

INFECTIOUS DISEASE

IN CHILD CARE SETTINGS

GUIDELINES FOR CHILD CARE PROVIDERS



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The following guidelines are based on currently available health information. Recommendations for handling health problems in child care settings may change as new information becomes available.

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TABLE OF CONTENTS

Infections in Child Care Settings	1
Ways Illnesses Spread.....	1
Airborne Droplets/Infectious Discharges	
Fecal→Oral	
Skin Contact	
Blood Contact	
Handwashing.....	2
Handwashing Technique	
When to Wash Your Hands and Children's Hands	
Teaching Handwashing	
Preventive Measures	3
Childhood Immunizations	
Adult Immunizations	
Reporting the Illness	
Check For Symptoms of Illness.....	4
Symptoms	
What to Do When a Child Has Symptoms	
Keep Age Groups Separate.....	5
Meal & Snack Times	5
Handwashing	
Utensils	
Play and Nap Times	5
Method for Changing Diapers	6
When Toilet-Training Children	7
At the End of the Day	7
Keeping the Center Clean.....	7

TABLE OF CONTENTS (continued)

* Campylobacter	9
+ Chickenpox	10
Common Cold	11
* Cryptosporidiosis	12
Cytomegalovirus (CMV)	13
* E.Coli O157:H7	14
Fifth Disease	15
* Giardia	16
Hand, Foot and Mouth Disease	17
Head Lice (pediculosis)	18
* Hepatitis A	19
* Hepatitis B	20
HIV Infection and AIDS	21
Impetigo	22
Influenza	23
* Measles (10-day, Rubeola)	24
* Meningitis (bacterial)	25
* Mumps	26
Pink Eye (conjunctivitis)	27
Roseola	28
* Rubella (German Measles)	29
* Salmonella	30
Scabies	31
* Shigella	32
Strep Throat	33
* Tuberculosis (TB)	34
Viral Gastroenteritis (diarrhea)	35
* Whooping Cough (Pertussis)	36

* **REPORT** these infections to the **LOCAL** or **STATE HEALTH DEPARTMENT**
+ **May become reportable in 2003**

INFECTIONS IN CHILD CARE SETTINGS

Illness is common in children. While kids have developed resistance to the germs that are common in their own homes, they will be exposed to a variety of new germs when they are around other children. As a child care provider, you need to be aware of the common infections in preschool-aged children and know how to minimize their spread.

This guideline addresses infectious diseases found in child care facilities, explains ways to recognize them, and provides ways to reduce their spread.

WAYS ILLNESSES SPREAD

AIRBORNE DROPLETS/INFECTIOUS DISCHARGES

Diseases with respiratory tract symptoms are often spread by airborne droplets or by surfaces contaminated with nose/throat discharges. The sneezing and coughing of an infected child can result in some of the germs becoming air-borne. In addition, sick children will often contaminate their hands and other objects with infectious nasal/throat discharges. Some of the infections passed in this way are the common cold, chickenpox, influenza, measles, meningitis (viral and bacterial), mumps, whooping cough (pertussis), rubella, streptococcal infection, and viral gastroenteritis.

FECAL→ORAL

Intestinal tract infections are often spread through exposure to viruses, bacteria, or parasites in the feces and are transmitted by the fecal→oral route. This means that the germs leave the body of the infected person in the feces (poop) and enter the body of another person through the mouth. In most situations this happens when objects that have become contaminated with undetectable amounts of feces are placed in the mouth. Fecal→oral transmission can also occur when food or water is contaminated with undetectable amounts of human or animal feces. Studies have shown that the sites most frequently contaminated with feces are hands, classroom floors, faucet handles, diaper changing areas, toilet flush handles, toys and tabletops. Germs spread in this way include: campylobacter, cryptosporidium, E.coli O157, giardia, hepatitis A (infectious hepatitis), salmonella, shigella, and a variety of intestinal viruses.

SKIN CONTACT

Some conditions can be spread directly by skin-to-skin contact or indirectly by contact with contaminated surfaces. Impetigo, head lice, and scabies are all spread this way.

BLOOD CONTACT

Some infections are transmitted when a cut or mucous membrane comes in contact with an infected person's blood. Some examples of this are hepatitis B, hepatitis C and the human immunodeficiency virus (HIV). Infected children can possibly transmit these infections through biting if there is blood mixed with their saliva (for example from bleeding gums).

HANDWASHING

Handwashing is one of the best tools in controlling the spread of infections. Be sure that all of the children perform good handwashing, which will greatly reduce the amount of sickness in your facility.

Handwashing Technique

- Use **SOAP** and warm **RUNNING WATER**
- Rub your hands vigorously as you wash them
- Wash **ALL** surfaces including the backs of hands, wrists, between fingers and under fingernails
- Rinse your hands well
- Dry your hands with a paper towel
- Turn off the water using a paper towel instead of bare hands

When to Wash Your Hands and the Children's Hands

Be sure to wash your hands when you start work and before handling food. In addition, wash your hands after changing diapers, wiping noses, and cleaning up messes.

Be sure that the children's hands are washed after they use the toilet and before they eat or drink. Wash the children's hands for them if they are too young to do it for themselves. Teach children that good handwashing controls the spread of germs.

Teaching Handwashing

Because children often learn by watching adults, it is important that employees use good handwashing technique. When children are not washing their hands properly, it is necessary to show them proper technique in addition to telling them. It is also good to remind children that handwashing will stop the spread of germs that might cause illness.

PREVENTIVE MEASURES

Childhood Immunizations

State health regulations require children to be up to date on all immunizations and health checkups. This will help prevent serious illnesses such as diphtheria, tetanus, whooping cough, measles, mumps, rubella, hepatitis B and bacterial meningitis. Hepatitis A vaccine is also recommended for children age 2 or older.

Adult Immunizations

Personnel in child care centers should be vaccinated (or show laboratory evidence of immunity) against diphtheria, tetanus, mumps, measles, polio, and rubella. It is especially important for women of childbearing age to be vaccinated against rubella. In addition, pregnant care givers should tell their physicians that they work with young children.

Reporting the Illness

The Local or State Health department should be notified of all reportable diseases (see **Table of Contents** for list) and should be informed of any outbreak of illness. The goal of the health department is to assist child care providers in preventing further spread of illnesses.

Parents and child care providers should communicate with one another when a child becomes ill to ensure that the child is receiving the correct medical care and to ensure that other children in the child care facility aren't needlessly exposed to certain infections.

CHECK FOR SYMPTOMS OF ILLNESS

One of the duties of a child care facility is to assess the health of their children. Staff should be trained to monitor the children's behavior and note any symptoms of illness. Good communication with parents can often alert the staff to a sickness in a child's family prior to its arriving in the facility.

