

<i>Infection or Condition</i>	<i>Reportable⁶ to Health Dept.</i>	<i>Spread by</i>	<i>Criteria for Exclusion from Day Care</i>	<i>Return to Day Care</i>	<i>Response</i>
Acquired Immunodeficiency Syndrome (AIDS) Or Human Immunodeficiency Virus (HIV)	Yes To the State Epidemiologist	Blood, semen	Is usually not necessary unless the child has been clinically diagnosed or laboratory confirmed to have a disease secondary to HIV in which exclusion is necessary. Children with certain behaviors (e.g., biting, frequent scratching, dermatitis or bleeding problems) should be assessed on an individual basis.	Children with an infection secondary to HIV infection may return to day care based on the guidelines for the specific disease.	Day care centers should have a written protocol for exposure to blood, semen and other body fluids that contain visible blood.
Amebiasis (<i>Entamoeba histolytica</i>)	Yes	Feces	When diarrhea ² is present.	When asymptomatic	Collect a stool specimen from symptomatic children and staff for direct examination. Stool specimens from asymptomatic persons are not necessary.
Calicivirus (Norwalk and Norwalk-like viruses)	No	Feces	When diarrhea ² is present.	When asymptomatic	Collect a stool specimen of symptomatic children and staff. Specimens should be submitted to the Wisconsin State Laboratory of Hygiene. Stool specimens from asymptomatic persons are not necessary.
<i>Campylobacter</i>	Yes	Feces	When diarrhea ² is present.	When asymptomatic	Collect a stool specimen from symptomatic children and staff for culture. Stool cultures of asymptomatic persons are not necessary.
Chickenpox (Varicella)	Yes (by number only)	Respiratory secretions Vesicle fluid	Clinical diagnosis, laboratory isolation of the virus <u>or</u> a significant rise in blood antibody titer.	When lesions have crusted (usually around 5 days).	Parents of children exposed to a confirmed case should be informed about the use of varicella vaccine for non-immune children. Contact the Division of Public Health if immunocompromised children have been exposed, as they should <u>NOT</u> receive varicella vaccine.
<i>Clostridium difficile</i>	No	Feces	When diarrhea ² is present.	When asymptomatic	Collect a stool specimen from symptomatic children and staff for toxin testing. Stool toxin tests of asymptomatic persons are not necessary.
Conjunctivitis (pink eye) Bacterial or Viral	No	Eye drainage from an infected person	Red/pink mucous membrane of the eye with white/yellow discharge, without evidence of allergic reaction.	When drainage is no longer present or 24 hours after treatment has been started.	Surveillance of children and staff for similar symptoms.
<i>Cryptosporidium</i>	Yes	Feces	When diarrhea ² is present.	When asymptomatic	Collect a stool specimen from symptomatic children and staff for direct examination. Stool specimens from asymptomatic persons are not necessary.
Diarrhea ² of unknown origin	If an outbreak is suspected	Feces	When diarrhea ² is present.	When asymptomatic. If applicable, refer to the guidelines for the specific disease.	Collect a stool specimen from symptomatic children and staff for culture, direct examination or viral testing. Stool specimens from asymptomatic persons are not necessary.

