Acute Bronchitis (Chest Cold)/Bronchiolitis

Twenty-four hours (or one full school day) after fever is gone and the child is well enough to participate in routine activities.

Campylobacteriosis

None, unless the child is not feeling well and/or has diarrhea. Exclusion may be necessary during outbreaks. No one with Campylobacteriosis should use swimming beaches, pools, water parks, spas, or hot tubs until 2 weeks after diarrhea has stopped.

Exclude symptomatic staff with Campylobacter from working in food service. Other restrictions may apply.

Chickenpox

Until all the blisters have dried into scabs; usually by day 6 after the rash began.

It takes 10 to 14 days after receiving the vaccine to develop immunity. Vaccine failures occasionally occur. The incubation period is 10 to 21 days. Therefore, exclude children who:

- Appear to have chickenpox regardless of whether or not they have received the varicella vaccine, or
- Develop blisters within 10 to 21 days after vaccination.

Chickenpox can occur even if someone has had the varicella vaccine. These are referred to as breakthrough infections and are usually less severe and have an atypical presentation. The bumps rather than blisters may be present; therefore, scabs may not present. These cases should be excluded until all bumps/blisters/scabs (sores) have faded and no new sores have occurred within a 24-hour period, whichever is later. Sores do not need to be completely resolved.

Although extremely rare, the vaccine virus has been transmitted to susceptible contacts by vaccine recipients who develop a rash after receiving varicella vaccine, using the above criteria.

Conjunctivitis (Pinkeye)

Purulent conjunctivitis (redness of eyes and/or eyelids with thick white or yellow eye discharge and eye pain): Exclude until appropriate treatment has been initiated or the discharge from the eye has stopped unless a doctor has diagnosed a non-infectious conjunctivitis.

Nonpurulent conjunctivitis (redness of eyes with a clear, watery eye discharge but without fever, eye pain, or eyelid redness): None.

Cryptosporidiosis

None unless the child is not feeling well and/or has diarrhea. Exclusion may be necessary during outbreaks. No one with Cryptosporidiosis should use swimming beaches, pools, water parks, spas, or hot tubs until 2 weeks after diarrhea has stopped.

Exclude symptomatic staff with Campylobacter from working in food service or childcare until they have been free from diarrhea for at least 24 hours. Other restrictions may apply.

Cytomegalovirus (CMV)
Infection

None.

Diarrhea (Infectious)

Children that have diarrhea that could be infectious should be excluded until the child has been free from diarrhea for at least 24 hours. Other exclusions or preventative measures may be necessary dependent on the organism.

Restrict students from sharing of any communal food items in the classroom. In the classroom, children should not serve themselves food items that are not individually wrapped. The teacher should hand out these items after washing his/her hands.

No one with infectious diarrhea (of unknown cause) should use swimming beaches, pools, water parks, spas, or hot tubs for at least 2 weeks after diarrhea has stopped.

Exclude symptomatic staff with diarrhea from working in food service. Dependent on the organism, other restrictions may apply; call your local health department for guidance.

Enteroviral Infection

None, unless the child is not feeling well and/or has diarrhea.

Fifth Disease (Parvovirus)

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

Giardiasis

None, unless the child is not feeling well and/or has diarrhea. Exclusion may be necessary during outbreaks.

No one with *Giardia* should use swimming beaches, pools, spas, water parks, or hot tubs for at least 2 weeks after diarrhea has stopped.

Exclude symptomatic staff with *Giardia* from working in food service. Other restrictions may apply; call your local health department for guidance.

Hand, Foot, and Mouth Disease

Until Fever is gone and child is well enough to participate in routine activities (sores or rash may still be present).

Head Lice

Until first treatment is completed and no live lice or nits (eggs) are seen. Children will be sent home immediately if any lice are detected.

Hepatitis A

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.

Hepatitis B

Children with hepatitis B infection should not be excluded from school, childcare, or other group care settings solely based on their hepatitis B infection. Any child, regardless of known hepatitis B status, who has a condition such as oozing sores that cannot be covered, bleeding problems, or unusually aggressive behavior (e.g. biting) that cannot be controlled may merit assessment by the child's health professional and the child care program director or school principal to see whether the child may attend while the condition is present.

Hepatitis C

Children with hepatitis C infection should not be excluded from school, childcare, or other group care setting solely based on their hepatitis C infection. Any child, regardless of known hepatitis C status, who has a condition such as oozing sores that cannot be covered, bleeding problems, or unusually aggressive behavior (e.g. biting) that cannot be controlled may merit assessment by the child's health professional and the child care program director or the school principal to see whether the child may attend while the condition is present.

Herpes Gladiatorum

<u>Contact Sports</u>: Exclude from practice and competition until all sores are dry and scabbed. Treatment with oral medication may shorten exclusion time. Follow the athlete's healthcare provider's recommendations and specific sports league rules for when the athlete can return to practice and competition.

Herpes, Oral

None.

HIV/AIDS

Children with HIV infection should not be excluded from school, childcare, or other group care settings solely based on their HIV infection. Any child, regardless of known HIV status, who has a condition such as oozing sores that cannot be covered, bleeding problems, or unusually aggressive behavior (e.g. biting) that cannot be controlled may merit assessment by the child's health professional and the child care program director or school principal to see whether the child may attend while the condition is present.

Impetigo

If impetigo is confirmed by a healthcare provider, exclude until 24 hours after treatment. Lesions on exposed skin should be covered with watertight dressing.

Influenza

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

Decisions about extending the exclusion period could be made at the community level, in conjunction with local and state health officials. More stringent guidelines and longer periods of exclusion-for example, until complete resolution of all symptoms-may be considered for people returning to a setting where high numbers of high-risk people may be exposed, such as a camp for children with asthma or a childcare facility for children younger than 5 years old.