SYMPTOMS

- Severe coughing (child gets red or blue in the face, makes high-pitched croupy or whooping sound after coughing)
- Breathing trouble (especially important in an infant under six months old)
- Yellowish skin or eyes
- Pinkeye (redness of eye, watering, or pus from the eye)
- Unusual spots or rashes
- Infected skin sores (crusty, bright yellow, dry or moist areas of skin)
- Fever
- Unusual behavior (child is cranky or less active than usual, won't eat, cries more than usual, or just seems unwell)
- Frequent scratching of the scalp or skin
- Gray or white stool
- Blood or mucous in the stool
- Unusually dark, tea-colored urine
- Sore throat or trouble swallowing
- Headache
- Vomiting
- Loss of appetite
- Diarrhea

What To Do When A Child Has Symptoms

- Tell your director
- Separate the child from the other children
- Take the child's temperature
- If a child is coughing or sneezing, remind her/him to cover their mouth and to wash their hands afterwards
- If you wipe a child's nose, throw away the tissue and wash your hands
- After you touch a child who might be sick, avoid touching other children until after you have washed your hands

KEEP AGE GROUPS SEPARATE

Separating children by age groups helps to prevent spread of infections to other groups of children and staff.

MEAL AND SNACK TIMES

Handwashing

Check to see that all the children's hands are washed before they eat or drink and wash your hands before preparing food or serving their food. If you are interrupted while preparing food or spoon-feeding an infant, be sure to wash your hands before you continue.

Utensils

Make sure that the children do not share food, plates, or utensils. Remind them that sharing during meals can spread the germs that make them sick. Use a separate utensil for each baby you feed and clean and disinfect table tops before meals.

PLAY AND NAP TIMES

When Playing

Prevent children from playing in the bathroom. Try to wash an object that has been mouthed by a child before other children handle it. This is particularly important in the infant and toddler areas.

When Taking Naps

Children should be provided with their own cot. If this is not possible, they should be provided with their own set of mattress covers and linens (linens should be laundered weekly if possible).

If a child soils a crib or cot

Clean the crib or cot with soap and water and then use a disinfectant (1/4 cup bleach in a gallon of water made fresh daily). Clean the child, wash your hands, and then install the fresh linens.

METHOD FOR CHANGING DIAPERS

Infections that are transmitted by the fecal→oral route can be spread by poor diaper changing procedures. To avoid this, always use the following method for changing diapers.

- Check to make sure the supplies you need are ready (i.e. fresh diapers, clothes, and damp paper towels or pre-moistened towelettes)
- Ensure that the diapering table is covered with a non-absorbent, easily cleaned material
- Place a paper towel on the part of the diapering table where the child's bottom will be
- Hold the child away from your body when you pick him up
- When you know a child has soiled his diapers, only use your hands to carry him
- Lay the child on the paper or disposable towel
- Remove soiled diaper or clothes and put the soiled cloth diapers in a plastic bag for parents to take home with the child at the end of the day
- Clean the child's bottom with a damp paper towel and discard it in a covered plastic-lined trash receptacle
- Remove the paper or disposable towel from beneath the child and dispose of it in a plastic-lined receptacle
- Diaper or dress the child (It is all right to hold the child close to you at this point)
- Wash the child's hands (If you walk from the diapering table to the sink, be sure the child cannot fall.)
- Clean and disinfect the diapering area, soiled equipment and soiled crib (a disinfection solution of 1/4 Cup bleach in a gallon of water made fresh daily).
- Wash your hands

WHEN TOILET-TRAINING CHILDREN

Place any soiled clothes in a plastic bag for parents to take home at the end of the day (explain to parents that washing soiled clothes at the facility can spread infections). Parents should supply a clean change of clothes to the facility ahead of time in case of accidents.

After helping children use the toilet, show them how to wash their hands and tell them that proper handwashing will help keep them from getting sick or getting their classmates sick. If an unsupervised child uses the bathroom, ask her/him whether s/he washed her/his hands when s/he returns.

The use of potty chairs in child care facilities is not permitted.

AT THE END OF THE DAY

Keep diapered children from mixing with children from other age groups as they wait for their parents. Inform parents of illness occurring at the center or any symptoms of illness their child may have exhibited that day. Children with symptoms should also be separated from other children.

KEEPING THE CENTER CLEAN

Check the bathrooms at least once a day (more often if you can). Wash and disinfect soiled surfaces like faucet handles, toilet seats and handles.

Check all surfaces and objects that diapered children are likely to mouth once a day. Wash and disinfect crib rails, toys, and wash mattress covers and linens.

Wash and disinfect floors, low shelves, doorknobs, and other surfaces often touched by diapered children once a week.

Wash your hands after cleaning.

DISEASES GROUPED BY TYPE OF SPREAD

AIRBORNE SPREAD DISEASES

Chickenpox	10
Common Cold.....	11
Fifth Disease	15
Hand, Foot & Mouth Disease	17
Influenza	23
Measles	24
Meningitis	25
Mumps	26
Rubella.....	29
Strep Throat	33
Tuberculosis (TB).....	34
Whooping Cough (Pertussis).....	36

DIARRHEA AND OTHER

ILLNESSES SPREAD THROUGH FECAL→ORAL CONTACT

Campylobacter	9
Giardia.....	16
Hepatitis A	19
Salmonella.....	30
Shigella	32
Viral Gastroenteritis.....	35

VACCINE PREVENTABLE DISEASES

Hepatitis B	20
Measles	24
Meningitis (Bacterial).....	25
Mumps	26
Rubella.....	29
Whooping Cough (Pertussis).....	36

SKIN CONTACT DISEASES

Chickenpox	10
Head lice	18
Impetigo	22
Pink Eye.....	27
Scabies	31

CAMPYLOBACTER

DESCRIPTION

An intestinal infection caused by bacteria. Its symptoms may include diarrhea (sometimes bloody), low-grade fever, and abdominal cramping. Exposure occurs directly or indirectly by ingesting tiny amounts of stool from infected people or animals. Drinking contaminated water, unpasteurized milk, or eating contaminated food (it is commonly found in raw poultry) are examples of ways a person can be exposed to campylobacter. Campylobacter is usually identified through a stool culture.

INCUBATION PERIOD

1-10 days; commonly 3-5 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

It is infectious as long as the campylobacter bacteria are in the stool. A person may be contagious for a few days after symptoms are gone.

RESPONSIBILITIES OF PARENT AND CHILD CARE PROVIDERS

- Report the infection to the child care director and the **local or state health department**
- Do not transfer children to other child care facilities

CONTROL OF SPREAD

- Children or staff with untreated campylobacter diarrhea should not attend a child care facility, or should be separated from the well children until the diarrhea has stopped.
- Make sure that children wear clothing over their diapers to reduce diarrheal leakage
- Ensure that proper handwashing and cleaning techniques are in place at the facility and at home

TREATMENT

There are a number of effective prescription antibiotics to treat this illness. While treatment does not always shorten the length of time the person is ill, it can clean the bacteria from the stool more quickly.

