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Promoting and protecting the health of the public and the environment

School Exclusion List

Official List of Conditions Requiring Exclusion from School, with Guidance Section.

Statutory authority: SC Code Sections 20-7-2980, 44-1-110, 44-1-140 and 44-29-10

Requirements

SC Regulation #61-20 requires that DHEC publish each year an Official School and Childcare Exclusion List of Contagious and Communicable Diseases, hereinafter referred to as the Childcare Exclusion List or the School Exclusion List. SC #61-20 further requires that students should be excluded from school attendance if they have one or more of the conditions in these lists. Schools should maintain a record of students known to have been excluded under this regulation.

Revisions

The School and Childcare Exclusion Lists were revised for the 2013-2014 school year to address disease reporting by schools subject to FERPA, to clarify and streamline exclusions for diarrheal illnesses and skin lesions, and to update exclusion criteria for unvaccinated contacts in varicella outbreaks.

This update to the School Exclusion List is effective August 1, 2013.

Guidance for Implementing the School Exclusion List

- **Use in Schools.** The School Exclusion List applies to students in grades 1-12 who are not medically fragile. The separate **Childcare Exclusion List** should be used for students in grades K-3, K-4, and K-5, as well as students designated as being medically fragile. For the purposes of school exclusion, the term “medically fragile” refers to those students with special healthcare needs or developmental delays who require close assistance with feeding or other personal hygiene activities by which communicable illnesses may be easily spread.
- **Parent Notification.** The school should give to all parents/guardians the list of conditions that require exclusion from school attendance. Distribution of summaries of the Exclusion Lists, such as the Parent Brochures developed by the DHEC Division of Acute Disease Epidemiology, satisfies this requirement. Schools should inform parents/guardians that they must notify the school within 24 hours after their student has developed a known or suspected communicable illness addressed on the School Exclusion List. Students 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.
- **Special Circumstances.** The exclusion criteria in this document are applied to generally healthy children. 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). 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.
- **Exclusion criteria that vary** for younger students (primary grades or elementary 1st through 5th grade) and for older students (middle school, junior high or high school) are indicated in the Exclusion List. Intermediate schools (generally 5th and 6th graders) should follow the exclusion criteria for the youngest age students attending the school.

Guidance for Implementing the School Exclusion List

- **Mixed age groupings.** When students are taught or routinely spend time in mixed age groups, the standards for the youngest children in the group apply. If these children are Kindergarten age or younger, the criteria found in the Child Care Exclusion List apply.
- **Notes / Documentation for Return.** The type of note needed for a student to return to school is indicated in the tables that follow. Physicians, nurse practitioners, physician assistants, or DHEC licensed health care professional 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.
- **Period of Exclusion.** Per the Red Book (American Academy of Pediatrics, 2012), “Infected children should be excluded from school until they are no longer considered contagious.” 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.
- **Bloodborne diseases.** The DHEC HIV/STD Division (1.800.322.AIDS) is available for consultation regarding infection control issues raised by the presence of students with blood-borne illnesses (HIV, chronic Hepatitis B, chronic Hepatitis C, etc.) in school.
- **Other Risks.** This list addresses common exposures to communicable disease. DHEC staff is available for consultation on unusual conditions or exposures, as well as on risks associated with close contact sports, water activities, immunocompromised status, contact with animals, etc.
- **Food-handling.** DHEC staff is available for consultation on excluding employees with symptoms or diagnoses of conditions that could be spread through feeding or other food-handling tasks.
- **Outbreaks.** During disease outbreaks or under special circumstances, DHEC may change the recommendations in the Childcare Exclusion List and/or the School Exclusion List.
- **Disease/Outbreak reporting to the Health Department and the Family Education Rights and Privacy Act (FERPA).** Per SC Statute 44-29-10, “any person or entity that maintains a database containing health care data must report [to DHEC] all cases of persons who harbor any illness or health condition that may be caused by ... epidemic or pandemic disease, or novel and highly fatal infectious agents and might pose a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.” These conditions, indicated on the List of Reportable Conditions as Immediately or Urgently Reportable, must be reported to the local health department.

