

Guide to Infectious Diseases For Schools and Child Care Providers

A quick reference guide



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Infectious diseases are caused by microscopic organisms that enter the body and multiply to create symptoms that can range from mild to fatal. Although progress has been made to control many infectious diseases, new organisms have evolved.

This guide was created as a quick reference to common infectious diseases that occur in group settings.

The following information will be discussed with each disease:

CAUSE: An organism that is capable of producing infection or infectious disease.

SYMPTOMS: Any subjective evidence of a disease.

TRANSMISSION: The way an infectious agent is spread from one source or reservoir to a person.

INCUBATION: The time between initial contact with an infectious agent and the first appearance of symptoms associated with the infection.

CONTAGIOUS PERIOD: The time during which an infectious agent may be transferred directly or indirectly from an infected person to another person or from an infected animal to human.



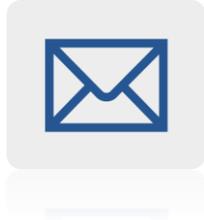
Exclusion guidelines specific for each disease can be found on the following fact sheets.

This telephone symbol indicates the associated disease is reportable in the state of Nebraska. Cases can be reported in Hall, Hamilton, and Merrick Counties by calling (308) 385-5175. When reporting, please have the following information ready:

- Name of disease/illness
- Person's name, parent/guardian's name, date of birth, address, and phone number
- Date of onset of symptoms
- Physician's name and phone number
- Immunization history



Basics measures to prevent and control the spread of infectious diseases.



ALERT LETTER

Date:

NOTICE: CONTAGIOUS DISEASE ALERT

Dear Parent or Guardian:

A child at this school/daycare has _____.
Name of Disease

Your child may have _____.
Name of Disease

1. Please check your child for symptoms listed on the attached **FACT SHEET** for this disease.
2. If you suspect your child may have the disease, take them to see their primary care physician.
3. If your child has this disease, notify the school and their daycare provider immediately.

Sincerely,

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Campylobacteriosis

Campylobacteriosis is an infection of the intestines that usually lasts from 2 to 5 days, although adults can sometimes be ill longer. Transmission does not usually occur in child care settings if good hand washing procedures are being used.

CAUSE: *Campylobacter* bacteria

SYMPTOMS: Diarrhea, abdominal pain, fever, nausea, and vomiting. The diarrhea may contain blood and mucus. Infected persons may show mild symptoms or may have no symptoms at all.

TRANSMISSION: People most often get *Campylobacter* by eating contaminated food or drinking contaminated water or unpasteurized milk. *Campylobacter* bacteria are often found in raw meats and poultry. Spread can also occur through contact with infected pets, usually puppies or kittens, or from handling wild animals. *Campylobacter* can also be spread when bacteria leave the body through the stool of an infected person and enter another when hands, food, or objects (Such as toys), becomes contaminated with stool, are placed in the mouth.

INCUBATION: It takes 1 to 10 days, usually 2 to 5 days, from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: As long as *Campylobacter* is present in the stool, this can be several days to several weeks. Early treatment shortens the duration of illness and prevents relapse.



Until diarrhea has stopped. Children who show the bacteria in their stools, but do not have symptoms (diarrhea), do not need to be excluded from school. Exclusion from food handling or care of children while symptomatic.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform you child care provider if your child has this illness.

Prevention & Control

1. Thoroughly cook all foods that come from animals, especially poultry. Be sure that uncooked foods, such as fruits or vegetables, do not come into contact with cutting boards or knives that have been used with raw meat or poultry.
2. Wash hands thoroughly with soap and running water for at least 20 seconds after using the toilet, changing diapers, and before preparing or eating food. Thorough hand washing is the best way to prevent spread of infectious diseases found in the intestinal tract. Parent/guardians and child care staff should closely monitor hand washing of all children after bathroom use or diapering. If hand sanitizers are used, they may be used only after thorough hand washing.
3. Clean and disinfect or sanitize contaminated areas (diapering area, toilets, potty-chairs) and toys at least daily when soiled.



1. Bleach Disinfectant

- ¼ cup bleach in a gallon of water
- 1 tablespoon bleach in a quart of water

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial disinfectant that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoon bleach in 1 gallon water
- ¼ teaspoon bleach in 1 quart water

USE TEST STRIP TO CHECK CONCENTRATION.