CHICKENPOX (Varicella)

DESCRIPTION

Chickenpox is an illness caused by the varicella virus, that includes mild fever and an itchy whole body rash. The rash begins as bumps that becomes blister-like over 3 or 4 days and eventually turn into scabs. Several crops of these blisters will come out over a period of days resulting in sores of various stages of development. The rash tends to be more noticeable on the trunk than on exposed parts of the body and may appear inside the mouth and on the scalp. This is a highly contagious infection and is spread by direct contact with infected mouth or nose secretions, coughing and direct contact with the fluid inside the blisters (not the scabs). After chickenpox resolves, the varicella virus remains inactive in the person's nerve cells. Reactivation can occur later in life resulting in a "shingles" rash. People who have never had chickenpox may develop chickenpox after direct contact with the moist rash associated with shingles.

INCUBATION PERIOD

1½ -3 weeks; commonly 14-16 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

People are contagious from 2 days before the rash appears until all blisters have formed scabs or crusts (usually 5 days after the development of blisters).

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director and inform parents
- Do not transfer children to other child care facilities
- Tell parents NOT to give their sick children aspirin

CONTROL OF SPREAD

- Vaccinate all children over the age of 11 months
- Exclude infected children from school until all blisters have formed scabs and crusted
- Dispose of articles soiled with nose and throat secretions
- Wash hands after contacting soiled articles

TREATMENT

Fever and pain may be controlled by acetaminophen-containing medicines (like Tylenol). Children who are suspected of having chickenpox should not be given aspirin because it may increase their risk of Reye's syndrome, a serious complication.

COMMENTS

As of July 1, 2003, children aged 18 months -3rd grade, in child care facilities, are required to have varicella vaccine, a history of chickenpox or an exemption to the vaccine. Parents can be notified about possible exposure of their children and about the varicella vaccine using a form letter that is available through the Colorado Department of Public Health.

COMMON COLD

DESCRIPTION

Many different viruses cause the common cold. Their symptoms include a runny or stuffy nose, sneezing, coughing, mild sore throat, and little or no fever. Children under age 5 may get colds several times each year.

Colds are spread by direct contact with infected mouth and nose secretions (coughing and sneezing) and by indirect contact with hands, tissues, and other articles contaminated with nose and mouth secretions.

INCUBATION PERIOD

About 1-3 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

People are contagious from about 1 day before the symptoms appear until 5 days after the first signs of illness.

CONTROL OF SPREAD

- Exclusion of the child with the common cold is NOT necessary
- Teach the child to cover her/his mouth when sneezing or coughing
- Dispose of tissues soiled with nose and mouth secretions
- Wash your hands after contact with any article soiled with nose and mouth secretions

TREATMENT

There is no specific treatment for colds. Acetaminophen-containing medicines (like Tylenol), cough suppressants, and decongestants may be used in children older than 3 months in order to relieve the symptoms. **DO NOT USE ASPIRIN.** Prescription antibiotics are not necessary.

COMMENTS

Watch for new or more severe symptoms (for example, ongoing fever or cough) as they may indicate a more serious infection.

CRYPTOSPORIDIOSIS

DESCRIPTION

Cryptosporidiosis is an intestinal infection caused by the parasite cryptosporidium. In children, these symptoms often begin with loss of appetite and vomiting. The most common symptom is frequent non-bloody watery diarrhea. Other common symptoms include abdominal cramping and fatigue. Some people can be infected without showing any symptoms.

People with depressed immune systems should contact their physicians since this disease can be much more serious for them.

Fecal→oral exposure occurs directly or indirectly by ingesting tiny amounts of stool from infected people or animals (such as in petting zoos). Drinking or swimming in contaminated water or eating contaminated food are examples of ways a person can be exposed to this parasite.

INCUBATION PERIOD

1-12 days, typically 7 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

People are contagious as long as they have the parasite in their intestines. This may be several weeks after their symptoms have subsided or as long as 30 days after the initial onset.

RESPONSIBILITIES OF PARENT AND CHILD CARE PROVIDERS

- Report the infection to the child care director and the **local or state health department**
- Do not transfer children to other child care facilities
- Advise any care provider, parent or household contact with an impaired immune system to see their physician

CONTROL OF SPREAD

- Exclude affected children until their diarrhea has subsided
- Make sure that children wear clothing over their diapers to reduce diarrheal leakage
- Ensure that proper handwashing and cleaning techniques are being employed in the facility and at the child's home
- Soak contaminated surfaces with a 5% solution of ammonia or a 3% solution of hydrogen peroxide for ten minutes (do not use chlorine, since it is not effective against this organism).

TREATMENT

There is no treatment for Cryptosporidiosis. Affected children should be given plenty of fluids to prevent dehydration. In healthy children, the infection is self-limited, usually lasting an average of 10 days, but possibly lasting up to 20 days.

CYTOMEGALOVIRUS (CMV)

DESCRIPTION

Cytomegalovirus is an infection caused by a virus, CMV, that is a member of the herpesvirus family. CMV infection is very common in children under the age of five. Most CMV infections cause no symptoms or mild symptoms but it can be more serious in persons with impaired immune systems. CMV is spread by contact with infectious body secretions (in children, primarily saliva and urine). The virus can also be transmitted from mother to newborn before, during or after birth.

Most people have been exposed to CMV by the time they are adults and are immune to it. However, women who are exposed to CMV for the first time while pregnant may infect their unborn baby. When babies are infected in this way, most will have no symptoms, but some may have hearing loss, learning disability, or, occasionally, severe illness. Pregnant women should pay close attention to hygiene, particularly handwashing, and should inform their physicians that they work in a child care setting.

INCUBATION PERIOD

Not accurately known; probably 3-12 weeks

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

People are infectious as long as the virus is in body secretions, which can be months or years.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report known infection to the child care director

CONTROL OF SPREAD

- Exclusion of children NOT necessary
- Women of childbearing age working with young children should pay close attention proper handwashing procedures
- Avoid kissing infants (hugging is okay)

TREATMENT

There is no treatment for CMV infection in healthy individuals.

COMMENTS

Pregnant women who work with diaper-aged children should inform their physician that they work in child care.

***E. COLI* O157:H7
and
OTHER SHIGATOXIN PRODUCING BACTERIA**

DESCRIPTION

Escherichia coli (serotype O157:H7) and other Shiga toxin-producing bacteria can cause illness ranging from mild intestinal symptoms to severe kidney complications. In most cases, the illness is mild and lasts 1-3 days. The typical symptoms are a sudden onset of bloody diarrhea and abdominal cramps with little or no fever. Sometimes vomiting and non-bloody diarrhea are present. Occasionally hemolytic uremic syndrome (HUS) develops as a result of this infection. This serious kidney complication is caused by the Shiga toxin or verotoxin produced by the bacteria.

Exposure to *E. coli* can occur from eating contaminated undercooked meat (especially ground beef) and raw milk. It is also highly contagious and can spread person-to-person via the fecal→oral route.

