

Enteric Exclusion Recommendations for Disease Control

Organism	Shedding Duration	Antimicrobials	Food Handler	Childcare Attendee/Childcare Worker/ Healthcare Worker	Comments
Salmonella	Variable, days to months	Antibiotics are used for severe illness; May prolong shedding	EXCLUDE until 2 consecutive negative stool cultures collected at least 24 hours apart and no earlier than 48 hours after discontinuance of antibiotics* OR RESTRICT if asymptomatic or symptoms of vomiting or diarrhea resolved, and more than 30 days have passed since the Food Handler became asymptomatic	No diarrhea for 24 hours <i>Note: Negative stool cultures should be considered for outbreak situations or individuals working with highly susceptible populations.</i>	Antimicrobial resistant strains are becoming increasingly prevalent
O157 Shiga Toxin-producing E. coli (STEC)	<1 week for adults; several weeks or longer for children	Not recommended	EXCLUDE until 2 consecutive negative stool cultures collected at least 24 hours apart OR RESTRICT if asymptomatic or symptoms of vomiting or diarrhea resolved, and more than 7 days have passed since the Food Handler became asymptomatic	EXCLUDE until 2 consecutive negative stool cultures collected at least 24 hours apart	-Antibiotics may be associated with HUS -Cases should not swim for 1 week after resolution of diarrhea
Non-O157 Shiga Toxin-producing E. coli (STEC)	Unclear, likely similar to O157	Not recommended	EXCLUDE until 2 consecutive negative stool cultures collected at least 24 hours apart OR RESTRICT if asymptomatic or symptoms of vomiting or diarrhea resolved, and more than 7 days have passed since the Food Handler became asymptomatic	<u>Shiga toxin 1 only</u> : No diarrhea for 24 hours <u>Shiga toxin 2 OR 1 and 2 OR unknown</u> : 2 consecutive negative stool cultures collected at least 24 hours apart	-Antibiotics may be associated with HUS -Cases should not swim for 1 week after resolution of diarrhea
Shigella	<than 4 weeks without antibiotics. Asymptomatic carriers can potentially shed for months	Antibiotics may shorten shedding	EXCLUDE until 2 consecutive negative stool cultures collected at least 24 hours apart and no earlier than 48 hours after discontinuance of antibiotics* OR RESTRICT if asymptomatic or symptoms of vomiting or diarrhea resolved, and more than 7 days have passed since the Food Handler became asymptomatic	No diarrhea for 48 hours OR 1 stool negative stool culture AND no diarrhea for 24 hours OR Effective antibiotics for 3 days AND no diarrhea for 24 hours	-Antimicrobial resistant strains are becoming increasingly prevalent --Cases should not swim or engage in sexual activity for 2 weeks after resolution of diarrhea
Salmonella Typhi or Salmonella Paratyphi	1-2 weeks (range 3 days-2 months)	Antibiotics may shorten shedding; Carriage may be eliminated with antibiotics	EXCLUDE until 3 consecutive negative stool cultures collected at least 24 hours apart AND at least 48 hours after completing antibiotics AND collected no sooner than 1 month after onset of symptoms* <i>Note: For childcare attendees, consider 3 negative stool testing. Determined on case-by-case basis.</i>		Antimicrobial resistant strains are becoming increasingly prevalent

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Organism	Shedding Duration	Antimicrobials	Food Handler, Childcare Attendee, Childcare Worker, Healthcare Worker	Comments
Adenovirus F40/41	Weeks or months	N/A	No diarrhea for 24 hours	
Astrovirus	Several weeks	N/A	No diarrhea for 24 hours	
Campylobacter	2-7 weeks	Yes, antibiotics can shorten shedding	No diarrhea for 24 hours	Food handler outbreaks are rare
Cryptosporidium	Several weeks	Yes (antiparasitic medication)	No diarrhea for 24 hours	No swimming for 2 weeks
Cyclospora	Several weeks	Yes (antiparasitic medication)	No exclusion. Not spread person-to-person	Contaminated water or produce
EPEC, EAEC, ETEC	Infectious while symptomatic	Yes, severe illness	No diarrhea for 24 hours	
Giardia	Variable; can continue for months	Yes (antiparasitic medication)	No diarrhea for 24 hours	
Hepatitis A	2 weeks prior to 10 days after onset	None	EXCLUDE until 7 days after jaundice onset OR 14 days after symptom onset (if no symptoms of jaundice)	Children < 5 yrs rarely symptomatic; vaccine very effective
Listeria	Several months	Yes	No exclusion. Not spread person-to-person	Nearly all cases result from foodborne transmission.
Norovirus	2-3 weeks	N/A	48 hours after last episode of vomiting/diarrhea	Strict hand hygiene
Rotavirus	2-3 weeks	N/A	No diarrhea for 24 hours	
Sapovirus	2-3 weeks	N/A	No diarrhea for 24 hours	
Trichinella spiralis	Severity is proportional to the infective dose	Yes	No exclusion. Not spread person-to-person	Consumption of wild game meat (venison, horse, bear, seal, pig)
Vibrio and Cholera	Intermittent shedding can occur	Yes, antibiotics can shorten shedding	No exclusion. Not spread person-to-person	Contaminated water or seafood/shellfish.
Yersinia enterocolitica	2-12 weeks depending on treatment;	Yes	No diarrhea for 24 hours	Raw or undercooked pork consumption

