

# 2024-2025 School and Childcare Exclusion List

Communicable diseases noted in **red** are **reportable**. When notified of a diagnosis, **contact your Regional Health Department**.

Communicable diseases noted in **black** are **not reportable**; however, for outbreaks or concerns **contact your Regional Health Department**.



**Contacts who develop symptoms should follow the case exclusion and readmission criteria.**

Staff members who have symptoms of illness (eg, vomiting, diarrhea, infectious skin lesions that cannot be covered, nasal discharge that requires wiping while doing food-related activities) should not handle/prepare food.

## Universal prevention measures for all illnesses



- Encourage good hand hygiene; sanitize and clean water faucets, water fountains and their handles, and food handling areas.
- Surfaces at risk of becoming contaminated should be cleaned and disinfected.
- The immediate environment should be cleaned and disinfected including, but not limited to changing or diapering areas, tables, toys, keyboards, door handles and railings.
- Exclude ill students and staff.
- Promote immunization for those who are not immunized or up-to-date on their vaccinations.

Visit <https://scdhec.gov/health/child-teen-health/school-exclusion> or call your Regional Health Department for additional guidance.



 If this symbol is present - **Vaccine is available and is highly encouraged to prevent or mitigate severe disease.**


Communicable Disease/Condition	Signs and Symptoms <i>Contacts who develop symptoms should follow the case exclusion and readmission criteria</i>	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
Fever	Behavioral change, flushing, tired, irritable, or decreased activity.	<p><b>Infants younger than 4 months:</b> 100.4 or higher. Readmission with medical note documenting that child may return.</p> <p><i>Infants younger than 2 months should get medical attention immediately – within an hour is recommended.</i></p> <p><b>Infants 2 months – 4 months</b> should have the parent or guardian pick up and contact their healthcare provider.</p> <p><b>Infants and individuals older than 4 months:</b> 100.4 or higher <u>and</u> experiencing behavior change or other signs of illness or other conditions that require exclusion.</p> <p>Readmission once fever free for 24 hours without the aid of a fever reducing medication, is well enough for routine activities, and all exclusion criteria have resolved.</p>	Do not exclude contacts, unless fever is associated with a communicable condition, then follow the recommendations for that condition.


Communicable Disease/Condition	Signs and Symptoms <i>Contacts who develop symptoms should follow the "Case Exclusion and Readmission Criteria"</i>	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
<b>Gastro-Intestinal (Stomach) Illness</b>			
<b>Diarrhea</b>	Frequent loose or watery stools compared with a normal pattern, abdominal cramps, generally not feeling well.	<p>Exclude individuals until the stool frequency is no more than 2 stools above the normal frequency and contained in the diaper for diapered individuals.</p> <p>Exclude if determined to be associated with another condition requiring exclusion. May return when well enough for routine activities and all exclusion criteria have resolved.</p> <p><i>For blood/mucus in stool a health professional must clear the individual for return.</i></p>	Do not exclude contacts.
<b>Vomiting</b>	Nausea, vomiting or abdominal cramps	<p>Exclude if vomited more than 2 times in 24 hours unless determined to be from a condition which does not require exclusion and the individual is able to remain hydrated and participate in activities.</p> <p>May return when well enough for routine activities and all exclusion criteria have resolved.</p>	Do not exclude contacts unless the vomiting is associated with a communicable condition, then follow the recommendations for that condition.
<b>Campylobacteriosis</b> <i>(Campylobacter)</i>  <b>Cyclosporiasis</b> <i>(Cyclospora)</i>  <b>Salmonellosis</b> <i>(Salmonella non - Typhi)</i>	Mild to severe diarrhea; abdominal cramps, vomiting, fever, bloody stools, or nausea	<p>Exclude individuals until the stool frequency is no more than 2 stools above the normal frequency and contained in the diaper for diapered individuals.</p> <p>May return when well enough for routine activities and all exclusion criteria have resolved.</p>	<p><b>Reportable: Contact your Regional Health Department.</b></p> <p>Do not exclude contacts.</p>
<b>Clostridioides difficile Infection</b> <i>(C. diff or Clostridium difficile)</i>	Mild to moderate diarrhea, possible nausea, abdominal cramps, low-grade fever	<p>Exclude individuals until the stool frequency is no more than 2 stools above the normal frequency and contained in the diaper for diapered individuals.</p> <p>May return when well enough for routine activities and all exclusion criteria have resolved.</p>	Do not exclude contacts.