INCUBATION PERIOD

Ranges from 1-8 days; commonly 3-5 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

- As long as the bacteria is in the feces; usually 1-4 weeks

RESPONSIBILITIES OF PARENT AND CHILD CARE PROVIDERS

- Report the infection to the child care director and the **local or state health department**
- Do not transfer children to other child care facilities

CONTROL OF SPREAD

- Exclude all infected children and caregivers until they have had two consecutive negative stool samples, or separate infected persons from well children.
- Cook ground beef until it is 160 degrees F (it should not be pink and its juices should be clear)
- Do not consume unpasteurized milk or dairy products
- Ensure that proper handwashing and cleaning procedures are being followed in the center and at home

TREATMENT

For mild illness, antibiotics have not been shown to shorten the duration of symptoms and may make the illness more severe in some people. Severe complications, such as HUS require hospitalization.

FIFTH DISEASE

DESCRIPTION

Fifth Disease is a common mild childhood illness caused by a virus called parvovirus B19. Symptoms may include a fever with a rash on the face (with a "slapped cheek" appearance), followed in 1-4 days by a lace-like rash on the trunk, arms and legs. A child may also have a mild non-specific illness consisting of fever, muscle aches, and headache the week before the rash begins. During the next 1-3 weeks, the rash may disappear and reappear following irritation, bathing, emotional stress, sunlight, and temperature changes. Infection without symptoms is common as well.

Over 50% of adults who are teachers or child care providers are already immune to the infection. For women who have never been infected, there is a small risk (probably 2-6%) of miscarriage if a woman becomes infected during the first half of pregnancy.

Hands, tissues, and other articles soiled by nose and throat secretions probably spread parvovirus B19. It may also be spread by sneezing and coughing.

INCUBATION PERIOD

4-14 days; sometimes as long as 21 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

A child is most likely to spread the virus a few days before the rash begins. Once the rash appears a person is unlikely to infect others.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

Report known infection to the child care director and inform parents of outbreaks

CONTROL OF SPREAD

- Exclusion of the child with fifth disease is NOT necessary since, by the time the rash illness is recognized, they are no longer contagious.
- Teach the child to cover her/his mouth when sneezing or coughing
- Dispose of tissues soiled with nose and throat secretions
- Wash hands after contact with any item soiled with nose and throat discharges

TREATMENT

There is no specific treatment. The use of acetaminophen-containing medicines (like Tylenol) may relieve fever but it will not make the rash disappear. DO NOT USE ASPIRIN.

COMMENTS

Routine exclusion of pregnant caregivers where fifth diseases is occurring is not recommended. However, pregnant caregivers sometimes choose to avoid exposure during an outbreak of fifth disease. A pregnant woman exposed to fifth disease is advised to contact her physician regarding counseling and antibody testing.

GIARDIA

DESCRIPTION

Giardia is an intestinal infection in people and animals caused by a parasite. Symptoms may include diarrhea, foul smelling stools, cramping, excessive gas or bloating, fatigue, nausea, and sometimes vomiting or weight loss. Fever and bloody stools are NOT usually seen with giardia infections. Many people infected with giardia have no symptoms. Giardia is spread by the fecal→oral route and may result from drinking fecally contaminated water or ingesting material from soiled surfaces. The organism is identified by microscopic examination or other laboratory tests on a stool specimen.

INCUBATION PERIOD

5-15 days; commonly 7-10 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

- As long as the organism is present in the stool, sometimes up to months
- People with diarrhea are more likely to spread it than the asymptomatic carriers

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director and the **local or state health department**
- Do not transfer children to other child care facilities

CONTROL OF SPREAD

- Whenever, possible, a child or caregiver with infectious diarrhea should not attend a child care facility, or should be separated from well children.
- Ensure that proper handwashing and cleaning procedures are being followed in the center and at home

TREATMENT

Treatment of ill children with appropriate antibiotic/anti-parasitic medication usually makes them non-infectious within a few days. Testing and treatment of children with no symptoms is usually not necessary.

HAND, FOOT & MOUTH DISEASE

DESCRIPTION

Hand, foot and mouth disease (HFMD) is a common mild childhood illness caused by specific strains of enteroviruses. The most common symptoms are fever, sore throat and the appearance of small blister-like sores in and around the mouth, on the palms and fingers, and on the soles of the feet. The sores fade without treatment in 7 to 10 days. Because there are several different types of viruses that can cause HFMD, people can develop the disease more than once if exposed to a different virus type. Infection is spread by coughing and sneezing and by direct or indirect (contaminated surfaces and toys) contact with nose and throat secretions, or by the fecal→oral route.

INCUBATION PERIOD

Usually 3 to 5 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

- Usually a week or less.
- In some cases, the virus can be present in the stool for several weeks after illness

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Inform the child care director of the illness
- Parents should consult with their physician to be sure that their child does not have a more serious disease (such as measles)

CONTROL OF SPREAD

- Exclusion is NOT necessary except in children with weeping sores and children with blisters in the mouth who drool
- Teach children to cover their mouths when sneezing or coughing
- Dispose of tissues soiled with nose and throat secretions
- Wash hands after contact with any item soiled with nose and throat secretions after diaper changes and after going to the bathroom

TREATMENT:

There is no specific treatment. The use of acetaminophen-containing medicines (like Tylenol) may relieve fever and other symptoms. **DO NOT USE ASPIRIN.**

HEAD LICE (PEDICULOSIS)

DESCRIPTION

The head louse is a blood-sucking insect that lives on the scalp and is common in child care settings. It generally causes severe itching behind the ears and above the neck. It is spread by direct contact with the scalp of an infected person, or by contact with personal items (such as combs, hats, clothing, bedding, and furniture). Head lice do not spread other diseases. Lice are identified by examining the scalp. The adults are less than 1/8 inch long, translucent or tan in color, and move. The live eggs (nits) are grey-white specks glued to the hair within a 1/4 inch of the scalp. Eggs that are more than 1/4 inch out from the base of the scalp are dead or are only empty egg casings. Treat all children who have adult lice or live eggs.

INCUBATION PERIOD

- 6-9 days for eggs to hatch
- Lice are capable of laying eggs about 10 days after hatching

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

- As long as the eggs, or lice, are alive
- Lice can survive away from humans for a week in humid conditions or 2 days in dry conditions

RESPONSIBILITY OF PARENTS AND CHILD CARE PROVIDERS

- Examine children who are seen scratching their heads and all of the classmates and contacts of infected people
- Inform the child care director of the infestation

CONTROL OF SPREAD

- Exclude all cases until 24 hours after treatment has begun (nits need not be removed)
- Carefully examine the heads and clothing (if necessary) of all children and personnel
- Examine close contacts of a case every two weeks
- Teach children not to share personal items (like hats)
- Launder clothing and bedding in hot water (130° F) for a minimum of 20 minutes, or dry clean. This should be done with items at both the child care facility and the home.
- Items that cannot be cleaned should be placed in a plastic bag for 2 weeks
- Carpet and furniture can be vacuumed or gently ironed (not sprayed with insecticide)
- Combs and brushes should be soaked in a disinfectant solution (1/4 cup bleach to a gallon of water) or lice-killing solution for 10 minutes

TREATMENT

Prescription and non-prescription medications are available for treatment of lice. Follow directions on medications and apply a second treatment in 7 to 10 days if necessary. Consult a physician before treating a child under the age of 2. Family members may also need treatment.

