

WHEN TO NOTIFY PARENTS AND CONTACT THE ELC HEALTH NURSE OR THE LOCAL HEALTH DEPARTMENT

When one or more children attending a child care setting are diagnosed with any of the following diseases you need to contact your local ELC nurse or the health department

Amebiasis

Bacterial Meningitis

Campylobacteriosis

Mumps

Pertussis (Whooping Cough)

Cryptosporidiosis

Diphtheria

E. coli 0157:H7

Giardia

Salmonellosis

Hepatitis A

Hepatitis B

HIV (AIDS)

Measles

Polio

Rubella

Shigella

Tuberculosis

It is essential to notify the health department or the ELC nurse immediately when a child in a child care setting has a serious infectious disease.

Diarrheal Diseases

DISEASE	SIGNS/SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD	TRANSMISSION	SCHOOL/CHILD CARE ATTENDANCE
Staphylococcal Food Poisoning	Nausea, cramps, vomiting, diarrhea	1-6 hours	Not contagious person to person	Food/hands contaminated with toxins; storing food at room temperature	Exclude until no symptoms are present*
Salmonella (Salmonellosis)	Diarrhea, cramps, fever, vomiting, headache	6-72 hours	Throughout infection; several days to several weeks	Swallowing of organisms via food, water, or mouthed items; Highly infectious person-to-person	Exclude until no symptoms are present*
Shigella (Shigellosis)	Cramps, diarrhea, bloody stool, fever	1-3 days	Throughout infection; up to 4 weeks without treatment, 1 week with treatment	Swallowing of organisms via food, water, or mouthed items; indirectly from infected hands	Exclude until no symptoms are present and antibiotics are started
Campylobacter (Campylobacteriosis)	Cramps, diarrhea, bloody stool, fever	2-5 days	Throughout infection; 2-7 weeks without treatment, 2-3 days with treatment	Swallowing of organisms via food, water, or mouthed items; indirectly from infected hands	Exclude until no symptoms are present*
Amebiasis	Fever, chills, diarrhea, bloody stool; or some people may experience no symptoms	2-4 weeks	Throughout infection; can be infectious for years without treatment	Swallowing of organisms via food, water, or mouthed items; indirectly from infected hands	Exclude until no symptoms are present*
Giardia (Giardiasis)	May have no symptoms; may see chronic diarrhea to intermittent diarrhea. Symptoms can include gas, bloating, foul-smelling stool, blood in stool	7-10 days	Throughout infection, months to years without treatment	Swallowing of organisms via food, water or mouthed items; indirectly from infected hands	Exclude until no symptoms are present*

*Individuals shall be excluded from food handling activities and provision of personal care to children in day care settings until symptom-free and 2 successive NEGATIVE stool cultures, taken at least 24 hours apart, have been obtained.

Amebiasis

Signs and Symptoms:

On average, about one in ten people who are infected with *E-histolytica* become sick from the infection. The symptoms are often quite mild and can include loose stools, stomach pain, and stomach cramping. Amebic dysentery is a severe form of amebiasis associated with stomach pain, bloody stools and fever. Rarely *E. histolytica* invades the liver and forms an abscess. Even less commonly, it spreads to other parts of the body such as the lungs or brain.

Immediate Intervention:

All children with diarrhea should be excluded. If the child comes back positive for Amebiasis, they may return 24 hours after they start medical treatment and/or at least two approved fecal specimens collected 24 hours apart are negative for Amebiasis.

Incubation Period:

From a few days to several months or years; usually 2-4 weeks.

Contagious Period:

A person is no longer contagious 24-48 hours after beginning medical treatment.

Transmission:

Mainly spread through the ingestion of food or water that has been contaminated with amoebic cysts. By putting anything into your mouth that has touched the stool of a person who is infected with Amebiasis; or by touching and bringing to your mouth cysts (eggs) picked up from surfaces that are contaminated with Amebiasis.

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of Amebiasis, the individual should be excluded from the group setting until 24 hours after beginning medical treatment and/or at least two approved fecal specimens collected 24 hours apart are negative for Amebiasis.

Contacts:

Contacts may not perform food handling duties, or care for children in child care center, if signs and symptoms of Amebiasis are present.

Screening of other contacts that do not have signs and symptoms is not recommended.

Reports Required:

All cases of need to be reported to your local Health Department.

Campylobacteriosis

Signs and Symptoms:

Diarrhea, abdominal pain, fever, nausea, and vomiting. Often the stool (feces, bowel movement) will be bloody.

Immediate Intervention:

Child should stay home until he/she has received at least 2 days of Erythromycin treatment and the diarrhea has stopped.

Incubation Period:

From 1-10 days, usually 3 to 5 days after infection.

Contagious Period:

During the time the person is ill. Treatment with antibiotics can shorten the time the infected person may spread the disease to 2 or 3 days.

Transmission:

Contaminated water, raw milk, food, and infected animals and people transmit this illness. The germs are in the stool of anyone who is infected. The germs may get on the infected person's hands when they use the toilet or germs may go to the hands of a caregiver changing an infected child's diaper. From the contaminated hands, the germs may be spread to another person, or they may contaminate something which might end up in the child's mouth (toys or food).

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of Campylobacteriosis, the individual should be excluded from the group setting until 2 approved fecal specimens have been collected at least 24 hours apart and are both negative for Campylobacteriosis.

Contacts:

Contacts may not perform food handling duties, or care for children in child care centers, if signs and symptoms of Campylobacteriosis are present.

Screening of other contacts that do not have signs and symptoms is not recommended.

Reports Required:

Cases reports are required.

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

Special Features:

Infected individuals with mild symptoms or without signs or symptoms can spread this disease by poor hygiene habits. This illness is often spread from child to child in diapered groups. Stress careful hand washing after toileting, after changing diapers and before food preparation and eating.

Chickenpox (Varicella)

Signs and Symptoms:

Slight fever, listlessness, a rash that can be seen and felt, and then the rash appears as small fluid-filled blisters (vesicles) for 3-4 days. The blisters break and then scab over. Several stages of blisters may be present at the same time.

Immediate Intervention:

Isolate the individual.

Incubation Period:

Commonly 14-16 days; some cases occur as early as 11 days and as late as 20 days after contact.

Contagious Period:

Two days before blisters appear until all blisters have dry, complete scabs.

Transmission:

Spread by direct contact with the fluid in the blister or items contaminated with the fluid. Dry scabs are not infective. Also spread by contact with the secretions from the nose and mouth of an infected individual. These secretions may be on environmental surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude until all blisters are scabbed over and dry, and the individual is fever-free for 24 hours.

Contacts:

No restrictions.

Reports Required:

No reports required.

Special Features:

Chickenpox, also called varicella, is a highly contagious but not usually serious disease caused by a herpes virus.

Individuals with chickenpox should not take aspirin. Non-aspirin products may be used for fever-reduction. The use of aspirin has been associated with Reye's Syndrome.

Use of creams or lotions containing diphenhydramine (Benadryl) is not recommended, unless prescribed by a health care provider.

Varicella-zoster immune globulin (VZIG) may be recommended in immunocompromised children, and adults with no history of chickenpox who are exposed to the disease. VZIG may also be recommended for a newborn infant of any woman who develops chickenpox within 5 days before delivery to 48 hours after delivery. If pregnant and exposed to chickenpox, the pregnant woman should inform her health care provider.

Shingles (herpes zoster) is a recurrence of a previous infection with chickenpox. Do not exclude individuals with shingles if blisters can be covered completely with clothing, or a bandage. Keep covered until blisters are scabbed over and dry.

Cryptosporidiosis (Cryptosporidium parvum)

Signs and Symptoms:

Diarrhea (loose, watery stools), cramps, upset stomach, and sometimes fever. Some people will not develop symptoms at all.

Immediate Intervention:

Child should stay home until he/she has submitted 2 approved fecal specimens collected at least 24 hours apart and they have come back negative for Cryptosporidiosis. In December 2002 the FDA approved a drug treatment, nitazoxinide for patients 1-11 years of age only. Persons with diarrhea should drink plenty of fluids to keep hydrated. Infants, the elderly, persons with compromised immune systems, or other chronic illnesses are at greater risk of serious illness as a result of cryptosporidiosis.

Incubation Period:

Generally from 7-10 days, but can last as long as twenty-one days.

Contagious Period:

During the time the person has diarrhea. Infected persons can pass the parasites in their stool for up to two months after becoming ill.

Transmission:

Swallowing water containing the oocysts (oh-oh-cysts) which are the infectious stage of the parasites. The oocysts can be found in contaminated lakes, rivers, springs, ponds, streams, irrigation water, hot tubs, Jacuzzis, or swimming pools. Eating uncooked food, especially unwashed vegetables or fruit contaminated by cryptosporidium. Oral/anal sexual contact with an infected person. Contact with contaminated surfaces such as children's toys, bathroom fixtures, diaper changing tables, diaper pails, etc. Not washing hands after handling soiled diapers or after playing with infected animals, especially calves, puppies and kittens.

School/Child Care Attendance

Cases:

Child care restriction – Once a child has been confirmed with Cryptosporidiosis, they must have 2 approved fecal specimens collected at least 24 hours apart and are both negative for Cryptosporidium before returning to child care. Children and adults with cryptosporidiosis should not swim in public pools or water parks for two weeks after diarrhea stops.

Contacts:

Contacts may not perform food handling duties, or care for children in child care center, if signs and symptoms of Campylobacteriosis are present.

Reports Required:

Case reports are required.

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

E. coli O157:H7/Shiga Toxin producing E.Coli

Signs and Symptoms:

Infected people show a range of symptoms, including mild diarrhea, or no symptoms at all. Most identified cases develop severe diarrhea and abdominal cramps. Blood is often seen in the stool. Usually, little or no fever is present.

Immediate Intervention:

Child should be excluded from school until seen by a provider and diarrhea has stopped.

Incubation Period:

2-8 days, usually 3-4 days

Contagious Period:

Less than 1 week in adults. Up to 3 weeks in children. Prolonged infections are uncommon.

Transmission:

Occurs by the ingestion of undercooked beef, unpasteurized milk, and fruit and vegetable products fertilized or irrigated with contaminated water. Person to person spread is common within families and day care centers. Waterborne transmission has been documented from lakes, shallow wells, and under chlorinated swimming pools.