Measles

Until 4 days after the rash appears. A child with measles should not attend any activities during this time period.

Exclude unvaccinated children and staff, who are not vaccinated within 72 hours of exposure, for at least 2 weeks after the onset of rash in the last person who developed measles.

Meningococcal Disease

Consult with your local or state health department. Each situation must be looked at individually to determine the appropriate control measures to implement. Most children may return after the child has been on appropriate antibiotics for at least 24 hours and is well enough to participate in routine activities.

Methicillin-Resistant Staphylococcus aureaus (MRSA)

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.

<u>Activities</u>: Children with draining sores should not participate in any activities where skin-to-skin contact is likely to occur until their sores are healed. This means no contact sports.

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.

<u>Activities</u>: Exclude any child with bumps that cannot be covered with a water tight bandage from participating in swimming or other contact sports.

Mononucleosis

None, as long as the child is well enough to participate in routine activities. Because students/adults can have the virus without any symptoms, and can be contagious for a long time, exclusion will not prevent spread.

<u>Sports</u>: Contact sports should be avoided until the student has recovered fully and the spleen is no longer palpable.

Mosquito-Borne

None.

Mumps

Until 5 days after swelling begins.

Exclude unvaccinated children and staff if two or more cases of mumps occur. Exclusion will last through at least 26 days after the onset of parotid gland swelling in the last person with mumps. Once vaccinated, students can be readmitted immediately.

Norovirus

Children and staff who are experiencing vomiting and/or diarrhea should be excluded until they have been free of diarrhea and vomiting for at least 24 hours.

Staff involved in food preparation should be restricted from preparing food for 48 hours after symptoms stop. The staff may perform other duties not associated with food preparation 24 hours after symptoms have stopped.

No one with vomiting and/or diarrhea that is consistent with norovirus should use pools, swimming beaches, water parks, spas, or hot tubs for at least 2 weeks after diarrhea and/or vomiting symptoms have stopped.

Parapertussis

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

Pertussis (Whooping Cough)

Exclude children and symptomatic staff until 5 days after appropriate antibiotic treatment begins. During this time, the person with pertussis should NOT participate in any 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 the individual has been evaluated by a medical provider and deemed no longer infectious by the local health department, 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 and the child is well enough to participate in routine activities.

Respiratory Infection (Viral)

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

None, for respiratory infections without fever, as long as the child is well enough to participate in routine activities.

Ringworm

Until treatment has been started or if the lesion cannot be covered; or if on the scalp, until 24 hours after the 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 until 72 hours after treatment has begun or the lesion can be completely covered.

<u>Sports</u>: Follow athlete's healthcare provider's recommendations and the specific sports league rules for when the athlete can return to practice and competition.

Rotaviral Infection None, unless the child is not feeling well and/or has diarrhea. Exclusion

may be necessary during outbreaks.

Rubella

(German Measles)

Until 7 days after the rash appears.

Exclude unvaccinated children and staff for at least 3 weeks after the

onset of rash in the last reported person who developed rubella.

Salmonellosis None, unless the child is not feeling well and/or has diarrhea. Exclusion

may be necessary during outbreaks.

Exclude symptomatic staff with Salmonella from working in food service. Other restrictions may apply; call your local health department

for guidance.

*If a case of Salmonella typhi is identified in a childcare center or school, please consult with your local or state health department. Each

situation must be looked at individually to determine appropriate control

measures to implement.

Scabies Until 24 hours after treatment begins.

Shigellosis None, unless the child is not feeling well and/or has diarrhea. Exclusion

may be necessary during outbreaks.

No one with *Shigella* should use swimming beaches, pools, recreational water parks, spas, or hot tubs until 2 weeks after diarrhea has stopped.

Food service employees infected with *Shigella* bacteria should be excluded from working in food service. An employee may return to work once they are free of the *Shigella* infection based on test results showing 2 consecutive negative stool cultures that are taken at least 24

hours after diarrhea ceases, not earlier than 48 hours after

discontinuation of antibiotics, and at least 24 hours apart; or the food employee may be reinstated once they have been asymptomatic for more

than 7 calendar days.

Other restrictions may apply; call your local health department for

guidance.

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 where skin-to-skin contact is likely to occur until their sores are healed. This means no contact sports.

STEC (Shiga toxinproducing *Eschericha* coli) Infection

None, unless the child is not feeling well and/or has diarrhea. Exclusion may be necessary during outbreaks.

No one with STEC infection should use swimming beaches, pools, water parks, spas, or hot tubs until 2 weeks after diarrhea has stopped.

Food service employees with STEC infection should be excluded from working in food service. An employee may return to work once they are free of the STEC infection based on test results showing 2 consecutive negative stool specimens that are taken at least 24 hours after diarrhea ceases, not earlier than 48 hours after discontinuation of antibiotics, and at least 24 hours apart; or the food employee may be reinstated once they have been asymptomatic for more than 7 calendar days.

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 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 to those who live, attend school, or work around them.

Tick-Borne

None.

Tuberculosis

A person with a newly positive tuberculin skin test (TST) or interferon gamma release assay (IGRA) should see a healthcare provider <u>as soon as possible</u> after the positive test is detected for further evaluation and possible treatment. Consult with your local or state health department immediately. Each situation must be evaluated individually to determine whether the person is contagious and poses a risk to others. Latent tuberculosis infection and tuberculosis disease are reportable conditions in Missouri.

Viral Meningitis

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

Warts

None.

Yeast Infection (Candidiasis)

None.