For schools subject to FERPA: FERPA allows reporting of illnesses without specific parent permission if a “health or safety emergency” exists. DHEC has determined that conditions where reports are requested immediately or within 24 hours by phone, including all clusters or outbreaks of illnesses, may be reported to DHEC by name, without parental consent. Disclosure of this information is documented in the student’s/students’ record(s) per local policies for FERPA compliance. Conditions where reporting is required within 3 days may be reported to DHEC by name with parental consent. De-identified reporting is also allowed for these conditions. School personnel should work with local education agency nursing leadership, or local health department Epi staff to review processes for de-identified reporting of cases of varicella that may spread in schools, especially varicella.

Students with the following conditions must be excluded from school attendance:

Exclusion Criteria	Documentation for Return	Reportable to Health Dept? ^A
<p>1. Symptoms or other manifestations of possible severe illness:</p> <ul style="list-style-type: none"> • Students with these conditions should be excluded until symptoms cease and a medical evaluation determines that the child is not contagious: <ul style="list-style-type: none"> ○ Fever, with behavior changes ○ Rapidly spreading rash ○ Weeping or draining sores that cannot be covered ○ When a student poses a risk of spreading a harmful disease to others in the school setting 	<p>Medical Note</p>	<p>Report Outbreaks only^B</p>
<ul style="list-style-type: none"> • Students with these conditions should be excluded until symptoms resolve and until after a medical evaluation: <ul style="list-style-type: none"> ○ Difficulty breathing ○ Unusual lethargy (an unusual tiredness or lack of energy) ○ Unusually severe irritability, especially in younger students. 	<p>Medical Note</p>	
<ul style="list-style-type: none"> • Students with these conditions should be excluded until symptoms resolve: <ul style="list-style-type: none"> ○ Illness preventing participation in routine educational activities, as determined by school staff. 	<p>Parent Note</p>	
<ul style="list-style-type: none"> • Students with <u>severe</u> vomiting and diarrhea or vomiting blood should be excluded until symptoms resolve, unless the vomiting and/or diarrhea is known to be caused by a non-communicable condition 	<p>Parent or Medical Note, depending upon situation.</p>	

^A The requirement to report indicated 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.” Reporting by name of students with these conditions is permitted under the FERPA “health or safety emergency” exception. Reports requested within 3 days may be done by name with parent consent, or “de-identified” reports may be made if consent is not obtained. Outbreaks are considered “health or safety emergencies” regardless of the condition, and should be immediately reported to the local health department. The list of Reportable Conditions may be accessed here: <http://www.scdhec.gov/administration/library/CR-009025.pdf>.

^B Report suspected outbreaks and clusters of diseases or symptoms that would not be reportable as single cases. An “Outbreak” in a school is defined as an excess number of cases or symptoms over the expected occurrence of disease within a school or classroom or group. Outbreaks are reported immediately to DHEC.

Students with the following conditions must be excluded from school attendance:

