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

County Public Health.			
		REPORT INDIVIDUAL	
DISEASE/SYMPTOMS	TRANSMISSION	CASES*	EXCLUSION
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.
Conjunctivitis (pink eye), purulent only	Direct contact, respiratory, fomites	No	Until treatment started or cleared by MD. No exclusion for non-purulent unless outbreak.
Hand, Foot & Mouth (Coxsackievirus)	Fecal-oral, respiratory	No	Until afebrile.
Diarrhea	Fecal-oral (mainly)	No	Until resolved; may be longer if outbreak.
E. coli O157, or other shigatoxin producing E. coli, infecti	Fecal-oral	Yes	Until asymptomatic; 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	Until 24 hours after antibiotics started or lesions healed.
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 afebrile and cleared by MD.
Meningitis, bacterial, and meningococcal disease	Respiratory	Yes	Until 24 hours after antibiotics started.
(meningitis, sepsis/bloodstream	infection)		
Molluscum contagiosum	Direct contact, shared items	No	No.
Mononucleosis (EBV)	Close contact (saliva)	No	Until afebrile.
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.
Pneumococcal Infections (Streptococcus pneumoniae)	Respiratory	Yes, invasive only (not pneumonia)	Until 24 hours after start of antibiotics.
Ringworm	Direct contact, shared items	No	Until treatment started.
Rubella	Respiratory	Yes	Until 7 days past onset of rash.
Salmonellosis (non-typhoid)	Fecal-oral	Yes	Until diarrhea resolves (if typhoid, needs to be released by Health Department).
Scabies (infestation)	Direct contact, shared items	No	Until treatment completed.
Shigellosis	Fecal-oral	Yes	Until asymptomatic; young children and diapered children may need clearance.
Stron throat / goorlot forcer	Dagnirotory	No	Until at least 24 hours after antibiotics started

*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 5/16/13

No

Yes

Until at least 24 hours after antibiotics started

Until under treatment and released by

and afebrile.

Health Department.

Strep throat / scarlet fever

Tuberculosis

Respiratory

Respiratory (airborne)