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of E. coli O157:H7, the individual will be excluded until 1 approved fecal specimen is negative for E. Coli O157:H7.

Contacts:

Contacts may not perform food handling duties, or care for children in child care centers if signs and symptoms are present.

Screening of other contacts, which do not have signs or symptoms, is not recommended.

Reports Required:

Cases reports are required.

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

Special Features:

Infected individuals with mild symptoms or without signs or symptoms can spread this disease by poor hygiene habits. This illness is often spread from child to child in diapered groups. Stress careful hand washing after toileting, after changing diapers and before food preparation and eating.

Haemophilus influenzae Meningitis

Signs and Symptoms:

Early signs of the disease are fever, sometimes associated with unusual sleepiness, stiff neck, vomiting, irritability, and lack of appetite. The disease can also cause the following serious infections:

- Meningitis – swelling of the covering of the spinal cord
- Cellulitis – swelling of the deep skin tissues
- Epiglottitis – swelling of the epiglottis in the throat
- Pneumonia – infection of the lungs

Meningitis is the most common of these serious infections.

Immediate Intervention:

Isolate the individual until no longer communicable.

Incubation Period:

Unknown, probably short, 2-4 days

Contagious Period:

During the time the person is ill. If treated with antibiotics the person may become non-communicable within 48 hours.

Transmission:

The bacteria can be found in the nose and throat of healthy children and adults. They may be spread person to person through contact with discharges from the nose and throat of an infected individual. Entry of the bacteria is most common through inhalation.

School/Child Care Attendance:

Cases:

Any child diagnosed with the disease shall not attend a child care facility or school as long as the disease is in a communicable form.

Contacts:

No restrictions.

Reports Required:

Case reports are required.

Special Features:

Haemophilus influenzae Type b is a disease in which a childhood immunization (HIB) exists and vaccination continues to be the best prevention for the disease. Children two years old and younger are most likely to develop the disease.

In a childcare setting if only 1 child is diagnosed with the disease, household contacts of the child may be treated and treatment may not be recommended for contacts within a child care facility. On the other hand, if two (2) or more cases occur in a child care facility then treatment of children and providers may be warranted. As in all cases, treatment options are up to the physician.

Giardiasis

Signs and Symptoms:

Often occurs without symptoms. A variety of diarrhea symptoms may be present including frequent loose, watery (or unformed) stools. Stools may be foul-smelling and accompanied by cramping and gas.

Immediate Intervention:

If symptomatic, exclude and refer to a health care provider for specific stool examination and treatment.

Incubation Period:

From 3-25 days; average 7-10 days.

Contagious Period:

As long as the protozoan is present in the stool.

Transmission:

Stool-to-mouth (fecal-oral) by way of unwashed hands, or food contaminated by unwashed hands. Often transmitted in the child care setting among diapered children. Drinking untreated water from lakes or streams.

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of giardia, the individual should be excluded from the group setting until 48 hours after appropriate treatment has been initiated and the individual has no diarrhea, cramping, or fever.

Contacts:

Contacts may not perform food handling duties, or care for children in child care centers, if signs and symptoms of giardiasis are present.

Screening of other contacts, which do not have signs or symptoms, is not recommended.

Reports Required:

Cases reports are required.

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

Special Features:

Infected individuals without signs or symptoms can spread this parasite by poor hygiene habits. This illness is often spread from child to child in diapered groups. Stress careful hand-washing after toileting, after changing diapers, before food preparation, and before eating.

Hepatitis A

Signs and Symptoms:

In adults and older children: sudden onset with loss of appetite, nausea, vomiting, listlessness, fever, abdominal pain. Often followed by jaundice, or dark-colored urine (cola-colored).

Young children with hepatitis A disease often have no symptoms, or symptoms listed above may be mild.

Immediate Intervention:

Refer to a health care provider for evaluation and diagnosis.

Incubation Period:

From 15-50 days; average 28-30 days.

Contagious Period:

From 1-3 weeks. Most contagious at least 1 week before the onset of illness. No longer contagious 1 week after the onset of jaundice.

Transmission:

From stool-to-mouth (fecal-oral) spread by way of unwashed hands or foods contaminated by unwashed hands. Hands can become contaminated during toileting and diapering activities.

School/Child Care Attendance:

Because of increased opportunities for spread in the child care setting, management will differ from the school setting. See Contacts.

Cases: Individuals with diagnosed cases of Giardia shall not attend group settings until the disease is no longer communicable as determined by a licensed physician. Children must have a note from the physician.

Exclude food handlers with hepatitis A from working in food serving during the first 2 weeks of illness.

Contacts:

Immune Globulin (called IG, ISG or GG) is often recommended for household contacts, and child care contacts. Rarely, immune globulin will be recommended for the public school setting. This decision is based on a case-by-case investigation by the local health department. To be effective, immune globulin must be given to contacts within 2 weeks of the last exposure to the infected individual. Immune globulin is safe for pregnant women.

Reports Required:

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

For child care: Immediate telephone reports of cases or suspect cases in staff, children, or the household contacts of children are required.

For schools: Case reports are required.

Special Features:

Hepatitis A is a viral infection of the liver. This infection interferes with liver's ability to digest food and keep the blood healthy. Most people will recover completely from this infection and maintain lifelong immunity to Hepatitis A Virus.

Careful hand washing, monitoring of diapering practices, and management of soiled diapers are important prevention steps.

Because Hepatitis A Virus may survive on objects in the environment for weeks, careful cleaning and sanitizing of diaper changing areas, bathrooms, and food service areas is important.

Immunization schedules include Hepatitis A vaccine.

Hepatitis B

Signs and Symptoms:

Gradual onset of illness may include: loss of appetite, nausea, vomiting, abdominal pain, cola-colored urine, jaundice, diarrhea, itching of the skin, muscle and joint pain. Early symptoms vary with individuals.

Immediate Intervention:

Refer to a health care provider for evaluation, diagnosis and treatment.

Incubation Period:

From 45-180 days, average 60-90 days.

Contagious Period:

When Hepatitis B surface antigen (HBsAg) blood test is positive. This blood test may be positive for the rest of an individual's life.

Transmission:

Casual contact with an Hepatitis B Virus (HBV)-infected person presents no risk of infection. HBV can be transmitted from person-to-person through:

Sexual intercourse (anal, vaginal, or rarely oral) with an infected individual;

Sharing HBV-contaminated intravenous needles and syringes used for street drugs, steroids, or tattoos;

Careless handling of items contaminated with infected blood or body fluids (bandages, tissues, paper towels, diapers, gloves, sanitary pads, hypodermic needles/syringes);

Saliva or an HBV-infected individual who bites another when the bite breaks the skin;

Rarely, transfusion of infected blood or blood products; and

From an infected mother to her baby in the womb, during birth, and possibly through breast feeding.

School/Child Care Attendance:

Cases:

Exclude until the individual's signs and symptoms have disappeared and the person feels well enough to return.

Contacts:

No restrictions. For significant exposure, a health care provider may recommend immediate immunization with Hepatitis B immune globulin (HBIG). Hepatitis B vaccine may also be indicated.

Report Required:

Report is required, contact the health department.

Human Immunodeficiency Virus (HIV/AIDS)

Signs and Symptoms:

HIV Positive: Evidence of HIV infection in specific blood tests. Most individuals do not develop symptoms of illness for 1-12 years or even longer after infection.

Symptomatic HIV disease: HIV infection with non-specific signs and symptoms such as swelling of lymph nodes, loss of appetite, chronic diarrhea, weight loss, fever, fatigue, and night sweats. These signs and symptoms are not sufficient by themselves to make a diagnosis of AIDS.

AIDS (Acquired Immune Deficiency Syndrome): The last stage of HIV infection when the individual becomes very sick. Children with AIDS have difficulty fighting off some common infections and may have unusual infections. In infants and children less than 13 years old, signs may include: failure to grow and develop normally, and recurrent severe bacterial infections.

Immediate Intervention:

Refer to a health care provider for diagnosis.

Incubation Period:

Variable. The incubation period from infection until the diagnosis of AIDS has an observed range of several months to 12 years or longer. In newborns, the disease usually progresses more rapidly than in adults. The period from infection with the virus until results from blood tests are positive for HIV varies from 2 weeks to 6 months. Newborns of HIV-infected mothers will carry maternal antibodies (test positive) for up to 15 months, even though most infants are not themselves infected.

Contagious Period:

Unknown. Presumed to begin early after HIV infection and continues throughout life. Infected individuals are infectious although signs and symptoms may not be present.

Transmission:

Casual contact with an HIV-infected person carries NO RISK of infection. HIV can be transmitted from person-to-person through:

- Sexual intercourse (anal, vaginal, or oral) with an infected individual;
- Sharing HIV-contaminated intravenous needles and syringes used from street drugs, steroids, or tattoos;
- Through transfusion of infected blood or blood products; a negligible problem since screening of the blood supply began in 1986;
- Careless handling of items contaminated with infected blood or body fluids (bandages, tissues, paper towels, diapers, gloves, sanitary pads, hypodermic needles/syringes);
 - An infected mother to her baby in the womb during birth, and through breast milk.

School/Child Care Attendance:

Cases:

No restrictions. The benefits of education in an unrestricted setting outweigh the very small risk of transmission of HIV in the school or child care setting. The local health department will assist the school or child care administration and parents in decisions regarding the setting.

Communicable diseases pose a risk to the HIV-infected child. This child's parents should be alerted to the potential risks of infectious disease in the group setting. If cases of infectious disease such as measles, chickenpox, or whooping cough are identified in the group setting, temporary removal of the HIV-infected child may be recommended.

Contacts:

No restrictions.

Report Required:

HIV/AIDS (Acquired Immune Deficiency Syndrome) diagnosis

Symptomatic HIV Disease

HIV Positive: Human Immunodeficiency Virus present with or without symptoms

Special Features:

Sources for transmission: blood, semen, vaginal fluid, and breast milk.

HIV-infected adults with no symptoms of illness may care for children in facilities provided they do not have open skin sores or other conditions that would allow contact of their blood or body fluid with children or other adults.