Exclusion Criteria	Documentation for Return	Reportable to Health Dept? ^A
<p>2. Exclude students with diarrhea associated with Campylobacter until diarrheal symptoms are resolved for at least 24 hours. Students with prolonged diarrheal symptoms following completion of antimicrobial therapy for Campylobacter may be re-admitted if cleared by the student's physician.</p>	<p>Medical Note clearing student with prolonged symptoms after antimicrobial therapy. A Parent Note is sufficient if there has been no diarrhea for 24 hours.</p>	<p>Report within 3 days. Report outbreaks immediately. De-identified reporting is permitted if parental consent is not obtained for identified reporting of single cases.</p>
<p>3. Conjunctivitis (pinkeye)^C</p> <ul style="list-style-type: none"> Exclude students in 1st through 5th grades who have purulent conjunctivitis (defined as pink or red conjunctivae with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye), until evaluated. 	<p>Medical Note documenting evaluation.</p>	<p>Report Outbreaks only</p>
<ul style="list-style-type: none"> No exclusion is required for students in 6th through 12th grades with conjunctivitis unless the student meets other exclusion criteria (see #1), or if there is a recommendation of the health department or the child's healthcare professional. 	<p>None required.</p>	<p>Report Outbreaks only</p>
<ul style="list-style-type: none"> Non-purulent conjunctivitis (defined as pink conjunctivae with a clear, watery eye discharge without fever, eye pain or eyelid redness) <u>does not require exclusion from school.</u> 	<p>Not applicable</p>	<p>No</p>
<p>4. Diarrhea^D</p> <p>Younger Students</p> <ul style="list-style-type: none"> Exclude children in 1st through 5th grade with diarrhea (3 or more episodes of loose stools in a 24 hour period) until symptoms are resolved for 24 hours or more, or medical evaluation indicates that inclusion is acceptable. See guidance for any additional exclusion and re-admission criteria applicable to diarrhea associated with Campylobacter, E. coli, Giardia, Salmonella, or Shigella. 	<p>School to specify based on situation.</p> <p>See guidance for each condition.</p>	<p>Report Outbreaks only</p> <p>See each type of enteric pathogen for reporting requirements.</p>

^C Per the AAP: "Pinkeye is similar to the common cold, for which exclusion is not recommended. The best method for preventing spread is good hand hygiene. One form of viral conjunctivitis, caused by adenovirus, can cause epidemics. If two or more children in a classroom group care setting develop conjunctivitis in the same period, seek the advice of the program's health consultant." (*Managing Infectious Diseases in Child Care and Schools*, 2009, pp. 115-116)

^D Diarrhea is defined by loose or watery stools that are not associated with changes in diet.

Students with the following conditions must be excluded from school attendance:

Exclusion Criteria	Documentation for Return	Reportable to Health Dept? ^A
<p>Older Students</p> <ul style="list-style-type: none"> Exclusion for diarrhea in 6th through 12th grade students is not mandatory unless: <ul style="list-style-type: none"> Diarrhea is caused by E. coli, Salmonella Typhi or Shigella, or A student is determined to be contributing to the spread of illness in the school setting. <p>All Students</p> <ul style="list-style-type: none"> For students of any age who require assistance with personal hygiene, exclude for 2 or more diarrheal episodes in a school or program day <u>if the frequency of diarrheal episodes</u> challenges the ability of the caregiver(s) to maintain sanitary techniques and/or conditions. Exclude students of any age with uncontrolled diarrhea or stools that contain blood or mucus, until symptoms are resolved or medical evaluation indicates that inclusion is acceptable. Exclusion for diarrhea is not required if student is known to have these symptoms for a non-infectious condition (e.g., IBS or Crohn's Disease). Exclusion is not required if diarrheal symptoms persist after <u>completion</u> of effective antimicrobial therapy for an enteric illness such as Campylobacter, E. coli, Giardia, Salmonella, or Shigella. Note, not all of these illness are routinely treated with antimicrobials, and, unless specified, initiation or completion of antimicrobial therapy might not be a re-admission criterion. 	<p>Medical note for <i>E. coli</i>, <i>Salmonella</i>, <i>Shigella</i>.</p> <p>School to specify based on situation.</p>	<p>Report Outbreaks only See each type of enteric pathogen for reporting requirements.</p> <p>Report Outbreaks only</p>
<p>5. Exclude for infection with <i>Escherichia coli</i> O157:H7, or other shiga-toxin producing bacteria (includes STEC) until diarrhea resolves, AND 2 consecutive stool specimens taken at least 24 hours apart test negative for <i>E. coli</i> O157:H7 or STEC.^E</p> <p>Students with prolonged diarrheal symptoms following completion of effective antimicrobial therapy for <i>E. coli</i> (if prescribed) may be re-admitted if cleared by the student's physician.</p>	<p>Medical Note documenting diagnosis and negative test results, and parent report of resolution of symptoms.</p>	<p>Report within 24 hours by phone.</p>

^E It is recognized that in-school transmission of *E. coli* infection is uncommon among children who do not require diapering, and that there may be an academic burden imposed by lengthy exclusions while awaiting multiple negative test results. DHEC is available for consultations on prolonged exclusions for sporadic cases of diarrheal illness attributable to *E. coli*.

