

The following is adapted from the 2006 Red Book, 27th Edition, American Academy of Pediatrics, Report of the Committee on Infectious Diseases, “Students in Out-of-Home Student Care: Recommendations for Inclusion or Exclusion” and from the New Hampshire Department of Health and Human Services, Division of Public Health Services, Communicable Disease Control Section of the Disease Handbook for Childcare Providers.

Students will be excluded from school for but not limited to the following illnesses:

- Illness that prevents the student from participating comfortably in school activities.
- Illness that results in a greater need for care than the school staff can provide without compromising the health and safety of others.
- The student has any of the following conditions suggesting possible severe illness:
 - Temperature: Oral temperature 100 degrees F or greater; rectal temperature 101 degrees F or greater; axillary (i.e. armpit) temperature 99 degrees F or greater accompanied by other signs or symptoms of illness until fever free for 24 hours without the use of temperature lowering medication or medical evaluation indicates inclusion in the school.
 - Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, persistent crying, difficult breathing, wheezing, or other unusual signs), until medical evaluation allows inclusion.
 - Rash with fever or behavior change, until a healthcare provider determines that these symptoms do not indicate a communicable disease.
 - Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or stools that contain blood or mucus or form that is not contained by the diaper, until diarrhea stops. Shiga toxin-producing *Escherichia coli*, including *E coli* 0157:H7 infection, or shigella infection, until diarrhea resolves and two stool cultures are negative. *Salmonella* infection, until diarrhea resolves and 3 stool cultures test negative for *Salmonella typhi*; other types of *Salmonella* infection do not require negative stool culture results.
 - Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a healthcare provider determines the illness to be non-communicable, and the child is not in danger of dehydrations.
 - Mouth sores associated with drooling, unless the student's health care provider or local health department authority states that the student is noninfectious.
 - Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye), until 24 hours after effective treatment by a health care provider has been initiated.
 - Tuberculosis, until a licensed health care provider provides written documentation that the student is non-infectious.
 - Impetigo, until 24 hours after treatment has been initiated.

- Streptococcal pharyngitis (strep throat), until 24 hours after treatment has been initiated.
- Head lice, as soon as it is discovered, and until after the first treatment and are nit free.
- Scabies, until after treatment has been completed.
- Varicella, as soon as the eruption of first lesion (a minimum of five days) and until all lesions have dried and crusted (usually 6 days after onset of rash).
- Zoster lesions must be able to be covered until crusted.
- Persistent abdominal pain (continues for more than two hours) or intermittent abdominal pain associated with fever, dehydration, or other systemic signs or symptoms.
- Rubella, until 7 days after onset of rash.
- Pertussis, until 5 days of the appropriate antibiotic therapy has been completed.
- Mumps, until 9 days after onset of parotid gland swelling.
- Measles, until 4 days after onset of rash.
- Hepatitis – a virus infection until 1 week after onset of jaundice or illness (if symptoms are mild).
- Any other communicable disease – as directed by the New Hampshire Department of Health and Human Services.