DO NOT RINSE, LET AIR DRY.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

4. Diagnosis and Treatment: Discuss this fact sheet with your physician if you or your child has symptoms of Campylobacteriosis. There is a lab test to detect the bacteria in your stool. If it is found, treatment is available. Your doctor will help you decide if treatment is needed.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Chickenpox

Chickenpox (varicella) is one of the most common infections of childhood. It is highly contagious, but rarely serious for most children. Chickenpox in newborns and those with weak immune systems can be severe. Most adults/teens have had chickenpox. However, when it does occur in adults it may be more severe.

CAUSE: Varicella-zoster, a member of the Herpes virus family.

SYMPTOMS: Fever and skin rash that appears in crops. The rash begins on the chest, back, underarms, neck, and face. It starts out as red bumps, which turn into blisters within several hours, and then scab over after 3 to 4 days.

TRANSMISSION: By droplets, small particles of fluid of expelled from the nose and mouth during sneezing and coughing, or by direct contact with the blisters.

INCUBATION: It usually takes 2 to 3 weeks, commonly 14 to 16 days, after being exposed until symptoms develop.

CONTAGIOUS PERIOD: From 1 to 2 days before the rash develops until all the blisters have dried into scabs (usually about 5 days).



Until ALL the blisters have dried and formed scabs (a minimum of 5 days after the onset of the rash). Exposed children without symptoms do not need to stay home unless chickenpox develops.

Prevention & Control

1. Children in child care or preschool must be vaccinated against chickenpox or have written proof confirming the year the children had the disease.
2. If your child has not had the chickenpox, contact their physician or the Central District Health Department at 385-5175 for information about vaccination.
3. When a pregnant women or a person with a weak immune system who has not had chickenpox is exposed, he or she should contact a physician immediately for possible treatment.

4. If you suspect that your child has chickenpox, you may wish to contact their physician. Do not go to the doctor's office without calling first. They will want to keep your child separate from others to keep the chickenpox from spreading.



DO NOT GIVE ASPIRIN TO A CHILD WITH CHICKENPOX.

There is a risk of developing Reye syndrome (a serious condition which can cause death) when children or adolescents take aspirin for viral illnesses such as chickenpox or influenza.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Conjunctivitis

Conjunctivitis is a common eye infection in young children. Bacterial conjunctivitis, which is of most concern in the child care setting, occurs often in children under five years of age. Viral conjunctivitis is often found along with the common cold or other mild cold-like illnesses.

CAUSE: Bacteria, viruses, allergies, or chemicals

SYMPTOMS: Bacterial: Pink or red conjunctiva (lining of eyeball), white or yellow eye discharge (pus), often with matted eyelids after sleep, eye pain or eyelid redness.

Viral: Pink conjunctiva with a clear, watery eye discharge and without fever, eye pain or eye redness.

TRANSMISSION: Bacterial and viral infections can be spread by contact with the secretions from the eyes, nose, and mouth.

INCUBATION: It commonly takes 24 to 72 hours after exposure to bacterial or viral conjunctivitis for symptoms to begin.

CONTAGIOUS PERIOD: During the active phase of illness characterized by tearing and discharge.



EXCLUSION

For bacterial conjunctivitis with pus: exclude until the child has been examined by his/her physician, treated for 24 hours and the physician has approved readmission.

For other conjunctivitis without pus: no exclusion necessary.

Prevention & Control

1. Keep children's eyes wiped free of discharge. Avoid contact with eye drainage.
2. Dispose of contaminated tissues properly.
3. Frequent careful hand washing by child care staff, children and household members.

4. Clean and sanitize mouthed toys at least daily and when soiled. Try to prevent sharing of toys when conjunctivitis is present.



1. Bleach Disinfectant

- ¼ cup bleach in a gallon of water
 - 1 tablespoon bleach in a quart of water
- PREPARE FRESH SOLUTION DAILY.*

OR

2. Commercial disinfectant that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

5. Diagnosis and Treatment: If your child has white or yellow eye drainage, discuss this fact sheet with their physician. She/he will decide whether the child needs antibiotic treatment (eye ointment or drops).

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Cryptosporidiosis

Cryptosporidiosis, often called "crypto" is an infection of the intestine that affects both humans and animals. Some infected person may have no symptoms but can be a source of infection for others. Person to person transmission occurs and can cause outbreaks in child care centers. Spread can be controlled if good hand washing procedures are being used.