Education should address the fear and misunderstanding about HIV as well as the disease process, routes of transmission (not casually transmitted), and the use of Infection Control Measures.

Schools and child care centers should have procedures in place to provide guidance to all staff responsible for children to prevent the spread of HIV.

Such procedures should include precautions to be taken during the clean-up of blood or body fluid spills. Because HIV infection is often unidentified, the same infection control procedures should be applied to all individuals in the group setting.

Your local health department is available to provide HIV/AIDS training to providers and children.

Measles (Rubeola)

Signs and Symptoms:

Fever of 101°F or greater; red, watery eyes; runny nose; cough; and later, a dusk red, blotchy rash that progress from head to toe.

Immediate Intervention:

Isolate, exclude, and refer to a health care provider for diagnosis.

Incubation Period:

About 10 days, varying from 7-18 days; about 14 days until rash appears.

Contagious Period:

From 4 days before the rash appears to 4 days after the rash appears.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected individual. These secretions may be on surfaces or in infected droplets in the air. Droplets infected with measles virus can remain in the air for many hours.

School/Child Care Attendance:

Cases:

Exclude from the time of onset of illness through the 4th day after rash appears, and until the individual is fever-free.

Contacts:

Determine immunity by immunization history or previous blood test.

Any individual who has not received measles vaccine or who cannot prove immunity by immunization or blood test shall not be permitted to attend school or child care for the duration of the period of the outbreak as determined by the local health department.

An outbreak is defined as one (1) case of measles.

Reports Required:

Immediate telephone report to the local health department is required. Case and suspect case reports are also required.

Special Features:

Parents should alert the health care provider of any rash illness before transporting the child to a health care facility, so arrangement can be made to reduce exposure to others.

All suspect cases or diagnosed cases of measles are investigated by the local health department.

Measles can be prevented by age-appropriate immunizations. During community outbreaks, local health department officials may recommend early immunization for infants, which will provide incomplete immunity. For this reason, measles immunizations given before the age of 12 months are not recognized in a routine Immunization Schedule.

Review histories of immunization to identify individuals who are susceptible to measles.

The following persons should receive measles vaccine within 72 hours of exposure to measles. This reduces the chances of becoming ill and allows re-entry into the school or child care setting:

- Any individual who does not have a record (month, day, and year) of receiving age-appropriate doses of measles vaccine;
- Individuals with age-appropriate measles immunization who are determined by the local health department to need additional protection against measles;

OR

- Those who do not have a positive blood test (titer) demonstrating immunity to measles.

Future measles immunization schedules may be modified to be consistent with contemporary immunization recommendations.

Contracting measles during pregnancy may be associated with a higher risk of prematurity and miscarriage. A woman who is pregnant and exposed to measles should consult her health care provider.

Measles vaccine is not given during pregnancy.

Rubeola (measles) is also known as: hard measles, red measles, and the 10-day measles.

Meningitis (Hib) (Haemophilus Influenzae Type B)

Signs and Symptoms:

Onset of signs and symptoms may be gradual, but usually are sudden. High fever, vomiting, and listlessness progressing to coma is common. Occasionally there is mild fever for several days before the onset of other symptoms such as stiff neck and/or stiff back accompanied by pain. A bulging (swollen) fontanelle may be present in infants.

Immediate Intervention:

Isolate. Immediate medical attention is required.

Incubation Period:

Unknown. Probably short, 2-4 days.

Contagious Period:

As long as the bacteria are present in nose, throat, and mouth secretions.

Transmission:

Contact with infected secretions from the nose, mouth, throat, and ears. These secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude until the individual is symptom-free and the health care provider and local health department indicate the child may return (usually after taking antibiotics for 24 hours).

Contacts:

Rifampin is often given to household and child care contacts.

Reports Required:

Immediate telephone report of cases, suspect cases, and carriers to the local health department.

Special Features:

Protective immunizations are recommended for children ages 2 months - 24 months.

Dispose of tissues immediately after one use; use face cloths one time and on only one child before laundering.

Serious complications such as hearing loss, mental retardation, and death may result from delays in seeking medical attention.

Haemophilus influenzae type b bacteria can also cause sudden and severe throat infections (epiglottitis), pneumonia, ear, skin, and joint infections.

Meningitis may also be caused by a virus (viral meningitis). Viral meningitis is not considered a communicable disease. Also, see Meningitis Meningococcal Disease.

Meningitis Meningococcal Disease

Signs and Symptoms:

Blood Infection: fever, headache, chills, nausea, vomiting, joint or muscle pain, and sometimes a red or purplish rash.

Spinal Fluid Infection (Meningitis): fever, severe headaches, chills, stiff neck, confusion, nausea, and vomiting.

Immediate Intervention:

Isolate, exclude, and refer to a health care provider. Immediate medical attention is required; disease can progress very quickly.

Incubation Period:

Varies from 2-10 days, commonly 3-4 days.

Contagious Period:

As long as the bacteria are present in nose, mouth, and throat secretions.

Transmission:

Contact with secretions from nose, mouth, and throat of an infected person. The secretions may be on surfaces, tissues, mouthed toys, or in infected droplets in the air. Anyone can get the bacteria that causes meningococcal disease, but only a very few people will actually become ill with symptoms.

School/Child Care Attendance:

Cases:

Exclude until the individual is symptom-free, receives antibiotic treatment, and the local health department or health care provider indicates the individual may return.

Contacts:

No restrictions. Close observation for early signs of illness. Rifampin is often given to reduce the spread of disease to household, child care, and occasionally close school contacts.

Reports Required:

Immediate telephone reports of case, suspect case, and carriers are required.

Special Features:

Most cases occur in older children, teens, and adults.

Dispose of tissues immediately after one use; use face cloths one time and on only one individual before laundering. Serious complications such as hearing loss, mental retardation, and death may result from delays in seeking medical attention. While vaccine for certain types of meningococcal meningitis is available, its use is generally reserved for travelers to areas where the infection is wide-spread, or for controlling outbreaks of the infection.

Meningococcal bacteria are around us all the time. Healthy people may have them in their nose or throat. Usually this does not cause disease. Meningitis may also be caused by a virus (viral meningitis). Viral meningitis is not considered a communicable disease. Also, see Meningitis (Hib).

Mumps (Parotitis)

Signs and Symptoms:

Pain and swelling of one or more of the salivary glands, located in front of the ears. Fever and listlessness may occur.

Immediate Intervention:

Exclude and refer to a health care provider.

Incubation Period:

Usually from 16-18 days, but cases may occur from 12-25 days after exposure.

Contagious Period:

Up to 7 days before swelling to 9 days after swelling appears.

Transmission:

Contact with the secretions of the nose, mouth, and throat of an infected individual. The secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude until swelling subsides and child is fever-free, or for 9 days after the onset of swelling.

Contacts:

No restrictions. Close observation for early signs and symptoms of illness.

Reports Required:

Case reports are required.

Special Features:

Mumps is caused by a virus.

Mumps can be prevented by age-appropriate immunization. However, mumps can occur in individuals who have been immunized.

Cases are sometimes seen on high school and college campuses.

Complication of the disease can include painful inflammation of the testes and ovaries, hearing loss, and inflammation of the joints.

Rubella (German Measles)

Signs and Symptoms:

Listlessness, low fever (101°F), and swollen lymph nodes at the back of the neck, accompanied by a fine pink rash beginning on the face and spreading rapidly to the chest and back. Runny nose and joint pain may also be present.

Immediate Intervention:

Isolate, exclude, and refer to a health care provider for diagnosis.

Incubation Period:

From 14-21 days, generally 18 days.

Contagious Period:

From 7 days before rash appears until 4 days after rash appears.

Transmission:

Contact with secretions of the nose, mouth, and throat of an infected individual. These secretions may be on surfaces, tissues, or in infected droplets in the air. Rubella disease is caused by a virus.

School/Child Care Attendance:

Cases:

Exclude from the time of onset of fever and rash, through the 4th day after rash appears, and until the individual is fever-free.

Contacts:

Any individual who has not received rubella vaccine or who does not have proof of immunity by age-appropriate vaccination or blood test shall not be permitted to attend school/child care during an outbreak, as determined by the local health department.

Reports Required:

Immediate telephone report of cases and suspected cases to the local health department are required.

Special Features:

Parents should alert the health care provider of any rash-illness before transporting the child to a health care facility.

Rubella can have serious consequences for the fetus of a pregnant woman. If pregnant and exposed to rubella, consult a health care provider immediately.

Rubella immunization is not recommended during pregnancy.

Review histories of all individuals to identify need for immunization updates and/or exclusion.

Individuals should be considered immune to rubella only if they have documentation of one of the following:

- Immunization with rubella vaccine on or after the first birthday;
- Those who have a positive blood test (titer) demonstrating immunity.

Salmonellosis

Signs and Symptoms:

Salmonellosis starts suddenly with diarrhea, loss of appetite, nausea, vomiting, and abdominal cramps. Fever is usually present. Dehydration (drying out of body fluids) may occur.

Immediate Intervention:

Child should stay home until they have received at least 2 days of Erythromycin treatment and the diarrhea has stopped.

Incubation Period:

Usually 12-36 hours. Ranges 6-72 hours.

Contagious Period:

From several days to several weeks. Taking an antibiotic does not shorten the time that someone infected is contagious. It may prolong the illness.

Transmission:

Eating raw and undercooked eggs; eating undercooked poultry and meat; drinking unpasteurized (raw) milk; contact with infected pets; or when hands, objects, or food become contaminated by feces (stool, bowel movement) of people who are infected and the germs on the hands, objects, or food are taken in by mouth.

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of Salmonellosis, the individual should be excluded from the group setting until 2 approved fecal specimens, collected at least 24 hours apart have come back negative for Salmonella.

Contacts:

Contacts may not perform food handling duties, or care for children in child care centers, if signs and symptoms of Salmonella are present.

Screening and other contacts, who do not have signs or symptoms, is not recommended.

Reports Required:

Cases reports are required.

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

Special Features:

Infected individuals with mild symptoms or without signs or symptoms can spread this disease by poor hygiene habits. This illness is often spread from child to child in diapered groups. Stress careful hand washing after toileting, changing diapers, and before food preparation and eating.