Students with the following conditions must be excluded from school attendance:

Exclusion Criteria	Documentation for Return	Reportable to Health Dept? ^A
<p>6. Exclude for Fever, accompanied by behavior changes or other signs and symptoms of illness (such as rash, vomiting, diarrhea, earache, irritability, or confusion), in students who do not have signs of influenza-like illness, until medical evaluation indicates inclusion is acceptable. Fever is defined in school children as:</p> <ul style="list-style-type: none"> • Oral temperature: 101.0° F or greater • Axillary (under the arm) temperature: 100.0° F or greater <p>Note: Students or Faculty/Staff presenting with influenza-like illness (ILI), which includes feverishness (fever of 100 or higher), sore throat, and cough, may be excluded for temperatures lower than 101. See influenza-like illness for additional information.</p>	<p>School to specify based on situation.</p>	<p>Report Outbreaks only</p>
<p>7. Exclude for Giardia infection until diarrhea resolves for at least 24 hours or until 24 hours after initiation of antimicrobial therapy. Students with prolonged diarrheal symptoms following completion of treatment for Giardia may be re-admitted if cleared by the child’s physician.</p>	<p>Medical Note documenting antimicrobial therapy. A Parent Note is sufficient if diarrhea has ceased.</p>	<p>Report within 3 days. Report outbreaks immediately. De-identified reporting is permitted if parental consent is not obtained for reporting of single cases.</p>
<p>8. Exclude students with proven Haemophilus influenzae type B (Hib) infection for at least 24 hours after antibiotic therapy is completed. Re-admit after student is cleared by a health professional. No exclusion is required for exposed students or staff.</p>	<p>Medical Note documenting diagnosis, completion of antibiotic treatment, and clearance to return to school.</p>	<p>Report within 24 hours by phone</p>
<p>9. Exclude students with Head Lice (pediculosis)^F, defined as</p> <ul style="list-style-type: none"> • the presence of live, crawling lice visualized on direct inspection of the scalp, and/or • the presence of nits (eggs) that appear to be ¼ inch or 6 mm from the scalp.^G <p>Students identified with pediculosis may be allowed to remain in the classroom until the end of the school day, with limitations placed upon activities that cause head-to-head contact.</p>	<p>Parent Note documenting school-approved treatment, plus evidence of no live-crawling lice on student’s scalp.</p>	<p>Not reportable</p>

^F Students with other evidence of infestation (e.g., nits further than ¼” from the scalp) may be excluded per local policies.

^G Ideally, pediculosis screening is performed by school health nurses, or by school health aides who have been trained by school nurses.

Students with the following conditions must be excluded from school attendance:

Exclusion Criteria	Documentation for Return	Reportable to Health Dept? ^A
<p>Criteria for Return—Screening AND Treatment:</p> <ol style="list-style-type: none"> 1. Screening: Excluded students may be readmitted when screening identifies no live, crawling lice on the student's scalp.^H 2. Treatment: Excluded students may return with a parent note, after one initial treatment with an over-the-counter or prescription chemical product (shampoo, lotion, oral medication) identified in literature as having pediculicidal activity. Schools may opt to allow students to return after one initial treatment with a mechanical lice-removal or pediculicidal method (heat, nit/lice combing). While no recommendation is made by DHEC, school districts may opt to allow students to return after one initial treatment with an herbal or botanical product advertised or identified in literature as having pediculicidal properties. The school may identify acceptable products. <p>Re-screening Recommendation: Students who were identified with pediculosis and excluded should be rescreened at 7-10 days after initial treatments. Rescreened students who are found to have live crawling lice should be re-treated and excluded until screening identifies no live, crawling lice on the student's scalp. <i>(continued)</i></p> <p>Other Restrictions: The AAP recommends that, until the end of the school day, students with head lice avoid any activities that involve the student in head-to-head contact with other students or sharing of any headgear. Sports or physical education governing bodies may impose additional restrictions on participation.</p>		
<p>10. Exclude for Hepatitis A virus infection, until 1 week after onset of illness or jaundice. Close contacts should be directed to their healthcare providers for consideration of immunoglobulin or vaccine in consultation with the health department.</p>	<p>Medical Note documenting diagnosis and > one week since onset and not contagious.</p>	<p>Report within 24 hours by phone</p>
<p>11. Impetigo Exclude until 24 hours after antibiotic treatment has been initiated. Lesions on exposed skin should be covered with a watertight dressing.</p>	<p>Parent Note indicating antibiotic therapy has been initiated.</p>	<p>Not reportable</p>

^H 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 Exclusion.

Students with the following conditions must be excluded from school attendance:

Exclusion Criteria	Documentation for Return	Reportable to Health Dept? ^A
<p>12. Exclude students, faculty, staff, volunteers, etc., with Influenza / Influenza-like Illness or ILI, until at least 24 hours after they are free of fever or <i>signs of a fever</i>¹ (without the use of fever-reducing medicines). ILI is defined as feverishness (an oral temperature of 100 degrees Fahrenheit or more) <u>with</u> a cough and/or sore throat for which there is no other known cause besides the flu or an influenza-like illness.</p>	Parent Note or parent communication (or employee statement) verifying that the child or employee has not had a fever for 24 hours and has not taken any fever-reducing medications for 24 hours.	Report Outbreaks immediately by phone
<p>13. Exclude for Measles, until 4 days after onset of rash.</p>	Medical Note documenting diagnosis and >4 days since onset and not contagious	REPORT IMMEDIATELY by phone
<p>14. Exclude a student with symptoms of Meningitis as soon as meningitis is suspected. Re-admit when cleared by a healthcare professional. A student diagnosed with Neisseria meningitis should receive 24 hours of appropriate antibiotics prior to returning to school.</p>	Medical Note documenting that child is non-contagious.	REPORT IMMEDIATELY by phone
<p>15. Exclude students with Mononucleosis, until cleared for re-admission by a healthcare professional.</p>	Medical note indicating student may participate in routine activities	Not reportable
<p>16. Exclude for Mumps, until 5 days after onset of parotid gland swelling.</p>	Medical Note documenting diagnosis and >5 days since onset and not contagious	Report within 24 hours
<p>17. Exclude for diarrhea or vomiting attributable to Norovirus until asymptomatic (diarrhea and/or vomiting cease for at least 24 hours).</p>	A Parent Note is stating that diarrhea or vomiting has ceased.	Report Outbreaks only
<p>18. Exclude for Pertussis (whooping cough), until completion of 5 days of appropriate antimicrobial therapy. No exclusion is required if the child is initially diagnosed with pertussis past the infectious period (21 days or more after cough onset, or 6 weeks after cough onset for infants.)</p>	Medical Note documenting diagnosis, plus completion of 5 days of antibiotics (unless ≥ 21 days post cough onset at diagnosis)	Report within 24 hours by phone. Report outbreaks immediately by phone.

¹ An ill person has *signs of a fever* if he or she feels warmer than usual to the touch, has a flushed appearance, or is sweating or shivering.

