

**NEW JERSEY DEPARTMENT OF HEALTH
COMMUNICABLE DISEASE SERVICE
GENERAL GUIDELINES FOR THE CONTROL OF OUTBREAKS IN SCHOOL AND CHILD CARE
SETTINGS**

Introduction

New Jersey Administrative Code, Title 6A, Chapter 16-2 and N.J.A.C.10:122 (Manual of Requirements for Child Care Centers) mandate that each school district/child care center shall immediately report any communicable diseases that are identified as reportable pursuant to N.J.A.C. 8:57-1, whether confirmed or presumed, by telephone to the health officer of the jurisdiction in which the school is located. These regulations pertain to youth camps, child care centers, preschools, schools and institutions of higher education. Throughout the rest of this document, we will refer to these generally as “schools.” This document has been prepared to guide in both identification and response to outbreaks occurring in the school setting.

An outbreak is defined as an occurrence of disease greater than would otherwise be expected at a particular time and place and further defined below.

Reporting

Reporting communicable disease outbreaks in schools serves many purposes. **The immediate goal is to control further spread of the disease.** Beyond that, information gained from outbreak investigations can help schools and public health agencies identify and eliminate sources of infection such as contaminated products, learn about emerging problems, identify carriers to mitigate their role in disease transmission, and implement new strategies for prevention within schools.

Often in the school setting it is difficult to determine whether or not an outbreak exists. Following are some examples of confirmed or suspected outbreaks which should be reported by the school to their local health department (LHD). This is not a comprehensive list. If the situation does not fit any of these criteria but you think an outbreak might be occurring, it is always a good idea to contact your LHD for guidance.

An outbreak may be occurring if:

1. Several children who exhibit similar symptoms are in the same classroom, the same wing of a facility or they attended a common event.
2. There is an increase in school absences with many parents reporting similar symptoms as the reason why their child is not attending school.
3. Two or more students are diagnosed with the same reportable disease (e.g. salmonellosis).
4. A single case of a highly infectious disease (e.g., measles or pertussis) exists, or is suspected to exist. Do not wait for confirmation in these instances as the potential for an outbreak exists.

Reporting refers not only to the initial outbreak notification, but also to the provision of routine updates on the status of the outbreak. The school and the LHD shall be in daily contact regarding case numbers, control measures taken, and other pertinent information.

Upon receiving the initial report, the LHD shall immediately inform the New Jersey Department of Health (NJDOH) of the situation.

- **The school shall:**

Notify the LHD of the jurisdiction in which the school is located. A directory of local health departments can be found at <http://localhealth.nj.gov>. Notification MUST be made by phone. It is important to note that reports shall NOT be made via voice mail, fax, email, text message, etc. For immediately reportable diseases, LHDs have someone available 24/7 who can take the report.

If the LHD staff cannot be immediately reached and it is an emergency, make the report directly to the Communicable Disease Service at NJDOH. The Communicable Disease Service is reachable at 609-826-5964 (business hours) and 609-392-2020 (after hours and holidays).

- **The LHD shall:**

Notify the NJDOH (609-826-5964 -business hours, 609-392-2020 after hours and holidays).

Case Investigation

Upon notification, NJDOH will assess the report and, if appropriate, assign an “E” number. Clearly mark all correspondence, documentation and lab samples with this number.

The LHD, in consultation with the NJDOH epidemiologist, shall lead the investigation by providing the school with guidance, support and assistance. The LHD should consider making an on-site visit for initial evaluation and ongoing assessment.

The LHD, with cooperation of the school nurse/director or designee, will follow the basic steps listed below. These steps may occur sequentially and/or simultaneously during the course of the investigation.

1. **Gather information to confirm an outbreak – provide as much of the following as possible:**

- Provide total number of students and staff in school.
- Start a line list (also known as an illness log) that includes all ill children and staff. For an example of information that should be included in the line list see <http://www.state.nj.us/health/forms/cds-33.dot> (Form CDS-33).
- For any gastrointestinal illnesses compile a list of food handlers that have been ill, along with their specific duties. A food handler is any person directly preparing or handling food. Food handlers may range from staff providing a snack in a daycare setting to a cafeteria worker.

- Compile a list of extracurricular activities and special events held during the 2 weeks prior to the first illness onset. Examples of extracurricular activities or events might include sports, social events, clubs, etc.

