

## COMMUNICABLE DISEASES IN CHILDREN AND STAFF ATTENDING SCHOOLS AND CHILD CARE GROUP SETTINGS

### § 27.71. Exclusion of children, and staff having contact with children, for specified diseases and infectious conditions.

A person in charge of a public, private, parochial, Sunday or other school or college shall exclude from school a child, or a staff person, including a volunteer, who has contact with children, who is suspected by a physician or the school nurse of having any of the communicable diseases, infections or conditions. Readmission shall be contingent upon the school nurse or, in the absence of the school nurse, a physician, verifying that the criteria for readmission have been satisfied. The diseases, the periods of exclusion and the criteria for readmission are as follows:

- (1) *Diphtheria*. Two weeks from the onset or until appropriate negative culture tests.
- (2) *Measles*. Four days from the onset of rash. Exclusion may also be ordered by the Department as specified in § 27.160 (relating to special requirements for measles).
- (3) *Mumps*. Nine days from the onset or until subsidence of swelling.
- (4) *Pertussis*. Three weeks from the onset or 5 days from institution of appropriate antimicrobial therapy.
- (5) *Rubella*. Four days from the onset of rash.
- (6) *Chickenpox*. Five days from the appearance of the first crop of vesicles, or when all the lesions have dried and crusted, whichever is sooner.
- (7) *Respiratory streptococcal infections including scarlet fever*. At least 10 days from the onset if no physician is in attendance or 24 hours after institution of appropriate antimicrobial therapy.
- (8) *Infectious conjunctivitis (pink eye)*. Until judged not infective; that is, without a discharge.
- (9) *Ringworm*. The person shall be allowed to return to school, child care or other group setting immediately after the first treatment, if body lesions are covered. Neither scalp nor body lesions that are dried need to be covered.
- (10) *Impetigo contagiosa*. Twenty-four hours after the institution of appropriate treatment.
- (11) *Pediculosis capitis*. The person shall be allowed to return to either the school, child

care or other group setting immediately after first treatment. The person shall be reexamined for infestation by the school nurse, or other health care practitioner, 7 days posttreatment.

(12) *Pediculosis corpora*. After completion of appropriate treatment.

(13) *Scabies*. After completion of appropriate treatment.

(14) *Trachoma*. Twenty-four hours after institution of appropriate treatment.

(15) *Tuberculosis*. Following a minimum of 2 weeks adequate chemotherapy and three consecutive negative morning sputum smears, if obtainable. In addition, a note from the attending physician that the person is noncommunicable shall be submitted prior to readmission.

(16) *Neisseria meningitidis*. Until judged noninfective after a course of rifampin or other drug which is effective against the nasopharyngeal carriage state of this disease, or until otherwise shown to be noninfective.

#### Source

The provisions of this § 27.71 amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (243670) to (243671).

#### Notes of Decisions

##### *Exclusion; Removal*

A student who was excluded from school due to head lice was not “removed” for disciplinary reasons as contemplated by Federal regulations, was not denied free appropriate public education and was not entitled to compensatory education. *Souderton Area School District v. Elisabeth S.*, 820 A.2d 863 (Pa. Cmwlth. 2003).

#### Cross References

This section cited in 28 Pa. Code § 27.76 (relating to exclusion and readmission of children, and staff having contact with children, in child care group settings).

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## Steps to Clean the Home

1. Wash all pillows, bed sheets, stuffed animals, and clothing that the individual has used in hot water (at least 130 degrees).
2. Place items in the dryer at the hottest setting for at least 20 minutes.
3. Dry clean items that cannot be washed.
4. Place items that **cannot be cleaned or run through the dryer** (i.e. stuffed animals and toys) in a tightly sealed plastic bag for 10-14 days.
5. Wash all hair care items (combs, brushes, hair clips, etc.) in hot water (130 degrees) for 20 minutes.
6. Vacuum the **entire** house including rugs, furniture, floors, mattresses, and car including car seats to get rid of any hairs that may have viable nits attached.
7. After **all individuals** with head lice have been treated and the **entire** house has been cleaned, then bedding can be reapplied to the beds.
8. Sprays **should not** be used in the home. Sprays can be toxic. They are not safe for humans or the environment. Sprays can also be a trigger for individuals with breathing conditions such as asthma.