Students with the following conditions must be excluded from school attendance:

Exclusion Criteria	Documentation for Return	Reportable to Health Dept? ^A
<p>19. Exclude for Rash with fever or behavioral change, until a healthcare provider has determined that the illness is not a communicable disease.</p>	<p>Medical Note documenting evaluation, non-communicability.</p>	<p>Report Outbreaks only</p>
<p>20. Ringworm (<i>Tinea</i>)</p> <ul style="list-style-type: none"> • Ringworm of the Scalp (<i>Tinea capitis</i>). Exclude children in 1st through 5th grade with Ringworm of the Scalp (<i>Tinea capitis</i>) at the end of the school or program day until oral antifungal treatment is initiated. • Ringworm of the Body (<i>Tinea corporis</i>). If lesions cannot be covered, exclude children in 1st through 5th grade with ringworm of the body (<i>Tinea corporis</i>) at the end of the school day until oral or topical antifungal treatment is initiated. <ul style="list-style-type: none"> ○ If the affected area <u>can be adequately covered at all times while in school</u>, exclusion is not required for <i>Tinea corporis</i>, but treatment is recommended. • Exclusion for <i>Tinea capitis</i> or <i>Tinea corporis</i> is not mandatory for students in 6th through 12th grades, unless a student is determined to be contributing to the spread of illness in the school setting or meets other exclusion criteria. • Sports and PE: The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with <i>Tinea capitis</i> or <i>Tinea corporis</i>. 	<p>Medical Note documenting diagnosis and initiation of oral anti-fungal therapy.</p> <p>Parent Note for that treatment has been initiated for body ringworm lesions that cannot be covered.</p> <p>Generally not applicable</p>	<p>Not reportable</p> <p>Not reportable</p>
<p>21. Exclude for diarrhea attributable to Rotavirus until asymptomatic (diarrhea ceases). See other possibly applicable exclusion criteria for diarrheal illnesses.</p>	<p>A Parent Note is stating that diarrhea has ceased.</p>	<p>Report Outbreaks only</p>
<p>22. Exclude for Rubella (German Measles), until 6 days after onset of rash.</p>	<p>Medical Note documenting diagnosis and >6 days since onset and not contagious</p>	<p>Report within 24 hours by phone</p>

Students with the following conditions must be excluded from school attendance:

Exclusion Criteria	Documentation for Return	Reportable to Health Dept? ^A
<p>23. <i>Salmonella</i></p> <ul style="list-style-type: none"> • <i>Salmonella typhi</i> (typhoid fever) infection: Exclude until 24 hours without a diarrheal stool. A healthcare provider must clear students for re-admission following all cases of <i>Salmonella Typhi</i> (Typhoid fever). • Nontyphoidal <i>Salmonella</i> infections do not require exclusion from school unless individuals are symptomatic with diarrhea, in which case the exclusion criteria for diarrhea would apply. • Students with prolonged diarrheal symptoms following completion of effective antimicrobial therapy (as needed) for <i>Salmonella</i> may be re-admitted if cleared by the student's physician. 	<p>Medical Note for <i>Salmonella Typhi</i>, documenting diagnosis. Parent report of symptom resolution.</p> <p>Parent Note for symptomatic nontyphoidal <i>Salmonella</i></p>	<p>Report Typhoid fever within 24 hours Report outbreaks immediately.</p> <p>Report non-typhoid <i>Salmonella</i> within 3 days. Report outbreaks immediately.</p>
<p>24. Exclude for Scabies, until after appropriate scabicial treatment has been completed (usually overnight) Sports or physical education governing bodies may impose additional restrictions on participation.</p>	<p>Medical Note documenting diagnosis, completion of therapy</p>	<p>Not reportable</p>
<p>25. Exclude for <i>Shigella</i> infection, until 24 hours or more after diarrhea has ceased. DHEC may change/lengthen the exclusion for <i>Shigella</i> during school-based outbreaks.</p>	<p>Medical Note documenting diagnosis and parent report of cessation of symptoms.</p>	<p>Report within 3 days. Report outbreaks immediately. De-identified reporting is permitted if parental consent is not obtained for reporting of single cases.</p>
<p>26. Skin lesions, including Staphylococcal and Streptococcal skin and soft tissue Infections, MRSA, Herpes Gladiatorum, etc.</p> <p>Exclude only if skin lesions are draining and cannot be covered with a water-tight dressing.</p> <ul style="list-style-type: none"> • Sports. Children with lesions on uncovered skin, or with Staph- or Strep-lesions that are covered but draining or oozing, may not participate in close contact sports or other athletic activities. Sports or physical education governing bodies may impose additional restrictions on participation. • Contact precautions. Contact precautions, including appropriate disposal of potentially infectious materials, must be used if/when dressings are changed in the school setting.^J 	<p>Not required.</p>	<p>Report Outbreaks only</p>