2. Verify the diagnosis:

- There are a variety of ways to determine what is causing an outbreak. Occasionally, when an outbreak is reported, laboratory testing has already been conducted and a diagnosis has been made. For most outbreaks, however, this is not the case. Also, some diseases must be diagnosed clinically – there is no specific test that can be done.
- The LHD can assist with ensuring that the disease under investigation has either already been properly diagnosed or that appropriate testing is carried out to reach a diagnosis. This is done by review of clinical findings and/or laboratory results for the case. It may also be necessary to interview the patient, parent or doctor.
- Based on the assessment of the LHD, confirmation of the diagnosis with a laboratory test may be necessary. Lab testing may be done through a private physician and laboratory, or at the state Public Health and Environmental Laboratory (PHEL). The LHD or NJDOH epidemiologist shall facilitate lab testing and/or specimen transport.
- At least two laboratory-confirmed cases (e.g., Norovirus) or 2 physician-confirmed cases in which laboratory confirmation is not available (e.g., Coxsackie virus) are needed to confirm an outbreak's etiology (i.e., the germ that is responsible for the disease).

3. Develop an outbreak case definition:

- An outbreak case definition describes the criteria that an individual must meet to be counted as an outbreak case. This includes clinical signs & symptoms, physical location and specific time period. Every outbreak will have a unique outbreak case definition. This differs from a clinical case definition, which is a criteria of symptoms used to make a diagnosis (e.g., diagnosis of a case of scarlet fever may include symptoms of a rash, reddened sore throat, fever, swollen glands).
- Examples of outbreak case definitions associated with a school or daycare setting are shown below:
 1. Fever, nausea, and abdominal discomfort on or after mm/dd/yy **plus** two or more episodes of vomiting and/or loose or watery stools in classroom XYZ.
 2. Student or staff of classroom XYZ experiencing an illness characterized by fever and at least two of the following on or after mm/dd/yy: Rhinorrhea, nasal congestion, sore throat, cough (productive or non-productive), change in appetite, change in mental status, headache, lethargy, myalgia, respiratory distress, pleuritic chest pain, radiographic evidence of a pulmonary infiltrate.
- The outbreak case definition will be developed by the LHD or NJDOH epidemiologist with cooperation from the school based on the current situation. The NJDOH epidemiologist is available for consultation as needed.

4. Perform active surveillance:

- Seek out additional cases among students and staff. Be alert for new-onset illness among exposed persons, and review student and staff histories to identify previous onsets of illness that may not have been correctly recognized as being part of the outbreak.
- When a student is absent, ask parents to provide the reason for the student's absence in order to determine if the student is part of the outbreak and in need of further follow up by public health.
- It may be necessary to collect additional specimens from newly ill cases if a diagnosis has not yet been established.

5. Document and count cases:

- The school shall maintain a daily log (line list) of the number of students and teachers absent due to illness. See ([Form CDS-33](#)) for a sample line list.
- The LHD investigator shall review the line list with the school and the NJDOH epidemiologist to assess the status of the outbreak, and make recommendations regarding control measures.

6. Identify and eliminate possible transmission sources:

- The school, LHD and NJDOH epidemiologist should collaborate to determine the outbreak source. The source of an outbreak is the person or item responsible for transmission of illness to others (where it originated). It can be a:
 1. single sick child
 2. contaminated surface or product in the school
 3. contaminated water supply
 4. classroom pet
- Occasionally, even with thorough investigation, the source might not be identified.

7. Institute control measures:

- Control measures are the tools that can end the outbreak by halting transmission.
- The LHD, in consultation with the NJDOH epidemiologist, shall provide recommendations and guidance to the school regarding control measures.
- The school should make every effort to institute and maintain adequate control measures until the outbreak is declared over.
- See [School Outbreak Control Measures](#) for a list of common control measures that a school may be asked to initiate.

8. Evaluate the effectiveness of control measures and modify as needed:

- Generally, the outbreak is considered to be over when two incubation periods have passed without a new case being identified. An incubation period is defined as the time between exposure to an organism and when symptoms and signs are first apparent. Waiting two incubation periods allows for recognition of potential secondary case-patients that are still asymptomatic but in whom the disease may be incubating. **Evaluate and enforce adherence to infection control precautions by all staff, students and**

visitors. Continue control measures until no new cases are identified for two incubation periods.

- When no new cases are identified after two incubation periods, control measures may be ceased unless otherwise indicated by local health or the NJDOH epidemiologist.