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<i>E.coli</i> O157:H7 & other Shiga toxin producing <i>E. coli</i>	Yes	Feces	When diarrhea ² is present.	Staff: When asymptomatic <u>and</u> 2 negative stool cultures. Children: When asymptomatic AND until 2 negative cultures are identified. <u>OR</u> At the discretion of the local health department	Collect a stool specimen from symptomatic children and staff for culture. Stool cultures from asymptomatic persons are (usually) not necessary.
Fifth disease (Parvovirus B-19)	No	Respiratory secretions, blood	When a “slapped cheek” appearance <u>and</u> fever ⁴ are present.	When fever ⁴ is no longer present	Pregnant women who had contact with a child with fifth disease should be counseled about potential risks to the fetus, and be given the option of serologic testing to determine their immune status. Children with hemolytic anemias or altered immune systems should be informed of potential health risks.
<i>Giardia intestinalis</i>	Yes	Feces	When diarrhea ² is present.	When asymptomatic	Collect a stool specimen from symptomatic children and staff for direct examination. Stool specimens from asymptomatic persons are not necessary.
<i>Haemophilus influenzae</i> type b (HiB) invasive disease ⁵	Yes Report Immediately by telephone	Respiratory secretions	Laboratory isolation of the organism from blood, cerebrospinal fluid or other sterile body sites.	After the illness subsides and the patient has received antimicrobial therapy to eliminate carriage of the organism.	Verify immune status of children. Careful observation of exposed children for signs of illness and fever ⁴ are essential. Those who develop a fever ⁴ should receive a medical evaluation and antimicrobial therapy if indicated regardless of their immunization status. Contact the LHD for recommendations on the administration of antibiotic prophylaxis to staff and children of the day care center.
Hand, foot and mouth disease	No	Respiratory secretions, Feces	Clinical diagnosis of the disease.	When fever ⁴ is no longer present and clinical improvement of lesions is evident.	Surveillance of children for similar symptoms. Special attention should be given to infants who may develop oral vesicles, stop nursing and become dehydrated.
Hepatitis A	Yes Report Immediately by telephone	Feces	Positive HAV-IgM serology.	14 days after the onset of compatible symptoms or 10 days after the onset of jaundice or until immune globulin (IG) has been administered to staff and children of the day care.	Consult with the Division of Public Health or the local health department for recommendations on use of IG. Follow the DOH Hepatitis A handbook (POH 4554).

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Hepatitis B	Yes	Blood, semen, vaginal fluids	Laboratory diagnosis during the acute stage of the illness. Children with certain behaviors (e.g., biting, frequent scratching, dermatitis or bleeding problems) should be assessed on an individual basis.	When acute illness has resolved. Children with behavioral or medical problems that may increase the risk of disease transmission should be assessed on an individual basis before returning to day care	Day care centers should have a written protocol for exposure to blood, semen and other body fluids that contain visible blood. Hepatitis B vaccine is required for children in day care centers under Wisconsin Administrative Code HFS 144
Hepatitis C	Yes	Blood, semen, vaginal fluids	Laboratory diagnosis, during the acute stage of the illness. Children with certain behavior e.g., biting, frequent scratching, dermatitis or bleeding problems, should be assessed on an individual basis.	When acute illness has resolved. Children with behavioral or medical problems that may increase the risk of disease transmission should be assessed on an individual basis before returning to day care	Day care centers should have a written protocol for exposure to blood, semen and other body fluids which contain visible blood
Herpes simplex virus	No	Respiratory secretions	When inflammation of oral membranes without control of oral secretions is present. Children with “cold sores” need not be excluded.	When fever ⁴ and inflammation are no longer present.	Surveillance of children for similar symptoms.
Impetigo (<i>Staphylococcus</i> or <i>Streptococcus</i>)	No	Discharge from infected lesions	Clinical diagnosis of the disease or laboratory isolation of <i>Staphylococcus</i> or <i>Streptococcus</i> from a skin lesion.	24 hours after the initiation of antimicrobial therapy.	Surveillance of children for similar symptoms.
Influenza	No	Respiratory secretions	Clinical diagnosis or laboratory confirmation of the disease.	When fever ⁴ is no longer present.	Surveillance of children for similar symptoms. Contact the Division of Public Health or the local health department for recommendations on antiviral use.
Lice (Pediculosis) (head lice or body lice)	No	Infested humans or clothing or other items infested with lice	Identification of nymphs, or adult lice on the hair or on the body.	<u>For head lice:</u> After the first treatment with an effective pediculicide. <u>For body lice:</u> After changing and washing infested clothing	Examine contacts and treat if infected. Machine wash clothing, bedding or cloth toys in water over 129 ° F. Dry cleaning or storing clothing in plastic bags for 10 days is also effective in killing lice or nymphs.
Measles	Yes Report Immediately by telephone	Respiratory secretions	Clinical diagnosis or laboratory confirmation of measles by serologic testing (positive IgM test) or virus isolation.	Five days after the onset of the rash or negative laboratory test.	Verify immune status of children and staff. Persons who are not immune should be vaccinated within 72 hours of the exposure. Immune globulin (IG) should be administered within six days of exposure to persons for whom the risk of complications is very high, or for whom measles vaccine is contraindicated. Exclude non-immune persons for 14 days after onset of the last case.
Meningitis Bacterial or viral (Except for <i>Neisseria meningitis</i> and <i>Haemophilus influenza</i> type b)	Yes	Respiratory secretions	Clinical diagnosis or laboratory confirmation of meningitis.	When fever ⁴ is no longer present.	Surveillance of children for similar symptoms. Antibiotic prophylaxis is not necessary.

