



Guidelines for Control of Outbreaks of Enteric Disease in Child Care Settings – May, 2018

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Introduction

This document describes control procedures for outbreaks of enteric disease in child care settings caused by *Cryptosporidium*, Shiga-toxin producing *Escherichia coli* (STEC), hepatitis A, *Giardia*, *Shigella*, *Salmonella* (excluding *S. Typhi* and *S. Paratyphi* A, B, and C), and other enteric pathogens, as well as those of unknown etiology. These procedures are referenced by Rule 64D-3.013(5), *F.A.C.*; compliance may be required by the county health department as part of compliance with the rule. The County Health Officer has the authority under Chapter 64D-3, *F.A.C.*, to issue isolation or quarantine orders, close facilities, and limit the movements of people if the officer or designee determines that these measures are necessary for disease control.

Laboratory testing is performed to assist in public health decision making and for epidemiologic investigations. Symptomatic staff and children may be requested to submit stool specimens to establish the cause of the outbreak. Once the etiologic agent for the outbreak has been identified, additional testing of new symptomatic staff or children is usually not required for public health purposes and these persons may be referred to their health care providers for laboratory testing. When cultures are specified in the readmission criteria below, they can be conducted at the Bureau of Public Health Laboratories. If determined necessary for disease control purposes, asymptomatic children and staff may be required to submit stool specimens in order to implement additional control measures.

The County Health Officer or designee will implement the following approach for control of enteric disease in child care centers.

Definitions

Child Care Settings: Locations that provide group care to pre-school-aged children (0–5 years), which includes but is not limited to facilities licensed by the Department of Children and Families.

Gastrointestinal (GI) Illness: An acute illness typically characterized by diarrhea (increased frequency of loose stools) or vomiting without a known non-infectious cause. Other signs and symptoms may be present.

Outbreak:

- A. Two or more cases of gastrointestinal illness with similar symptoms occurring within 72 hours among children or staff who share an exposure or are in close contact and who do not live in the same household.
- B. If the etiologic agent is known, an outbreak is defined as two or more cases occurring within the maximum incubation period of the disease among children or staff who share an exposure or are in close contact and who do not live in the same household.
- C. For hepatitis A, an outbreak in a child care setting is defined as one or more cases in children or staff members, or cases in two or more households of center attendees within the maximum incubation period.

Disease Prevention Guidelines

Notification of Parents and Staff: Within 24 hours of detecting a gastrointestinal illness outbreak, child care facilities will notify parents and staff in writing of the outbreak. The following information should be included in the written notification: the suspected or confirmed cause, prevention measures to be taken, exclusion requirements, instructions to contact the facility and their health care provider if their child becomes ill, and a contact number for the county health department. Facilities are to work with the county health department to develop the written notification.

Notification of the Florida Department of Children and Families (DCF): If the DCF child care licensing office has not been notified by the facility within 24 hours of detecting an outbreak, the county health department will notify the local DCF child care licensing office. County health departments should routinely coordinate with the DCF licensing office during disease outbreaks in child care settings to ensure appropriate notification.

Active Surveillance: As directed by the county health department, child care staff will determine if symptoms of GI illness are present in children or staff daily. These illnesses will be logged on a form provided or approved by the county health department. All new illnesses detected should be reported to the county health department the same business day.

Disease Control Measures: The following measures will be implemented when an enteric outbreak is suspected or confirmed in a child care setting and will continue for two maximum incubation periods after the last symptomatic person was present in the facility or at the discretion of the County Health Officer or designee.

1. For confirmed or suspected outbreaks caused by *Salmonella* (excluding *S. Typhi* and *S. Paratyphi A, B, and C*), *Cryptosporidium*, Norovirus, or other enteric pathogens (not specified below), and enteric outbreaks of unknown etiology:
 - a. Exclusion and Isolation – All persons with diarrhea, vomiting, or fever in the absence of another known cause will be excluded from the facility. A child who develops symptoms of gastrointestinal illness while at the daycare should be isolated from other children until the parent or guardian removes the child from the facility.
 - b. Readmission – Release of persons from exclusion may occur when they are asymptomatic for 48 hours without the use of antidiarrheal, antiemetic, or antipyretic medication.
 - c. Personal Control Measures – All persons, including (but not limited to) children, parents, siblings, staff, visitors, and service personnel will be required to wash their hands with **soap and water** upon entering the facility, after using the bathroom, after assisting with toileting or diaper changes, after playing outside, before and after handling food or eating, and before leaving the facility.
 - i. Hand hygiene procedures will be reviewed, monitored, and enforced daily.
 - ii. Adults will supervise children's hand washing; infants' hands will be washed after diaper changes.
 - iii. Staff involved in food preparation will not change diapers.
 - iv. Alcohol based hand sanitizers may be used to supplement, but not replace, soap and water hand hygiene.
 - d. Environmental Control Measures –
 - i. Ensure that hand toys are limited to single-child use between cleaning and sanitizing (this may be accomplished, for example, by [1] collecting a toy after a child has finished playing with it and disinfecting it before allowing another child to play with it; or [2] removing toys from circulation after children finish playing with them and disinfecting them at intervals or at the end of the day).
 - ii. Ensure that food is served in individual portions.
 - iii. Prohibit use of swimming pools or water play features. If present during an outbreak these features should be emptied until disease control measures end. If a feature cannot be emptied, consult county health department environmental health for advice on disinfection.