Shigella (Shigellosis)

Signs and Symptoms:

Diarrhea (sometimes with blood or mucus), fever, nausea, abdominal cramps, and sometimes vomiting.

Immediate Intervention:

Child should stay home until he/she has received treatment from a physician.

Incubation Period:

From 12 hours to 7 days, usually 1-3 days

Contagious Period:

From the time they first get sick until about one month after symptoms began. Treatment with antibiotics usually reduces the time a person is able to spread the disease to less than a week.

Transmission:

Contaminated water, raw milk, food, and infected animals and people transmit this illness. The germs are in the stool of anyone who is infected. The germs may get on the infected person's hands when they use the toilet or germs may go to the hands of a caregiver changing an infected child's diaper. From the contaminated hands, the germs may be spread to another person, or they may contaminate something which might end up in the child's mouth (toys or food).

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of Shigella (Shigellosis), the individual should be excluded from the group setting until 2 approved fecal specimens have been collected at least 24 hours apart and are both negative for Shigella.

Contacts:

Contacts may not perform food handling duties, or care for children in a child care center, if signs and symptoms of Shigella are present.

Screening of other contacts that do not have signs or symptoms is not recommended.

Reports Required:

Reporting of all cases is required. Please contact the Health Department.

Special Features:

Infected individuals with mild symptoms or without signs or symptoms can spread this disease by poor hygiene habits. This illness is often spread from child to child in diapered groups. Stress careful hand washing after toileting, after changing diapers and before food preparation and eating.

Tuberculosis (Pulmonary)

Signs and Symptoms:

Cough, low fever, weight loss, night sweats, chest pain. The cough may produce bloody sputum. There may be no symptoms, particularly in young children.

Immediate Intervention:

Refer to a health care provider for diagnosis and treatment.

Incubation Period:

May be from months to a lifetime. The time from infection to development of a positive tuberculin skin test or identification of disease on X-ray may range from 2-10 weeks.

Contagious Period:

As long as living bacteria are in the sputum.

Transmission:

Breathing in infected droplets that come from the nose, mouth, and throat of an infected individual. These droplets are transmitted through the air when an infected person exhales, coughs, sneezes, talks, laughs, or sings. The infected droplets are then breathed in by other individuals. Risk is greatest for individuals sharing airspace for prolonged period of time.

School/Child Care Attendance:

Cases:

Exclude until laboratory examination of sputum demonstrates tuberculosis bacteria are no longer present or according to more specific guidelines established by the local health department.

Contacts:

The local health department will assist in completing investigation and screening of household, school, and child care contacts. The local health department will provide information regarding management guidelines for TB.

Reports Required:

Case and suspect case reports are required.

Special Features:

In areas where TB is prevalent, skin testing may identify individuals who are infected. Foreign-born adults and children show increased rates of infection, as do individuals with HIV infection, close contacts of individuals with TB infection, and residents of long-term care facilities. Communities may also identify specific groups in their area where an increased rate of tuberculosis exists (e.g., homeless populations or migrant farm workers).

Group care programs may contact their local health department for advice on developing health policies regarding tuberculosis testing for staff, volunteers, and children.

The TB skin test is a screening test – not an immunization against tuberculosis.

Whooping Cough (Pertussis)

Signs and Symptoms:

Mild, cold-like signs and symptoms accompanied by little or no fever.

Coughing, which gets worse within 1-2 weeks and becomes spasmodic. The cough may be followed by a "whooping sound" in older infants and preschool children.

Coughing will include increased production of mucus. After episodes of coughing, vomiting may occur.

Immediate Intervention:

Isolate and exclude. Refer to a health care provider for diagnosis and treatment.

Incubation Period:

Commonly 7 days; does not exceed 21 days.

Contagious Period:

Most contagious during the cold-like stage to 3 weeks after the cough begins, or until on effective antibiotic therapy for a minimum of 5 days.

Transmission:

Contact with secretions of the nose, mouth, and throat of an infected individual. These secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Untreated individuals must be excluded for 3 weeks following the onset of "hard" coughing. Individuals taking erythromycin may return in 5 days if their condition allows and the individual is fever-free; cough may still be present.

Contacts:

A preventive course of erythromycin is often recommended for household contacts and close contacts. The local health department will assist in investigating and prescribing a course of action for group settings.

Reports Required:

Immediate telephone report of cases and suspect cases to the local health department are required.

Special Features:

Whooping Cough (Pertussis) is a vaccine-preventable disease.

Review immunization histories of all children to identify those who need additional vaccination when a case occurs in the group setting.

Immunity provided by vaccinations begins to diminish during the teenage years, making teens and adults susceptible to whooping cough.

Whooping cough vaccine is not given to individuals 7 years of age or older at this time.

Whooping cough is often misdiagnosed as bronchitis, or other respiratory illness in teens and adults.

WHEN TO NOTIFY PARENTS IF THE ILLNESS IS IN THE CHILD CARE

The following is a list of illness that parents should be informed of but are not reportable to the health department. Parents should be informed if there are 2 or more cases in child care (this is considered an outbreak). Also call the ELC nurse if you have any questions 252-6022. You could also use the information sheets monthly to teach parents about illness in child care.

Conjunctivitis (Pinkeye)

Cytomegalovirus

Fifth Disease

Hand Foot and Mouth

Head Lice

Herpes Simplex

Impetigo

Influenza

Mononucleosis

Pinworms

Respiratory Syncytial Virus (RSV)

Ringworm

Roseola

Scabies

Staphylococcal Infections

(Strep or Scarlet Fever)

Thrush/Yeast Diaper Rash

The information sheets can be used to notify parents about the above diseases and answer questions. You should still call the ELC nurse if you have any of the above disease in your facility.

Conjunctivitis (Pink Eye)

Signs and Symptoms:

Watering, irritation, and redness of the white part of the eye and/or the lining of the eyelids. Swelling of the eyelids, sensitivity to light, and a pus-like discharge may occur.

Immediate Intervention:

Isolate, exclude, and refer to a health care provider for treatment.

Incubation Period:

From 24-72 hours.

Contagious Period:

From the onset of signs and symptoms, and while the eye is still red and draining.

Transmission:

Direct contact with the discharge from the eyes or items soiled with discharge.

School/Child Care Attendance:

Cases:

Exclude until signs and symptoms are gone or until 24 hours after appropriate treatment has been initiated and signs and symptoms are greatly reduced.

Contacts:

No restrictions.

Reports Required:

No reports are required. If there is an unusual increase in the number of individuals affected with conjunctivitis (above 10% in a single group setting), notify the local health department for additional management steps.

Special Features:

Individuals should be counseled not to share towels, wash cloths, or eye make-up.

Careful hand washing after contact with discharge from the eyes or articles soiled with the discharge is necessary. Throw away all tissues immediately after one use. Use face cloths one time and on only one individual before laundering.

Viral conjunctivitis, unlike bacterial conjunctivitis, will not respond to antibiotic treatment and the signs and symptoms and contagious period will be prolonged.

Informational Letter for Parents Conjunctivitis (Pink Eye)

Dear Parent:

A child in our school/daycare center has developed conjunctivitis (pink eye).

What is conjunctivitis?

Conjunctivitis means the “whites of the eyes” have become red due to irritation or an infection.

What causes conjunctivitis?

Chemicals, allergies, or direct contact with discharge from the eyes of infected persons. Discharge from the eye(s) on fingers, towels, washcloths, and handkerchiefs may spread the infection.

Is conjunctivitis contagious?

Yes, if certain viral or bacterial organisms cause it.

What are some of the symptoms of infectious conjunctivitis?

1. Itching, irritation, and a scratchy feeling in one or both eyes.
2. A discharge, which may cause the eyelids to stick together in the morning.

How can conjunctivitis be prevented?

By excluding infected children from daycare or school during the active stage of infection and by thorough hand washing at all times after wiping noses or faces. **DO NOT** use a common washcloth, drying towel, or blankets for the children. Children may return 24 hours after the start of antibiotic treatment.

What should I do if I think my child has conjunctivitis?

See your physician for diagnosis and treatment.

If you have any questions, please call your local health department office or medical provider.

Cytomegalovirus Infections (CMV)

Signs and Symptoms:

Often no apparent symptoms. Fever, sore throat, listlessness, generalized swollen lymph nodes may be present. Swelling of the spleen or abdomen and a skin rash are less common symptoms. Jaundice occurs in rare cases.

Immediate Intervention:

None.

Incubation Period:

From 3-8 weeks. Or 3-12 weeks for infections acquired during birth.

Contagious Period:

Young children infected with CMV may excrete the virus in their stool, urine, and secretions from the nose and mouth intermittently for months to years.

Transmission:

Direct contact with infected mouth or nose secretions, breast milk, urine, cervical secretions, or semen.

School/Child Care Attendance:

Cases:

No restrictions.

Contacts:

No restrictions.

Reports Required:

None required.

Special Features:

Care in handling diapers and all items contaminated with body secretions is essential. Use careful hand washing, sanitation, and diapering practices. Special attention to sanitation of mouthed toys throughout the day.

CMV can cause stillbirth and birth defects in rare cases. If pregnant and working with young children, the pregnant woman should question her health care provider about potential exposure to CMV infection.

Informational Letter for Parents Cytomegalovirus Infections (CMV)

Dear Parent:

A child at our school/daycare center has Cytomegalovirus Infection (CMV). For most healthy children and adults who get CMV after birth there are few symptoms and no long-term health consequences.

It is important to contact your medical care provider if you are pregnant and have had a potential exposure to CMV since it can cause stillbirth and birth defects in rare cases.

What causes Cytomegalovirus?

The infection is acquired by direct contact with mouth or nose secretions, breast milk, stool or urine from a person who is infected with Cytomegalovirus.

What are the signs and symptoms?

CMV usually has no apparent symptoms initially. Once a child has the infection it will live in the body and may cause fever, sore throat, listlessness and swollen lymph nodes. Occasionally there will be swelling of the spleen or abdomen and a skin rash. Occasionally jaundice will occur.

How can Cytomegalovirus be prevented?

The best way to prevent CMV is to make sure your child is washing their hands. If there are further questions or concerns contact your health care provider.