## Resources

- Centers for Disease Control  
<http://www.cdc.gov/lice/head/treatment.html>
- Harvard School of Public Health  
<http://www.hsph.harvard.edu/headlice.html>
- National Pediculosis Association  
[www.headlice.org](http://www.headlice.org)
- Tree of Life (image on front cover)  
<http://tolweb.org/Anoplura/13871>

## Head Lice: The Facts

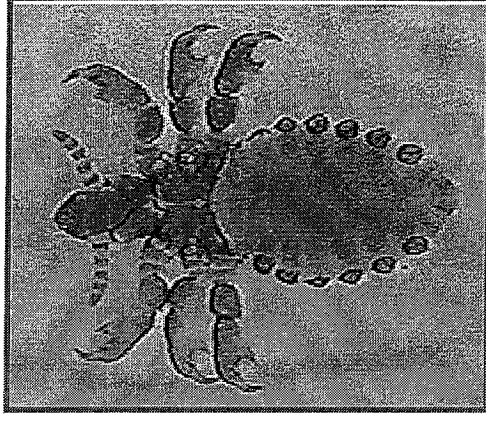


Image courtesy of V. Smith, 1996



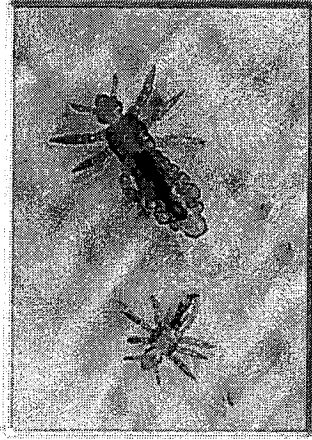
[www.health.state.pa.us](http://www.health.state.pa.us)

PA Department of Health

I-HEALTH

## What are Head Lice?

Head lice are tiny wingless insects that live on the head and scalp of people, especially children. They are 1/16 to 1/8 inch in length which is about the size of a sesame seed and vary in color from tan to grey/white.



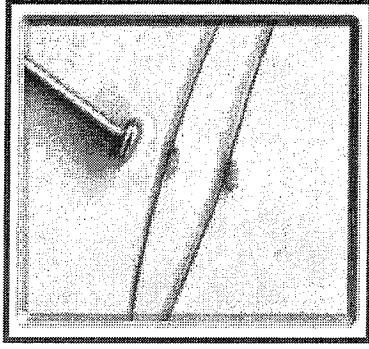
Picture is enlarged for visibility of head lice. Image courtesy of the National Pediculosis Association, [www.headlice.org](http://www.headlice.org)

## Remember These Key Points:

- Anyone can get head lice
- Lice require blood to live
- Off the scalp, head lice rarely survive beyond two days
- Lice crawl very quickly
- Lice **do not** jump, fly or hop
- Lice is spread through direct contact, mainly head to head contact
- Sharing combs, brushes, hats, barrettes, etc. can also spread lice
- Pets **cannot** get or spread human head lice
- Lice is a nuisance but **not** a health hazard

## What are Nits?

Nits are lice eggs that are very tiny and difficult to see. They vary in color from yellowish-brown to pearly white and are teardrop shaped.



Picture is enlarged for visibility of nits. Image courtesy of the National Pediculosis Association, [www.headlice.org](http://www.headlice.org)

## Additional Key Details:

- Nits are firmly attached to the hair shaft close to the scalp, at the back of the head, and behind the ears with a waterproof glue-like substance
- The glue-like substance is so strong that the nits **cannot** be washed or flicked off with a fingernail
- Nits hatch in 7-10 days and become adult lice in 9-12 days
- As long as nits remain alive, head lice can be spread
- **Nits must be removed daily**

## What are the Symptoms?

- Itching
- Ticking feeling of something crawling in the hair
- Scratch marks or red bite marks behind ears or back of the neck
- Irritability and sleeplessness because head lice are active at night

## Steps to Treat Head Lice

1. Check every member of the family for live lice and nits.
2. Treat family members who have head lice with a lice-killing product. Products are available at stores that carry hair care products. Ask the pharmacist if you need help in choosing or locating a product.
3. It is important to **follow the label directions** on the product **EXACTLY**.
4. Remove all lice and nits with either a lice comb or by picking them out.
5. Check hair everyday for at least 14 days for any missed lice and nits and remove if present.
6. Repeat treatment **according to package directions**, usually in 7-10 days.
7. Remind individual **not to share** combs, hair barrettes, hats, scarves, helmets, or coats with other people.
8. If problems with lice persist, **call** your health care provider.



