



2026-2027 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 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 (e.g., 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.
- Cases may return when well enough for routine activities and all exclusion criteria have resolved.

Visit <https://dph.sc.gov/health-wellness/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	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
Fever	Behavioral change, flushing, tired, irritable, or decreased activity.	Infants younger than 4 months: 100.4 or higher. Readmission with medical note documenting that child may return. Infants younger than 2 months should get medical attention immediately – within an hour is recommended. Infants 2 months – 4 months should have the parent or guardian pick up and contact their healthcare provider. Infants and individuals older than 4 months: 100.4 or higher <u>and</u> experiencing behavior change or other signs of illness or other conditions that require exclusion. 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.	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	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
Gastro-Intestinal (Stomach) Illness			
Diarrhea	Frequent loose or watery stools compared with a normal pattern, abdominal cramps, generally not feeling well.	Exclude individuals until the stool frequency is no more than 2 stools above the normal frequency and contained in the diaper for diapered individuals. Exclude if determined to be associated with another condition requiring exclusion. For blood/mucus in stool a healthcare provider must clear the individual for return.	Do not exclude contacts.
Vomiting	Nausea, vomiting with or without abdominal cramps	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.	Do not exclude contacts unless the vomiting is associated with a communicable condition, then follow the recommendations for that condition.
Campylobacteriosis (<i>Campylobacter</i>) Cyclosporiasis (<i>Cyclospora</i>) Salmonellosis (<i>Salmonella non - Typhi</i>)	Mild to severe diarrhea; abdominal cramps, vomiting, fever, bloody stools, 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.	Reportable: Contact your Regional Health Department. Do not exclude contacts.
Clostridioides difficile Infection (<i>C. diff</i> or <i>Clostridium difficile</i>)	Mild to moderate diarrhea, possible nausea, abdominal cramps, low-grade fever	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.
Cryptosporidiosis (<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 <u>2 weeks</u> after symptom resolution.	Reportable: Contact your Regional Health Department. Do not exclude contacts.

Communicable Disease/ Condition	Signs and Symptoms	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
Giardiasis <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 <u>1 week</u> after symptom resolution.	Reportable: Contact your Regional Health Department. Do not exclude contacts.
Hepatitis A Infection 	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 <u>1 week</u> after onset of illness or date of positive specimen collection in asymptomatic individuals.	Reportable: Contact your Regional Health Department. Your Regional Health Department will provide guidance regarding contact management.
Norovirus/ Sapovirus Infection	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. <i>*Food handlers who are ill should be excluded until 48 hours after symptoms are resolved.</i>	Do not exclude contacts.
Rotavirus 	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.
Shiga toxin producing E. coli Infection (STEC or E. coli, Shiga toxin-producing)	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 <u>1 week</u> after symptom resolution. Healthcare provider note for return documenting <u>2 negative stool cultures</u> after treatment has been completed.	Reportable: Contact your Regional Health Department. Exclude symptomatic contacts. Your Regional Health Department will provide guidance regarding contact management.

Communicable Disease/ Condition	Signs and Symptoms	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
Shigellosis <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 <u>1 negative stool culture</u> after treatment has been completed.	Reportable: Contact your Regional Health Department. Exclude symptomatic contacts. Your Regional Health Department will provide guidance regarding contact management.
Typhoid/ Paratyphoid Fever <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 <u>3 negative stool cultures</u> .	Reportable: Contact your Regional Health Department. Exclude symptomatic contacts. Your Regional Health Department will provide guidance regarding contact management.
Ear, Nose, and Throat			
Mumps 	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.	Reportable: Contact your Regional Health Department. Exclude contacts without documentation of immunity for 26 days after swelling onset in the last case exposure. <i>Advise pregnant contacts to notify their healthcare provider.</i> Your Regional Health Department will provide additional guidance regarding contact management.
Pink Eye <i>(Bacterial or viral conjunctivitis)</i>	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. Antibiotics are not required.	Do not exclude contacts.