9. School Closure:

NJDOH does not recommend school closure for outbreaks of infectious disease. The decision to close a school is an administrative decision and one that should be made only after consultation with public health officials and the district medical personnel.

Schools should work with local health departments to ensure that recommended control measures (e.g., exclusions, increased cleaning) are being followed. In addition, the local health department in conjunction with NJDOH may recommend enhanced surveillance be conducted in a school in order to monitor the progression and ultimate decline of an outbreak.

If absolutely necessary, school closure should be utilized on a limited basis to prevent spread of infection when:

1. Infections are expected to affect large number of susceptible individuals
2. Recommended control measures are inadequate
3. The facility is unable to function due to increased illness affecting students and staff
4. The health department declares an epidemic or cause of ill health to be injurious or hazardous

In the case of public schools, the local health department may serve notice of closure recommendation to district board of education. The local health department has the authority to close child care centers.

10. Summarize the investigation in a written report:

Unless otherwise instructed by the NJDOH, the LHD shall collaborate with the director/school nurse and other public health partners involved in the investigation on a final report and submit it to NJDOH within **30 days** of completion of the investigation. See the NJDOH website for the report format, available at <http://www.state.nj.us/health/forms/cds-38.dot> (form CDS-38).



GENERAL GUIDELINES FOR THE CONTROL OF OUTBREAKS IN SCHOOL AND CHILD CARE SETTINGS CONTROL MEASURES

The following is a list of some common control measures that may be requested of the school. This list is to serve as a guide, not all control measures are charted below and not all are appropriate in every situation. The LHD can help the school determine which control measures are appropriate.

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
Exclude sick staff and students. Specific exclusion guidelines can be found in the School Exclusion List .				
Ill students/staff should be immediately isolated from well students/staff and sent home; <ul style="list-style-type: none"> ▪ Have a designated area for ill students to stay until they can be picked up 				
Review policies; <ul style="list-style-type: none"> ▪ Illness ▪ Cleaning and disinfecting ▪ Sanitizing utensils, cups ▪ Handwashing ▪ Diaper changing ▪ If pool on site – cleaning schedule, products used 				
Educate parents, staff and students; <ul style="list-style-type: none"> ▪ Provide in-service to educate students and staff regarding prevention, transmission and proper hand hygiene ▪ Contact LHD for fact sheets or other pertinent educational materials 				
Have a policy in place regarding notification to parents/guardians. This may be accomplished by posting signage and/or sending notification home. See sample notification letter . Consult the local health department for recommendations regarding notification when a communicable disease of public health importance or an				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
outbreak of illness is reported in a school.				
<p>Frequent hand washing with soap and water especially;</p> <ul style="list-style-type: none"> ▪ Before and after handling food or eating ▪ Before giving medication ▪ After using the bathroom or assisting with toileting or diaper changes <ul style="list-style-type: none"> ○ Wash children’s hands after diaper changes ○ Adults should supervise children during hand washing ▪ After playing outside ▪ After contact with animals ▪ After cleaning spills or objects contaminated with body fluids ▪ Before and after giving first aid ▪ Before donning and after removing gloves <p>Note: Hand sanitizers should not be substituted for soap and water hand washing during a GI outbreak. Alcohol based sanitizers have been shown to be ineffective against spore forming bacteria such as C. difficile, or viruses such as Norovirus.</p>				
<p>Gloves should be worn;</p> <ul style="list-style-type: none"> ▪ During contact with blood, feces or body fluids <p>Note: Remove and dispose of gloves after completing tasks, before touching anything else.</p>				
<p>Reinforce respiratory etiquette to students and staff;</p> <ul style="list-style-type: none"> ▪ Coughing and sneezing into a tissue or elbow ▪ Properly disposing of tissues ▪ http://www.cdc.gov/flu/protect/covercough.htm 				
<p>Use appropriate barriers including materials such as disposable diaper table paper, disposable towels and surfaces that can be sanitized in group care settings.</p>				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
If applicable, suspend community dining or recreational activities where ill and well students would otherwise mingle.				
Restrict use of equipment and toys to use within a specific area and do not allow children to share without cleaning and disinfecting.				
Staff assigned to affected classrooms should not rotate to unaffected classrooms.				
<p>Cleaning and disinfecting;</p> <p>Increase frequency during an outbreak</p> <ul style="list-style-type: none"> ▪ Immediately after spills of body fluids <ul style="list-style-type: none"> ○ Discard fluid contaminated material in a plastic bag that has been securely sealed ○ Mops should be cleaned, rinsed with a disinfecting solution, wrung as dry as possible and hung to dry completely ○ Change mop heads when a new bucket of cleaning solution is prepared, or after cleaning large spills of emesis or fecal material. ▪ Frequently touched surfaces including toys, cribs, tables, lavatory surfaces, changing stations, cubbies, mats, blankets/sheets, keyboards, kitchen prep areas, desks, phones, handrails, doorknobs and equipment in the immediate vicinity of children. ▪ Common areas such as gym, cafeteria, restrooms <p>Proper technique</p> <ul style="list-style-type: none"> ▪ Use a broad spectrum product registered with the EPA as being tuberculocidal or effective against Norovirus http://www.epa.gov/oppad001/chemregindex.htm according to manufacturer’s instructions or a self-made bleach solution prepared daily; labeled and sealed <ul style="list-style-type: none"> ○ ¼ cup bleach per gallon of cool water or 1 Tbsp. bleach per quart of cool water 				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
<ul style="list-style-type: none"> ○ Use of a bleach wipe with a 6% concentration of sodium hypochlorite for a 2 ½ minute contact time followed by air drying may be substituted. ▪ Do not use a common cloth for cleaning/disinfecting; use paper towels and dispose of them immediately after use. 				
<p>Facilities serving or sharing food should;</p> <ul style="list-style-type: none"> ▪ Restrict students' sharing of any communal food items in classrooms ▪ Restrict sharing of foods brought from private homes ▪ Hand out items to be shared ▪ Stop using self-service bars ▪ Do not let children serve themselves in any manner which might promote direct hand contact with shared foods 				
Suspend admission of new students				