## **Pertussis (whooping cough) Fact Sheet**

1. **What is pertussis (whooping cough)?** – Pertussis is a highly contagious disease involving the lungs and airways. It is caused by the bacteria *Bordetella pertussis* which is found in the nose, mouth, and throat of an infected person. More than 200 cases are reported each year in Pennsylvania, mostly in children. Other cases of pertussis occur but are not diagnosed, especially in adults, since illness in adults may be milder than in children.
2. **Who gets pertussis?** - Pertussis can occur at any age, but is usually seen in children. There has been an overall increase in cases in recent years, with a disproportionate increase in adolescents and adults.
3. **How do you get pertussis?** - People get pertussis by breathing in airborne droplets from the nose and mouth of already infected persons. Older children and adults may have milder disease and may spread it to unimmunized infants and young children. An infected person is most contagious early in the course of illness. If untreated, an infected person can spread pertussis for up to 3 weeks after coughing starts. Antibiotic treatment limits contagiousness to five days after treatment is started.
4. **How soon do symptoms start?** - Symptoms usually start 5 to 10 days after exposure to another person with the disease, but may take as long as 20 days to develop.
5. **What are the symptoms of pertussis?** - Pertussis begins as a mild illness like the common cold. Sneezing, runny nose, low-grade fever, and mild coughing progress to severe coughing. Some persons have episodes of rapid coughing followed by a high-pitched whoop as they take a deep breath. However, not everyone with pertussis has a whooping cough, especially very young infants. Severe cough may continue for many weeks despite proper treatment. Symptoms may be milder in older children and adults. However, pertussis can be a serious disease, especially in infants and young children. Complications can include pneumonia, dehydration, seizures, encephalopathy (a disorder of the brain), and death.
6. **How is pertussis diagnosed?** – Diagnosis is based on the recovery of the bacteria from nasopharyngeal specimens obtained early in the course of the disease.
7. **How is pertussis treated?** - Antibiotics may be useful early in the disease. Antibiotics are particularly helpful in reducing spread of the disease to other persons. However, once severe symptoms begin, antibiotics may not have any effect on symptoms.
8. **How can pertussis be prevented?**

- a. The single best control measure is adequate vaccination of children. The Pertussis vaccine is usually given together with other vaccines such as diphtheria and tetanus (DTaP vaccine). Recent changes in the Pertussis vaccine have improved its safety while keeping a high level of protection. Children should be routinely immunized at ages 2, 4, 6, and 15 months, and again at 4-6 years. In Pennsylvania and many other states, adequate Pertussis immunization is required for school entry.
- b. In 2005, a new combination tetanus, diphtheria and acellular Pertussis vaccine (Tdap) was approved for use in adolescents and adults. Tdap is recommended for use in all 11-18 year olds, preferably at a preventive care visit at age 11 or 12 years. Adults under 65 years of age should receive a single dose of Tdap to replace a single dose of tetanus-diphtheria (Td) for booster immunization against tetanus, diphtheria, and pertussis if they received their most recent Td  $\geq$  10 years earlier. Tdap may be given at an interval shorter than 10 years since receipt of the last Td to protect against pertussis. There is no Pertussis vaccine approved for adults aged 65 years and older.
- c. Adults under 65 years of age who have or anticipate having close contact with an infant < 12 months of age (e.g., parents, childcare providers, health-care providers) should receive a single dose of Tdap. Ideally, Tdap should be given at least 1 month before beginning contact with the infant. Women should receive a dose of Tdap immediately after giving birth to a child if they have not previously received Tdap. Any woman who might become pregnant is encouraged to receive a single dose of Tdap.
- d. Health-care personnel who work in hospitals or ambulatory care settings and have direct patient contact should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap. Priority should be given to vaccination of health-care personnel with direct contact with infants aged <12 months. An interval as short as 2 years from the last dose of Td is recommended for the Tdap dose. Other health-care personnel (i.e., those who do not work in hospitals or ambulatory care settings or who do not have direct patient contact) should receive a single dose of Tdap according to the routine recommendation and interval guidance for use of Tdap among adults. However, these personnel are encouraged to receive the Tdap dose at an interval as short as 2 years following the last Td. Hospitals and ambulatory care facilities should provide Tdap for health-care personnel and use approaches that maximize vaccination rates such as education about the benefits of vaccination, convenient access, and provision of Tdap at no charge.
- e. When pertussis does occur, preventive antibiotic treatment is sometimes recommended for household and other close contacts of the person with pertussis.

**9. For more information about pertussis:**

[http://www.cdc.gov/ncidod/dbmd/diseaseinfo/pertussis\\_t.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/pertussis_t.htm)

This fact sheet provides general information. Please contact your physician for specific clinical information.