COLORADO
Department of Public Health & Environment

Communicable Disease

How sick is too sick?

Public guidance document

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This document outlines guidance for routine decisions about when children and staff should stay home from school or child care. There may be situations where public health determines more stringent return-to-school requirements.

There are four main reasons for children and adults to stay home:

1. The child or staff member could infect others with a contagious illness, either because of symptoms, a diagnosis, or recent exposure to a contagious illness.
2. The child or staff member does not feel well enough to take part in usual activities. For example, a child is overly tired, fussy, or will not stop crying.
3. A child needs more care than teachers and staff can give while still caring for the other children.
4. The child or staff member has symptoms or an illness on this list, and staying home is required.

When to seek emergency medical attention:

- Trouble breathing
- Persistent pain or pressure in the chest
- Confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

These are not all possible indications of a medical emergency. Call 9-1-1 or your health care provider for any other symptoms that are severe or concerning to you.

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Guidance for symptoms not due to a specific disease	Child or staff must stay home?
Severe or new cough, including croup	**Yes -** Severe cough is often present in people with infectious respiratory illness. A person with severe, uncontrolled coughing, wheezing, or rapid or difficulty breathing (if new or worsening from baseline) should not attend school or child care and should talk to a health care provider. If all symptoms are consistent with the usual symptoms of a known chronic condition and the person is otherwise well enough to return to school, no further evaluation is necessary. Students and staff may return to school, even if the cough is not fully resolved, as long as exclusion is not required for other symptoms or diagnosis.
Diarrhea Frequent, loose, or watery stools (poop) compared to normal ones that are not caused by food or medicine	**Yes** – Unless the diarrhea is related to an existing chronic condition, is explained by a diagnosed condition not requiring the person to stay home, or is consistent with the person's baseline. The child or staff member may return to school or child care 24 hours after their last episode of diarrhea unless the diarrhea is caused by an illness that requires them to stay home longer. If the diarrhea is explained by a specific illness, then the child or staff can return to school or child care following exclusion guidelines for that illness.
Fever Fever is a temperature of 100.4°F or greater. Babies who are 3 months or younger need to see a health care provider right away for a fever of 100°F or higher. Call your health care provider for any fever in an infant aged 6 months or younger.	**Yes** – The child or staff member may return to school or child care if the fever has been resolved for 24 hours without fever-reducing medications unless the fever is caused by an illness that requires them to stay home longer. If the fever is consistent with the usual symptoms of a known chronic condition and the person is otherwise well enough to return to school, no further evaluation is necessary. A temporary, elevated temperature due to overexertion or overdress, without other symptoms of illness, should not be considered a fever. For more information about fever, read Children's Hospital Colorado's recommendations on fever care for children.
Flu-like symptoms Fever with sore throat or cough	**Yes** - Children and staff may return to school or child care as long as they are fever-free for 24 hours without the use of fever-reducing medications and other symptoms are improving, unless the symptoms are caused by an

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Other flu symptoms can include runny nose, congestion, fatigue, body aches, vomiting, and diarrhea.	illness that requires them to stay home longer. If the symptoms can be explained by a specific illness, then follow the exclusion guidelines for that illness. In consultation with a health care provider, additional evaluation for flu-like illnesses, sore throat, and upper respiratory symptoms may be appropriate, including evaluation for strep throat.
Vomiting	**Yes** – Unless the vomiting is related to an existing chronic condition or is explained by a diagnosed condition not requiring the person to stay home. If the vomiting is unexplained and inconsistent with the person's baseline state of health, the child or staff member may return 24 hours after their last episode of vomiting. If the vomiting can be explained by a specific illness, then follow the exclusion guidelines for that illness. **If a child with a recent head injury vomits, seek medical attention.**

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Guidance for specific diagnosed illnesses	Child or staff must stay home?
Chicken Pox	**Yes** – Exclude until the blisters have dried and crusted (usually 6 days), or in immunized people without crusting, until no new lesions within 24-hour period.
Conjunctivitis (pink eye) Pink color of eye and thick yellow/green discharge	**No** – Children and adults do not need to stay home unless they have a fever or are not able to participate in usual activities. Practice good hand hygiene.
Fifth's Disease (parvovirus)	**No** – The illness is no longer contagious once the rash appears.
Hand Foot and Mouth Disease (Coxsackie virus)	**No** – Exclusion is not necessary unless the child or adult meets other exclusion criteria, is drooling uncontrollably, and has mouth sores or is not able to take part in usual activities.
Head lice or scabies	**Yes** - Children and staff may stay at school or child care until the end of the day, but cannot return until after they have had the first treatment.
Hepatitis A, Salmonella, Shigella, or Shiga Toxin-Producing E. coli	**Yes** – Children and staff may return to school or child care when cleared by the health department.
Herpes	**No** – Exclusion is not necessary unless there are open sores that cannot be covered or there is uncontrollable drooling.
Impetigo	**Yes** – Children and adults need to stay home until 24 hours after antibiotic treatment has started.
Norovirus	**Yes -** Exclude children and staff for at least 48 hours after their last episode of vomiting and/or diarrhea. **During an outbreak of confirmed or suspected norovirus, exclusion may be increased to 72 hours after the last episode of vomiting and/or diarrhea.**
Ringworm	**Yes** - Children may stay at school or child care until the end of the day, but cannot return until after they have had the first treatment. Keep the area covered for the first three days if participating in activities with person to person contact.

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Roseola	**No** – Exclusion is not necessary unless there is a fever or behavior changes.
Respiratory viruses COVID-19, influenza, RSV (Respiratory Syncytial Virus)	**Yes -** Children and staff should remain out of school or child care until they are fever-free for 24 hours without the use of fever-reducing medications and other symptoms have been improving for 24 hours. Additional precautions are recommended for at least five days following the return of anyone recovering from respiratory symptoms, including hand and respiratory hygiene, improved ventilation, masking, physical distancing, and testing. Refer to CDC's Respiratory Virus Guidance for additional information. **During an outbreak or when case rates are high, exclusion times may be increased to protect hospital capacity.**
Strep throat	**Yes** – Exclude for 12 hours after starting antibiotics.
Other vaccine-preventable diseases Measles, Mumps, Rubella (German Measles), Pertussis (Whooping Cough)	**Yes** – Children and staff can return to school once they are no longer contagious (see Infectious Disease Guidelines). Public health consultation may be necessary.
Yeast infections Thrush or Candida diaper rash	**No** - Follow good hand washing and hygiene practices.
Other Symptoms or illnesses not listed	Contact the child care center director or school health staff to see if the child or staff member needs to stay home (see Infectious Disease Guidelines). Public health consultation may be necessary.

This document was developed in collaboration with pediatricians, medical epidemiologists and public health professionals.

The information presented is intended for educational purposes only. It is not intended to take the place of your personal doctor's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call or consultation or advice of your doctor or other health care provider.

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