



## School and Childcare Exclusion List

### Official School and Child Care Exclusion List of Contagious or Communicable Diseases

Statutory authority: SC Code of Laws Sections 44-1-140, 44-29-200; 63-13-180  
SC Code of Regulations Chapter 61-20 and Chapter 114, Article 5

#### Requirements

South Carolina law requires schools to take measures to prevent the spread of disease in the school and childcare populations by limiting the attendance of students and staff with contagious or infectious diseases at school and school activities. [SC Regulation #61-20](#) requires DHEC to publish each year an Official School and Childcare Exclusion List of Contagious and Communicable Diseases, hereinafter referred to as the School and Childcare Exclusion List.

SC Law indicates that schools “on account of the prevalence of any contagious or infectious diseases or to prevent the spread of disease, may prohibit or limit the attendance of any employee or student at any school or school-related activities under its control.” SC Regulation states that schools, out-of-home childcare providers, and parents/guardians should not allow the attendance of children with “any contagious or infectious disease or syndrome requiring isolation” ... “if the disease or syndrome of the child or minor is on the Official School and Childcare Exclusion List of Contagious and Communicable Diseases.”

Students, employees, and staff (including volunteers) are also excluded from school or childcare attendance if they have been exposed to one or more of the conditions designated in these lists, until the return to school or childcare criteria are met.

#### 2022 Updates

The following updates were made to the School and Childcare Exclusion List:

##### Revisions June 2022:

- Removed exclude “from the school or out-of-home childcare” in header throughout the document. The complete list of sites and individuals for which the School and Childcare Exclusion List applies can be found on Page 3.
- Coronavirus Infectious Disease 2019 (COVID-19)
  - Rewording of exclusion criteria for positive students or staff to ensure at-home test results are included as positive viral tests.
  - Added to mode of transmission within a 24-hour period for face-to-face contact.
  - Added an outbreak definition.
- COVID-19 related symptoms
  - Removed reference to COVID-19 Guidance for K-12 Schools or Childcare Providers document.
  - Added to mode of transmission within a 24-hour period for face-to-face contact.
- Diarrhea (Gastrointestinal Illness, cause not identified or cause has not yet been

determined)

- Removed exclude for “2 or more diarrheal episodes in a school or program day” under the Special Circumstances for Diarrhea exclusion criteria.
- Diarrhea Salmonella Typhi (Typhoid fever)
  - Amount of time changed for stool specimen collection from 1 week after the completion of antibiotics to 48 hours antibiotic completion.
- Added restrictions from recreational water activities to exclusion criteria for diarrheal illnesses: Diarrhea (Gastrointestinal Illness, cause not identified or cause has not yet been determined) and Diarrhea (*Giardia*).
- Hepatitis A virus infection exclusion criteria revised: Exclude until 1 week after onset of illness or jaundice or date of positive specimen collection in asymptomatic, unvaccinated children.
- Rubella (German Measles)
  - Revised exclusion criteria for Congenital Rubella to include that after the age of 3 months, two negative PCR tests should be performed at least one month apart.
- Shingles
  - Clarified mode of transmission
- Vomiting
  - Documentation for return edited to add time frame for the use of fever-reducing medications associated with vomiting of unknown etiology.
- Edits to the use of the terms “unvaccinated” and “unimmunized” as applicable throughout the exclusion list.
- Added page numbers for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with the following excludable conditions:
  - *Neisseria meningitidis* (Meningococcal)
  - Whooping cough (Pertussis)
  - Measles
  - Mumps
  - Rubella
  - Varicella (chicken pox).

**This update to the School and Childcare Exclusion List is effective June 2022.**

## Guidance for Implementing the School and Childcare Exclusion List

1. The **School and Childcare Exclusion List** applies to the following groups of people in out-of-home childcare, (as defined in S.C. Code Ann. Section 63-13-20), and in any public, private, parochial, church or Sunday school (Reg 61-20).
  - Children and staff in out-of-home childcare settings;
  - Preschool/kindergarten students in grades 3K, 4K, and 5K;
  - Students in grades 1-12; and
  - School employees and staff (including volunteers) who have contact with students.
2. **Parent Notification:** Schools and childcare providers are encouraged to distribute the list of conditions that require exclusion from school attendance to parents/guardians, and/or distribute parent brochures developed by DHEC. The list is also available at <http://www.scdhec.gov/Health/ChildTeenHealth/SchoolExclusion>.
3. **Parent Reporting to School:** Schools and childcare providers should inform parents/guardians that they must notify the school within 24 hours after the child has developed a known or suspected communicable illness addressed on the Exclusion List.
4. **Return to School:** Students, children and staff 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.
5. **Special Circumstances:** 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) or by DHEC. For the purposes of school exclusion, the term “medically fragile” refers to those students with special health care needs or developmental delays who require close assistance with feeding or other personal hygiene activities by which communicable illnesses may be easily spread. Nothing in these criteria precludes the exercise of the professional judgment of the local education agency medical and/or nursing staff to protect the health of students.
6. **Exclusion criteria that vary** by age or grade level are indicated in the Exclusion List. “Young children” or “younger children” as indicated in the list are generally those in childcare, preschool, or kindergarten grades. When students are taught or routinely spend time in mixed age groups, the standards for the youngest children in the group apply. Conditions that do not require exclusion for school and/or childcare staff are indicated in the tables on the following pages.
7. **Notes / Documentation for Return:** A student may return to school as indicated in the tables that follow. Physicians, advanced practice registered nurses (APRNs), or physician assistants may provide medical notes for return to school following an excludable condition or DHEC may provide a release to return based on a negative test result or other circumstance. 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.