General Guidelines for the Control of Outbreaks in School and Child Care Settings School Exclusion List



This chart provides information about some communicable disease that may occur in schools, day care centers, summer camps and other group settings for children. 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 or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	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 fever free for 24 hours without fever reducing medication			Outbreaks Only ¹
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 approved for return			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
Gastrointestinal Illness (organism/cause not identified or not yet determined)	Frequent loose or watery stools, (2 above normal for that child), abdominal cramps/tenderness, and fever. Vomiting more than 2 times in 24 hours.	Diarrhea: until stools are contained in the diaper or toilet-trained children no longer have accidents using the toilet and when stool frequency becomes less than 2 stools above normal frequency for that child. Vomiting: until symptoms have resolved	Excluded from food handling or feeding until 24 hrs. after symptoms resolve.	Medical evaluation for stools with blood or mucus. Exclude unless vomiting is determined to be caused by a non-communicable condition (i.e. reflux) and child is able to remain hydrated and participate in activities.	Outbreaks ¹ and individual cases of diarrheal disease (child in daycare center and foodhandler)
E. coli – Shiga toxin producing E. coli (STEC)	Nausea, vomiting, bloody diarrhea, abdominal cramps.	Daycare: Symptom free and 2 negative stools ² School: Symptom free	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. ²	Stools of all child care staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and outbreaks ³

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
Fever (only)	Oral temperatures >101° F (38°C), rectal temperatures >102°F (38.9°C), or axillary temperatures > 100°F (37.8°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.		Signs of illness are anything (other than fever) that indicates that the child's condition is different from what is usual when the child is healthy.	
Fifth Disease (Erythema infectiosum)	Mild cold symptoms followed by rash, characterized by "slapped face" appearance.	No exclusion unless the child has an underlying blood disorder or a compromised immune system		Pregnant women and immuno- compromised 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.	Daycare: Fever free and no longer drooling steadily due to mouth sores School: Fever free for 24 hours without fever reducing medication		Most often seen in summer and early fall.	Outbreaks Only ¹
Head Lice	Head scratching	While NJDOH does not recommend exclusion after treatment, individual schools may have different policies. Refer to school policy		Recommendation: Refer for treatment at the end of program day. Readmission on completion of treatment.	Outbreaks Only ¹
Hepatitis A	Jaundice	1 week after onset of jaundice or illness and fever free (if symptoms are mild)	Food handlers - 1 week after onset of jaundice or illness and fever free (if symptoms are mild)		Yes, Immediately ³
Herpes Gladiatorum ("Wrestlers Herpes")	Cluster of blisters typically head, neck and shoulders. Fever, sore throat, swollen lymph nodes, burning or tingling skin.	Wrestlers: All lesions healed with well adhered scabs ⁵			Outbreaks Only ¹
Influenza-like Illness (ILI)	Fever (oral temperature ≥ 100°F or equivalent) and cough and/or sore throat in absence of a known cause (e.g., strep throat).	Fever free for 24 hours without fever reducing medication			Outbreaks Only ¹