CAUSE: *Cryptosporidium parvum*, a one-celled organism

SYMPTOMS: Frequent, watery diarrhea and vomiting are the most common symptoms. Other symptoms may include abdominal pain, weight loss, and nausea. This diarrheal illness will generally go away on its own. There is no antibiotic treatment available. In a healthy person with a normal immune system, symptoms will last for about two weeks or less.

TRANSMISSION:

1. Fecal to oral route. Transmission can occur when the organism leaves the body through the stool of an infected person and enters another when hands, food, or objects (such as toys), contaminated with stool, are placed in the mouth.
2. Transmission can also occur by ingesting food or water contaminated with stool, including water in the recreational water park and swimming pool setting.
3. Also, transmission can occur through contact with infected animals.

INCUBATION: It takes 1 to 12 days, usually 7 days, from the time a person is infected until symptoms develop.

CONTAGIOUS PERIOD: As long as the organism is present in the stool.



EXCLUSION

Until diarrhea has stopped. Exclusion from food handling and direct infant care until symptoms have resolved.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform your child care provider if your child has this illness.

Prevention & Control

1. Wash hands thoroughly with soap and warm running water for at least 20 seconds after using the toilet, changing diapers, handling and cleaning up after pets, and before preparing or eating food. Thorough hand washing is the best way to prevent spread of infectious diseases found in the intestinal tract. Parent/guardians and child care staff should closely monitor hand washing of all children after bathroom use of diapering. If hand sanitizers are used they may be used only after thorough hand washing.
2. Clean and disinfect contaminated areas (diapering area, toilets, potty-chairs) and sanitize toys at least daily and when soiled.

| | |
|---|---|
|  | <p>1. Bleach Disinfectant</p> <ul style="list-style-type: none">• ¼ cup bleach in a gallon of water• 1 tablespoon bleach in a quart of water <p><i>PREPARE FRESH SOLUTION DAILY.</i></p> <p>OR</p> <p>2. Commercial disinfectant that is EPA approved</p> <p><i>FOLLOW MANUFACTURER'S DIRECTIONS.</i></p> |
|  | <p>1. Bleach Sanitizer (Use non-scented)</p> <ul style="list-style-type: none">• 1 teaspoon bleach in 1 gallon water• ¼ teaspoon bleach in 1 quart water <p><i>USE TEST STRIP TO CHECK CONCENTRATION.</i></p> <p><i>DO NOT RINSE, LET AIR DRY.</i></p> <p><i>PREPARE FRESH SOLUTION DAILY.</i></p> <p>OR</p> <p>2. Commercial or food grade sanitizer that is EPA approved</p> <p><i>FOLLOW MANUFACTURER'S DIRECTIONS.</i></p> |

3. Diagnosis and Treatment: Discuss this fact sheet with your physician if you or your child has symptoms of cryptosporidiosis. There is a lab test to detect *Cryptosporidium oocysts* in the stool. No treatment other than rehydration, when indicated, has been proven to be effective.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Escherichia Coli (E. Coli)

Escherichia coli (E. coli) can cause an infection of the intestines. These bacteria are found in the digestive tract of some beef and dairy cattle, where they can get into milk or into meat during the slaughtering process. In humans, the bacteria produce a toxin that can cause diarrhea.

CAUSE: E. coli 0157:H7 bacteria

SYMPTOMS: Some people infected with E. coli have no symptoms at all. Others can be ill with watery or severe bloody diarrhea, abdominal cramps, and a low-grade fever.

TRANSMISSION: By eating contaminated food (especially ground beef that is not thoroughly cooked) or by drinking unpasteurized milk or unpasteurized apple cider. These bacteria can also spread from person to person, especially from children in diapers. Spread can also occur when a person does not wash his/her hands after using the toilet or changing diapers.

INCUBATION: It takes from 2 to 10 days, usually about 3 to 4 days, from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: The bacteria can be found in the stool for about one week, possible as long as 3 weeks, after symptoms start.



EXCLUSION

Until diarrhea has stopped and 2 stool cultures, at least 1 day apart, are negative.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform your child care provider if your child has this illness.