## Guidance for Implementing the School and Childcare Exclusion List

- 8. Period of Exclusion:** 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.
- 9. Outbreaks:** During disease outbreaks or under special circumstances, DHEC may change the length of the exclusion periods. During outbreaks, exclusion criteria may also apply to students, children and staff who are not confirmed by laboratory testing but who display the same symptoms of illness as lab-confirmed cases.
- 10. Minor illnesses:** Conditions that generally do not result in severe illness but are transmissible, may affect a child's ability to participate in normal activities, and may require exclusion. Selected examples include conjunctivitis, fifth disease, hand-foot-mouth disease, scabies, and head lice. Consider consultation with a medical consultant for other conditions if there are questions about opening an investigation or initiating an outbreak response. Outbreaks of diarrheal illnesses (e.g., known or suspected Norovirus outbreaks) are investigated per applicable policies.
- 11. Disease/Outbreak reporting to the Health Department and the Family Education Rights and Privacy Act (FERPA):** DHEC has determined that conditions reportable immediately or within 24 hours by phone, including all clusters or outbreaks of illnesses, fall under the FERPA allowance and exception of reporting illnesses without parental consent. Conditions that are reportable within 3 days may be reported to DHEC by name with parental consent or reported de-identified without parental consent.
- 12. The requirement to report 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.” The List of Reportable Conditions may be accessed here:**  
<http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableCondition/sInSC/>

Children, students, and staff with the following conditions must be excluded until the criteria for return have been met and documentation has been provided as noted below:

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Chicken Pox (Varicella)	Airborne route or respiratory (droplet) route or by direct contact with drainage from blisters or nasal secretions	2 days before rash begins until the rash is crusted over	Report individual cases within 3 days  Report outbreaks IMMEDIATELY by phone (outbreak declared with 3 <sup>rd</sup> case)	Exclude students, employees, or staff with rash until crusted over and no new lesions appear within a 24-hour period <ul style="list-style-type: none"> <li>In outbreaks, exclude unvaccinated students with no history of varicella disease from the start of the outbreak (or day that it is first recognized) until day 21 after the onset of rash in the last person diagnosed with varicella in the affected school</li> <li><b>Breakthrough varicella</b>, which occurs in appropriately vaccinated persons, may appear just as a rash, without crusting. In these cases, exclude until 24 hours following appearance of last lesions</li> </ul> <p><i>* See page 30 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions</i></p>	A parent note or staff statement that lesions have dried/crusted  Parent note or staff statement that lesions are fading/resolving, and no new lesions have appeared for 24 hours

<p>Coronavirus Infectious Disease 2019 (COVID-19)</p>	<p>Respiratory and airborne routes or by face-to-face contact for a cumulative 15 minutes within a 24-hour period with infected individuals or objects</p>	<p>2 days prior to the onset of symptoms (or date of test specimen collection if no symptoms) to the end of the exclusion period</p>	<p>Report outbreaks<sup>1</sup> IMMEDIATELY by phone</p>	<p>Exclude students or staff with a positive viral test  <u>Criteria for return:</u></p> <ul style="list-style-type: none"> <li>• At least 5 days since symptoms started – <b>and-</b></li> <li>• 24 hours since the last <a href="#">fever</a> without using fever-reducing medication –<b>and-</b></li> <li>• Symptoms are significantly improving</li> <li>• A mask <b>must</b> be worn days 6-10. If a mask is not worn, a 10-day isolation must be observed</li> </ul> <p>Asymptomatic students/staff with a positive viral test are required to be excluded from school for 5 days after specimen collection and must wear a mask days 6-10. If a mask is not worn, a 10-day isolation must be observed</p>	<p>At least 5 days after the start of symptoms and parent’s note that symptoms are significantly improving and there has been no <a href="#">fever</a> in the past 24 hours without using fever-reducing medication</p> <p>Note: These criteria may be updated as more information is available on COVID-19</p>
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<sup>1</sup> For classrooms or cohorts with five or more people: 20% or more of the children/students and/or staff within a shared setting (i.e. a classroom, shared childcare room, sports team, or other group) are identified as having COVID-19, or absent or sent home due to COVID-19 within a three (3) day period.

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
COVID-19 related symptoms <sup>2</sup> : Any of the following <u>with or without fever</u> : <ul style="list-style-type: none"> <li>• Shortness of breath or difficulty breathing - or-</li> <li>• New loss of taste or smell -or-</li> <li>• New or worsening cough</li> </ul>	Respiratory and airborne routes, or by face-to-face contact for a cumulative 15 minutes within a 24-hour period with infected individuals or objects	2 days prior to the onset of symptoms (or date of test collection if no symptoms) to the end of the exclusion period	Report outbreaks <sup>1</sup> IMMEDIATELY by phone (See Coronavirus Infectious Disease 2019 (COVID-19) footnote for outbreak reporting)	Exclude students or staff with (an) excludable symptom(s) of COVID-19 without another more likely cause until: <ul style="list-style-type: none"> <li>• A negative viral test (PCR or antigen is obtained) - OR -</li> <li>• Meet all criteria for return               <ul style="list-style-type: none"> <li>○ At least 5 days since symptoms started – <b>and</b> -</li> <li>○ 24 hours since the last <a href="#">fever</a> without the use of fever-reducing medication – <b>and</b> –</li> <li>○ Symptoms are significantly improving</li> <li>○ A mask <b>must</b> be worn days 6-10. If a mask is not worn, a 10-day isolation must be observed.</li> </ul> </li> </ul> Some individuals may be recommended for longer exclusionary time periods before returning ( <a href="#">See Special Circumstances Page 2</a> )	For those with symptoms: <ul style="list-style-type: none"> <li>• Negative viral test (PCR or antigen) – OR-</li> <li>• At least 5 days after the start of symptoms and parent’s note that symptoms are significantly improving &amp; no <a href="#">fever</a> in the past 24 hours without using fever-reducing medication - OR –</li> <li>• Doctor’s note clearing return requiring no further exclusion</li> </ul>

