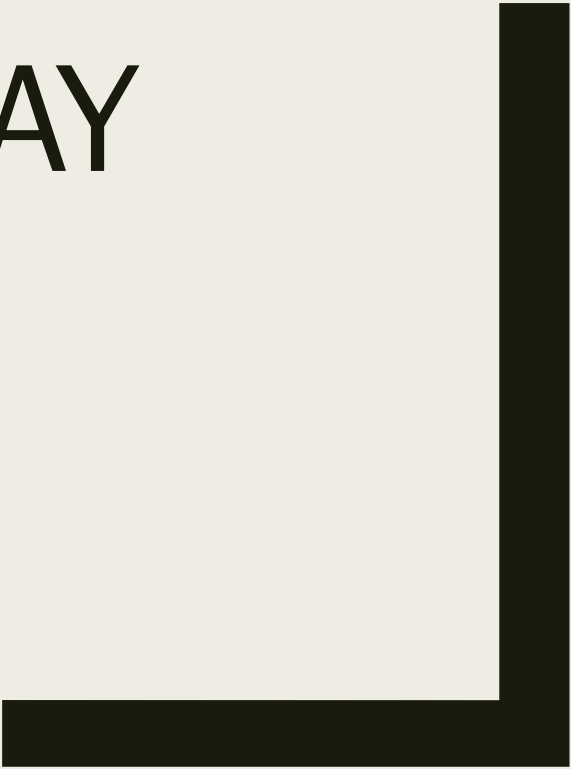




WHEN TO STAY HOME?

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Considerations

1. Does the child need to stay home to expedite recovery?
 - *Vomiting/diarrhea – needs consistent hydration*
2. Does the child need more care than the teacher can give?
 - *Younger children need to be held more when sick*
3. Is the child contagious?
 - *Need to determine the child's vaccination status*

Non-specific fever

- Fever is **NOT** a contraindication on the following conditions:
 - *Child can take anti-pyretics*
 - *Continues to play*
 - *Is staying hydrated*
- Most daycares:
 - *24 hours fever free - in practice, this is what we tell our parents as well*

Vomiting and Diarrhea

- How much **vomiting** is too much vomiting?
 - *> 2 in 24 hours – presumed infectious*
- Red flags:
 - *Fever, vomiting is bloody, child appears dehydrated*
- How much **diarrhea** is too much diarrhea?
 - *Cannot be contained in the diaper*
 - *Bloody*

Diarrheal exceptions

- E. coli and Shigella
 - *Child must have formed stools*
 - *Child must have 2 negative stool cultures*
- Salmonella typhi
 - *Children <5 years old: 3 negative stool cultures with 24-hour intervals*
 - *Children > 5 years old: 24 hour with no diarrhea*

Hand, foot and mouth disease (Coxsackie virus A)

- Mouth sores very uncomfortable – will need to stay home for supportive care
- No fever for 24 hours
- Carried in saliva for several weeks – has likely already infected the whole class!
- Rash: Not a contraindication to return
 - *Usually means child has mounted an immune response and is no longer contagious*

Rashes

- Poison Ivy vs. Shingles
- Rash in the unvaccinated child
- Molluscum
- Impetigo

Poison Ivy vs. Shingles

- Poison Ivy is *not* contagious
 - *Presents as itchy, blistering rash in linear distribution*
- Shingles
 - *Linear rash along a dermatome*
 - *Child can go to school as long as area is covered*





Unvaccinated or <1 year of age

- Chickenpox
 - *Incubation period: 3 weeks*
 - *Lesions need to be crusted over before child returns to daycare*
 - *Usually centripetal distribution*

Molluscum

- Caused by Molluscum contagiosum virus (poxvirus)
- Cover the lesion prior to going back to daycare
- If can't be covered: avoid contact sports



Impetigo

- Or any lesion with staph, strep or MRSA
 - *Lesions should be covered prior to returning to school*



Pinkeye – conjunctivitis

- Both bacterial and viral conjunctivitis are contagious
- Bacterial:
 - *Most daycares: Children need to be treated for 24 hours before returning*
 - *Not an official AAP Recommendation*
- Viral:
 - *No official exclusion recommendation*

Strep throat

- No official recommendation
- 2015 study that shows strep positive -> strep negative 12 hours post antibiotic initiation
 - *Possible future recommendation*

Influenza

- No specific recommendations
- Once fever down, child feeling better and well hydrated, can return to school

Lice and scabies

■ Lice

- *Can wait until the end of the day to be sent home*
- *Visible casings and nits are usually shells of louse -> not contagious*
- *Can return to school once treatment started*
- *"No nit" policy NOT endorsed by AAP or CDC*

■ Scabies

- *Once treatment started, child can return to school*
- *Pruritis is not an exclusion criteria*
- *All household contacts should be treated for scabies*

Vaccine preventable diseases

- Need to defer to local health department
- Pertussis
 - *Cannot return until full course of treatment completed*
 - 5 days of azithromycin

References

- (2016). Managing Infectious Diseases in Child Care and Schools, 4th Ed.
- Solomon Behar, MD, Naline Lai, MD and Julie Kardos, MD. *Daycare and School Exclusion*. Peds RAP. August 2016