^J From the CDC: Use standard precautions (e.g., hand hygiene before and after contact, wearing gloves) when caring for non-intact skin or potential infections. Use barriers such as gowns, masks and eye protection if splashing of body fluids is anticipated. (<http://www.cdc.gov/Features/MRSAInfections/>)

Students with the following conditions must be excluded from school attendance:

Exclusion Criteria	Documentation for Return	Reportable to Health Dept? ^A
<ul style="list-style-type: none"> • Carrier Status. Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion. • Outbreaks. DHEC may change these recommendations in the event of reported outbreaks or clusters of skin lesions. 		
<p>27. Exclude for Streptococcal pharyngitis (strep throat), until afebrile and at least 24 hours after treatment has been initiated.</p>	<p>Medical Note documenting diagnosis and initiation of treatment, plus parent report of afebrile status.</p>	<p>Report Outbreaks only</p>
<p>28. Exclude for Tuberculosis, until the local health department authority or <u>treating</u> physician states that the student is noninfectious.</p>	<p>Medical Note documenting diagnosis and noninfectious status.</p>	<p>Report within 24 hours</p>
<p>29. Varicella (chickenpox)</p> <ul style="list-style-type: none"> • Exclude for typical Varicella (chickenpox), which occurs in unvaccinated children, until all lesions have dried and crusted. • Breakthrough varicella, which occurs in vaccinated children, may appear just as a rash, without crusting. In these cases, exclude until 24 hours following appearance of last lesions. 	<p>Parent Note indicating lesions have dried/crusted.</p> <p>Parent Note indicating lesions are fading/resolving.</p>	<p>Report cases within 3 days.</p> <p>Report outbreaks immediately.</p> <p>De-identified reporting is permitted if parental consent is not obtained for reporting of single cases.</p>
<p>30. Exclude for Varicella Herpes Zoster (shingles) with lesions that cannot be covered, until lesions are crusted. In cases where lesions can be covered, the school or sanctioning athletic body may impose additional restrictions for PE & sports activities that could result in exposure of the lesions (e.g., wrestling.)</p>	<p>Parent Note indicating any uncovered lesions have dried/crusted.</p>	<p>Report Outbreaks only</p>
<p>31. Exclude for conditions or illnesses that DHEC or a health care provider^K indicates warrant exclusion. This includes students determined to be contributing to the transmission of illness in the school.</p>	<p>Medical note addressing diagnosis and communicability.</p>	<p>DHEC staff are available for consultation on this exclusion.</p>

^K "Health care provider" includes School Nurses.

Exclusion Criteria for Students who are contacts of (exposed to) individuals with excludable conditions:

