



### **WHEN SHOULD YOU KEEP YOUR CHILD HOME FROM SCHOOL?**

We at MNSD know that keeping a child home from school presents challenges, not only for working families, but for all families. We want to minimize absences but at the same time provide a safe and healthy learning environment.

Many families have questions about the decision to keep children home from school when they are ill. Please use the following as guidelines in determining whether to send your child to school. The following information is not intended to take the place of your healthcare provider's advice, but to provide guidelines to be followed until your doctor can be contacted for his/her opinion.

Please contact the [District Nurse or your school's Health Office](#) if you would like help deciding when to keep your child home.

Please Remember:

- **HANDWASHING**
- is the single most important method of preventing the spread illness. Be sure both healthy and ill family members get into the habit of washing hands with soap and water several times a day, especially after using the bathroom and before eating.
- Remind children to keep their hands away from their face
- Remind children to cover their mouth and nose when coughing or sneezing (best to cough or sneeze into the elbow to minimize hand contamination)
- Maintain proper infection control such as proper disposal of contaminated articles (ex. tissue) and disinfection of surfaces
- Whenever your child is ill be sure to provide plenty of rest and fluids

Please contact your child's school as soon as possible when they are ill and provide as much information as you are willing. Please call or email the school's Health Office or the District Nurse should you wish to share more specific information

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### GUIDELINES FOR KEEPING SICK CHILDREN HOME

Symptom	How long to stay home	Causes	Considerations
Fever greater than 100 degrees (by mouth)	Child should be free of fever <i>without the use of medication</i> for 24 hours	Many different cause	Push fluids to prevent dehydration
<a href="#">Common Cold</a>	No set time but a sick child should rest at home until symptom free for 24 hours	<ul style="list-style-type: none"><li>Virus - often Rhinovirus, <a href="#">Adenovirus</a>, <a href="#">RSV</a> (respiratory syncytial virus), <a href="#">HPIVs</a> (human parainfluenza viruses), and <a href="#">HMPV</a> (human metapneumovirus)</li></ul>	See Below
<a href="#">Seasonal Influenza</a>	No set time but a sick child should rest at home until symptom free for 24 hours	<ul style="list-style-type: none"><li>Virus: <a href="#">Human influenza types A and B</a></li><li>Seasonal flus such as the <a href="#">2017-2018 seasonal flu</a> should not be confused with other influenzas such as various type A strains including <a href="#">swine</a> or <a href="#">avian</a>, or influenza <a href="#">pandemics</a>.</li></ul>	See Below
<a href="#">Strep Throat</a>	24 hours after start of antibiotics	<ul style="list-style-type: none"><li>Bacteria: <a href="#">group A streptococcus</a></li></ul>	Lab confirmation is only reliable way to diagnose. Merely visualizing the throat is not accurate, nor is the presence of "white spots."
Gastroenteritis (vomiting, diarrhea)	Recommended - 24 hours minimum after last episode of vomiting/diarrhea  Strongly Encouraged - 48 hours after last episode of vomiting/diarrhea	<ul style="list-style-type: none"><li>Most common (70%): Virus, usually <a href="#">Rotavirus</a> or <a href="#">Norovirus</a>, sometimes <a href="#">Adenovirus</a></li><li>Less common (15%): Bacteria, such as <a href="#">Escherichia coli</a>, <a href="#">Salmonella</a>, <a href="#">Clostridium difficile</a></li><li>Less Common (10%): Parasites such as <a href="#">Giardia lamblia</a>, <a href="#">Entamoeba histolytica</a>, <a href="#">Cryptosporidium</a></li></ul>	Push fluids to prevent dehydration
Rash	See doctor to determine if infectious before returning to school	Many different causes	Often first sign of many common childhood communicable diseases



### **Is It a Cold or the Flu?**

The common cold and the flu are usually both caused by viruses. The symptoms of the common cold and the flu are very similar. It is often a matter of severity. Both will often start with a sore throat, then progress to a runny nose, cough, and congestion. The flu tends to have more severe symptoms. Fever can be present for both but the flu often has a higher fever. The flu may also have muscle aches, headache, fatigue. Some flu viruses also bring on vomiting and diarrhea. The flu often comes on quickly where a cold may come on over days. A cold will last for about a week, depending on the virus the flu may last for days or weeks. Even though they are both caused by a virus, a secondary bacterial infection may occur. Many cold/flu resources are available on the [District Nurse](#) page.

### **We used to only have to keep children home for 24 hours for gastroenteritis, why the strong encouragement to increase this to 48 hours?**

We strongly encourage children experiencing gastroenteritis (vomiting and diarrhea) to stay home for 48 hours after the last episode.

The two most common viruses that cause gastroenteritis are Rotavirus and Norovirus, here are a few facts about these viruses:

- **Transmission** - Both Rotavirus and Norovirus are transmitted by the "fecal-oral" route between infected persons and contaminated surfaces, objects, or substances. This means that organisms from the lower gastrointestinal tract, including viruses, are transferred to the mouth.
  - This most commonly occurs when infected "Person A" does not remove organisms from their hands after bathroom use by hand washing and then transfers these organisms to "Person B".
  - This also occurs when infected "Person A" does not remove organisms from their hands after bathroom use by hand washing and then transfers these organisms to an inanimate object or a substance (objects such as surfaces, door handles, school supplies, utensils and substances such as clothing, foods, beverages). "Person B" then acquires the organism from the inanimate object or substance. This is called fomite transmission.
  - Fomite transmission may also occur in manners other than hand transfer to object/substance, such as direct transfer to a person from soiled clothing (diapers, underwear).
  - Both Rotavirus and Norovirus are very stable in the environment, meaning they "live long and prosper" outside of the body.
- **Incubation** - (time from exposure to symptoms) - Both Rotavirus and Norovirus have an incubation period of about 12-48 hours
- **Symptoms** - Rotavirus and Norovirus symptoms are relatively indistinguishable, a stool sample test is the only reliable way to distinguish between the two.
- **Duration** - Norovirus does not last as long as Rotavirus. Rotavirus can last up to 8 days while Norovirus usually runs its course in 3 days. However, reinfection frequently occurs prolonging duration.
- **Contagious** - Both are highly contagious. The 48 hour rule is related to the contagious aspects of the Norovirus.
  - Norovirus is most contagious for roughly 48 hours after the last symptomatic episode however it may remain active, therefore contagious, in stool for weeks after symptoms have resolved
  - Rotavirus is most contagious for roughly 24 hours after the last symptomatic episode however it may remain active for weeks. Most active "viral shedding" occurs when ill and for about a week after symptoms resolve.
- **Epidemiology facts**
  - Norovirus outbreaks tend to occur November to April
  - Rotavirus outbreaks tend to occur December to June
  - Norovirus is the leading cause of food-borne illness in the United States
  - Rotavirus is the leading cause of gastroenteritis in children, one out of seventy children will require hospitalization
  - Norovirus is the most common cause of gastroenteritis in adults
- Rotavirus vaccines have been developed and children have been receiving them since about 2006. The vaccines are very effective, as such the incidence of Norovirus when compared to Rotavirus may be increasing.
- There is variability in Wisconsin school districts with regard to exclusion from school for gastroenteritis as to the 24 versus 48 hour rule. However, many are slowly moving or plan to move to 48 hours. In fact, this is true across the United States. Many in public health believe the slow change is due to the challenges working families have when presented with the dilemma of keeping children home from school. Almost all other developed nations have a 48 hours exclusion for gastroenteritis including Europe Union nations, Australia, and Canada.