



School Exclusion List-General Guidelines for the Control of Outbreaks in School

This chart provides information about some communicable disease that may occur in schools. It is meant as a guide to answer questions frequently asked of persons responsible for groups of children. This is not an all-inclusive list of significant diseases or a comprehensive guide to all information about each disease or condition. More specific information about these and other diseases may be obtained by contacting your local health department or the New Jersey Department of Health, Communicable Disease Service.

Infection/Condition	Common Symptoms	Exclusion for School	Note	Reportable to Health Department
Acute Respiratory Illness (ARI)	Fever (oral temperature 100°F or equivalent) and rhinorrhea, nasal congestion, sore throat, cough in absence of a known cause (e.g., seasonal allergies).	Until runny nose, congestion, sore throat and cough have improved significantly. Must be fever free for 24 hours without fever reducing medication		Outbreaks Only (1)
Fever (Only)	Infrared Digital Forehead temperatures > 100°F (37.8°C), Oral temperatures >101° F (38°C), or rectal temperatures >102°F (38.9°C), usually are considered to be above normal.	Fever free for 24 hours without fever reducing medication. When fever above normal is associated with behavior change or other signs of illness or the child is unable to participate, and staff cannot care for child without compromising ability to care for the other children in the group		No
Influenza	Fever (oral temperature ≥ 100°F or equivalent), cough and/or sore throat, chills muscle/body aches, headache, fatigue, runny nose/congested nose or head, nausea	Fever Free for 24 hours without fever reducing medications and after symptoms have improved (at least 4 – 5 days after symptoms have appeared)		Outbreaks Only (1)

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Streptococcal pharyngitis (strep throat)	Fever, sore throat, exudative tonsillitis or pharyngitis, enlarged lymph nodes. May also have a sandpaper-like rash.	24 hrs. after treatment has been initiated and fever free for 24 hours without fever reducing medication		Outbreaks Only (1)
Fifth Disease (Erythema infectiosum)	Mild cold symptoms followed by rash, characterized by "slapped face" appearance.	Fever free for 24 hours without fever reducing medications	Pregnant women and immunocompromised persons should seek medical advice.	Outbreaks Only (1)
Hand Foot and Mouth (Coxsackievirus)	Fever, sore throat, malaise, ulcers in the mouth and blisters on hands and feet.	Fever free for 24 hours without fever reducing medication	Most often seen in summer and early fall.	Outbreaks Only (1)
Gastrointestinal Illness (organism/cause not identified or not yet determined)	Frequent loose or watery stools, abdominal cramps/tenderness, and fever. Vomiting more than 2 times in 24 hours.	No vomiting or diarrhea for 24 hours; Fever free without fever reducing medication for 24 hours	Medical evaluation needed for stools with blood or mucus. Make sure child is re-hydrated before returning to school	Outbreaks Only (1) and individual cases of diarrheal disease, such as c-diff
Norovirus	Nausea, vomiting, diarrhea, abdominal cramps. May also have low grade fever, chills, body aches, headache.	24-48 hrs. after symptoms resolve; fever free for 24 hours without fever reducing medication	Exclusion time on a case by case basis after consultation with the local health department.	Outbreaks Only (1)
Hepatitis A	Jaundice	1 week after onset of jaundice or illness and fever free (if symptoms are mild). Must have a note to return to school		Yes, Immediately (3)
Conjunctivitis, purulent	Pink or red conjunctivae with white or yellow discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye.	Until examined by a medical provider and 24 hours of treatment with antibiotic eyedrops		Outbreaks Only (1)
Conjunctivitis, Non-purulent	Pink conjunctivae with a clear, watery eye discharge without fever, eye pain, or eyelid redness.	No Exclusion		Outbreaks Only (1)

Infection/Condition	Common Symptoms	Exclusion for School	Note	Reportable to Health Department
Measles	Initially characterized by fever, reddened eyes, runny nose, cough, followed by maculopapular rash that starts on the head and spreads down and out.	4 days from rash onset; fever free for 24 hours without fever reducing medication; significant improvement of runny nose, and cough	Rash Onset = Day 0 Child must have a note from physician stating when rash began and when child can return to school. Note must be handed in prior to child returning to school	Yes, Immediately (3)
Mumps	Fever with swelling and tenderness of one or both parotid glands located below and in front of ears.	5 days after onset of parotid swelling; fever free for 24 hours without fever reducing medication	Parotitis (swollen parotid glands) = Day 0 Child must have a note from physician stating when rash began and when child can return to school. Note must be handed in prior to child returning to school	Yes, individual cases and outbreaks (3)
Pertussis	Initial stage begins with URI symptoms and increasingly irritating cough. Paroxysmal stage is characterized by repeated episodes of violent cough broken by high pitched inspiratory whoop. Older children may not have whoop.	After 5 days of appropriate antibiotic therapy completed. If untreated, through 21 days from cough onset. Fever free for 24 hours without fever reducing medication; Significant improvement of coughing episodes.		Yes, immediately (3)
Varicella (Chickenpox)	Slight fever with eruptions which become vesicular. Lesions occur in successive crops with several stages of maturity at the same time	Until all lesions have dried and crusted usually 6 days after onset of rash		Yes, individual cases and outbreaks (3)
Varicella-Herpes Zoster (Shingles)	Localized vesicular lesions	Until all lesions have dried and crusted unless lesions can be covered Wrestlers (5)		Outbreaks Only (1)