Communicable Disease/Condition	<b>Signs and Symptoms</b> <i>Contacts who develop symptoms should follow the "Case Exclusion and Readmission Criteria"</i>	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
<b>Cryptosporidiosis</b> <i>(Cryptosporidium)</i>	Severe non-bloody diarrhea; abdominal cramps, vomiting, fever, fatigue, or nausea	Exclude individuals until the stool frequency is no more than 2 stools above the normal frequency and contained in the diaper for diapered individuals.  Restrict recreational water activities (e.g., swimming, splash pad, water slide, etc.) for 2 weeks after symptom resolution.  May return when well enough for routine activities and all exclusion criteria have resolved.	<b>Reportable: Contact your Regional Health Department.</b>  Do not exclude contacts.
<b>Giardiasis</b> <i>(Giardia)</i>	Diarrhea, abdominal cramps, foul-smelling stools associated with anorexia, flatulence, malaise, weakness, nausea, vomiting, low-grade fever, and abdominal distention	Exclude individuals until the stool frequency is no more than 2 stools above the normal frequency and contained in the diaper for diapered individuals.  Restrict recreational water activities (e.g., swimming, splash pad, water slide, etc.) for 1 week after symptom resolution.  May return when well enough for routine activities and all exclusion criteria have resolved.	<b>Reportable: Contact your Regional Health Department.</b>  Do not exclude contacts.
<b>Hepatitis A Infection</b> 	Loss of appetite, fever, abdominal discomfort, nausea, fatigue, headache, dark brown urine, or yellowing of skin or eyes.  Young children less than 6 years of age may be symptom-free	Exclude individuals until 1 week after onset of illness or date of positive specimen collection in asymptomatic individuals.	<b>Reportable: Contact your Regional Health Department.</b>  <b>Your Regional Health Department will provide guidance regarding contact management.</b>
<b>Norovirus/Sapovirus Infection</b>	Acute onset of vomiting and/or diarrhea, possible nausea, abdominal cramps, low-grade fever, headache, fatigue, and myalgia	Exclude individuals until the stool frequency is no more than 2 stools above the normal frequency and contained in the diaper for diapered individuals.  May return when well enough for routine activities  <i>*Food handlers who are ill should be excluded until 48 hours after symptoms resolve.</i>	Do not exclude contacts.
<b>Rotavirus</b> 	Acute onset of vomiting and/or watery diarrhea, possible vomiting, fever, abdominal pain, loss of appetite, dehydration.	Exclude individuals until the stool frequency is no more than 2 stools above the normal frequency and contained in the diaper for diapered individuals.	Do not exclude contacts.

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<b>Shiga toxin producing E. coli Infection</b> <i>(STEC or E. coli, Shiga toxin-producing)</i>	Acute diarrhea (often bloody); abdominal cramps, vomiting, fever, fatigue, or nausea	Exclude individuals until the stool frequency is no more than 2 stools above the normal frequency and contained in the diaper for diapered individuals.  Restrict recreational water activities (e.g., swimming, splash pad, water slide, etc.) for 1 week after symptom resolution.  Healthcare provider note for return documenting 2 negative stool cultures after treatment has been completed.	<b>Reportable: Contact your Regional Health Department.</b>  Do not exclude contacts.
<b>Shigellosis</b> <i>(Shigella)</i>	Loose, watery stools with blood or mucus, fever, headache, or abdominal pain	Exclude individuals until the stool frequency is no more than 2 stools above the normal frequency and contained in the diaper for diapered individuals.  Healthcare provider note for return documenting 1 negative stool culture after treatment has been completed.	<b>Reportable: Contact your Regional Health Department.</b>  Do not exclude contacts.
<b>Typhoid/ Paratyphoid Fever</b> <i>(Salmonella Typhi/ Paratyphi A/B/C)</i>	Sustained fever, weakness, stomach pain, headache, diarrhea or constipation, cough, and loss of appetite	Exclude individuals until the stool frequency is no more than 2 stools above the normal frequency and contained in the diaper for diapered individuals.  Healthcare provider note for return documenting 3 negative stool cultures.	<b>Reportable: Contact your Regional Health Department.</b>  Do not exclude contacts.
<b>Ear, Nose, and Throat</b>			
<b>Mumps</b> 	Swelling of one or more of the salivary glands, headache, low-grade fever, and muscle aches, decreased appetite, and fatigue	Exclude for 5 days after onset of swelling.	<b>Reportable: Contact your Regional Health Department.</b>  <i>Advise pregnant contacts to notify their healthcare provider.</i>  <b>Your Regional Health Department will provide guidance regarding contact management.</b>
<b>Pink Eye</b> (Bacterial or viral conjunctivitis)	Red/pink itchy, swollen eyes; eye discharge; possible light sensitivity; and/or eye pain	Do not exclude unless individual is unable to participate or meets other exclusion criteria.  May return when well enough for routine activities and all exclusion criteria have resolved.  Antibiotics are not required.	Do not exclude contacts.