COMMENTS

Some lice have become resistant to treatment. Contact a physician if children continue to have adult lice after receiving three treatments.

HEPATITIS A (INFECTIOUS HEPATITIS)

DESCRIPTION

Hepatitis A is a viral infection that causes an inflammation of the liver. Symptoms may include abdominal discomfort, loss of appetite, nausea, low-grade fever and tiredness. After a few days, yellow skin and eyes (jaundice), dark urine, and pale stools may also be observed. The disease ranges from a mild illness, lasting 1-2 weeks, to a severe disease lasting several months. Older children and adults are much more likely to have symptoms, while young children may exhibit only mild symptoms, or show no symptoms at all. As a result, outbreaks in child care facilities are often discovered after illness occurs in adults (parents or caregivers). Hepatitis A is spread by the fecal→oral route and is often transmitted by people who do not have symptoms. A blood test for hepatitis A antibodies (IgM) is needed to diagnosis this infection.

INCUBATION PERIOD

15-50 days; usually about 4 weeks

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

A person is most infectious in the 2 weeks before symptoms begin, and slightly infectious for a week after jaundice begins.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection immediately to the child care director and the **local or state health department**
- The first indication of a hepatitis A problem in a child care facility may be an ill parent or employee, not an ill child.

CONTROL OF SPREAD

- Your health department will assist you in taking steps to assure that additional spread of hepatitis A does not occur in your facility.
- Exclude the ill child or employee until 1 week after the onset of jaundice.
- Ensure good handwashing & cleaning procedures are in place at the center and at home.
- In some cases, the health department will recommend immune globulin (IG) and hepatitis A vaccine for employees, child care attendees, and family members.
- Do not transfer children to other child care centers at this time.
- Do not accept new children into your center at this time.

TREATMENT

There is no treatment for hepatitis A after symptoms have developed. Vaccination for hepatitis A is effective at preventing the disease and is recommended for all children over the age of two. Unvaccinated people can be given immune globulin in the first 2 weeks after exposure in order prevent illness or lessen the severity of symptoms.

HEPATITIS B

DESCRIPTION

Hepatitis B is a viral infection that causes inflammation of the liver and is uncommon in child care facilities. The severity of the disease ranges from a mild illness with few symptoms to a serious illness resulting in death. Symptoms may include abdominal pain, loss of appetite, joint pain, nausea, vomiting, fatigue and low-grade fever, sometimes followed by yellow skin and eyes (jaundice) and dark urine. The virus is present in bodily fluids (particularly blood) and can be transmitted when these fluids come in contact with cuts or mucous membranes of people who are not immune. This virus can also be transmitted by sexual contact and from an infected woman to her child during birth. Children infected in this manner often become long-term carriers of the virus.

A blood test for the hepatitis B virus is needed to diagnose this infection.

INCUBATION PERIOD

2-6 months; usually about 3 months

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

People are infectious as long as they have the virus in their blood. Some people may carry the virus for life (chronic carriers).

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

Report the infection to the child care director and the **local or state health department**

CONTROL OF SPREAD

- Exclusion of infected children is not necessary
- Vaccinate everyone in the facility
- Surfaces contaminated with blood should be cleaned while wearing latex gloves, then disinfected with a bleach solution (1 cup of bleach in a gallon of water)
- Dispose of soiled items in plastic bags
- Ensure that proper handwashing and cleaning procedures are being followed in the center and at home
- Keep bleach, gauze and latex gloves easily accessible
- Prevent scratching, biting or combative behavior

TREATMENT

There is an effective vaccine for hepatitis B, which is required for all children in child care facilities. In addition, some infected people can be treated with special drugs that are somewhat effective against the hepatitis B virus.

HIV INFECTION AND AIDS

DESCRIPTION

HIV infection and the Acquired Immune Deficiency Syndrome (AIDS) are caused by the Human Immunodeficiency Virus (HIV). HIV attacks certain cells of the immune system and typically leads to an increased susceptibility to disease. Some infected children may display a broad range of symptoms but many appear completely healthy. The virus is present in the blood and can be transmitted when infected blood comes in contact with mucous membranes or cuts in the skin. Children usually acquire HIV from their mothers while in the womb or at birth. Other modes of transmission include unprotected sexual intercourse, sharing intravenous needles, and direct blood to blood contact. HIV is not spread by casual contact (routine classroom activity, toilet seats, etc.), including contact with saliva or tears.

INCUBATION PERIOD

Infants who acquire HIV infection before or during birth from infected mothers typically develop symptoms between 12-18 months of age, although some remain symptom-free for more than 5 years.

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

An infected person can transmit the virus throughout their lifetime.

CONTROL OF SPREAD

- Exclusion of infected children is not necessary; they can attend child care without any special restrictions; the risk of transmission of HIV in this setting is extremely low.
- Surfaces contaminated with blood should be cleaned up with soap and water, while wearing latex gloves, and disinfected with a bleach solution (1 cup of bleach in a gallon of water)
- Dispose of blood soiled items in plastic bags
- Keep bleach, gauze and latex gloves easily accessible to all employees

TREATMENT

While there is no cure for this disease, there are a number of anti-viral drugs that slow its progression.

COMMENTS

Children with HIV may be more likely to develop illnesses than other children. Attention to proper cleaning and good handwashing should be observed in order to reduce their exposure to other types of illness.

The confidentiality of HIV-infected people should be protected. Only people with a need to know should be aware of the identity of an infected person.

IMPETIGO

DESCRIPTION

Impetigo is a skin infection caused by Streptococcal and Staphylococcal bacteria. Impetigo produces pus-filled sores or moist patches of skin that typically develop into yellow scabs. It is frequently found on the arms, legs and face and can be transmitted to other parts of the body or to other people through direct contact with the sores or objects contaminated with secretions from the sores. Scrapes or dry skin will often make a person more susceptible to impetigo infections.

INCUBATION PERIOD

Streptococcal: 7 - 10 days. Staphylococcal: varies.

HOW LONG CAN A PERSON PASS THE INFECTION?

As long as the sores are leaking fluid.