- iv. Prohibit playing with clay, dough, or sand and other toys that cannot be disinfected. Potentially contaminated items that cannot be disinfected should be discarded.
 - v. Prepare fresh disinfectant solutions daily according to manufacturer's instructions.
 - vi. Regularly clean and disinfect tables and other frequently touched surfaces.
 - vii. Clean and disinfect potty chairs after each use.
 - viii. Clean and disinfect bathrooms multiple times during the day.
2. For suspected or confirmed outbreaks of *Shigella* species:
- a. Exclusion and Isolation – See 1.a. above.
 - b. Readmission – DOH staff should evaluate all control measures in determining which readmission criteria are appropriate for each outbreak. The more stringent criteria (ii and iii) may be used exclusively for certain outbreaks, particularly if there are concerns about the effective implementation of other control measures or the outbreak does not resolve in an appropriate timeframe (e.g. two incubation periods).
Release of persons from exclusion may occur if one of the following criteria are met:
 - i. Asymptomatic for 48 hours.
 - ii. Asymptomatic for 24 hours and submission of one culture-negative stool sample collected more than 48 hours after completing antibiotics,¹ if taken. Negative stool culture results may come from a commercial lab or the Bureau of Public Health Laboratories.
 - iii. Asymptomatic for 24 hours and completion of appropriate antibiotic therapy. An appropriate antibiotic is determined by antibiotic susceptibility results from the case or epidemiologically-linked cases.
 - c. Personal Control Measures – See 1.c. above.
 - d. Environmental Control Measures – See 1.d. above.
 - e. Cohorting – Children who are asymptomatic for 24 hours, with or without the use of antibiotics,¹ may be readmitted into a cohort situation at the discretion of the County Health Officer or designee. Release from cohorting is based on one of the above readmission criteria as enforced by the County Health Officer or designee.
3. For suspected or confirmed outbreaks of *Giardia* species:
- a. Exclusion and Isolation – All persons with diarrhea or other GI illness (often including abdominal pain, gas, foul-smelling stool, or anorexia) will be excluded from the facility. A child who develops symptoms of gastrointestinal illness while at the daycare should be isolated from other children until the parent or guardian removes the child from the facility. Exclusion of asymptomatic carriers is not effective for outbreak control and is not recommended.
 - b. Readmission – Release of persons from exclusion may occur when they are asymptomatic for 48 hours.
 - c. Personal Control Measures – See 1.c. above.
 - d. Environmental Control Measures – See 1.d. above.
 - e. Cohorting – Children who are asymptomatic for 24 hours and children on antibiotics¹ may be readmitted into a cohort situation at the discretion of the County Health Officer or designee. Release from cohorting is obtained when children are asymptomatic for 48 hours.
4. For confirmed or suspected outbreaks caused by Shiga-toxin producing *E. coli* (STEC):
- a. Exclusions – All persons who have been symptomatic with diarrhea within four weeks prior to onset of a confirmed case will be excluded.
 - b. Readmission – Release from exclusion may occur when two consecutive negative stool cultures are obtained from the excluded person at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics,¹ if taken. Negative stool culture results must come from the Bureau of Public Health Laboratories.
 - c. Personal Control Measures – See 1.c. above.
 - d. Environmental Control Measures – See 1.d. above.

- e. Laboratory Testing of Asymptomatic Contacts – If determined necessary for disease control purposes, based on prolonged duration or increased disease severity of the outbreak, asymptomatic children and staff may be required to submit stool specimens. Persons who refuse testing may be excluded from child care settings at the discretion of the County Health Officer or designee.
 - f. Admissions and Transfers – The facility should be closed to new admissions during an outbreak, and care should be exercised to prevent transfer of exposed children to other facilities.
5. For confirmed or suspected outbreaks of hepatitis A:
- a. Exclusions – All persons with confirmed or suspected hepatitis A infection will be excluded.
 - b. Readmission – Release from exclusion for confirmed hepatitis A cases may occur one week after onset of symptoms. Persons with suspected hepatitis A will be excluded until hepatitis A is ruled out by laboratory tests or until one week after onset of symptoms, whichever comes first. The onset date of jaundice, if present, should be considered the onset date of symptoms.
 - c. Personal Control Measures – See 1.c. above.
 - d. Environmental Control Measures – See 1.d. above.
 - e. Vaccine or Immune Globulin Administration – Hepatitis A vaccine or immune globulin intramuscular (IGIM) should be administered based on existing recommendations to all previously non-immunized staff and attendees of child care centers if one or more cases of hepatitis A are recognized in children or staff members or cases are recognized in two or more households of center attendees.
 - i. In child care settings that provide care only to children who do not wear diapers, vaccine or IGIM need be given only to non-immunized classroom contacts of a case.
 - ii. When hepatitis A is detected in two or more households of center attendees, hepatitis A vaccine or IGIM also should be recommended for previously non-immunized members of households that have children in diapers who attend the facility.
6. For outbreaks of enteric disease that continue for more than two maximum incubation periods after initiation of the control measures specified above, consult with the Bureau of Epidemiology.

¹ The Department does not require the use of antibiotics for gastrointestinal illnesses as a condition of re-entry into child care settings. Policies and procedures that support decreasing the use of antibiotics are encouraged.