<sup>2</sup> Additional possible symptoms of COVID-19 include persistent or worsening sore throat, muscle or body aches, fatigue, new onset of severe headache, congestion or runny nose, nausea or vomiting, or diarrhea. Although not requiring COVID-19 exclusion, recommending testing in children or staff may be indicated for those presenting with these symptoms.

<p>Diarrhea<sup>3</sup> (Gastrointestinal Illness, cause not identified or cause has not yet been determined)</p>	<p>Varies, often associated with poor toileting habits, food and drink, contaminated fomites, environmental exposures including animals and recreational water; may be bacterial, parasitic, or viral</p>	<p>Varies according to the causative agent</p>	<p>Report when above normal absentee rate</p>	<p><b>Younger Students</b> Exclude children in 5th grade or younger, with diarrhea until symptoms are resolved for at least 24 hours, or medical evaluation indicates that inclusion is acceptable</p> <p><b>Older Students and Staff</b></p> <ul style="list-style-type: none"> <li>• Exclusion for diarrhea in 6th through 12th grade students or for school staff is not mandatory unless the person with diarrhea is determined to be contributing to the spread of illness in the school setting</li> </ul> <p>Special Circumstances for Diarrhea</p> <ul style="list-style-type: none"> <li>• Exclude students of any age and staff with uncontrolled diarrhea or stools that contain blood or mucus, unless symptoms are associated with a non-infectious condition (e.g., IBS or Crohn’s Disease). Return is permitted when symptoms are resolved, or medical evaluation indicates that inclusion is acceptable <ul style="list-style-type: none"> <li>• Restrict recreational water activities (pools, splash pads, water tables, etc.) until diarrheal symptoms resolve</li> </ul> </li> <li>• For diapered children or students of any age who require assistance with personal hygiene, exclude if the frequency or nature of the diarrheal episodes challenges the ability of the caregiver(s) to maintain sanitary techniques and/or conditions (diaper spillage or accidents in toilet trained children) <ul style="list-style-type: none"> <li>• Restrict recreational water activities (pools, splash pads, water tables, etc.) until 1 week after cessation of diarrhea</li> </ul> </li> </ul>	<p>Parent note</p> <p>N/A</p>
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<sup>3</sup>Diarrhea is defined as 3 or more loose or watery stools in a 24-hour period that are not associated with changes in diet.

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Diarrhea ( <i>Campylobacter</i> )	Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact	Shedding of the organism is shortened by treatment  Without treatment, can be infectious for 2-3 weeks with possible relapse	Report outbreaks IMMEDIATELY by phone, otherwise report individual cases within 3 days	Exclude until diarrheal symptoms are resolved for at least 24 hours	Parent note or staff statement that diarrhea has resolved for 24 hours
Diarrhea ( <i>Cryptosporidium</i> )	Recreational water contact, the fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact	Parasite can remain in stool for 2 weeks	Report outbreaks IMMEDIATELY by phone, otherwise report individual cases within 3 days	Exclude until diarrheal symptoms are resolved for at least 24 hours.  Restrict recreational water activities (pools, splash pads, water tables, etc.) until 2 weeks after diarrheal symptoms resolve	Parent note or staff statement that diarrhea has resolved for 24 hours

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Diarrhea ( <i>E. coli</i> 0157:H7 and other Shiga Toxin-Producing <i>E. coli</i> (STEC))	Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact	3 weeks or longer; Prolonged carriage is uncommon	<p>Report outbreaks IMMEDIATELY by phone.</p> <p>Report individual cases within 24 hours by phone</p>	<p><b>Children under the age of 5 or staff in out-of-home childcare or students under the age of 5 in kindergarten:</b></p> <ul style="list-style-type: none"> <li>Exclude until diarrheal symptoms are resolved for at least 24 hours and 2 consecutive stool cultures or culture-independent diagnostic tests taken at least 24 hours apart are negative for STEC</li> <li>If antibiotics were prescribed, stool cultures must be collected 48 or more hours after the antibiotics are completed</li> </ul> <p><b>Students 5 years of age or older thru grade 12:</b></p> <ul style="list-style-type: none"> <li>Exclude until diarrheal symptoms are resolved for at least 24 hours.</li> </ul>	<p>Documentation of 2 negative test results</p> <p>Parent note for students <b>5 years of age or older through grade 12</b> stating no diarrhea for 24 hours</p>