RESPONSIBILITY OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director
- Group outbreaks should be reported to the local or state health department

CONTROL OF SPREAD

- Exclude children until 24 hours after treatment has begun
- Wash the infected sores frequently with mild soap and water
- Wash contaminated clothes, linens and towels at least once a day
- Ensure that good handwashing and cleaning methods are being followed in the center and at home

TREATMENT

There are a number of effective prescription antibiotics to treat impetigo. Refer children back to their physicians if antibiotic treatment fails to be effective.

INFLUENZA

DESCRIPTION

Influenza (“flu”) is a very contagious viral illness caused by the influenza virus and should not be confused with “stomach flu” (viral gastroenteritis). Influenza causes community-wide outbreaks every winter, usually from November through March. The illness usually has sudden onset and includes fever, muscle aches, headache, and cough. Sore throat, nasal congestion, and runny nose may also develop. In children, nausea and vomiting may also occur. In some children, the illness may only include fever. In young infants, influenza may cause a croup-like illness.

Influenza is spread by direct contact (coughing and sneezing) and by indirect contact with contaminated hands, tissues, and other articles soiled by nose and throat secretions.

INCUBATION PERIOD

1-4 days; commonly 2 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

People are contagious from the day before the symptoms appear until about 5 days after the onset of illness.

CONTROL OF SPREAD

- Exclusion of the child with fever
- Teach the child to cover her/his mouth when s/he sneezes or coughs
- Dispose of tissues soiled with nose and throat secretions
- Wash your hands after contact with any article soiled with nose and throat secretions

TREATMENT

There are specific anti-influenza medications which might be prescribed by a physician in certain circumstances. Acetaminophen-containing medicines (like Tylenol), cough suppressants, and decongestants may be used in children older than 3 months in order to relieve the symptoms. DO NOT USE ASPIRIN.

COMMENTS

Influenza may be prevented through yearly immunization with the influenza vaccine in the fall before “flu” season starts. This vaccine is recommended for children with certain chronic illnesses (e.g. diabetes, kidney disease, HIV infection) and is encouraged for healthy children 6–23 months of age.

MEASLES

DESCRIPTION

Measles is a highly contagious viral illness which is currently very rare in this country. The early symptoms of measles are fever (often 101 degrees or more), cough, runny nose, and red watery eyes. After 2-4 days, a rash appears at the hair line and begins to spread over the entire body. Measles may also lead to diarrhea, ear infection, or pneumonia. Rarely measles can lead to inflammation of the brain and death. Measles is spread person-to-person by coughing and sneezing and can be transmitted in the air of confined spaces for as long as two hours after being occupied by an infected person.

INCUBATION PERIOD

7-18 days; usually 10-12 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

Measles is contagious from 4-5 days before the rash begins until 4 days after the rash has appeared.

RESPONSIBILITY OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director and the **local or state health department immediately**
- Do not transfer children in or out of the facility

CONTROL OF SPREAD

- Exclude children until 5 days after the onset of the rash
- Vaccinate children over 6 months of age and adults who have not had two doses of vaccine

TREATMENT

While there is no cure for measles, there is a highly effective vaccine to prevent infection. The MMR (measles-mumps-rubella) immunization is required of children attending child care at 15 months of age, and again at entry to kindergarten.

MENINGITIS (BACTERIAL)

DESCRIPTION

Bacterial meningitis is an inflammation of the tissues that surround the spinal cord and brain and is caused by several types of bacteria (meningococcal, pneumococcal, and H. flu). Symptoms include fever, headache, stiff neck, nausea, loss of appetite, irritability, discomfort when looking into bright lights, confusion, drowsiness, seizures and coma, and sometimes rash. Infants may have a high-pitched cry, bulging of the soft spot and convulsions. Meningitis often follows a cold or ear infection and can be accompanied by infection of the joints and the bloodstream.

The bacteria which cause meningitis are spread person-to-person by coughing, sneezing and contact with nose and throat secretions.

INCUBATION PERIOD

Meningococcal: 1-10 days; usually 3-4 days

Pneumococcal: 1-3 days

H. flu: probably about 3-4 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

- Untreated infections are contagious as long as bacteria are present in the nose and throat.
- Cases are not infectious 24 - 48 hours after starting an effective antibiotic.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report bacterial meningitis infections to the child care director and the **local or state health department immediately**
- Do not transfer children to another facility

CONTROL OF SPREAD

- Exclude infected children until 48 hours after treatment with antibiotics
- In some cases, antibiotics may need to be given to the close contacts of the infected person, such as household members and child care classmates
- Vaccinate un-immunized or under-immunized children as indicated by the health department

TREATMENT

- Cases of bacterial meningitis and bloodstream infections often require hospitalization. Infected persons can be treated with antibiotics.
- Vaccines against *H.flu* and *Pneumococcal* infection are routinely given to children starting at 2 months of age. Since Meningococcal vaccine is not effective in young children, it is not routinely given.

COMMENT

Letters explaining H. flu and meningococcal infections are available from the Local or State health department and can be sent to parents in the case of an outbreak.

MUMPS

DESCRIPTION

Mumps is a viral illness that can cause swelling of one or more of the salivary glands, low grade fever and headache. However, approximately one third of infections do not have obvious swelling of the salivary glands. Symptoms generally resolve in 7-10 days. In teenage and adult males, painful swelling of the testicles may also occur. Teenage and adult females may have some lower abdominal pain. In rare cases in adults, complications such as inflammation of the spinal cord and brain, sterility, or death can occur. Mumps is spread by coughing and sneezing and through direct contact with nasal and throat secretions of infected people.

INCUBATION PERIOD

12-25 days; usually 16-18 days.

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

Mumps is contagious from 3 days before swelling of the salivary glands begins until 9 days after the onset of swelling, or until swelling has subsided..

RESPONSIBILITY OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director and the **local or state health department**
- Do not transfer children in or out of the facility

CONTROL OF SPREAD

- Exclude affected children until 9 days after the onset of swelling of the salivary glands
- All unimmunized individuals should be vaccinated
- Unimmunized children may be excluded until outbreaks are under control.

TREATMENT

While there is no specific treatment for mumps, there is a highly effective vaccine to prevent infection. For children attending child care, the MMR (measles-mumps-rubella) immunization is required at 15 months of age and again at entry to kindergarten.

PINK EYE (CONJUNCTIVITIS)

DESCRIPTION

Pink eye is an irritation or infection of the tissues lining the inside of the eyelid and the eye that may be caused by bacteria, viruses, chemicals, or allergies. Symptoms include a scratchy feeling in one or both eyes, and redness in the whites of the eyes. Discharge from the eye is also common; this may be pus-like (white or yellow), especially with bacterial infection. Sensitivity to light is another common symptom. Viral and bacterial conjunctivitis can be spread by direct contact with discharge from the eye or by direct contact with objects contaminated with eye discharge. It may be spread from contaminated towels, washcloths, handkerchiefs, and soiled hands.

Children suspected of having pink eye should be sent to a physician to determine whether treatment is indicated.