Exclusion Criteria for Exposure	Documentation for Return
<p>1. When recommended by DHEC, contacts to <i>Neisseria meningitidis</i> (meningococcal disease) should be excluded until antimicrobial treatment has been initiated.</p>	<p>Medical Note documenting initiation of Antimicrobial therapy</p>
<p>2. Pertussis (whooping cough): In outbreaks and when recommended by DHEC, exclude <u>close contacts to pertussis cases</u> who are coughing or have other symptoms of pertussis^L. Contacts with cough illness are excluded</p> <p>a) until after 5 days of antimicrobial therapy, or</p> <p>b) if no antibiotics are given, until 21 days after last contact with an infected person, or</p> <p>c) until after a negative pertussis test result, or</p> <p>d) until a healthcare provider indicates that illness is not pertussis.</p>	<p>Medical Note indicating student is either free of pertussis infection or that student has been treated for pertussis as indicated at left.</p> <p>Parent report if returning to school 21+ days after last contact.</p>
<p>3. Unimmunized school children without documentation of immunity or natural disease must be excluded as indicated below if exposed to:</p>	
<ul style="list-style-type: none"> • Measles: Exclude exposed students who have not been immunized for 21 days after onset of rash in last case of measles in the affected school or community. Unimmunized people receiving their first dose as part of outbreak control may be readmitted immediately to the school or childcare facility. Pregnant students should not receive MMR immunization. 	<p>DHEC will provide guidance on an individual basis regarding when a student who is immunocompromised and unimmunized may return to the school setting following an excludable exposure to one of these vaccine-preventable conditions.</p>
<ul style="list-style-type: none"> • Mumps: <u>During mumps outbreaks</u>, exclude exposed students who have not been immunized until they become immunized. 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 26 days after the onset of parotitis in the last person with mumps in the affected school. Students may return immediately following receipt of MMR vaccine. Pregnant students should not receive MMR immunization. 	

^L Symptoms of pertussis include a new or different cough that may be accompanied by vomiting after cough, loss of breath or difficulty catching breath during coughing spells, cyanosis, a whoop when inhaling after coughing, or apneic episodes in infants.

Exclusion Criteria for Students who are contacts of (exposed to) individuals with excludable conditions:

Exclusion Criteria for Exposure	Documentation for Return
<ul style="list-style-type: none"> Rubella: Exclude exposed students who have not been immunized until they become immunized with at least one dose of rubella vaccine. Exclude exposed students older than age 6, if they have not received two doses of vaccine, until they have become immunized with one [additional] dose of rubella or MMR vaccine. If immunization exemption applies, continue to exclude exposed students until the health department determines that it is safe for them to return, typically for 26 days after the onset of rash in the last person with rubella in the affected school or community. Pregnant students should not receive MMR or rubella immunization. 	<p>DHEC will provide guidance on an individual basis regarding when a student who is immunocompromised and unimmunized may return to the school setting following an excludable exposure to one of these vaccine-preventable conditions.</p>
<ul style="list-style-type: none"> Varicella (chicken pox): In outbreaks^M, exclude unimmunized students who with no history of varicella vaccination from the start of the outbreak (or day it is first recognized) to day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school.^N Students may return immediately following receipt of varicella vaccine. Pregnant students should not receive Varicella immunization. 	
<p><i>DHEC should be consulted immediately about pregnant, non-immunized students who are exposed to measles, mumps, rubella, or varicella.</i></p>	
<p>4. Other conditions when recommended by DHEC or the student’s healthcare provider.</p>	<p>DHEC will specify based upon situation.</p>

^M 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.

^N 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 on-going outbreaks of Varicella or if/when exclusion may be extended over than one incubation period (i.e., over 21 days).

Children with the following conditions are not typically excluded from school, so long as they are healthy enough to participate in routine curricular activities:

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| <ul style="list-style-type: none"> • Bronchitis or Common 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. • Canker Sores • Chronic Hepatitis B infection • Cough not associated with an infectious disease or a fever • Croup • Cytomegalovirus (CMV) infection • Ear infection • Fever, without any other signs of severe illness, if child can participate comfortably in school/program activities. • Fifth Disease (Parvovirus B19 infection), once the rash has appeared. • Hand-Foot-and-Mouth Disease • HIV infection • Lyme Disease | <ul style="list-style-type: none"> • Molluscum contagiosum • Mosquito-borne diseases (West Nile Virus, Malaria, etc.) • MRSA carrier or colonized individual, without uncovered draining lesions • Pinworms • Pneumonia • Rash, without fever or behavior change • Red watery eyes without yellow or green discharge, fever, eye pain or matting • Respiratory Syncytial Virus (RSV) • Rocky Mountain Spotted Fever • Roseola • Thrush • Other Tick-borne disease, such as Babesiosis, Ehrlichiosis or Tularemia • Urinary Tract Infection • Warts • Yeast Diaper Rash |
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