

QUICK REFERENCE FOR EXCLUSION OF STUDENTS

Developed by Orange County Department of Education in cooperation
with Orange County Health Care Agency Public Health Epidemiology

***Outbreaks of ANY of these diseases, except head lice, should be reported immediately by phone (714-834-8180) to Orange County Public Health.**

<u>DISEASE/SYMPTOMS</u>	<u>TRANSMISSION</u>	<u>REPORT INDIVIDUAL CASES*</u>	<u>EXCLUSION</u>
AIDS	Blood & body fluids	Yes	No, unless weeping skin lesions, bleeding problem.
Boils/abscesses	Direct contact, fomites	No	Until no longer actively draining and can be covered.
Chickenpox	Respiratory (airborne), direct contact with lesions	No (unless hospitalized)	Until all lesions completely crusted (~6 days) and no new lesions for at least 24 hours.
Conjunctivitis (pink eye)	Direct contact, respiratory, fomites	No	No, unless outbreak or recommended by MD or Health Department.
Hand, Foot & Mouth (Coxsackievirus)	Fecal-oral, respiratory	No	No.
Diarrhea	Fecal-oral (mainly)	No	Until resolving; may be longer if outbreak.
<i>E. coli</i> O157, or other shiga-toxin producing <i>E. coli</i> , infection	Fecal-oral	Yes	Until diarrhea resolving; young children and diapered children may need clearance.
Fifth Disease (Parvovirus B19)	Respiratory, blood (rare)	No	No (not contagious after rash appears).
Head Lice (infestation)	Direct contact, shared infested items	No	At end of day until after first treatment. "No nits" policy NOT recommended by AAP.
Hepatitis A	Fecal-oral	Yes	Until 7 days past onset of jaundice or until released by Health Department.
Hepatitis B or C	Blood & body fluids	Yes	No, unless aggressive behavior (biting), weeping skin lesions, bleeding problem.
Herpes (cold sores)	Direct contact	No	No, unless extensive oral infection and drooling.
HIV	Blood & body fluids	Yes	No, unless weeping skin lesions, bleeding problem.
Impetigo	Direct contact	No	At end of day until antibiotics started or lesions healed. Keep lesions covered.
Influenza	Respiratory, direct contact	No	Until afebrile 24 hours without use of fever-reducing medicine.
Measles (Rubeola)	Respiratory (airborne)	Yes	Until 4 days after onset of rash.
Meningitis, aseptic/viral (depending on etiology)	Respiratory, fecal-oral	Yes	Until cleared by MD.
Meningitis, bacterial, and meningococcal disease (meningitis, sepsis/bloodstream infection)	Respiratory	Yes	Until 24 hours after antibiotics started if <i>N. meningitidis</i> or <i>H. influenzae</i>
Molluscum contagiosum	Direct contact, shared items	No	No.
Mononucleosis (EBV)	Direct contact (saliva)	No	No.
Mumps	Respiratory	Yes	Until 5 days past onset of parotid swelling.
Pertussis (whooping cough)	Respiratory	Yes	Until 5 days after appropriate antibiotics or 21 days after cough onset if not treated. Health Department may allow return after antibiotics started if widespread pertussis in community.
Pneumococcal Infections (<i>Streptococcus pneumoniae</i>)	Respiratory	Yes, invasive only (not pneumonia, sinusitis, or otitis)	No.
Ringworm	Direct contact, shared items	No	At end of day until treatment started.
Rubella	Respiratory, direct contact	Yes	Until 7 days after onset of rash.
Salmonellosis (non-typhoid)	Fecal-oral	Yes	Until diarrhea resolving; young children and diapered children may need clearance (if typhoid, needs to be released by Health Department).
Scabies (infestation)	Direct contact, shared items	No	At end of day until treatment started.
Shigellosis	Fecal-oral	Yes	Until diarrhea resolving; young children and diapered children may need clearance.
Strep throat / scarlet fever	Respiratory, direct contact	No	Until at least 24 hours after antibiotics started
Tuberculosis (active)	Respiratory (airborne)	Yes	Until under treatment <u>and</u> released by Health Department.

***NOTE: These are general guidelines. Each case should be evaluated individually. School officials may exclude any child they believe has a communicable disease pending medical evaluation. CCR Title 17, §2526.**

Last updated 4/27/18