Fifth Disease

Signs and Symptoms:

May be mild illness: Low fever, headache, body ache, nausea, or chills for 2-3 days. About a week later a rash appears beginning with bright-redness of the cheeks (slapped check appearance). The cheeks are hot but not painful. There may also be scattered red raised spots on the chin, forehead, and behind the ears. Approximately 1 day later a lace-like rash spreads to upper arms and legs, and sometimes the trunk. This lacy rash may disappear and then reappear over a period of weeks, particularly after exposure to sunlight, or extreme heat or cold. Adults may not develop the rash but may experience aching in the joints, particularly at the wrist and knees.

Immediate Intervention:

Exclude all individuals who have fever.

Incubation Period:

From 4-14 days.

Contagious Period:

Before the appearance of the rash during the mild symptoms.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected person. The secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude all individuals until fever-free. Fever-free individuals diagnosed with Fifth disease may return to the group setting although a rash may still be present.

Contacts:

No restrictions.

Reports Required:

None. If there is an unusual absentee rate (above 10% of individuals in a single group setting) with Fifth Disease, notify the local health department for additional management steps.

Special Features:

Most cases occur in the late winter and early spring. Fifth Disease is caused by human Parvo virus B19 which lives in the nose and throat. Outbreaks of this illness among children in child care and elementary school are not unusual.

Many people have already had Fifth Disease before reaching young adulthood. It is estimated that half the adults in the United States are immune because of previous infection.

There is no treatment for Fifth Disease.

Informational Letter for Parents

Fifth Disease

Dear Parent:

A child in our school/daycare has been diagnosed with Fifth disease. Fifth disease, also called “slapped cheek disease,” is an infection caused by parvovirus B19. Outbreaks most often occur in winter and spring, but a person may become ill with fifth disease any time of the year. Most persons who get fifth disease are not very ill and recover without any serious consequences. However, children with Sickle Cell Anemia, chronic anemia, or an impaired immune system may become seriously ill when infected with parvovirus B19 and may require medical care.

What are the symptoms?

Symptoms begin with a mild fever and complaints of tiredness. After a few days, the cheeks take on a flushed appearance that looks like the face has been slapped. There may also be a lacy rash on the trunk, arm, and legs. Not all infected individuals develop a rash.

Who is contagious?

Once the rash appears, the child is no longer contagious. Therefore, a child who has been diagnosed with fifth disease need not be excluded from school/childcare. However, a child does need to be kept at home until the fever is gone.

Pregnant women and parents of children who have an impaired immune system, sickle cell anemia, or other blood disorders may want to consult their physician.

If you have any questions, please call your local health department office or medical provider.

Hand, Foot, & Mouth Disease (Coxsackie Virus Infection)

Signs and Symptoms:

Fever, and a sore throat accompanied by small sores in the mouth. Small blister-like rash may be present on the hands and feet. Occasionally a rash may be present on the buttocks.

Immediate Intervention:

Isolate and exclude while fever and mouth sores are still present.

Incubation Period:

3 – 5 days.

Contagious Period:

Most contagious during the time when the fever and sore throat are present, but the virus may be present in the stool for several weeks.

Transmission:

Contact with secretions from the nose, mouth, and throat. Also stool-to-mouth (fecal-oral) spread by way of unwashed hands, or foods contaminated by unwashed hands.

School/Child Care Attendance:

Because of the increased opportunities for spread in the child care setting, management will differ from the school setting.

Cases:

Child Care:

Exclude until fever-free and mouth sores are no longer present.

School:

Exclude until fever-free.

Contacts:

No restrictions.

Reports Required:

No reports are required.

Special Features:

Hand, Foot, & Mouth Disease is seen most often in the summer and early fall.

Care in hand washing, as well as handling diapers and all items contaminated with stool and secretions of the nose, mouth, and throat, is essential.

Informational Letter for Parents

Hand, Foot and Mouth Disease

Dear Parent:

A child in our school/daycare has been diagnosed with Hand, Food and Mouth Disease.

What is Hand Foot and Mouth Disease?

Hand, foot, and mouth disease is a common illness of infants and children and is usually a mild disease. Nearly everyone will recover without medical treatment in 7 to 10 days. It is often confused with foot-and-mouth disease of cattle, sheep and swine. Although the names are similar, the two diseases are not related at all and are caused by different viruses.

What causes Hand, Foot, and Mouth Disease?

Hand, foot, and mouth disease is caused by the coxsackie virus and occurs mainly in children under 10 years old.

What are the signs and symptoms?

Generally a child will have a mild fever, poor appetite and sore throat. One or 2 days after the fever begins, painful sores develop in the mouth. They begin as small red spots that blister and then often become ulcers that can be found on tongue, gums and inside of the cheeks. A small blister-like rash may be present on the hands and feet and occasionally the buttocks.

How can Hand, Foot and Mouth Disease be prevented?

Children are most contagious during the time when the fever and sore throat are present. For that reason all children must be excluded from daycare until fever-free and mouth sores are no longer present.

Head Lice (Pediculosis)

Signs and Symptoms:

Itching of the scalp. Lice and nits (eggs) found in hair, especially at the nape of the neck and behind the ears.

Immediate Intervention:

Isolate and exclude. Where exclusion is not practical (shelters, crisis nurseries, overnight camps) procedures which include treatment, screening of contacts, and environmental management must be carried out immediately and at the same time as treatment.

Incubation Period:

From 6-14 days.

Contagious Period:

As long as live lice are present on the head or in the environment.

Transmission:

Direct head-to-head contact between individuals, or indirect spread through shared items such as combs, brushes, head phones, towels, hats, coats, and sleeping mats or cots. Upholstered furniture, car upholstery, rugs, carpets, and items like stuffed animals can harbor head lice. Head lice can survive off the body for 1-2 days, allowing for re-infestation. Household pets are not a source of head lice.

School/Child Care Attendance:

Cases:

Exclude until initial treatment has been completed. School may have a "NIT-FREE" policy.

Contacts:

All family members, close contacts, and classroom contacts should be checked and treated if infestation is found.

Reports Required:

No reports are required. If there is an unusual increase in the number of individuals infested (above 10% in a single group setting), notify the local health department for additional management steps.

Special Features:

Many effective over-the-counter products are available without a prescription. Home remedies are most often ineffective, and some are dangerous. Pregnant women and the parents of infants should contact a health care provider for treatment recommendations.

- Educate parents on treatment steps.
- Shaving the head is unnecessary!
- Only treat infested individuals.
- Follow specific treatment directions found with the product used on the hair.
- Improper or excessive use of products may cause toxic effects.
- Some lice are resistant to treatment. To assure effective treatment, all nits must be removed.

- Remove as many nits as possible with a fine-tooth comb or by picking nits from the hair with fingers or nit-removal tweezers. Discard the comb or tweezers immediately.
- Wash recently used clothing, bedding, towels, combs, and brushes with soap and hot water (at least 120° F) for 10 minutes.
- Place items that cannot be cleaned (stuffed animals for example) in a sealed plastic bag for 10-14 days.
- Vacuum carpets, mattresses, upholstered furniture.
- Environmental pesticide sprays are not recommended for lice management in the home or group setting.

Head Lice Advice and the LiceMeister™ Comb

The following information is for parents who have been unsuccessful eliminating head lice from their home. "Have you been shampooing hair, laundering, vacuuming, bagging everything, spraying pesticide in the house, using mayonnaise, tea tree oil and other home remedies?" Stop!

- Spend your energy nit picking. Since we are only dealing with head lice and not body lice, laundering every piece of clothing in the house is not necessary. DO launder bed linens and pajamas and wash clothes that the person is wearing the day of treatment.
- Lice normally cannot survive more than 24 hours off of our heads. They need warmth (our body heat) and food (our blood). Without us they die. They will not leave us unless they detect another person's head and hair nearby. Lice are not well adapted to walking on surfaces except hair. Lice prefer to follow hair like a train will follow a track.
- Vacuum mattresses and sofas. A live nit attached to a hair that falls off the head can survive more than 24 hours. However, it will not hatch without adequate warmth (approximately 90°F). The newly hatched louse also must have food and it may not find any on a sofa or carpet unless you happen to be there when it hatches.
- Nits. A newly laid nit looks dark gray. They are attached to hair close to the scalp. As the hair grows it moves the nit further from the scalp. Empty nits are white in appearance. Nits containing a developing louse or a dead one look light brown or tan-colored.
- Nit removal is the key to successful elimination of head lice. The best comb for louse and nit removal is the LiceMeister™ comb. The comb has 1/5 inch-long stainless steel teeth with precision spacing. Health Department personnel and parents who have used the comb know it is the most effective and efficient mechanical device for removing nits.
 - If you have already used a louse shampoo in the past week, shampoo the hair with regular shampoo and use the LiceMeister™ to remove any nits and live lice. Section off the hair before starting and combing.
 - Lice of all ages/sizes are removed by the LiceMeister™. Dip the comb in hot tap water (over 130°F) after each pass through the hair. Boiling is not necessary. The hot water will kill the live lice and nits. Keep the same side of the comb facing the scalp so lice will not be put back onto the next hair section combed. After use wash with soap and water.
 - The use of the LiceMeister™ comb eliminates the needs to use other chemical treatment. Regular use of the LiceMeister™ can remove lice and nits before a big problem arises.
- The LiceMeister™ is available from the National Pediculosis Association, P.O. box 610189, Newton, MA 02161. The internet address is www.headlice.org

Informational Letter for Parents

Head Lice

Dear Parent:

A child in our school/daycare center has head lice. Lice are small insects which spend their entire lives living on humans. Having lice is not a sign of poor hygiene habits. Properly treated cases are no longer infectious.

How is it spread?

Lice spread easily by direct contact with the infested person or by sharing scarves, bed sheets, blankets, pillows, combs, or brushes with a person who has lice. Lice do not jump or fly; they only crawl. Animals do not spread human lice.

How would I know if my child has lice?

Lice cause scalp itching. Look for the lice or their eggs on their hair where the hair comes out of the scalp. Lice are small (less than 1/8 inch long), tan-colored insects, alive and moving. They prefer the back of the scalp, behind the ears and above the neck. The eggs (nits) are gray-white specks glued to the hair. Even if you cannot find the insects, lice must be there if the eggs are there, and treatment has not been performed.