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Strep throat and Scarlet fever (Streptococcal pharyngitis, Group A <i>Streptococcus</i> , or <i>Streptococcus pyogenes</i>)	Strep throat: Fever, red sore throat, swollen glands, strawberry tongue (occurs following peeling of a white coating from the tongue) Scarlet Fever: 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.	Do not exclude contacts.
Respiratory (Breathing)			
Respiratory Illnesses <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. A negative test is not required to return.	Do not exclude contacts.
Pertussis (Whooping cough) 	Runny nose, sneezing, low-grade fever, and uncontrollable coughing which often makes it hard to breathe	Exclude until antibiotic treatment is completed <u>OR</u> 21 days from the onset of cough for those who do not take antibiotics.	Reportable: Contact your Regional Health Department. Do not exclude contacts.
Tuberculosis (Pulmonary)	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.	Contact your Regional Health Department for contact investigation and management.
Skin and Rash			
Rash	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, contact a healthcare provider.</i>	Do not exclude contacts, unless rash is associated with a communicable condition, then follow the recommendations for that condition.

Communicable Disease/ Condition	Signs and Symptoms	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
Chickenpox (Varicella, varicella zoster virus) 	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.	Reportable: Contact your Regional Health Department. Exclude contacts without documentation of immunity for 21 days after last exposure. If the contact receives post-exposure prophylaxis (PEP), they may return immediately after the vaccination. <i>Advise pregnant contacts to notify their healthcare provider.</i> Your Regional Health Department will provide additional guidance regarding PEP eligibility and contact management.
Fifth disease (Human Parvovirus, erythema infectiosum)	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.	Do not exclude contacts. <i>Advise pregnant contacts to notify their healthcare provider.</i>
Hand, foot, and mouth disease (Coxsackie virus most commonly)	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. Antibiotics are not required.	Do not exclude contacts.
Head lice (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.

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Skin lesions 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 must be fully covered until they are dry.	Do not exclude contacts. Do not share personal items such as towels, uniforms, etc.
Measles (Rubeola) 	High fever, red eyes, runny nose, and cough; a rash appears 1 to 5 days after initial symptoms	Suspect case: Exclude until results are confirmed then if positive, follow criteria for confirmed case. Confirmed case: Exclude for 4 days after rash appears*. May return when well enough for routine activities and all exclusion criteria have resolved. Rash may still be present. *Onset of rash is Day 0. Return on Day 5.	Reportable: Contact your Regional Health Department. Exclude contacts without documentation of immunity for 21 days after last case exposure or until receipt of post-exposure prophylaxis (PEP). <i>Advise pregnant contacts to notify their healthcare provider.</i> Your Regional Health Department will provide additional guidance regarding PEP eligibility and contact management.
Ringworm (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 until 72 hours after starting treatment unless area can be fully covered.	Do not exclude contacts. Do not share personal items such as towels, uniforms, etc.

Communicable Disease/ Condition	Signs and Symptoms	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
Rubella (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.	Reportable: Contact your Regional Health Department. Exclude contacts without documentation of immunity for 21 days after onset of rash in last case exposure. <i>Advise pregnant contacts to notify their healthcare provider.</i> Your Regional Health Department will provide additional guidance regarding contact management.
Scabies (<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.
Shingles (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 if rash can be fully covered. If rash cannot be completely covered, exclude until all lesions have crusted and no new lesions in 24 hours.	Do not exclude contacts.
Invasive Bacterial Infections			
Invasive bacterial infections occur when the bacteria invade parts of the body where they are not normally found, causing serious illnesses such as bacteremia (bloodstream infection), meningitis (infection around the brain or spinal cord), pneumonia (infection in the lungs), and more. These infections can progress rapidly and be life-threatening, making urgent diagnosis and treatment critical.			
<i>Haemophilus influenzae</i> Disease (including type B, called Hib, for which there is a vaccine) 	Fatigue, fever/chills, stiff neck, lack of appetite, headache, nausea, vomiting, irritability, cough, difficulty breathing, chest or abdominal pain, and altered mental status	Exclude until individual has completed treatment and is cleared to return by a healthcare provider.	Reportable: Contact your Regional Health Department. Do not exclude contacts.