Prevention & Control

1. Thoroughly cook all hamburger or ground beef until it is brown, not pink inside. Heat kills the bacteria. Do not drink unpasteurized milk or unpasteurized apple cider.
2. Wash hands thoroughly with soap and warm running water for at least 20 seconds after using the toilet, changing diapers, and before preparing or eating food. Thorough hand washing is the best way to prevent the spread of infectious disease found in the intestinal tract. Parent/guardians and child care providers should closely monitor hand washing of all children after bathroom use or diapering. If hand sanitizers are used, they may be used only after thorough hand washing.
3. Clean and disinfect contaminated areas (diapering area, toilets, and training-toilets) and sanitize toys at least daily and when soiled.



1. Bleach Disinfectant

- ¼ cup bleach in a gallon of water
- 1 tablespoon bleach in a quart of water

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial disinfectant that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoon bleach in 1 gallon water
- ¼ teaspoon bleach in 1 quart water

USE TEST STRIP TO CHECK CONCENTRATION.

DO NOT RINSE, LET AIR DRY.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

4. Diagnosis/Treatment: There is a lab test to look for E. coli in the stool. Diarrhea caused by E. coli usually goes away after a few days without any treatment. Antibiotics and medications to stop diarrhea are usually not recommended. Check with your doctor before taking any over-the-counter medications.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Fifth Disease

Fifth disease (also known as erythema infectiosum) is a mild, common rash illness caused by a virus. Outbreaks of fifth disease frequently occur in child care setting and schools.

CAUSE: *Human parvovirus B19*

SYMPTOMS: Rash; sometimes a fever or sore throat. The characteristic rash causes a striking redness of the cheeks ("slapped cheek") in children. It often begins on the cheeks and is later found on the arms, upper body, buttocks, and legs; it has a very fine, lacy, pink appearance and itches. The rash tends to come and go for days or even weeks, especially as a response to sunlight or heat. In general, the rash around the face will fade within 4 days. The rash on the rest of the body fades within 3 to 7 days of its appearance. Pain and swelling of the joints may occur, especially in adults.

TRANSMISSION: Person to person, most likely through respiratory secretions. Can be epidemic among children.

INCUBATION: It takes from 4 to 20 days from the time a person is exposed until symptoms begin.

CONTAGIOUS PERIOD: Not well documented but greatest before onset of rash and probably not communicable after onset of rash.



EXCLUSION

If other rash-causing illnesses are ruled out, there is no need to exclude or isolate the child, as long as fever is no longer present.

Prevention & Control

1. Wash hands thoroughly with soap and running water for at least 20 seconds after wiping the nose or mouth. If hand sanitizers are used, they may be used only after thorough hand washing.
2. Dispose of tissues containing respiratory secretions properly.
3. Treatment: None.



Pregnant women should be aware of the potential risk of complications to the fetus if Fifth disease is acquired during pregnancy. These risks include fetal anemia with hydrops fetalis and fetal death in less than 10% of such infections.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Haemophilus Influenza Type B (Hib)

Haemophilus influenza type b (Hib) was the most common cause of bacterial meningitis among infants and young children until an effective vaccine became available in the late 1980's. The most common infections caused by Hib are meningitis, cellulitis, epiglottitis, pneumonia, and arthritis. These are invasive conditions. Other conditions caused by Hib are otitis media and sinusitis, non-invasive infections. Children ages 2 and under are most likely to develop these infections, although those up to age 5 are still at some risk.

CAUSE: *Haemophilus influenza* type b bacteria

TRANSMISSION: Through secretions and droplets from the nose and throat (i.e. coughing and sneezing). Healthy people, including adults, may carry these bacteria in their noses and throats.

INCUBATION: Unknown, probably about 2 to 4 days from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: Until 24 to 48 hours after effective treatment begins.



EXCLUSION

Until the child has been treated and is well enough to participate in normal daily activities.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform your child care provider if your child has this illness.

Prevention & Control

1. Vaccines for Hib have been available since 1985. As of 1993, Nebraska State Law requires proof of age-appropriate vaccination.
2. Diagnosis and Treatment: Haemophilus disease is caused by bacteria and it can be treated with antibiotics. If left untreated, it can be fatal.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Hand, Foot, and Mouth Disease

Hand, foot, and mouth disease is an infection which is most common in children under ten years old. This illness occurs most often in the summer and fall months.

CAUSE: A *coxsackie* virus

SYMPTOMS: Lesions (small sores) occur toward the front of the mouth, on the sides of the tongue, inside the cheeks, and on the gums. These mouth sores may last 7 to 10 days. In most cases, sores (that may resemble blisters) will also be found on the palms of the hands, the fingers, and the soles of the feet. A low grade fever may last 1 to 2 days.