Infection/Condition	Common Symptoms	Exclusion for School	Note	Reportable to Health Department
Impetigo	Small, red pimples or fluid-filled blisters with crusted yellow scabs.	24 hours after treatment initiated Sports: Exclude if lesions cannot be adequately covered until deemed non-infectious and adequately treated by medical provider Wrestlers (5)	Found most often on the face but may be anywhere on the body. Lesions should be covered until dry.	Outbreaks Only (1)
Scabies	Itchy raised areas around finger webs, wrists, elbows, armpits, beltline, and/or genitalia. Extensive scratching	Until after treatment has been given Wrestlers (5)		Outbreaks Only (1)
MRSA (methicillin-resistant <i>staphylococcus aureus</i>)	Red bumps that progress to pus-filled boils or abscesses.	If lesions cannot be adequately covered Sports: If lesions cannot be adequately covered or drainage cannot be contained by the bandage (5) Wrestlers (5)		Two or more non-household, culture-confirmed cases of MRSA that occur within a 14-day period and may be linked
Staphylococcal or streptococcal skin infections (not including MRSA & Impetigo)	Honey crusted draining lesions, skin lesions with a reddened base.	If lesions cannot be adequately covered Sports: If lesions cannot be adequately covered or drainage cannot be contained by the bandage (5) Wrestlers (5)		Outbreaks Only (1)
Tinea capitis (Ringworm of the scalp)	Hair loss in area of lesions	Until after treatment has been started. Wrestlers (5)		Outbreaks Only (1)
Tinea corporis (Ringworm of the body)	Circular well demarcated lesion that can involve the face, trunk, or limbs. Itching is common	Until after treatment has been started. Wrestlers (5)		Outbreaks Only (1)

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Meningitis, Bacterial (including Haemophilus influenzae)	High fever, headache and stiff neck.	Until adequately treated, 24 hours after initiation of effective antimicrobial therapy; Fever free for 24 hours without fever reducing medication		Yes, immediately (3)
Meningitis, Viral	High fever, headache and stiff neck.	Fever free for 24 hours without fever reducing medication		Outbreaks Only (1)
Mononucleosis	Fever, sore throat, swollen lymph nodes.	Fever free for 24 hours without fever reducing medication	Medical note to resume physical activities	Outbreaks Only (1)

Conditions Requiring Temporary Exclusion

Temporary exclusion is recommended when the illness prevents the child from participating comfortably in activities as determined by the staff of the school or program; the illness results in a greater need for care than the staff of the program determine they can provide without compromising their ability to care for other children; the child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion: appears to be severely ill (this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash, fever (as defined above) and behavior change or other signs and symptoms (e.g. sore throat, rash, vomiting, and diarrhea).

1 An outbreak may be occurring if: several children who exhibit similar symptoms are in the same classroom, same wing or attended a common event. There is an increase in school absences with report of similar symptoms. Two or more students diagnosed with the same reportable disease. A single case of a highly infectious disease exists or is suspected to exist.

2 Negative stool specimens taken at least 24 apart and at least 48 hours after cessation of antibiotic treatment

3 For specific reporting requirements refer to NJDOH Reporting Requirements <http://nj.gov/health/cd/reporting>

4 During an outbreak, negative stool specimens may be required before return to school and/or food handling

5 Wrestling and other contact sports refer to <http://www.ncaapublications.com> (search "sports medicine handbook") for exclusion guidance

Sources:

A. American Academy of Pediatrics. Red Book 30th Edition

B. NJDOH <http://nj.gov/health/cd/topics> Communicable Disease Chapters

C. Centers for Disease Control and Prevention <http://www.cdc.gov>

D. National Collegiate Athletic Association. NCAA 2014-15 Sports Medicine Handbook <http://www.ncaapublications.com>

F. American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools a Quick Reference Guide, 3rd Edition