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Diarrhea Enteropathogenic <i>E. coli</i> (EPEC) Enterotoxigenic <i>E. coli</i> (ETEC)	Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water, or animal contact	May be prolonged	Report outbreaks IMMEDIATELY by phone	Exclude until diarrheal symptoms are resolved for at least 24 hours	Parent note or staff statement that diarrhea has resolved for 24 hours
Diarrhea ( <i>Giardia</i> )	Recreational water contact, the fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact	Can be up to months, most contagious during diarrhea phase	Report outbreaks IMMEDIATELY by phone, otherwise report a single case within 3 days	Exclude until diarrheal symptoms are resolved for at least 24 hours.  Restrict recreational water activities (pools, splash pads, water tables, etc.) until 1 week after diarrheal symptoms resolve	Parent note or staff statement that diarrhea has resolved for 24 hours

Diarrhea (Norovirus)	By the fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water	Can be shed before symptoms start and 2 or more weeks after symptoms end	Report outbreaks only	Exclude until asymptomatic (diarrhea and/or vomiting have ceased for at least 24 hours)	A parent note or staff statement that diarrhea and/or vomiting have resolved for 24 hours
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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Diarrhea (Rotavirus)	Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water	Present several days before symptoms and last for weeks after	Report outbreaks only.	Exclude until diarrheal symptoms are resolved for at least 24 hours.	A parent note or staff statement that diarrhea has resolved for 24 hours
Diarrhea <i>Salmonella</i> Typhi (Typhoid fever)	Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water	Can persist in stool up to 12 weeks; chronic carriage possible	Report outbreaks IMMEDIATELY by phone otherwise report individual cases within 24 hours	<p><b>Children under the age of 5 or staff in out-of-home childcare or students under the age of 5 in kindergarten:</b></p> <ul style="list-style-type: none"> <li>Exclude until diarrheal symptoms are resolved for at least 24 hours AND three consecutive stool cultures or culture independent diagnostic tests collected at 24-hour intervals are negative for <i>Salmonella</i> Typhi</li> <li>If antibiotics were prescribed, stool specimens must be collected at least 48 hours after the antibiotics are completed</li> </ul>	Documentation of 3 negative test results

Diarrhea (Nontyphoidal <i>Salmonella</i> )	Fecal-oral route through direct person-to- person contact or contaminated fomites, by ingestion of contaminated food, water, or animal contact	Can persist in stool up to 12 weeks	Report outbreaks <b>IMMEDIATELY</b> by phone otherwise report individual cases within 3 days	Exclude until diarrheal symptoms are resolved for at least 24 hours	Parent note or staff statement that diarrhea has resolved for 24 hours
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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Fever	N/A	Dependent upon the cause of the fever	Report outbreaks only	<ul style="list-style-type: none"> <li>Exclude all staff for oral temperature 100.4°F or higher</li> <li>Exclude any child with fever of 100.4 or higher</li> <li>Fever of greater than 24 hours or without a known cause may require negative COVID-19 testing (unless previous COVID infection within the past 90 days) or completion of COVID-19 exclusion</li> <li><b>In the childcare setting for infants up to 3 months of age:</b> <ul style="list-style-type: none"> <li>Fever (100.4°F or above rectally) in a child 3 months of age or younger requires <b>immediate medical attention</b></li> </ul> </li> </ul>	<p>School to specify based on situation</p> <p>Students or staff can return to school if another diagnosis is determined by their healthcare provider</p>
<i>Haemophilus influenzae</i> type B (Hib)	Respiratory (droplet) route or by direct contact with contaminated objects	May be as long as bacteria is in the mouth or nose	Report within 24 hours	<ul style="list-style-type: none"> <li>Exclude until the student is cleared by a health professional</li> <li>Exclude staff with proven Hib infection until antibiotic therapy is initiated</li> <li>No exclusion is required for exposed students or staff</li> </ul>	Medical note documenting completion of antibiotic treatment, and clearance to return to school

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Hand, foot, and mouth disease	Direct contact with infected: <ul style="list-style-type: none"> <li>• nose discharge</li> <li>• throat discharge</li> <li>• blisters</li> <li>• feces</li> </ul>	The virus may be shed for weeks to months in the stool after the infection starts; respiratory shedding of the virus is usually 1-3 weeks	Report outbreaks only	Exclude while symptoms of <a href="#">fever</a> or excessive drooling are present, which is typically during the first week of illness	Parent note

Head lice (pediculosis) <sup>4</sup>	Direct contact with infected person or contaminated object	As long as live lice are present	Not reportable	<p>Exclude for:</p> <ul style="list-style-type: none"> <li>• The presence of live, crawling lice visualized on direct inspection of the scalp, or</li> <li>• The presence of nits (eggs) that appear to be ¼ inch or 6 mm from the scalp</li> </ul> <p>Students identified with head lice can remain in the classroom until the end of the school day, with limitations placed upon activities that cause head-to-head contact or sharing of any headgear. Staff with head lice are excluded at the end of the school or childcare day if close head-to-head contact can be avoided during routine activities</p> <p><b>Re-screening Recommendations for Head Lice:</b></p> <ul style="list-style-type: none"> <li>• Persons who were excluded for pediculosis should be rescreened at 7-10 days after initial treatments</li> <li>• Rescreened persons who are found to have live crawling lice should be re-treated and excluded until screening identifies no live, crawling lice on the scalp</li> </ul>	Excluded persons may return with a parent note after one treatment with an over the counter or prescription lice elimination product and no active lice are observed crawling in the hair or after removal by combing or heat treatment methods <sup>5</sup>
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<sup>4</sup>Ideally, head lice screening is performed by healthcare providers, including school health nurses, or by school health aides who have been trained by school nurses.