Communicable Disease/ Condition	Signs and Symptoms	Case Exclusion and Readmission Criteria	Prevention/Management and Contact Exclusion
Meningococcal <i>(Neisseria meningitidis)</i> Disease 	Fever/chills, confusion, headache, light sensitivity, stiff neck, lack of appetite, fatigue, muscle aches, limb or abdominal pain, abnormal breathing, and dark purple rash	Exclude until individual has completed treatment and is cleared to return by a healthcare provider.	Reportable: Contact your Regional Health Department. Your Regional Health Department will provide guidance regarding contact management.
Pneumococcal <i>(Streptococcus pneumoniae)</i> Disease 	Fever/chills, cough, chest pain, difficulty or abnormal breathing, headache, stiff neck, lack of appetite, confusion or altered mental status.	Exclude until individual has completed treatment and is cleared to return by a healthcare provider.	Reportable: Contact your Regional Health Department. Do not exclude contacts.

References

- Red Book. 2024-2027 Report of the Committee on Infectious Diseases, 33rd edition. American Academy of Pediatrics
- Control of Communicable Diseases Manual, 21st Edition. 2022. American Public Health Association
- Managing Infectious Diseases in Childcare and Schools: A Quick Reference Guide, 6th edition. 2023. American Academy of Pediatrics
- The Pink Book: Course Textbook - 14th Edition (2021) (<https://www.cdc.gov/vaccines/pubs/pinkbook/>)
- Centers for Disease Control and Prevention, <https://www.cdc.gov/>

What to Report

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> • Patient's name • Patient's complete address, phone, county, date of birth, race, sex • Physician's name and phone number • Name, institution, and phone number of person reporting | <ul style="list-style-type: none"> • Disease or condition • Date of diagnosis • Symptoms • Date of onset of symptoms • Treatment | <ul style="list-style-type: none"> • Lab results, specimen site, specimen type, collection date • If female, pregnancy status • Patient status: In childcare, food-handler, health care worker, childcare worker, nursing home, prisoner/detainee, travel in last 4 weeks |
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Where to Report

HIV, AIDS, and STDs (excluding Hepatitis)

Do not fax HIV, AIDs, or STD results to DPH

Submit electronically via SCIONx (preferred)

or

Mail to:

*Surveillance, Assessment, and Evaluation Section
P.O. Box 2046, West Columbia SC 29171*

or

Report by Phone: 1-800-277-0873 to leave a detailed message.

Lead

Submit electronically via SCIONx

or

Email to: scionlead@dph.sc.gov to establish electronic reporting

or

Mail to:

*Lead Surveillance, MCH Bureau
SCDPH, PO Box 2046
West Columbia, SC 29171*

or

Fax Lead reports to (803) 898-3236

Animal Bites & Potential Rabies Exposures

(Report within 24 hours)

1. Report online by completing the [D-1799 Animal Incident Report Form](#).
2. [When a Person is Exposed to an Animal Suspected of Rabies](#)
3. Call **(888) 847-0902 (Option 2)**, 24/7:
 - To verify receipt of D-1799 Animal Incident Report
 - Report by phone, if unable to complete a report online
 - Request a consultation with a physician
4. For questions or concerns, call 1-888-847-0902 (option 2)

Where 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) 209-8435

Fax: (843) 308-0324

**Allendale, Bamberg, Beaufort,
Calhoun, Colleton, Hampton, Jasper,
Orangeburg**

Office: (843) 209-8435

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, Spartanburg, Union

Office: (843) 209-8435

Fax: (843) 308-0324

**Abbeville, Anderson, Greenwood,
Greenville, Laurens, McCormick,
Oconee, Pickens**

Office: (864) 372-3198

Fax: (864) 282-4294

After-hours/Holidays: (803) 898-0558 **Fax:** (803) 898-0685

Where to Report All Other Conditions

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

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

After-hours/Holidays: (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

After-hours/Holidays: (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

After-hours/Holidays: (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

After-hours/Holidays: (864) 423-6648z