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Mumps	Yes	Respiratory secretions	Clinical diagnosis or laboratory confirmation of mumps by serologic testing (positive IgM test) or virus isolation.	10 days after the onset of parotid (gland) swelling.	Verify immune status of children and staff. Administer MMR vaccine to non-immune persons who may have been exposed to the confirmed case. Exclude susceptible persons for whom mumps vaccine is contraindicated until the 26th day after onset of parotitis in the last person with mumps in the day care.
<i>Neisseria meningitidis</i> (meningococcal disease)	Yes Report Immediately by telephone	Respiratory secretions, saliva	Laboratory isolation of the organism from blood or cerebrospinal fluid.	After the illness subsides and the patient has received antimicrobial therapy to eliminate carriage of the organism.	Antibiotic prophylaxis should ideally be administered to children and staff of the day care within 24 hours (up to 14 days) following the diagnosis. Those who develop an illness or fever ⁴ should receive a medical evaluation and be given antimicrobial therapy pending laboratory confirmation of the disease.
Pertussis (whooping cough)	Yes Report Immediately by telephone	Respiratory secretions	Clinical diagnosis or laboratory isolation or positive DFA of <i>Bordetella pertussis</i> .	Six days after initiation of appropriate antimicrobial therapy <u>or</u> three weeks after the onset of cough if not treated.	Verify immune status of children and staff. Children and staff of the day care center, whether immunized or not, should be observed for respiratory symptoms for 14 days after exposure to the confirmed case, and should be given appropriate chemoprophylaxis (usually erythromycin) for 14 days. Symptomatic children should be excluded from the day care center pending medical evaluation. Contact LHD for recommendations on the vaccination of children who are unimmunized or whose immunizations are incomplete.
Pinworm	No	Feces	Usually not necessary unless diarrhea ² is present.	When diarrhea ² ceases	Recommend the infected person bathe prior to arrival at the day care center to remove eggs from the perianal area. Thorough changing and washing of bed linens may reduce the number of eggs and the likelihood of spread.
Respiratory syncytial virus (RSV)	No	Respiratory secretions	Clinical diagnosis or laboratory isolation or diagnosis of the organism.	When fever ⁴ is no longer present.	Surveillance of day care contacts for similar symptoms. Exclude those with similar symptoms until fever ⁴ is no longer present.
Ringworm (tinea)	No	Direct contact with infected humans or items contaminated with the fungus	Clinical diagnosis of the disease.	When antifungal treatment has been initiated and clinical improvement is noticed OR infected lesions can be covered. It is NOT necessary to wear a cap for scalp ringworm.	Surveillance of children for similar symptoms.
Roseola (Sixth disease)	No	Not well documented, possibly saliva	Clinical diagnosis of the disease.	When fever ⁴ is no longer present	Surveillance of children for similar symptoms
Rotavirus	No	Feces	When diarrhea ² is present.	When asymptomatic	Collect a stool specimen from symptomatic children and staff for rotavirus antigen testing. Stool specimens from asymptomatic persons are not necessary.