How do you get rid of head lice?

1. Use a medication prescribed by your doctor or an over-the-counter, nonprescription product from the drug store. Follow the directions as listed on the product.
2. Clean personal items by any of the following methods:
 - Washing in hot water and soap in a washing machine.
 - Putting in hot dryer for 20 minutes.
 - Dry cleaning.
 - Storing in a sealed plastic bag for two weeks.
 - Boiling combs, brushes, curlers, etc. for ten minutes or; soaking in 2% Lysol* and water for one hour.
 - Freezing for 12 hours.
3. Thorough vacuuming of (carpeting) floors, furniture and cars is recommended. Insecticide sprays are not recommended.

How do I get the nits off after successful treatment?

A fine-tooth comb may be adequate. After two treatments, the removal of nits should not have any effect in preventing more lice as the eggs have either hatched or they are dead.

REMEMBER: Head lice are not choosy about who they infest. ANYONE can get them. They typically cause no illness – only some inconvenience. The important thing is to treat promptly and thoroughly. Your cooperation is essential in preventing the spread of head lice.

If you have any questions, please call your local health department office or medical provider.

*Brand names are mentioned for identification purposes only and do not constitute a health department endorsement.

Herpes Simplex

Signs and Symptoms:

Fever Blisters (cold sores): Typically, clusters of tiny, fluid-filled blisters on a reddened base of skin around the lips, in the mouth, or on the face. These blisters crust and heal within a few days. Also called "cold sores."

Genital Herpes: Clusters of very small (pencil-point size) fluid-filled blisters on a reddened base of skin in the genital area.

Immediate Intervention:

Isolate, exclude, and refer to the health care provider for diagnosis and appropriate treatment.

Incubation Period:

3-5 days

Contagious Period:

From the onset of the blisters until they are scabbed over and dry, generally from 2 to 24 days.

Transmission:

Fever Blisters: Direct contact with the virus in saliva, sores, or drool.

Genital Herpes: Through intimate sexual contact.

Herpes infections may be transmitted from an infected mother to her infant in the birth canal during delivery.

School/Child Care Attendance:

Because of the increased opportunities for spread in the child care setting, management will differ from the school age setting.

Cases:

Child Care

Fever Blisters: Exclude until fever-free and mouth sores are scabbed over.

Genital Herpes: Exclude until fever-free and genital sores are scabbed over.

School

Fever Blisters: Exclude until fever-free. Mouth sores may still be present.

Genital Herpes: Exclude until fever-free.

Contacts:

No restrictions

Report Required:

No report required.

Special Features:

Both fever blisters and genital herpes are caused by infections with specific types of the Herpes Simplex Virus (HSV). Herpes Simplex type I generally causes infections around the mouth and Herpes Simplex type II generally causes infection in the genital region of the body. However, either type may infect the mouth or genitals.

World-wide, 50-90% of adults have been infected with HSV type I, most before the age of five. Infection with HSV type II generally occurs with sexual activity and is rare before adolescence.

In the case of genital herpes in children, the possibility of sexual abuse cannot be ignored.

Good personal and environmental hygiene is important when individuals have fever blisters or genital herpes. Sores should be carefully washed with soap and rinsed with water. Ointments and creams should not be applied unless prescribed by the health care provider. Individuals should be discouraged from picking at sores because the virus is concentrated in the fluid of the blisters. Because eyes can become infected; remind individuals to keep their hands away from their eyes. Do not share items such as face cloths, handkerchiefs, bathing suits, undergarments, or towels which may have come into contact with the virus before laundering.

Health education regarding sexually transmitted diseases (STD's) such as herpes including signs and symptoms and how they are spread should be included in age appropriate human development curriculum.

Treatment of STD's is available through local health department clinics and private health care providers.

Idaho State Law allows minors age 14 years or older to obtain treatment of STD's without parental consent.

Herpes Simplex may cause life-threatening infections in individuals who are immune compromised in any way.

Dispose of tissues and treatment cotton, swabs, gauze, etc. after one use; use face cloths, napkins, eating utensils, undergarments, etc. with one individual before washing, laundering, or sanitizing thoroughly. Do not share mouthed items or clothing while symptoms are present.

Information Letter for Parents

Herpes Simplex

Dear Parent:

A child at our school/daycare center has Herpes Simplex infection.

What is Herpes Simplex?

Both fever blisters and genital herpes are caused by infections with specific types of Herpes Simplex Virus (HSV). Herpes Simplex type I generally causes infections around the mouth and Herpes Simplex type II generally causes infection in the genital region of the body. However, either type may infect the mouth or genitals.

What are the signs and symptoms?

If your child develops any the symptoms listed below, keep him/her at home and consult with a doctor for diagnosis and treatment. Children must be kept home from school/daycare until they are fever-free and the sores are scabbed over.

Fever blisters (cold sores): Typically, clusters of tiny, fluid-filled blisters on a reddened base of skin around the lips, in the mouth, or on the face. These blisters crust and heal within a few days. Also called "cold sores."

Genital Herpes: Clusters of very small (pencil-point size) fluid-filled blisters on a reddened base of skin in the genital area.

How can Herpes Simplex be prevented?

Avoid direct contact with saliva, sores or drool from someone who has herpes simplex. Children must also stay home from school/daycare until they are fever-free and the sores are scabbed over.

Impetigo

Signs and Symptoms:

Skin sores which may have a honey-colored, gummy, crusty, or blister-like appearance. Most often seen around the nose and mouth, or on the buttocks of a diapered child. Often itchy.

Immediate Intervention:

Cover with bandage and refer to a health care provider for diagnosis and treatment.

Incubation Period:

Commonly 4-10 days.

Contagious Period:

As long as the untreated sores are present.

Transmission:

Direct contact with the sores, or contaminated hands. Also items that have come into contact with the discharge from the sores such as face cloths, tissues, or diapers.

School/Child Care Attendance:

Because of the increased opportunities for spread in the child care setting, management will differ from the school setting. See Cases.

Cases:

Child Care: Exclude individuals if the sores cannot be completely covered with a bandage and refer for antibiotic treatment. Can return 24 hours after starting oral antibiotics or 48 hours if only antibiotic ointment is prescribed by the health care provider.

School:

No attendance restrictions for infected individuals, but the individual should not participate in activities involving direct body contact. Weeping sores should be covered.

Food Handlers

Exclude from food handling while sores are present. Refer to a health care provider for diagnosis and treatment.

Contacts:

No restrictions.

Report Required:

No report required.

Special Features:

Very contagious. Should be treated with antibiotics. Stress careful hand washing and sanitation procedures. All paper towels, tissues, bandages, and gloves must be disposed of immediately after one use. Proper laundering of contaminated clothing and bed and bath linens must be stressed. Both staphylococcus and streptococcus bacteria can cause impetigo. Infections may be mixed.

Informational Letter for Parents

Impetigo

Dear Parent:

A child in our school/daycare center has impetigo.

What is Impetigo?

Impetigo is a skin infection, common in young children, and most often occurring on the face and around the mouth.

What does it look like?

Small blisters on the face and hands which form flat, yellow, crusty weeping patches on the skin. These sores grow rapidly in size.

What causes Impetigo?

It is caused by common-skin germs which only cause trouble when the skin is injured by a cut, scrape, or scratched insect bite.

How is Impetigo treated?

It is treated with an antibiotic ointment for the sores and/or an oral antibiotic (such as penicillin) to fight the germs causing sores.

1. The sores should be soaked in warm water or warm compresses applied.
2. Crusts should then be removed by applying warm compresses first.
3. Antibiotic ointment should then be applied to the sores.
4. The sores should be covered until they are healed (depending on where they are on the body).

Children should not participate in contact sports until their impetigo has healed.

How can the spread of Impetigo be prevented in the school/daycare center?

By promptly treating cases, by excluding untreated children from the school/center until 24-48 hours after they receive treatment, and by making sure anyone who has contact with the sores washes his hands well with soap and water.

What should I do if I think my child has impetigo?

Please consult a physician.

If you have any questions, please call your local health department office or medical provider.

Influenza

Signs and Symptoms:

Sudden onset of fever (102° - 104° F), chills, headache, muscle ache, sore throat, runny nose and cough. Occasional vomiting. Usually recovery in 2-7 days without treatment.

Immediate Intervention:

Exclude.

Incubation Period:

From 24-72 hours.

Contagious Period:

3 days from the onset of signs and symptoms.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected person. The secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude until symptoms subside and the individual is fever-free.

Contacts:

No restrictions.

Reports Required:

None. If there is an unusual absentee rate (above 10% of individual in a single group setting) with upper respiratory infections, notify the local health department for additional management steps.

Special Features:

Influenza is caused by a virus.

Influenza immunization is recommended each year for adults and children who have chronic health problems. Adults who work with children who have chronic health problems (such as asthma) or who wish to avoid becoming ill with influenza are encouraged to consult their health care provider or local health department regarding this immunization.

Complications can include bacterial pneumonia and Reye's Syndrome in children. The use of aspirin products for the management of flu symptoms has been associated with Reye's Syndrome. Therefore, aspirin products are not recommended for fever reduction in children under the age of 18.

Informational Letter for Parents Influenza

Dear Parent:

A child in our school/daycare has influenza. Influenza is a virus that is spread thru coughing and sneezing.

What causes Influenza?

Influenza is caused by a virus and usually occurs October thru April and is caused by secretions from the nose, mouth, and throat of an infected person. The secretions may be on surfaces or in infected droplets in the air.

What are the signs and symptoms of influenza?

If your child develops any of the symptoms listed below please keep him/her at home until the child is fever-free.

- Sudden onset of fever (102-104 degrees F)
- Chills
- Headache
- Muscle aches,
- Sore throat
- Runny nose and cough

Mononucleosis (Infectious)

Signs and Symptoms:

Fever, sore throat, listlessness, and swollen lymph nodes in the neck commonly occur. Skin rash may appear on neck and shoulders, or jaundice may develop.

Immediate Intervention:

Refer to a health care provider for diagnosis.

Incubation Period:

From 4-7 weeks.

Contagious Period:

Prolonged. Possibly up to a year or more.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected person. Most commonly, saliva (spit or drool).