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PURPOSE

The intent of creating exclusion recommendations for high-risk groups (i.e., food-handlers, childcare workers and attendees, and healthcare workers) with enteric illness is to provide a set of standardized guidance for exclusion, restriction, and reinstatement for the state of Nebraska. These recommendations were developed in conjunction with the [Nebraska Food Code](#), [Control of Communicable Disease Manual \(APHA\) 21ST EDITION](#), the “Red Book” from [American Academy of Pediatrics](#) and the Food Safety Centers of Excellence (CoE) and are meant to be used as guidance; individual local and state jurisdictions’ policies may differ.

DEFINITIONS

EXCLUDE: To prevent a person from working as an employee as a food handler, healthcare worker, or daycare worker and a child attending childcare.

RESTRICT: To limit the activities of a food employee so that there is no risk of transmitting a disease that is transmissible through food; and the food employee does not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.

HIGHLY SUSCEPTIBLE POPULATION: Includes, but not limited to children five years and under, adults 65 years and older, immunocompromised individuals.

Childcare Worker: Provides childcare in any type of childcare setting (including in-home providers & childcare centers) for less than 24-hour periods without transfer of custody.

Childcare Attendee: Any child who attends a childcare or preschool and has not started kindergarten. Exclusion is not recommended for kindergarteners (or above) who attend afterschool programs held at childcare facilities.

Food Handler: Works in a food manufacturing facility, restaurant or other food service facility in a food manufacturing, preparation, or serving capacity. This includes restaurant workers, food manufacturing facility workers, meat packing plant employees, and grocery/convenience store employees that prepare or serve food. Exclusion is not recommended for cashiers or baggers.

Healthcare Worker: Provides patient care (directly touches the patient or medication) in any healthcare setting (including hospitals, medical clinics, pharmacy, long-term care facilities, etc.). Exclusion is not recommended for janitorial or office staff (who are not providing patient care or directly touching the patient).

***RETURN TO WORK (PROOF-OF-CURE) NEGATIVE STOOL TESTING:** Consecutive negative stool samples must be collected 24 hours apart and started at least 48 hours after completion of antibiotics (if antibiotics were given). Number of negative stool samples required is dependent on pathogen and initial diagnostic test result (i.e., GI Panel) and reflex culture results. If follow-up stool cultures cannot be done by a local healthcare provider, the Nebraska Department of Health and Human Services and Nebraska Public Health Laboratory can assist with testing.

Example 1: Initial diagnostic test is a PCR GI panel positive for Salmonella. The clinical laboratory submits the specimen for reflex culture confirmation/isolation per [Title 173 Communicable Disease Rules and Regulations](#). The reflex culture resulted as negative or “unable to be isolated”, this may count as the first negative stool and only one (1) additional stool specimen would be needed. Once patient has two (2) negative stool cultures, they are cleared to return to work or childcare.

Example 2: Initial diagnostic test is a PCR GI panel positive for Salmonella. The clinical laboratory submits the specimen for reflex culture confirmation/isolation per [Title 173 Communicable Disease Rules and Regulations](#). The reflex culture resulted as positive or “isolated Salmonella species”. The patient would need to submit additional stool specimens that result in two (2) negatives. Once patient has two (2) negative stool cultures, they are cleared to return to work or childcare.

Example 3: Initial diagnostic test is a stool culture positive for Salmonella. The clinical laboratory submits the isolate per [Title 173 Communicable Disease Rules and Regulations](#). The patient would need to submit additional stool specimens that result in two (2) negatives. Once patient has two (2) negative stool cultures, they are cleared to return to work or childcare.