[Students with evidence of infestation (e.g., nits further than ¼ inch from the scalp) may be excluded per local school policies]

<sup>5</sup>Although not recommended, education agencies opting for more stringent “No Nit Policies” for school re-admission should explain their policies to families.

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Hepatitis A virus infection	Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water	Most infectious in the 2 weeks before onset of signs or symptoms, the risk <u>is minimal</u> after the onset of jaundice	Report within 24 hours by phone	Exclude until 1 week after onset of illness or jaundice or date of positive specimen collection in asymptomatic, unvaccinated children. Refer contacts to their health care providers for consideration of immunoglobulin or vaccine in consultation with the health department	Medical note documenting diagnosis and more than one week since onset

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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Impetigo ( <i>Streptococcal</i> <i>Staphylococcal</i> bacteria)	By infection of skin opening, or by contact with skin sores of an infected person	Until treatment with antibiotics for 24 hours or lesions crusted	Not Reportable	Exclude until 24 hours after antibiotic treatment has been initiated or as long as lesion is draining AND cannot be covered with a watertight dressing	Parent note or staff statement indicating antibiotic therapy has been initiated for 24 hours
Influenza/ Influenza-like Illness (ILI) (ILI is defined as an oral temperature of > 100° F with a cough and/or sore throat for which there is no other known cause)	Airborne and respiratory (droplet) routes, or by contact with infected individuals or objects	One day before symptom onset until at least 7 days after onset	Report outbreaks IMMEDIATELY by phone	Exclude until at least 24 hours after <a href="#">fever</a> has resolved without the use of fever-reducing medicines <ul style="list-style-type: none"> <li>ILI without a known cause will require negative COVID-19 testing (unless previous COVID infection within the past 90 days) or completion of COVID-19 exclusion</li> </ul>	Parent note or staff statement that <a href="#">fever</a> has resolved for at least 24 hours without the use of fever reducing medications
Measles ( <i>Rubeola</i> )	Airborne and respiratory (droplet) routes	1-2 days before signs and symptoms appear until 4 days after rash	Report IMMEDIATELY by phone	Exclude until 4 days after onset of rash and cleared by health care provider  * See page 29 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions	Medical note documenting at least 4 days since onset of illness

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for
Meningitis (Bacterial) <ul style="list-style-type: none"> <li>• <i>Neisseria Meningitides</i> (meningococcal)</li> <li>• <i>Haemophilus influenza</i> (h. flu)</li> <li>• <i>Streptococcus pneumonia</i> (pneumococcal)</li> </ul>	Contact with respiratory secretions or contact with contaminated objects	Until after 24 hours of antibiotics	Report IMMEDIATELY by phone	Exclude as soon as meningitis is suspected and until cleared by a healthcare provider. Refer to medical attention promptly for any combination of multiple symptoms of <a href="#">fever</a> , headache, stiff neck, irritability, or photophobia. Special attention should be made to a rash that is non-blanching and has small red or purple spots on the skin caused by bleeding under the skin. Re-admit when cleared by a health care professional * See page 28 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions	Medical note documenting that the affected person is non-contagious
Meningitis (Viral)	Environmental exposure to respiratory secretions of an infected individual or by poor toileting habits	Shedding of virus in feces can continue for several weeks or the respiratory tract for a week or less	Report IMMEDIATELY by phone	Exclude as soon as meningitis is suspected and until bacterial meningitis is ruled out	Medical note documenting that the affected person is non-contagious
Mouth sores—herpes simplex, canker sores, and thrush (also see hand, foot, and mouth disease)	Exposure to an infectious agent	Varies by the infectious agent	Report outbreaks only	Exclude young children for sores, including mouth ulcers and blisters, inside the mouth associated with uncontrolled drooling, unless the child’s health care provider states that the child is noninfectious  Exclusion of children with cold sores (recurrent herpes simplex virus (HSV) infection) is not indicated  Caregivers in the childcare setting with (HSV) cold sores should not be excluded, but should not touch their lesions, and carefully observe hand hygiene practices	Parent note

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Mumps (Rubella virus)	Respiratory (droplet) route or contact with infected individuals or contaminated objects	1-2 days before to 5 days after the swelling of glands	Report within 24 hours by phone	Exclude until 5 days after onset of parotid gland swelling  * See page 29 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions	Medical note documenting at least 5 days since onset of parotid gland swelling
Pinkeye (Conjunctivitis) Purulent or Non-purulent	Contact with discharge from eyes, nose, or mouth of an infected individual or contaminated hands or shared objects	Bacterial: while symptoms are present or until treatment is started  Viral: while signs and symptoms are present and for days to weeks after the onset of signs and symptoms	Report outbreaks only	Exclude symptomatic students and staff who have <u>fever</u> , severe eye pain, purulent drainage or are too sick to participate in routine activities	Parent note or staff statement that condition has resolved

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Rash with fever and behavioral change associated with severe diseases such as Meningitis, Chicken Pox, Measles, and other communicable diseases	Varies depending upon the infectious agent	Varies depending upon the infectious agent	Report outbreaks only	<ul style="list-style-type: none"> <li>Exclude students/children until a health care provider has determined that the illness is not a communicable disease</li> <li>Exclude faculty and staff for rash with <a href="#">fever</a> and/or joint pain, until a communicable disease such as measles or rubella has been ruled out</li> </ul>	Medical note documenting evaluation, non-communicability
RSV (Respiratory Syncytial Virus)	Respiratory (droplet) route or contact with infected individuals or contaminated objects	<p>Shed for 3-8 days for children and adults</p> <p>May shed for 3-4 weeks in young infants and in immuno-suppressed individuals</p>	Report outbreaks IMMEDIATELY by phone	Exclude younger children with RSV if the child has a <a href="#">fever</a> or if the child is too sick to participate in activities with other children and staff	Parent note