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<i>Salmonella</i> (non-typhoid)	Yes	Feces	When diarrhea ² is present.	When asymptomatic	Collect a stool specimen from symptomatic children and staff for culture. Stool specimens from asymptomatic persons are not necessary.
<i>Salmonella</i> Typhi (typhoid fever)	Yes	Feces	When diarrhea ² is present and/or positive culture for <i>Salmonella</i> Typhi.	When asymptomatic <u>and</u> three negative stool cultures	Collect a stool specimen from staff and children who had exposure to the confirmed case. Consult with the Division of Public Health for recommendations on the use of typhoid vaccine.
Scabies	No	Infested humans or materials contaminated with mites	Clinical diagnosis of the disease.	After completion of treatment	Surveillance of children for similar symptoms. Prophylactic therapy for persons who had skin to skin contact with the confirmed case. Machine wash clothing, bedding or cloth toys in hot water and dry in hot dryer. Dry cleaning or storing clothing in plastic bags for 10 days is also effective in killing mites.
<i>Shigella</i>	Yes	Feces	When diarrhea ² is present.	Staff: When asymptomatic <u>and</u> two negative stool cultures. Children: When asymptomatic; cohort ¹ children with positive stool cultures until two negative cultures are obtained. <u>OR</u> At the discretion of the local health department	Collect a stool specimen from symptomatic children and staff for culture. Stool specimens from asymptomatic persons are (usually) not necessary
<i>Streptococcus pyogenes</i> (strep throat)	No	Respiratory secretions	Laboratory isolation of the organism.	24 hours after the initiation of appropriate antimicrobial therapy.	Surveillance of children for similar symptoms. Exclude those with similar symptoms until asymptomatic or lab testing is negative.
Tuberculosis (TB)	Yes	Respiratory secretions	Laboratory confirmation of <i>Mycobacterium tuberculosis</i> complex from clinical specimens, <u>or</u> suspected TB based on symptoms.	When the Division of Public Health or local health department determines that the person is no longer infectious.	Tuberculin skin test for all staff and children who had close exposure to the confirmed infectious case. Further evaluation and management may be necessary.
<i>Yersinia enterocolitica</i>	Yes	Feces	When diarrhea ² is present.	When asymptomatic	Collect a stool specimen from symptomatic children and staff. Stool specimens of asymptomatic persons are not necessary.

Children should also be excluded from day care for the following reasons:

- Any illness that prevents the child from participating comfortably in program activities.
- Illness that results in a greater need for care than day care staff can provide without compromising the health and safety of other children.
- The child has conditions that may indicate a possible severe illness, e.g., persistent crying, lethargy, difficulty breathing or irritability.
- Any illness with a fever⁴.

Note: During an outbreak of a diarrheal illness collect up to 10 stool specimens from symptomatic children or staff.

DEFINITION OF TERMS USED IN THE EXCLUSION GUIDELINES

Cohort¹: The grouping of infected children who show no signs or symptoms of diarrheal disease but whose stool specimens still indicate the presence of an enteric pathogen, in an area separate from those children who are not infected. Staff that care for these children should not care for or prepare meals for other children in the day care center.

Diarrhea²: Stool that contains blood or mucous, or is watery or less formed with greater occurrence than usual, and is not contained by diapers or toilet use.

Exposure³: Blood or other potentially infectious materials that contact non-intact skin or mucous membranes

Fever⁴: Persons > 4 months old: $\geq 101^{\circ}$ F oral, $\geq 102^{\circ}$ F rectal, or $\geq 100^{\circ}$ F axillary
Children < 4 months old: $\geq 101^{\circ}$ F rectal, or $\geq 100^{\circ}$ axillary

Invasive disease⁵: Identification of an organism from a part of the body that is usually sterile, e.g., cerebrospinal fluid (CSF) or blood

Reportable Diseases⁶: These diseases are reportable under Wisconsin statute 252 (Communicable Diseases) and Wisconsin Administrative Code HFS 145, to the local public health department, within 72 hours unless otherwise specified. AIDS and HIV infection should be reported directly to the State Epidemiologist.

SUGGESTED REFERENCES FOR COMMUNICABLE DISEASE IN DAY CARE CENTERS

American Academy of Pediatrics. 2000 Red Book, Report of the Committee on Infectious Diseases.

Chin, J. Control of Communicable Diseases Manual, 17th edition, 2000.

Cordell RL, Solomon SL, Hale CM. Exclusion of Mildly Ill Children From Out- of- Home Child Care Facilities. *Infections in Medicine* 1996;41, 45-8.

Centers for Disease Control and Prevention. The ABC's of Safe and Healthy Child Care.