Communicable Disease/Condition	Signs and Symptoms <i>Contacts who develop symptoms should follow the "Case Exclusion and Readmission Criteria"</i>	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
<b>Strep throat and Scarlet fever</b> (Streptococcal pharyngitis, Group A <i>Streptococcus</i> , or <i>Streptococcus pyogenes</i> )	<b>Strep throat:</b> Fever, red sore throat, swollen glands, strawberry tongue (occurs following peeling of a white coating from the tongue)  <b>Scarlet Fever:</b> Fine raised rash (feels like sandpaper), on the neck, chest, elbow, and groin	Exclude until antibiotic treatment has been initiated for at least 12 hours.  May return when well enough for routine activities and all exclusion criteria have resolved.	Do not exclude contacts.
<b>Respiratory (Breathing)</b>			
<b>Respiratory Illnesses</b> <i>Including, but not limited to: Influenza, COVID-19, and RSV</i>  	Fever, chills, body aches, cough, runny or stuffy nose, sore throat, headache, and /or muscle aches	Exclude until fever free for 24 hours without the aid of a fever reducing medication and well enough for routine activities.	Do not exclude contacts.  Promote cough/sneeze etiquette.  Promote immunization for all applicable respiratory illnesses.  <b>Schools should follow their <a href="#">respiratory reporting requirements</a>.</b>
<b>Pertussis (Whooping cough)</b>  	Runny nose, sneezing, low-grade fever, and uncontrollable coughing which often makes it hard to breathe	Exclude until 5 days after appropriate antibiotic treatment completed <b>or</b> 21 days from onset of cough for those who do not take antibiotics.	<b>Reportable: Contact your Regional Health Department.</b>  Do not exclude contacts.  Promote cough/sneeze etiquette.
<b>Tuberculosis (Pulmonary)</b>	Fatigue, significant weight loss, fever, night sweats, cough that may produce blood, and chest pain.	For active disease, exclude until determined to be non-infectious by a health department authority.  A note from a health department authority is required for return.  No exclusion for latent TB infection.	<b>Contact your Regional Health Department for contact investigation and management.</b>

