

**GUIDELINES FOR CONTROL OF OUTBREAKS OF ENTERIC DISEASE
IN CHILD CARE SETTINGS
MARCH 2000**

This document describes control procedures for outbreaks of enteric disease caused by *Cryptosporidium*, *E. coli* O157:H7, Hepatitis A, *Giardia*, *Shigella*, *Salmonella* [excluding typhoid fever], and other enteric pathogens, as well as those of unknown etiology in child care settings. These procedures are referenced by s.64D-3.013(4), F.A.C., compliance may be required by the County Health Department as part of compliance with the rule. The County Health Officer retains his/her authority under Chapter 64D-3, F.A.C., to issue quarantines, close facilities and limit the movements of people if the officer or his/her designee determines that these measures are necessary for disease control.

The county health department director or administrator or his/her designee will implement the following two-phase approach for control of enteric disease in child care centers. For purposes of this guideline, an outbreak is two or more cases of gastrointestinal illness with similar symptoms occurring within 72 hours among children or staff who do not live in the same household. If the etiologic agent is known, an outbreak is defined as two or more cases occurring within the incubation period for the disease.

Laboratory testing is performed to assist in public health decision making and for epidemiologic studies. Symptomatic staff and children may be required to submit stool specimens to establish the cause of the outbreak. Once the etiologic agent for the outbreak has been identified, any new symptomatic staff or children may be referred to their health care providers for testing and for treatment. Further testing is usually not required for public health purposes.

1. **Phase One** will be implemented when an enteric outbreak is suspected or confirmed in a child-care setting and will continue for two incubation periods after control measures have been put into place, or at the discretion of the county health department director or administrator or his/her designee. In the event that Phase One fails to control the outbreak, Phase Two will be implemented.
 - a. FOR CONFIRMED OR SUSPECTED OUTBREAKS CAUSED BY NON-typhi *Salmonella*, *Shigella*, *Giardia*, AND *Cryptosporidium* SPECIES, BY NORWALK AND NORWALK-LIKE VIRUSES, BY OTHER ENTERIC PATHGENS, AND ENTERIC OUTBREAKS OF UNKNOWN ETIOLOGY:
 - i. Exclusions -- All persons with diarrhea, vomiting, or other gastrointestinal symptoms will be excluded. A child who develops symptoms while at the day care should be isolated from other children until the parent or guardian removes the child from the facility.
 - ii. Readmission – Release of persons from exclusion may occur 24 hours after cessation of symptoms.
 - iii 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 upon entering the facility, after using the bathroom, after assisting with toileting or diaper changes, after playing outside, and before and after handling food or eating. Adults will supervise children's hand washing, infants' hands will be washed after diaper changes and staff involved in food preparation should not change diapers.

iv. Environmental Control Measures -- Child care staff will 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). Child care staff also will ensure that food is served in individual portions; use of swimming pools is prohibited; playing with dough or clay is prohibited; tables and other contact surfaces are regularly cleaned during the day using an appropriate germicide; potty chairs are cleaned and sanitized after each use; and bathrooms are cleaned frequently during the day and sanitized at least once a day.

b. FOR CONFIRMED OR SUSPECTED OUTBREAKS CAUSED BY *Escherichia coli* O157:H7 AND RELATED SPECIES:

i. Exclusions -- All persons who have been symptomatic (diarrhea and/or abdominal cramps) within three weeks prior to onset of a confirmed case will be excluded.

ii. Readmission -- Release from exclusion will be based on the submission of two (2) negative stool specimens taken from the excluded person collected no sooner than 24 hours apart.

iii. Personal Control Measures -- See 1.a.iii. above.

iv. Environmental Control Measures -- See 1a.iv. above.

v. Testing -- Cultures of contacts should be confined to food handlers, attendees, and staff in child care settings during an outbreak.

c. FOR SUSPECTED OR CONFIRMED OUTBREAKS OF HEPATITIS A:

i. Exclusions -- All persons with confirmed or suspected hepatitis A infection will be excluded.

ii. 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 is ruled out by laboratory tests or until one week after onset of symptoms, whichever is shorter. The onset date of jaundice, if present, should be considered the onset date of symptoms.

iii. Personal Control Measures -- See 1.a.iii above.

iv. Environmental Control Measures -- See 1.a.iv above.

v. Immune Globulin Administration -- In any child care center where a confirmed case has occurred, and all children are toilet trained and are at least two (2) years of age, immune globulin (IG) will be administered to the case's care taker(s) and to all children in the same room as the index case. In any child care center where a confirmed case has occurred and where some children are not toilet trained, IG will be administered to all staff and children. When cases are confirmed in two (2) or more households of day-care attendees, IG will be given to all staff and children and to new enrollees and new staff members in the six weeks after identification of the last confirmed case. In addition, if cases are recognized in 3 or more families, consideration should be given to administration of IG to family contacts.

2. **Phase Two** will be implemented when new cases of enteric disease continue to occur more than two incubation periods after Phase One control measures have been put in place, or at the discretion of the county health department director or administrator or his/her designee.

For purposes of this section, an incubation period is the median incubation period for the particular pathogen.

a. FOR OUTBREAKS CAUSED BY *Giardia* SPECIES

i. Exclusions --All symptomatic children and staff shall be excluded.

ii. Readmission -- Release from exclusion for those on appropriate antibiotics shall occur after 72 hours of antibiotic therapy and 24 hours after cessation of symptoms. Release from exclusion for those symptomatic and untreated children shall occur after submission of three (3) consecutive negative stool samples taken from the infected person and collected at least 24 hours apart and 24 hours after cessation of symptoms.

iii. Cohorting -- Previously symptomatic children may be readmitted into a cohort situation at the discretion of the county health department director or administrator or his/her designee provided they have been free of symptoms for 24 hours and remain free of symptoms of enteric illness. For children not on antibiotics, release from cohorting is obtained by submission of three (3) consecutive negative stool samples taken from the infected person and collected at least 24 hours apart. For children on antibiotics, release from cohorting is obtained after 72 hours of appropriate antibiotic therapy.

b. FOR OUTBREAKS CAUSED BY *Shigella* SPECIES:

i. Exclusions -- All symptomatic children and staff are excluded.

ii. Readmission -- Children on appropriate antibiotics will be released from exclusion after they have been under treatment for at least 48 hours and free of symptoms for 24 hours. [An appropriate antibiotic is one to which the organism is susceptible.] Symptomatic untreated children will be released from exclusion after they have been free of symptoms for 24 hours and they submit two (2) consecutive negative stool samples collected at least 24 hours apart.

iii. Cohorting -- Previously symptomatic untreated children and children on antibiotics may be readmitted into a cohort situation at the discretion of the county health department director or administrator or his/her designee provided they have been free of symptoms for 24 hours and remain free of symptoms of enteric illness. Release from cohorting is obtained by submission of two (2) consecutive negative stool samples taken from the infected person and collected at least 24 hours apart. Stool samples are to be collected as in 2.b.ii. For children on antibiotics, release from cohorting is obtained after 48 hours of appropriate antibiotic therapy

c. FOR OUTBREAKS CAUSED BY *E. coli* O157:H7 AND RELATED SPECIES:

Continue **Phase 1** control measures.

d. For OUTBREAKS CAUSED BY OTHER AGENTS THAT HAVE NOT BEEN CONTROLLED BY PHASE 1 MEASURES:

Consult with the state Bureau of Epidemiology.