopped. Call your local health department to determine how these restrictions apply.

**Parapertussis**

None, if the child is well enough to participate in routine activities.

**Pertussis** *(Whooping Cough)*

Until 5 days after appropriate antibiotic treatment begins. During this time the child should not participate in any childcare, school, or community activities. If not treated with 5 days of antibiotics, exclusion should be for 21 days after cough onset.

If there is a high index of suspicion that the person has pertussis, exclude until 5 days of antibiotics are completed or until the laboratory test comes back negative.

**Pinworms**

None.

**Pneumococcal Infection**

None, if the child is well enough to participate in routine activities.

**Pneumonia**

Until fever is gone (without the aid of fever reducing medication) and the child is well enough to participate in routine activities.

**Respiratory Infection** *(Viral)*

Until fever is gone (without the aid of fever reducing medication) and the child is well enough to participate in routine activities.

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Respiratory Syncytial Virus (RSV) Infection
Until fever is gone (without the aid of fever reducing medication) and the child is well enough to participate in routine activities.

Ringworm
Until treatment has been started.

Any child with ringworm should not participate in gym, swimming, and other close contact activities that are likely to expose others if the lesions cannot be fully covered or until 72 hours after treatment has begun. For sports, follow the athlete’s health care provider’s recommendations and the specific sports league rules for return to practice and competition.

Roseola
Until the fever is gone and other rash illnesses, especially measles, have been ruled out.

Rotaviral Infection
Until 24 hours after diarrhea has stopped.

Rubella (German Measles)
Until 7 days after the rash appears.

Salmonellosis
Until 24 hours after diarrhea has stopped. Children who have Salmonella in their stools, but who do not have symptoms, do not need to be excluded.

Anyone with Salmonella should not go in lakes, pools, splash pads, water parks, or hot tubs until after diarrhea has stopped.

Staff with Salmonella may be restricted from working in food service. Call your local health department to determine how these restrictions apply.

Scabies
Until 24 hours after treatment begins.

Shigellosis
Until 48 hours after diarrhea has stopped or until 24 hours after diarrhea has stopped and the child has been on at least 24 hours of antibiotics or after one stool culture tests negative for Shigella. Children who have Shigella in their stools but do not have symptoms may need to be treated, but do not need to be excluded.

Anyone with Shigella should not go in lakes, pools, splash pads, water parks, or hot tubs until 1 week after diarrhea has stopped.

Staff infected with Shigella may be restricted from working in food service. Call your local health department to see if these restrictions apply.

Shingles (Zoster)
None, if blisters can be completely covered by clothing or a bandage. If blisters cannot be covered, exclude until the blisters have crusted. Persons with severe, disseminated shingles should be excluded regardless of whether the sores can be covered.

Staph Skin Infection
If draining sores are present and cannot be completely covered and contained with a clean, dry bandage or if the person cannot maintain
good personal hygiene.

Children who are only colonized do not need to be excluded.

**Activities:** Children with draining sores should not participate in activities, including contact sports, where skin-to-skin contact is likely to occur until their sores are healed.

**Streptococcal Infection** *(Strep Throat/Scarlet Fever)*

- **Until 24 hours after antibiotic treatment begins and the child is without fever.**

Children without symptoms, regardless of a positive throat culture, do not need to be excluded from childcare or school. Persons who have strep bacteria in their throats and do not have any symptoms (carriers) appear to be at little risk of spreading infection.

**Tuberculosis (TB)**

- **Consult with your local or state health department. Each situation must be evaluated individually to determine whether the person is contagious and poses a risk to others. A person with a positive tuberculin skin test (TST) but without symptoms should not be excluded, but should see a health care provider as soon as possible after the positive test is detected for further evaluation and possible treatment for latent TB infection.**

**Viral Meningitis**

- **Until the fever is gone or diarrhea has stopped and the child is well enough to participate in routine activities.**

**Warts**

- **None.**

**Yeast Infection** *(Candidiasis)*

- **None.**

**Other communicable diseases**

Consult your local or state health department or the child's health care provider 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 childcare setting. **Consult your local or state health department when there is more than one case of a communicable disease.**

For more information, call Hennepin County HSPHD-Epidemiology at (612) 543-5230 or call your local health department.