<p>Ringworm (Tinea)</p> <p>Ringworm of the Scalp (<i>Tinea capitis</i>)</p> <p>Ringworm of the Body (<i>Tinea corporis</i>)</p>	<p>Contact with infected individuals, animals or contact with contaminated objects</p>	<p>Infectious as long as fungus is in the skin lesion</p> <p>Once treatment begins the individual is no longer infectious</p>	<p>Not Reportable</p>	<p>Exclude all students, employees, and staff at the end of the day</p> <ul style="list-style-type: none"> <li>• Ringworm of the scalp (<i>Tinea capitis</i>) requires oral antifungal treatment</li> <li>• Ringworm of the body (<i>Tinea corporis</i>) requires topical treatment</li> </ul> <p>Students, employees, and staff must have appropriate treatment initiated to return</p>	<p>Parent or staff note that treatment has been initiated</p>
<p>Rubella (German Measles)</p>	<p>Respiratory (droplet) route or contact with infected individual or contaminated objects</p>	<p>May be spread 7 days before to 7 days after the rash appears</p>	<p>Report within 24 hours by phone</p>	<p>Exclude until 7 days after onset of rash</p> <p>Congenital Rubella: Exclude until 1 year of age unless the child is older than 3 months of age AND, after age 3 months, has had two negative PCR tests for rubella at least one month apart.</p> <p><i>* See page 30 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions</i></p>	<p>Medical note documenting at least 7 days since onset of rash</p>
<p>Scabies</p>	<p>Close person to person contact, or contact with infected objects</p>	<p>Until treatment is completed</p>	<p>Report outbreaks only</p>	<p>Exclude until after appropriate scabicial treatment has been completed (usually overnight)</p>	<p>Medical note documenting evaluation and completion of therapy</p>

Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Shingles (Varicella Herpes Zoster)	Contact with fluid from vesicular lesions  <b>For those that are immunocompromised:</b> <u>Airborne</u> and contact with fluid from vesicular lesions	Until blisters are scabbed over		Exclude if lesions cannot be covered, until lesions are crusted, and no new lesions appear within a 24-hour period	Parent note or staff statement indicating any uncovered lesions have dried/crusted
Skin lesions (including Staphylococcal and Streptococcal skin and soft tissue infections, MRSA, Herpes Gladiatorum, etc.)	Contact with infected person or contaminated objects	Varies by infectious agent and treatment	Report outbreaks only	Exclude only if skin lesions are draining and cannot be covered, or if the covering cannot be maintained because drainage is soaking through the coverage.  Carrier Status: Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion.	Not required
Strep Throat (Streptococcal pharyngitis)	Respiratory (droplet) route or contact with contaminated objects	Infectious until treated with appropriate antibiotic	Report outbreaks only	Exclude until afebrile <b>AND</b> at least 24 hours after treatment has been initiated.	Medical note documenting initiation of treatment, with parent note of afebrile status

<p>TB (Tuberculosis)  (Suspect or confirmed TB-  cough with bloody  phlegm greater  than 3 weeks,  unexplained  weight loss, fever,  or night sweats  greater than 3  weeks)</p>	<p>Airborne route</p>	<p>Varies with  progression  and severity  of illness</p>	<p>Report  within 24  hours by  phone</p>	<p>Exclude for active (infectious) TB,  until the local health department  authority or treating infectious  disease physician states that the  student or staff member is  noninfectious</p>	<p>The health  department or  infectious disease  physician must clear  the student or staff  member for return to  school</p>
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Disease/ Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Vomiting	Varies with cause.	Varies with cause	Report outbreaks only	<p>Exclude young children for vomiting</p> <ul style="list-style-type: none"> <li>• 2 or more times during the previous 24 hours, or</li> <li>• for vomiting and <a href="#">fever</a></li> </ul> <p>Special Circumstance for vomiting:</p> <ul style="list-style-type: none"> <li>• Exclude and refer for medical attention anyone with vomit that appears green and bloody, vomiting after recent head injury, vomiting and no urine output for 8 hours, or who appears very ill during vomiting episodes for prompt medical evaluation</li> </ul> <p>No exclusion is required for a brief, non-repeating episode of vomiting with no other signs of severe illness</p> <p>See also “COVID-19 exclusion” section for additional considerations</p>	Readmit children when parent note stating vomiting has resolved, the child has remained fever-free for at least 24 hours without fever-reducing medication, and the child is able to remain hydrated and participate in activities
Whooping Cough (Pertussis)	Respiratory (droplet) route	<p>From the beginning of symptoms until 3 weeks after the cough begins.</p> <p>Infants with no vaccinations can be infectious for over 6 weeks</p>	<p>Report within 24 hours by phone</p> <p>Report outbreaks IMMEDIATELY by phone</p>	<ul style="list-style-type: none"> <li>• Exclude until completion of 5 days of macrolide antimicrobial therapy, such as azithromycin or erythromycin</li> <li>• No exclusion is required if the person is initially diagnosed with pertussis past the infectious period (21 days or more after cough onset, or 6 weeks after cough onset for infants)</li> </ul> <p>* See page 28 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions</p>	Medical note documenting macrolide antibiotic prescribed with parent note or employee/staff statement of completion of 5 days of antibiotics

**Exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions<sup>6</sup>**

<i>Exclusion Criteria for Contacts (Exposures)</i>	<b>Documentation for Return</b>
<p><b><i>Neisseria meningitides (Meningococcal):</i></b></p> <p>Exclude close contacts to <i>Neisseria meningococcal</i> (meningococcal disease) cases until antimicrobial treatment has been initiated.</p>	<p>Medical note documenting initiation of antimicrobial therapy</p>
<p><b>Whooping cough (Pertussis):</b></p> <p>Contacts do not need to be excluded. <u>If close contacts to pertussis cases are identified who are coughing or have other symptoms of pertussis, they are considered to be suspect cases.</u></p> <p>Contacts with cough illness are excluded as suspect cases:</p> <ul style="list-style-type: none"> <li>a) until after 5 days of appropriate antimicrobial therapy, or</li> <li>b) if no antibiotics are given, until 21 days after last contact with an infected person, or</li> <li>c) until a health care provider clears the child or employee to return to school.</li> </ul>	<p>Medical note indicating the symptomatic contact is cleared to return to school or childcare or that student/employee has met one of the criteria at left.</p> <p>Parent report if returning to school 21 or more days after last contact.</p>

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<sup>6</sup> Exclusion may be indicated for contacts to other conditions when recommended by DHEC or the student's or employee/staff member's healthcare provider.

**Exclusion criteria for children, students, and staff who are contacts of (exposed to) individuals with excludable conditions**

Exclusion Criteria for Contacts (Exposures)	Documentation for Return
<p><b>Unvaccinated students</b> without documentation of immunity or natural disease must be excluded if exposed to the following conditions as indicated below<sup>7</sup>:</p>	
<ul style="list-style-type: none"> <li> <b>Measles:</b>                      Exclude exposed students and household school aged contacts that have not been vaccinated against measles for 21 days after onset of rash in last case of measles in the affected school or community.                      Staff born in 1957 or later who cannot provide documentation of 1 dose of measles vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 21 days after onset of rash in last case of measles in the affected school or community.                      Pregnant students and staff should not receive MMR vaccine but may be eligible for intravenous immune globulin (IVIG).                      DHEC is available to provide consultation on vaccinating children 6-11 months of age who are exposed to measles.                 </li> </ul>	<p>Individuals without previous measles vaccination may be readmitted to school immediately after receiving measles-containing vaccine (if received within 72 hours of exposure to case) or measles immunoglobulin (if received within 6 days of exposure).                      Contact DHEC regarding previously unimmunized persons who receive vaccine or immunoglobulin after the above time frames.</p>
<ul style="list-style-type: none"> <li> <b>Mumps:</b>  <u>During mumps outbreaks</u>, exclude exposed students who have not been vaccinated against mumps until they receive at least one dose of mumps-containing vaccine. 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 25 days after the onset of parotitis in the last person with mumps in the affected school.  <u>During mumps outbreaks</u>, staff born in 1957 or later who cannot provide documentation of 2 doses of mumps vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 25 days after the onset of parotitis in the last person with mumps in the affected school or facility.                      Pregnant students and staff should not receive MMR vaccination.                 </li> </ul>	<p>Unvaccinated persons receiving their first dose of mumps-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>

<sup>7</sup>DHEC should be consulted immediately about pregnant, unvaccinated, or immunocompromised students or staff who are exposed to measles, mumps, rubella, or varicella.

**Exclusion criteria for children, students, and staff who are contacts of (exposed to) individuals with excludable conditions**

<i>Exclusion Criteria for Contacts (Exposures)</i>	<b>Documentation for Return</b>
<ul style="list-style-type: none"> <li> <b>Rubella:</b>                      Exclude exposed students who have not been vaccinated against rubella until they receive at least one dose of rubella-containing vaccine. Exclude exposed students older than age 6 who have received only one dose of vaccine, until they have received one additional dose of rubella or MMR vaccine.                       Staff born in 1957 or later who cannot provide documentation of 2 doses of rubella vaccine on or after their first birthday, or laboratory evidence of immunity, should be excluded for 21 days after the onset of rash in the last person with rubella in the affected school or community.                       If immunization exemption applies, continue to exclude exposed students until the health department determines that it is safe for them to return, typically for 23 days after the onset of rash in the last person with rubella in the affected school or community.                       Pregnant students and staff should not receive MMR or rubella vaccination.                 </li> </ul>	<p>Unvaccinated persons receiving their first dose of rubella-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>
<ul style="list-style-type: none"> <li> <b>Varicella (chicken pox):</b>                      Asymptomatic childcare—attending or school-aged household contacts that are unvaccinated should be excluded. The exclusion period would be from the 8<sup>th</sup> day since first exposure to the rash through day 21 after exposure to the rash.   <u>In outbreaks</u><sup>8</sup>, exclude unvaccinated students with no history of varicella infection from the start of the outbreak (or day that it is first recognized) until day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school.<sup>9</sup>                       Students and staff who are contacts to varicella cases may return immediately following receipt of varicella vaccine. Pregnant students and staff should not receive Varicella vaccination. They may be eligible for Varicella Zoster Immune Globulin (VZIG).                 </li> </ul>	<p>Unvaccinated students and staff receiving their first dose of varicella vaccine after exposure to a varicella case may be readmitted immediately to the school or childcare facility.</p>

<sup>8</sup> An outbreak of Varicella is defined as 3 or more cases within 6 weeks in a common setting, such as school, childcare, community, or institutional setting.