School/Child Care Attendance:

Because of the increased opportunities for spread in the child care setting, management will differ from the school setting. See Cases.

Cases:

Child Care:

Exclude until symptoms are no longer present and the individual is fever-free. In most cases this is about 1-2 weeks.

School:

No attendance restrictions.

Contacts:

No restrictions.

Reports Required:

None.

Special Features:

This viral infection occurs most often in teens and young adults between 15-25 years of age.

Symptoms may last for 2 weeks or longer.

Treatment may include rest with symptomatic treatment for discomfort and fever reduction.

Acetaminophen or other non-aspirin products may be prescribed for fever reduction and the relief of aches and pains.

Special attention to sanitation of mouthed toys is required. Also known as "Kissing Disease".

Informational letter for Parents

Mononucleosis

Dear Parent:

A child at our school/daycare center has Mononucleosis. Mononucleosis is a viral infection that most often occurs in teens and young adults between the ages of 15-25 years. Also known as the "kissing disease".

What causes Mononucleosis?

Mononucleosis is caused by virus and spread from person to person by contact with secretions from the nose, mouth, and throat of an infected person.

What are the signs and symptoms?

The signs and symptoms for Mononucleosis are fever, sore throat, listlessness, and swollen lymph nodes in the neck commonly occur. A skin rash may also develop as well as jaundice. Individuals may not return to school /daycare center until they are fever-free. In most cases this is about 1 to 2 weeks.

Pinworms (Enterobiasis)

Signs and Symptoms:

Signs and symptoms may be absent. Often rectal or genital itching is present.

Very small, white, thread-like worms may be seen in stool, on under-clothing and/or on the genital region. Irritation may result from scratching the rectum and/or genital regions. The child may be irritable and sleep may be disturbed.

Immediate Intervention:

If signs and symptoms are present, refer to a health care provider for management which may include medication.

Incubation Period:

The life cycle of pinworms requires 4-6 weeks.

Contagious Period:

As long as the worms or their eggs are present. Eggs can remain infective in the body for up to 2 weeks.

Transmission:

Swallowing of pinworm eggs. Eggs from the rectum are carried to the mouth on contaminated hands or articles.

School/Child Care Attendance:

Cases:

No restrictions.

Contacts:

No restrictions.

Reports Required:

None required.

Special Features:

Health education for parents and children:

- Careful hand washing after using the bathroom, diapering a child, and before eating.
- Discourage scratching of the rectum and genitals.
- Keep fingernails short and discourage nail biting and sucking of fingers.
- Recommend daily laundering and change of clothing and bed linen during the course of treatment. Treatment of the whole family at the same time may be advised.

Recurrence is common.

Informational Letter for Parents

Pinworms

Dear Parent:

A child at our school/daycare center has pinworms. Pinworm infection is the most common intestinal worm infection in the U.S. School-age children are the most often infected group. Parents can get the worms from their infected children.

What are pinworms?

Pinworms are small, less than one-half (1/2) inch long. They live in the human large intestine. They crawl out of the rectum at night to lay their eggs. As they crawl, they cause itching, which can often be irritating and severe enough to disturb someone's sleep. Itching is often the only symptom of pinworms.

How are pinworms spread from person to person?

Worm eggs are transferred to food or other items taken into the mouth when a person fails to wash hands well after handling contaminated pajamas, underwear or bedding. The infection can also be prolonged when eggs get on the fingers or under the fingernails while scratching the anus during sleep.

How can I tell if my child has pinworms?

By actually seeing the worms (best done at night) or by finding the eggs on the anus. (Your physician or the health department can explain how this is done with cellophane tape).

What is the treatment for pinworms?

There is medication to treat this condition. The whole family should take the medication to kill the worms. Further infection can only be prevented by washing all bedding and clothing in hot water and by carefully washing hands after using the toilet and before eating.

What do I do if I suspect someone in my family has pinworms?

Call your doctor, who can prescribe the proper medication, and wash bedding and clothing.

If you have any questions, please call your local health department office or medical provider.

Respiratory Syncytial Virus (RSV)

Signs and Symptoms:

During the early stages, mild, cold-like signs and symptoms, usually with fever over 102°F for more than 1 day.

Coughing is the most frequent sign. Cough, nasal congestion, and rapid breathing increase and may interfere with sleeping and eating. A sore throat may be present. An ear infection may also be present. Signs and symptoms may last for 1 to 2 weeks.

Immediate Intervention:

Isolate and exclude. Refer to a health care provider for diagnosis and treatment.

Incubation Period:

Ranges from 2-8 days; commonly 4-6 days.

Contagious Period:

3-8 days is most common; however, infants may continue shedding this virus for as long as 3-4 weeks.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected person. The secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude until symptoms subside and the individual is fever-free.

Contacts:

No restrictions.

Reports Required:

None. If there is an unusual absentee rate (above 10% of individuals in a single group setting) with upper respiratory infections, notify the local health department for additional management steps.

Special Features:

RSV usually occurs in yearly outbreaks during winter and early spring. Spread among household and child care contacts, including adults, is common.

Initial infection occurs most commonly during the first year of life. The majority of RSV infections are not serious; however, infants and young children may develop life-threatening illness requiring hospitalization for anti-viral treatment.

Other medical conditions such as asthma and chronic allergies may contribute to an individual's susceptibility to RSV and other respiratory infections.

A single infection with RSV generally does not make an individual immune to future RSV infections.

RSV infection is not easily distinguishable from other viral infections that cause respiratory signs and symptoms.

Informational Letter for Parents Respiratory Syncytial Virus (RSV)

Dear Parent:

A child at our school/daycare center has Respiratory Syncytial Virus (RSV). RSV can cause infections of the upper respiratory tract (like a cold) and the lower respiratory tract (like pneumonia). About half of the infections result in lower respiratory tract infections and otitis media (ear infections). It is the most frequent cause of lower respiratory infections, including pneumonia, in infants and children less than 2 years of age. Almost 100% of children in childcare get RSV in the first year of their life, usually during outbreaks during the winter months.

A RSV infection can range from very mild to life threatening or even fatal. Children with heart or lung disease and weak immune systems are at increased risk of developing severe infection and complications.

RSV is spread by breathing in infected droplets or touching contaminated surfaces.

How can Respiratory Syncytial Virus (RSV) be prevented?

The most effective preventative measure against the spread of RSV and other respiratory viral infections is careful and frequent hand washing.

Who is contagious?

A child needs to be excluded from school/daycare center until the child is fever-free.

If you have any questions, please call your local health department office or medical provider.

Ringworm

Signs and Symptoms:

Scalp: Begins as a "pimple", spreads and then become larger, leaving scaly patches of temporary baldness.

Skin: Flat, spreading, sores with reddish ring. May be dry and scaly, or moist and crusted. Itching is common.

Immediate Intervention:

Minimize contact with others until it is treated. Cover exposed sores with a bandage if practical. Refer to a health care provider. Complete treatment as instructed even after symptoms disappear.

Incubation Period: Unknown

Contagious Period:

If not treated it will be contagious as long as sores are present.

Transmission:

Direct contact with the sores or articles contaminated with the fungus.

Animals including dogs, cats, and cattle can be a source of infection.

Ringworm is not caused by a "worm;" it is caused by a fungus.

School/Child Care Attendance:

Cases:

Exclude until treatment begins.

Contacts:

Examine close contacts and exclude if infected. Parents may seek veterinary assistance in examining and obtaining treatment for infected household pets.

Reports Required:

None required.

Special Features:

Scalp: Direct contact with hair or hair care items, towels, and face cloths should be avoided. A baseball cap may be useful in keeping sores covered during treatment.

Skin: Launder towels, face cloths, and clothing in hot water. Store nap mats so sleeping surfaces do not touch each other.

Fungicidal agents must be used on tables, showers, dressing rooms, sinks, benches, and floors. Assure rapid draining of shower rooms.

Informational Letter for Parents

Ringworm

Dear Parent:

A child at our school/daycare center has ringworm. Ringworm is an infection caused by a fungus and may affect skin, hair, or nails of humans or animals.

What do you look for?

1. Flat or slightly raised ring-shaped rash on skin or scalp.
2. There may be small, pus-filled, or clear fluid blisters or it may be scaly or crusty.
3. On the scalp, there may be patches of temporary baldness.

How is ringworm spread?

1. By direct contact with rashes on the skin or scalp of infected persons.
2. Contact with rashes on animals.
3. Contact with contaminated clothing, combs, or brushes.

How do you get rid of ringworm?

1. See your doctor.
2. Follow treatment instructions.

Veterinary assistance may be sought for infected pets.

How can you prevent ringworm?

1. Keep your skin and feet clean and dry.
2. Shampoo regularly
3. Do not share clothing, towels, hairbrushes, combs, headgear or other personal care items
4. Wear sandals or shoes at gyms, lockers, and pools.
5. Avoid touching pets with bald spots.

REMEMBER: If your child does get ringworm, prompt treatment will help prevent the spread to others.

If you have any questions, please call your local health department office or medical provider.

Roseola

Signs and Symptoms:

High fever for 3-5 days, irritability, listlessness, and runny nose may be present. A rash with small, separate, rose-pink spots appears on the chest and abdomen at the time the fever disappears. The rash usually lasts only 1-2 days.

Immediate Intervention:

Exclude individuals with rash accompanied by fever.

Incubation Period:

From 5-15 days. Average 9 days.

Contagious Period:

Unknown.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected person. The secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Individuals with rash and fever should not return to the group setting until the rash and fever are gone.

Contacts:

No restriction.

Reports Required:

None required.

Special Features:

This rash illness is caused by Human Herpes virus 6. Cases occur throughout the year, mostly in children ages 3 months to 4 years of age. Although roseola is not a serious disease, occasionally convulsions occur during the period of high fever.

There is no known risk to pregnant women.

Non-aspirin products, like acetaminophen, should be used for fever reduction. Aspirin should never be given to children under 18, because of the risk of Reye's Syndrome.

Information Letter for Parents

Roseola

Dear Parent:

A child in our school/daycare center has Roseola.

What causes Roseola?