Communicable Disease/Condition	Signs and Symptoms <i>Contacts who develop symptoms should follow the "Case Exclusion and Readmission Criteria"</i>	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
<b>Skin and Rash</b>			
<b>Rash:</b> <i>Change in normal skin appearance.</i> <i>Can take many forms depending on cause.</i>	Change in normal skin appearance. Can take many forms depending on cause.	Exclude with behavioral change or fever, tenderness, oozing or open wounds that can't be covered. <i>If associated with a fever the healthcare provider should be contacted.</i> May return when well enough for routine activities and all exclusion criteria have resolved.	Do not exclude contacts, unless rash is associated with a communicable condition, then follow the recommendations for that condition.
<b>Chickenpox</b> <b>(Varicella, varicella zoster virus)</b> 	Itchy fluid-filled blisters that begin on the face, chest, and back then spread to the rest of the body	Exclude until all lesions have dried and crusted and no new lesions have appeared for 24 hours. Breakthrough case lesions are modified and may be maculopapular only and may not crust. In these cases, isolate for 24 hours following appearance of last lesions. May return when well enough for routine activities and all exclusion criteria have resolved.	<b>Reportable: Contact your Regional Health Department.</b> <i>Advise pregnant contacts to notify their healthcare provider.</i> Contacts without documentation of immunity should be immunized or excluded. Immediate readmission may occur following immunization. Contacts who continue to be unimmunized should be excluded for 21 days after last exposure. <b>Your Regional Health Department will provide guidance regarding contact management.</b>
<b>Fifth disease</b> <b>(Human Parvovirus, erythema infectiosum)</b>	Facial rash that can be intensely red with a "slapped cheek" appearance, fever, fatigue, muscle aches, headache, a lacy and often itchy rash on trunk that moves peripherally to arms, buttocks, and thighs	Do not exclude unless the individual is unable to participate or meets other exclusion criteria. May return when well enough for routine activities and all exclusion criteria have resolved.	<i>Advise pregnant contacts to notify their healthcare provider.</i> Do not exclude contacts.
<b>Hand, foot, and mouth disease</b> <b>(Coxsackie virus)</b>	Fever, sore throat, poor appetite, skin rash, flat or raised red spots usually on the palms of hands, soles of feet and may appear on knees, elbows, bottom, or genital area; may experience diarrhea and vomiting	Do not exclude unless the individual is unable to participate or meets other exclusion criteria. May return when well enough for routine activities and all exclusion criteria have resolved. Antibiotics are not required.	Do not exclude contacts. Promote cough/sneeze etiquette.

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<b>Head lice</b> (Pediculosis)	Itching of the head and neck; visible crawling lice in the hair	Exclude at the end of the day and until treatment has been initiated and live lice have been removed.	Do not exclude contacts.  Do not share personal items such as towels, uniforms, etc.
<b>Skin lesions</b> Including: Impetigo ( <i>Staphylococcus aureus</i> , Group A <i>Streptococcus</i> ) or MRSA	May present as itchy blisters filled with yellow or honey-colored fluid that oozes then dries and crusts over or bump or infected area that is red, swollen, painful, warm to the touch with or without pus and drainage	Exclude until treatment has been initiated. Lesions should be kept covered until they are dry.	Do not exclude contacts.  Do not share personal items such as towels, uniforms, etc.
<b>Measles (Rubeola)</b> 	High fever, red eyes, runny nose, and cough; a rash appears 3 to 5 days after initial symptoms	Exclude until 4 days after rash appears.  May return when well enough for routine activities and all exclusion criteria have resolved.	<b>Reportable: Contact your Regional Health Department.</b> <i>Advise pregnant contacts to notify their healthcare provider.</i>  Contacts without documentation of immunity should be immunized or excluded. Immediate readmission may occur following immunization.  Contacts who continue to be unimmunized should be excluded for 21 days after last exposure.  <b>Your Regional Health Department will provide guidance regarding contact management.</b>
<b>Ringworm</b> (Fungal infection, tinea dermatophytosis)	Fungus that may affect skin on almost any part of the body as well as fingers and toenails; ring-shaped, itchy, red, scaly, rash, may develop; there may also be cracked skin and hair loss if the infection develops on the scalp	Exclude at the end of the day.  Readmission after treatment begins.  Athletes who may have person to person contact cannot participate for 72 hours after starting treatment unless area can be covered.	Do not exclude contacts.  Do not share personal items such as towels, uniforms, etc.