INCUBATION PERIOD

24-72 hours for bacterial infections and 1-12 days for most viral infections

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

Bacterial and viral conjunctivitis are contagious as long as there are symptoms or until approximately 24 hours after beginning antibiotic eye drops or ointment for bacterial infections. Pink eye caused by chemicals or allergies is not contagious.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director and the parents of the affected child

CONTROL OF SPREAD

- Exclude children with pink eye until examined by a physician and approved for readmission; if antibiotic eye drops or ointment are prescribed, these should be applied for 24 hours before readmission
- Ensure that good handwashing and cleaning practices are being followed in the center and at home
- Launder soiled items with hot soapy water and dispose of all contaminated tissues in a sanitary manner

TREATMENT

A physician may prescribe antibiotic eye drops or ointment to treat bacterial conjunctivitis, whereas, viral conjunctivitis is self-limited (may last 7-10 days) and requires no specific treatment.

ROSEOLA

DESCRIPTION

Roseola is a rash illness of infants and toddlers caused by a herpesvirus. It occurs mainly in children between the ages of 6 to 24 months. Symptoms include a high fever (>103°F) that lasts for about 3-7 days, followed by a rash that may last from hours to several days. Seizures may occur during the high fever stage of the illness. The way in which roseola is spread person-to-person is unknown, but the virus is known to exist in the nose and throat discharges of healthy people who have had roseola in the past. Roseola is not very contagious and usually goes away without any treatment.

INCUBATION PERIOD

Probably 5-15 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

The virus which causes roseola is thought to be intermittently present in respiratory secretions of adults who were infected as children. Contact with these infected secretions can spread the virus to infants and children.

The period of communicability is unknown but it is likely people can transmit the virus periodically throughout their lives.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

Report the infection to the child care director

CONTROL OF SPREAD

- Exclude children who have a fever
- Exclusion of children *without* a fever is not necessary
- Teach the child to cover her/his mouth when s/he sneezes or coughs
- Dispose of tissues soiled with nose and throat discharges
- Wash your hands after contact with any article soiled with nose and throat discharges

TREATMENT

There is no treatment for roseola.

COMMENTS

Any child with a fever and a rash should see a physician to ensure that s/he does not have a more serious illness.

RUBELLA (German Measles, 3-day Measles)

DESCRIPTION

Rubella is a mild viral illness; symptoms include a low fever and a general body rash. The first sign of this childhood illness may be swollen glands, usually at the back of the head, neck, and behind the ears, followed by a rash. The rash appears first on the face, then spreads rapidly to the trunk, upper arms and upper legs. It fades rapidly and is usually gone within three days. Rubella is spread through sneezing, coughing, and direct contact with nose and throat secretions of infected people. Approximately 20-50% of rubella infections have no symptoms at all. Infants born to women who were infected with the rubella virus during the first twenty weeks of pregnancy are at risk for severe birth defects.

INCUBATION PERIOD:

12-23 days, usually 16-18 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

From 7 days before until 7 days after the appearance of the rash.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director and the **local or state health department immediately**
- Do not transfer children in or out of the facility

CONTROL OF SPREAD

- Exclude affected children until 7 days after the onset of the rash
- All unimmunized individuals should be vaccinated
- In a rubella outbreak, unimmunized children may be excluded until the outbreak is controlled

TREATMENT

While there is no specific treatment for rubella, there is a highly effective vaccine to prevent infection. For children attending child care, MMR (measles-mumps-rubella) immunization is required of children at 15 months of age and again at entry into kindergarten.

COMMENT

All women who may become pregnant and who are frequently around children should be immunized against rubella unless they have documented immunity to rubella. Pregnant women should not receive a rubella vaccination due to the possible risk to the developing child.

SALMONELLA

DESCRIPTION

Salmonella is an intestinal infection caused by the salmonella bacteria. Its symptoms may include diarrhea, fever, abdominal pain, nausea, vomiting and sometimes blood or mucus in the stool. Salmonella is spread person-to-person and from pets to people by the fecal→oral route and may result from eating contaminated food, drinking contaminated water, or putting objects in the mouth that are contaminated. Drinking unpasteurized milk, eating undercooked meat (particularly poultry), or eggs and contact with some pets (especially reptiles) can result in salmonella infection.

INCUBATION PERIOD

6-72 hours; usually 12 to 36 hours

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

People are infectious throughout the period of illness and for a variable period of time after the symptoms have gone away. Children under age 5 may continue to shed salmonella bacteria in their stools for many weeks after their illness has gone away.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director and the **local or state health department**
- Do not transfer children in or out of the facility

CONTROL OF SPREAD

- Exclude infected children until their diarrhea has stopped.
- Children who do not have diarrhea do not need be excluded
- Make sure that children wear clothing over their diapers to reduce diarrhea leakage
- Be sure that good handwashing and cleaning methods are being practiced in the facility and at home
- Do not allow infected people to be involved in food preparation

TREATMENT

People are not given antibiotics for milder salmonella infections because these illnesses get better on their own and because antibiotics may cause prolonged shedding of the bacteria in the stool.

SCABIES

DESCRIPTION

Scabies is an infestation of the skin with a small burrowing mite. The symptoms of scabies are pimple-like sores or rashes that produce an intense itching. The sores are caused by the tiny burrows of the mites and scratching in response to the intense itching and are usually found between the fingers or on the wrists, elbows, armpits, buttocks, and genitalia. Scabies is transmitted by skin-to-skin contact and through contact with the clothing or linens of infected people. Scabies is typically diagnosed by microscopic examination of skin scrapings.

INCUBATION PERIOD

- 2-6 weeks for people who have never been infected
- 1-4 days for people who have had scabies in the past

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

People are contagious as long as the disease is left untreated and until 24 hours after the treatment.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director
- Do not transfer the child to another facility

CONTROL OF SPREAD

- Excluded infected children until treatment has been completed.
- Clean all of the child's clothes and bedding by dry cleaning or by using the hot settings on the washer and dryer.
- Any items that cannot be washed should be placed in a plastic bag for 4 days
- Monitor all of the child's contacts for symptoms of scabies

TREATMENT

There are a number of prescription lotions that are effective in treating scabies. In many cases, family members and playmates should also be treated. Because the sores are the result of hypersensitivity (an "allergic" type reaction) to the mite, itching may continue for several weeks after successful treatment.

COMMENT

Some mites have become resistant to treatment. Contact a physician if children continue to show symptoms three weeks after receiving treatment.

SHIGELLA

DESCRIPTION

Shigellosis is an intestinal infection caused by the shigella bacteria. Symptoms may include diarrhea (sometimes with blood or mucous), fever, vomiting, cramps or there may be no symptoms at all. Shigella is spread person to person by the fecal→oral route and may result from both direct contact with infected people or by coming in contact with contaminated surfaces.