Roseola is a rash illness caused by Human Herpes virus 6. Cases occur throughout the year mostly in children ages 3 months to 4 years of age. Although roseola is not a serious disease, occasionally convulsions occur during the period of high fever. There is no known risk to pregnant women.

What are the signs and symptoms?

The signs of Roseola are high fever for 3-5 days, irritability, listlessness, and runny nose may be present. A rash with small separate, rose-pink spots appears on the chest and abdomen at the time the fever disappears. The rash usually lasts 1-2 days.

How can Roseola be prevented?

Individuals with the rash or fever should not return to the group setting until the rash and fever are gone.

Scabies

Signs and Symptoms:

Intense itching of the skin, especially at night. Small blister-like sores or tiny burrows (shorts, wavy, dirty-looking lines) that contain the mites and their eggs. These sores and burrows are seen commonly around finger webs, creases of the wrists and elbows, belt line, and genital of men and lower buttocks of women. In infants, the head, neck, palms, soles and buttocks may also be involved.

Immediate Intervention:

Exclude and refer to a health care provider.

Incubation Period:

From 2-6 weeks before itching is noticed.

Contagious Period:

As long as live mites are present.

Transmission:

Usually by direct skin-to-skin contact. Spread by contact with infested clothing and bed linen is possible. The mite can survive off the body for only a few days.

School/Child Care Attendance:

Cases:

Exclude for 24 hours after initial treatment.

Contacts:

All household contacts should be treated at the same time as the infested individual. Examine close contacts and refer for treatment if infested.

Reports Required:

Reports of outbreaks in schools, and child care centers are recommended.

Special Features:

Occasionally, 2 treatments one week apart may be required to eliminate the infestation. Follow directions for treatment. Improper or excessive use of treatment may cause toxic effects.

Itching may continue for weeks after treatment is complete.

Scratching may result in bacterial skin infections.

Environmental pesticide sprays are not recommended for management.

Wash and dry, on the hot cycle, all washable items that the individual may have come into contact with in the previous 3 days. Include bed linens, towels, and clothes.

Mites can burrow under the skin in 2 minutes.

Informational Letter for Parents

Scabies

Dear Parent:

A child at our school/daycare center has Scabies. Scabies is caused by a microscopic mite, *Sarcoptes scabiei*. Scabies infestation does require treatment so you will need to contact your healthcare provider.

What causes Scabies?

Scabies is an infestation of the skin with the microscopic mite *Sarcoptes scabiei*. Infestation is common, found worldwide and affects people of all races and social classes.

What are the signs and symptoms?

The following are the signs and symptoms of scabies infestation:

- Pimple-like irritations, burrows or rash of the skin, especially in the skin folds, between fingers, shoulder blades etc.
- Intense itching, especially at night and over most of the body.
- Sores on the body that have become infected due to scratching.

How can I prevent scabies?

Scabies is passed by direct, prolonged, skin-to-skin contact with a person already infested with scabies. Contact must be prolonged (a quick handshake or hug will not spread infestation).

Children have to be kept out of school/daycare centers until 24 hours after initial treatment.

Staphylococcal Infections

Signs and Symptoms:

Infection can be minor (such as pimples, boils and other skin conditions) or serious and sometimes fatal (such as blood infections or pneumonia). Localized staph infection is confined to a ring of dead and dying while blood cells and bacteria. The skin will feel warm to the touch.

Immediate Intervention:

A family physician should be notified whenever: A boil or carbuncle appears on any part of the face or spine (staph infections affecting these areas can spread to the brain or spinal cord); a boil becomes very sore is usually a sign that infection has spread and may become accompanied by fever, chills, and red streaks radiating from the site of the original infection; boils that develop repeatedly could become a symptom of diabetes.

Contagious Period:

From when signs appear until 24 hours after antibiotic treatment has begun.

Transmission:

To avoid spreading this disease, practice good hand washing after touching open sores or coming into contact with someone who has open sores. Use of infection control practices (such as wearing gloves before and after contact with infectious body tissues and proper hand washing) can reduce the spread. Appropriate use of antibiotics (i.e., use only when needed to treat bacterial infections and avoid overuse) will reduce the emergence of resistance strains.

School/ Child Care Attendance:

Cases:

All children with signs of this illness need to be excluded until 24 hours after antibiotic treatment has begun.

Contacts:

Anyone who has contact with a child that has open sores should make sure they practice good hand washing techniques and wear gloves if they are going to have contact with open sores.

Reports Required:

The Health Department does not need to be contacted. However inform parents of all children in the facility who may have been exposed.

Informational Letter to Parents

Staphylococcal Infections

Dear Parent:

A child at our school/daycare center has a Staphylococcal infection. Staphylococcal infections can be minor (such as pimples, boils and other skin conditions) or serious and sometimes fatal (such as blood infections or pneumonia).

What do I need to watch for?

A family physician should be notified whenever: a boil or carbuncle appears on any part of the face or spine; a boil becomes very sore, which is usually a sign that infection has spread and may become accompanied by fever, chills, and red streaks radiating from the site of the original infection.

How can Staphylococcal infections be prevented?

All children with signs of Staphylococcal illness need to be excluded for 24 hours after antibiotic treatment is started. To avoid spreading the illness, good hand washing needs to be practiced after touching open sores or coming into contact with someone who has open sores.

Strep Throat & Scarlet Fever

Signs and Symptoms:

Strep Throat: Typically, sudden onset of red sore throat, fever, listlessness, swollen glands, nausea, and headache. Tongue may be coated white and then become bright red.

Scarlet Fever: As above, with a fine sandpaper-like rash usually beginning on the chest and back and spreading to all parts of the body including the hands and feet. The rash clears in about 1 week and peeling of the skin is common.

Immediate Intervention:

Isolate, exclude, and refer to a health care provider for diagnosis and treatment.

Incubation Period:

From 1-3 days.

Contagious Period:

Untreated, 10-21 days. Treated with antibiotics, up to 48 hours after first dose.

Transmission:

Contact with secretions of the nose, mouth, and throat of an infected individual. These secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude for at least 48 hours after the first dose of oral antibiotics or 24 hours after antibiotic injection and until the individual is fever-free.

Contacts:

Observe for early signs and symptoms of illness.

Reports Required:

No report required.

Special Features:

Scarlet fever is the result of toxin produced by certain kind of streptococcal bacteria. Treatment is usually the same as for strep throat.

Streptococcal bacteria are responsible for other infections such as impetigo, and ear infections. Left untreated, streptococcal infections may damage the kidneys or heart (rheumatic fever). Infections are usually seasonal, with most cases in the winter months.

Dispose of tissues immediately after one use; use face cloths one time and on only one individual before laundering.

Informational Letter for Parents Streptococcal (Strep) Infections

Dear Parent:

A child in our school/daycare center has streptococcal (strep) infection.

What are the symptoms?

The first signs of illness will occur 1 to 3 days after your child has been exposed to the infection.

A sudden onset of red sore throat, fever, listlessness, swollen glands, nausea, and headache. The throat may be coated with white spots and then become bright red.

Who is contagious?

A child needs to be excluded from school/daycare center for at least 48 hours after the first dose of oral antibiotics or 24 hours after an antibiotic injection and until the individual is fever-free.

If you have any questions, please call your local health department office or medical provider.

Thrush/Yeast Diaper Rash

Signs and Symptoms:

Thrush: Creamy white patches resembling cottage cheese curds inside the mouth and on the tongue. When scraped, these spots leave a raw, bleeding, painful sore. Seen most often in infants and immunocompromised individuals.

Yeast Diaper Rash: Bright red rash in the diaper area. The infected skin may peel or develop open sores.

Immediate Intervention:

If signs and symptoms are present, refer to a health care provider for management which may include medication.

Incubation Period:

Variable; 2-5 days for thrush in infants.

Contagious Period:

While sores are present.

Transmission:

Thrush: Contact with secretions from the mouth and throat of an infected individual.

Yeast Diaper Rash: Contact with the skin and stool of an infected individual.

School/Child Care Attendance:

Cases:

Children who are being treated with medication prescribed or recommended by a health care provider for thrush or yeast diaper rash do not need to be excluded.

Contacts:

No restrictions.

Reports Required:

None. If there is an unusual infection rate (3 or more individuals in a classroom with Thrush or Yeast diaper rash) notify the local health department for additional management steps.

Special Features:

Both Thrush and Yeast diaper rash are caused by various kinds of Candida yeast.

When caring for children with thrush, special attention must be given to items contaminated with the saliva of infected children such as bottles, feeding utensils, pacifiers, mouthed toys, bibs, and clothing wet with drool, and medication implements. Pay special attention to cleaning and sanitizing mouthed items and equipment that belongs to the facility.

Place the child's personal items in a plastic bag, label with the child's name, and send home for cleaning. Make sure the child's bottle and pacifier are labeled and not "shared" with another child. Advise breastfeeding mothers to wash nipples before and after nursing.

Children with yeast diaper rash must have their diapers changed immediately after they become wet or soiled.

The child's bottom should be cleaned with soap and water, rinsed well, and gently patted dry. Avoid the use of corn starch, powders, ointments, and diaper wipes containing alcohols they can further irritate the skin and cause discomfort. Use only the ointments or medications recommended or prescribed by the child's health care provider. Clean and sanitize diaper changing surfaces well.

Careful hand washing after contact with affected areas or secretions, or items contaminated with secretions, is important.

Informational Letter for Parents

Thrush/Yeast Diaper Rash

Dear Parent:

A child at our school/daycare center has Thrush. Both Thrush and Yeast diaper rash are caused by various kinds of Candida yeast.

What causes Thrush/Yeast Diaper Rash?

Most cases of Thrush (in the oral cavity) and Yeast Diaper Rash are caused by a person's own Candida that normally live in the mouth or digestive tract. A child will have symptoms when there is too much growth of the Candida.

What are the signs and symptoms?

Thrush: Creamy white patches resembling cottage cheese curds inside the mouth and on the tongue. When scraped, these spots leave a raw, bleeding, painful sore. This illness is seen most often in infants and people with compromised immune systems.

Yeast Diaper Rash: Bright red rash in the diaper area. The infected skin may peel or develop open sores. Children who are being treated with medication prescribed or recommended by a health care provider for thrush or yeast diaper rash do not need to be excluded.