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<b>Rubella</b> (Rubella virus, German Measles) 	Low grade fever (less than 101) and rash that starts on the face and spreads to the rest of the body	Exclude until 7 days after the rash appears.  May return when well enough for routine activities and all exclusion criteria have resolved.	<b>Reportable: Contact your Regional Health Department.</b> <i>Advise pregnant contacts to notify their healthcare provider.</i>  Contacts without documentation of immunity should be immunized or excluded. Immediate readmission may occur following immunization.  Contacts who continue to be unimmunized should be excluded for 21 days after onset of rash in last exposure.  <b>Your Regional Health Department will provide guidance regarding contact management.</b>
<b>Scabies</b> ( <i>Sarcoptes scabiei</i> )	Intense itching especially at night, pimple or tiny blister-like scaly rash which may affect much of the body, common in between fingers, and around wrists, elbows, armpits, and knees	Exclude at the end of the day and until prescribed treatment has been completed.	Close contacts with prolonged skin-to-skin contact should contact their healthcare provider.  Bedding and clothing in contact with skin of infected people should be laundered.  Do not share personal items such as towels, uniforms, clothing, etc.
<b>Shingles</b> (Herpes zoster, varicella zoster virus)	Painful rash on one side of the face or body; blisters form and typically scab over in 7-10 days; fever, headache, chills, and upset stomach	Do not exclude unless rash cannot be completely covered or individual is unable to participate.  If rash cannot be completely covered, exclude until rash can be covered or when all lesions have crusted and no new lesions in 24 hours.	Do not exclude contacts.
<b>Invasive Bacterial Meningitis</b>			
Invasive disease means that germs invade parts of the body that are normally free from germs. When this happens, disease is usually very severe, requiring care in a hospital and even causing death in some cases.			
<b>Haemophilus influenzae Disease</b> (Hib) 	Fatigue, fever, stiff neck, lack of appetite, chill, headache, nausea, vomiting, and irritability	Exclude until individual has completed treatment and is cleared to return by a health professional.	<b>Reportable: Contact your Regional Health Department.</b>  Do not exclude contacts.  Promote immunization for those contacts under four years who are not immunized or up to date.



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<b>Meningitis Disease</b> <i>(Neisseria meningitidis)</i> 	Fever, chills, confusion, stiff neck, lack of appetite, fatigue, muscle aches, limb pain, and sometimes a rash	Exclude until individual has completed treatment and is cleared to return by a health professional.	<b>Reportable: Contact your Regional Health Department.</b>  <b>Your Regional Health Department will provide guidance regarding contact management.</b>
<b>Pneumococcal Disease</b> <i>(Streptococcus pneumoniae)</i> 	Fever, ear pain, chills, behavior, or appetite changes.	Exclude until individual has completed treatment and is cleared to return by a health professional.	<b>Reportable: Contact your Regional Health Department.</b>  Do not exclude contacts.  Identify any contacts under 5 years of age. If not fully vaccinated for age, these contacts should be immunized (with pneumococcal conjugate vaccine PCV15 or PCV20.)
<b>References:</b> <ul style="list-style-type: none"> <li>• Red Book. 2021-2024 Report of the Committee on Infectious Diseases, 32nd edition. American Academy of Pediatrics</li> <li>• Control of Communicable Diseases Manual, 21st Edition. 2022. American Public Health Association</li> <li>• Managing Infectious Diseases in Childcare and Schools: A Quick Reference Guide, 6th edition. 2023. American Academy of Pediatrics</li> <li>• The Pink Book: Course Textbook - 14th Edition (2021) (<a href="https://www.cdc.gov/vaccines/pubs/pinkbook/">https://www.cdc.gov/vaccines/pubs/pinkbook/</a>)</li> <li>• Centers for Disease Control and Prevention, <a href="https://www.cdc.gov/">https://www.cdc.gov/</a></li> </ul>			

## 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) 909-7358  
Fax: (803) 327-9847

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) 594-0521  
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

## How to Report Other Conditions

Report **Immediate** conditions by phone and **Urgent** conditions within 24 hours by phone or by electronic notification. Report all other conditions electronically\* or by mail within 3 days to the appropriate public health office in the region in which the patient resides. \*Email [SCIONHelp@dhec.sc.gov](mailto:SCIONHelp@dhec.sc.gov) for details on electronic notification. The SCIONHelp email may not be used for case reporting.

### Immediate and Urgent Reporting (TELEPHONE)

#### Lowcountry

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

3685 Rivers Avenue, Suite 201  
North 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) 251-3170  
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

352 Halton Road  
Greenville, SC 29607

Office: (864) 372-3133  
Fax: (864) 282-4373  
Nights/Weekends: (864) 423-6648