INCUBATION PERIOD

1-7 days; usually 1-3 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

People are contagious as long as the bacteria are in their feces. It may be as long as a month after the symptoms have gone away before the bacteria are gone from the feces. Small numbers of the bacteria are enough to spread infection to others.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director and the **local or state health department**
- Do not transfer children in or out of the facility

CONTROL OF SPREAD

- Children with infectious diarrhea should not attend a child care facility, or should be separated from well children.
- Treatment with effective antibiotics will usually make a person non-infectious within 3 days
- Infected children who do not have diarrhea can attend child care if they can be separated from well children until they have taken effective antibiotics for 3 days.
- Make sure that children wear clothing over their diapers to reduce diarrhea leakage
- Ensure that good handwashing and cleaning methods are being practiced in the facility and at home
- Do not allow affected people to be involved in food preparation

TREATMENT

Antibiotics can be used in treating Shigella infections, but some antibiotics will not eliminate these bacteria. Lab tests can determine which antibiotics are effective for a specific shigella case.

STREP THROAT

DESCRIPTION

Strep throat is an infection of the throat caused by streptococcal bacteria. Toddlers (1- 3 year olds) may have only fever and a runny nose. Older children may have fever, sore throat, headache and swollen neck glands. It is spread by sneezing, coughing and by direct contact with nose and throat secretions of infected persons. A rapid strep test done in the doctor's office or a throat culture sent to the lab are necessary to diagnose a strep throat.

Scarlet fever is the name given to the rash that occasionally accompanies strep throat. This condition is no more serious than strep throat without a rash. Untreated strep infections can lead to rheumatic fever, an inflammatory illness that can damage the heart valves.

INCUBATION PERIOD

2 - 5 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

Untreated strep throat can be contagious for up to 10-21 days. Within 24 hours of antibiotic treatment, strep throat is no longer contagious.

RESPONSIBILITY OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director
- Report group outbreaks to the local or state health department
- Do not transfer out of the facility

CONTROL OF SPREAD

- Refer all children with symptoms of strep throat to a physician
- Exclude symptomatic children until 24 hours after treatment
- Asymptomatic children need not be excluded
- Teach children to cover their mouths when coughing or sneezing
- Ensure that good handwashing and cleaning methods are being used in the facility and at home
- Do not allow children to share eating utensils, food or drinking cups and disinfect toys mouthed by infants and toddlers

TREATMENT

- There are a number of prescription antibiotics available for treating strep throat.
- If oral antibiotics are prescribed, it is important for the child to complete the entire 10 day course to prevent the possible complication of rheumatic fever.

TUBERCULOSIS (TB)

DESCRIPTION

Tuberculosis is a bacterial infection that typically affects the lungs but can affect many parts of the body. Most infected children do not have symptoms. When symptoms are present, they may include: fever, weight loss, cough, night sweats, and chills. TB is spread to children typically from close contact with an adult with active, contagious disease in their lungs who is coughing.. Persons who are at greatest risk of getting TB are those who have family or friends with active TB in their lungs, HIV, and persons who come from parts of the world (developing countries) where TB is widespread (Asia, Africa, Eastern Europe and South America) .

INCUBATION PERIOD

People can carry the TB bacteria in their bodies for many years without active disease.

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

People with TB are only contagious when they have active disease in their lungs or throat which has not been treated.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director and the **local or state health department**

CONTROL OF SPREAD

- Exclude symptomatic children until they have been cleared by a public health authority
- Asymptomatic children need not be excluded
- Ensure that infected children take all of their prescribed medication
- Skin testing all of the children and staff for exposure to TB may be necessary in some cases

TREATMENT

There are a number of prescription drugs available to treat TB.

COMMENT

Some strains of TB have become resistant to many drugs because of people not taking all of their prescribed doses. Special care should be taken to insure that children being treated for TB receive all of their medication.

VIRAL GASTROENTERITIS (VIRAL DIARRHEA)

DESCRIPTION

Viral gastroenteritis ("stomach flu") can be caused by many different viruses and can result in outbreaks and ongoing transmission in communities. Symptoms are usually low-grade fever, nausea, vomiting, cramps and diarrhea. Symptoms usually last 1-2 days, but can last longer. Viral gastroenteritis is highly contagious and appears to spread mainly through the fecal→oral route, but may also be spread by inhaling virus particles that have been spread into the air by an infected person vomiting or having diarrhea.

INCUBATION PERIOD

10-96 hours; usually 1-2 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

During the illness and for several days after symptoms are gone .

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDERS

- Report the infection to the child care director
- Report clusters of illness to the local or state health department

CONTROL OF SPREAD

- Children with infectious diarrhea should not attend a child care facility, or should be separated from well children.
- Make sure that children wear clothing over their diapers to reduce diarrheal leakage
- Ensure that good handwashing and cleaning procedures are being followed in the child care facility and at home.

TREATMENT

- There is no specific treatment for viral gastroenteritis. Fluids are important to prevent dehydration.
- Persons with severe or prolonged diarrhea (lasting longer than 2-3 days) or who also have a high fever, or bloody diarrhea should be referred to a physician.

WHOOPIING COUGH (Pertussis)

DESCRIPTION

Pertussis is a moderately contagious and fairly common bacterial infection that can cause a prolonged and sometimes severe cough illness. The illness may begin with "cold-like" symptoms (runny nose). After several days, severe coughing fits may cause a child to vomit or lose her/his breath. In many cases, a high-pitched crowing (the whoop) is heard when inhaling after a coughing spell. The coughing can last from several weeks up to 3 months and is transmitted by coughing, sneezing, and contact with throat and nose secretions. Pertussis is more severe in children less than 1 year of age. Infants may develop complications and require hospitalization.

INCUBATION PERIOD

5-21 days; usually 7-10 days

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

Pertussis is highly contagious in its early stages ("cold-like" stage) and becomes less infectious as the illness progresses. People are not infectious after five days of appropriate antibiotic treatment, or after 3 weeks of coughing.

RESPONSIBILITIES OF PARENTS AND CHILD CARE PROVIDER

- Report the infection to the child care director and the **local or state health department**
- Do not transfer children in or out of the facility

CONTROL OF SPREAD

- Exclude affected children until 5 days after appropriate treatment has begun.
- Close contacts to a pertussis case should be referred to a physician for antibiotics to prevent infection or reduce symptoms.
- Exclude close contacts who are coughing until they have taken 5 days of antibiotics.
- All unimmunized, or inadequately immunized, children age 6 weeks through 6 years of age should be given a DTaP (diphtheria, tetanus and pertussis) vaccine.

TREATMENT

Certain antibiotics are given to prevent the spread of pertussis. It takes 5 days of antibiotic treatment to make an infected person no longer contagious.

COMMENT

Protection from pertussis is best provided by the DTaP vaccine series, which is started at 6 weeks - 2 months of age. While adults and teenagers may be susceptible to pertussis, only children under the age of 7 years should receive the vaccination. Some adults and teenagers may spread the pertussis bacteria while having only mild symptoms.