<sup>9</sup> Mild break-through cases of Varicella (occurring in immunized persons) are generally considered less infectious than cases in unvaccinated persons. Consult with DHEC as needed for exclusion guidance in ongoing outbreaks of Varicella or if/when exclusion may be extended past one incubation period (i.e., over 21 days).

**Children in childcare and students in school with the following conditions are not typically excluded, so long as they are healthy enough to participate in routine activities:**

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| <ul style="list-style-type: none"> <li>• Canker Sores</li> <li>• Chronic Hepatitis B or C infection</li> <li>• 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. May require negative COVID-19 testing or completion of exclusion period depending on symptoms.</li> <li>• Cold sores</li> <li>• Cough not associated with an infectious disease or a fever. May require negative COVID-19 testing or completion of exclusion period.</li> <li>• Croup</li> <li>• Cytomegalovirus (PE and sports exclusions may apply)</li> <li>• Diseases spread by mosquitos: Malaria, West Nile Virus</li> <li>• Diseases spread by ticks: Babesiosis, Ehrlichiosis, Lyme Disease, Rocky Mountain Spotted Fever, Tularemia</li> </ul> | <ul style="list-style-type: none"> <li>• Ear infection</li> <li>• Fifth Disease (Parvovirus B19 infection), once the rash has appeared and the child no longer has a fever</li> <li>• HIV infection</li> <li>• Mononucleosis (PE and sports exclusions may apply)</li> <li>• MRSA carrier or colonized individual, without uncovered draining lesions</li> <li>• Pinworms</li> <li>• Rash, without fever or behavior change</li> <li>• Roseola, once the fever is gone</li> <li>• Thrush</li> <li>• Urinary Tract Infection</li> <li>• Warts, including Molluscum contagiosum</li> <li>• Yeast Diaper Rash</li> </ul> |
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## How to Report Tuberculosis

Report to the public health office (listed below) in the region in which the patient resides.

### Lowcountry

Berkeley, Charleston, Dorchester  
Office: (843) 719-4612  
Fax: (843) 308-0324

Allendale, Bamberg, Beaufort,  
Calhoun, Colleton, Hampton,  
Jasper, Orangeburg  
Office: (843) 549-1516 ext. 222  
Fax: (843) 308-0324

### Midlands

Chester, Kershaw, Lancaster,  
Newberry, Saluda, York  
Office: (803) 909-7357  
Fax: (803) 909-7358

Aiken, Barnwell, Edgefield,  
Fairfield, Lexington,  
Richland  
Office: (803) 576-2870  
Fax: (803) 576-2880

### Pee Dee

Dillon, Georgetown, Horry, Marion  
Office: (843) 915-8798  
Fax: (843) 915-6504

Chesterfield, Clarendon,  
Darlington, Florence, Lee,  
Marlboro, Sumter, Williamsburg  
Office: (843) 673-6693  
Fax: (843) 673-6670

### Upstate

Cherokee, Oconee, Pickens,  
Spartanburg, Union  
Office: (864) 596-2227 ext. 108  
Fax: (864) 596-3340

Abbeville, Anderson, Greenwood,  
Greenville, Laurens, McCormick  
Office: (864) 372-3198  
Fax: (864) 282-4294

Nights/Weekends/Holidays: (803) 898-0558 Fax: (803) 898-0685

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## How to Report Other Conditions

Report **Immediate** conditions by phone and **Urgent** conditions within 24 hours by electronic notification (email: [SCIONHelp@dhec.sc.gov](mailto:SCIONHelp@dhec.sc.gov) for details) or by phone if electronic notification not possible. Report all other conditions electronically (email [SCIONhelp@dhec.sc.gov](mailto:SCIONhelp@dhec.sc.gov) for details) or by mail within 3 days to the appropriate public health office in the region in which the patient resides.

### Immediate and Urgent Reporting (TELEPHONE)

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#### Lowcountry

Allendale, Bamberg, Beaufort,  
Berkeley, Calhoun, Charleston,  
Colleton, Dorchester, Hampton,  
Jasper, Orangeburg

4050 Bridge View Drive, Suite 600  
N. Charleston, SC 29405

Office: (843) 441-1091  
Fax: (843) 953-0051

Nights/Weekends: (843) 441-1091

#### Midlands

Aiken, Barnwell, Chester,  
Edgefield, Fairfield, Lancaster,  
Lexington, Kershaw, Newberry,  
Richland, Saluda, York

2000 Hampton Street  
Columbia, SC 29204

Office: (888) 801-1046  
Fax: (803) 576-2993

Nights/Weekends: (888) 801-1046

#### Pee Dee

Clarendon, Chesterfield,  
Darlington, Dillon, Florence,  
Georgetown, Horry, Lee, Marion,  
Marlboro, Sumter, Williamsburg

1931 Industrial Park Road  
Conway, SC 29526

Office: (843) 915-8886  
Fax: (843) 915-6506

Nights/Weekends: (843) 409-0695

#### Upstate

Abbeville, Anderson, Cherokee,  
Greenville, Greenwood, Laurens,  
McCormick, Oconee, Pickens,  
Spartanburg, Union

200 University Ridge  
Greenville, SC 29602

Office: (864) 372-3133  
Fax: (864) 282-4373

Nights/Weekends: (864) 423-6648