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	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 HCP ⁵ Wrestlers ⁵		Found most often on the face but may be anywhere on the body. Lesions should be covered until dry.	Outbreaks Only ¹
Measles	Initially characterized by fever, reddened eyes, runny nose, cough. Dusky red blotchy rash on day 3 or 4.	4 days after onset of rash and child is able to participate in activities		Rash onset = day 0	Yes, Immediately ³
Meningitis, Bacterial (including Haemophilus influenza)	High fever, headache and stiff neck.	Until adequately treated, 24 hours after initiation of effective antimicrobial therapy			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
MRSA (methicillin-resistant staphylococcus aureus)	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.
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		Parotiditis = day 0	Yes, individual cases and outbreaks ³
Norovirus	Nausea, vomiting, diarrhea, abdominal cramps. May also have low grade fever, chills, body aches, headache.	24-48 hrs. after symptoms resolve	48-72 hrs. after symptoms resolve. Staff may perform duties not associated with food preparation 24 hrs. after symptoms resolve	Exclusion time on a case by case basis after consultation with the local health department.	Outbreaks Only ¹
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.			Yes, Immediately ³

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
Rubella (German measles)	Slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph nodes. Joint pain may occur.	6 days after onset of rash			Yes, Immediately ³
Salmonella Typhi (typhoid fever)	Fever, anorexia, lethargy, malaise, headache.	Daycare: Symptom free and three negative stool tests ² School: Symptom free	Excluded from cooking, preparing and touching food until symptom free and three negative stool tests. ²	Stools of all child care staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and outbreaks ³
Salmonella non-typhoid	Fever, nausea, vomiting, non-bloody diarrhea, abdominal cramps.	Symptom free ⁴	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. ²		Yes, individual cases and outbreaks ³
Scabies	Itchy raised areas around finger webs, wrists, elbows, armpits, beltline, and/or genitalia. Extensive scratching.	Until after treatment has been given Wrestlers ⁵		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks Only ¹
Shigella	Nausea, vomiting, diarrhea (may be bloody, and abdominal cramps.	Daycare: Symptom free and 2 negative stools ² School: Symptom free	Excluded from cooking, preparing and touching food until symptom free and have two negative stool tests. ²	Stools of all child care staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes, individual cases and outbreaks ³
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
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 child able to participate in activities			Outbreaks Only ¹
Tinea capitis (Ringworm of the scalp)	Hair loss in area of lesions	Until after treatment has been started. Wrestlers ⁵		Refer for treatment at the end of school day and exclude until treatment has	Outbreaks Only ¹

Infection or Condition	Common Symptoms	Exclusion for School/Daycare Children	Exclusion for Child Care Provider and/or Food Handler	Note	Reportable to Health Department
				been started.	
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		Refer for treatment at the end of school day and exclude until treatment has been started.	Outbreaks Only ¹
Tuberculosis	Cough, chest pain, fever, night sweats, fatigue, and weight loss	Until LHD and physician state the student is non infectious			Yes, individual cases and outbreaks 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

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 2013-14 Sports Medicine Handbook <http://www.ncaapublications.com>
- E. USA Wrestling. MRSA and Other Infectious Facts at <http://www.themat.com/SkinGuide.pdf>
- F. American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools a Quick Reference Guide, 3rd Edition

Sample Letter to Families about Exposure to Communicable Disease

Name of Program _____ Date _____

Telephone # _____

Dear Parent or Legal Guardian:

A child in our program has or is suspected of having:

Information about this disease:

The disease is spread by: _____

The symptoms are: _____

It can be prevented by:

What the program is doing: _____

What you can do at home:

Where you can get additional information: _____

If your child has any symptoms of this disease, call your doctor or other healthcare provider to find out what to do. Be sure to tell him or her about this notice. If you do not have a regular provider to care for your child, contact your local health department for instructions on how to find a doctor, or ask other parents for names of their children's providers. If you have any questions, please contact:

_____ at () _____
School Nurse/Caregiver's name Phone number