TRANSMISSION: This virus leaves the body through the stool of an infected person and enters another person when hands, food, or objects (such as toys) contaminated with stool, are placed in the mouth.

INCUBATION: It usually takes 3 to 5 days after exposure for symptoms to begin.

CONTAGIOUS PERIOD: During illness and possibly for several weeks after illness (through contact with stool). Also, infected persons who may not seem sick are able to spread infection.



EXCLUSION

Until fever is gone and child is well enough to participate in normal daily activities. Sores may still be present.

Prevention & Control

1. Wash hands thoroughly with soap and running water for at least 20 seconds after using the bathroom, wiping the nose or mouth, and after handling diapers or anything soiled with stool. If hand sanitizers are used, they may be used only after thorough hand washing.

2. Clean and disinfect contaminated areas (diapering area, toilets, potty-chairs) and sanitize toys at least daily and when soiled.



1. Bleach Disinfectant

- ¼ cup bleach in a gallon of water
- 1 tablespoon bleach in a quart of water

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial disinfectant that is EPA approved
FOLLOW MANUFACTURER'S DIRECTIONS.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoon bleach in 1 gallon water
- ¼ teaspoon bleach in 1 quart water

USE TEST STRIP TO CHECK CONCENTRATION.
DO NOT RINSE, LET AIR DRY.
PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved
FOLLOW MANUFACTURER'S DIRECTIONS.

3. Dispose of tissues and diapers properly.
4. Treatment: None

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Head Lice

Head lice are a common problem for children in child care setting and schools. Anyone can get head lice – they are not a sign of being dirty. Hair length does not influence infestation either. There are two other kinds of lice that infest people, but they do not live on the head.

Head lice are very small, tan-colored insects which live on human heads. They lay eggs (nits) close to the scalp. The eggs are tiny (about the eye of a small needle) and are gray or white in color.

We encourage you to check your children regularly for head lice. If you find lice or eggs, follow the suggested treatment and prevention plan provided below or as prescribed by the doctor.

CAUSE: *Pediculus humanus capitis*, a louse

SYMPTOMS: Itching of the scalp and neck. Look for

1. Crawling lice in the hair, usually few in number
2. Eggs (nits) glued to the hair, often found behind the ears and at the back of the neck
3. Scratch marks on the scalp or back of the neck at the hairline.

TRANSMISSION: Lice are spread by direct person to person contact and by sharing person items such as combs, brushes, hats, scarves, jackets, sheets, and pillowcases. Lice do not jump or fly; they crawl and can fall off the head. Head lice do not live longer than 48 hours off the head. They only lay their eggs while on the head. Live do not spread to or from pets.

CONTAGIOUS PERIOD: Until treated with a lice-killing medication. Crawling forms of the louse or communicable, the nits are not.



Until first treatment is completed, and no LIVE lice are seen. If the child has repeated re-infestation (three documented exclusions), it is recommended that the child be free of nits before readmission.

Prevention & Control

1. Avoid sharing hair care items, towels, bedding, clothing, hats, and headgear (such as sports helmets).
2. Hang clothing in individual lockers or on assigned coat hooks.
3. All contaminated combs, brushes, and similar items must be disinfected by:

- a. Soaking in medicated shampoo for 10 minutes, or
 - b. Soaking in 2% Lysol for 1 hour, or
 - c. Heating in water of at least 130°F for 10 minutes.
4. Clean floors, furniture, mattresses, and carpeting by thorough vacuuming. The use of insecticide sprays is not recommended.
 5. Recently worn clothing, bedding, and towels should be washing in hot water and dried in a hot dryer for at least 20 minutes before being used again. Clothing, linens, and stuffed toys that are unable to be washed can be sealed in plastic bags for 2 weeks.
 6. Check your child’s head frequently throughout the year. If one person is a family, child care, school, etc., has head lice, other should be checked too. Only those who have head lice should be treated.
 7. Treatment
 - a. Use a lice-killing shampoo, lotion or crème rinse obtained either over the counter at the drugstore or by prescription from your physician.
 - b. Follow the directions carefully. Directions may vary, depending on the type of product being used. If live lice are seen after treatment, it may be necessary to use a different brand.
 - c. For some medications, a second treatment is recommended 7 to 10 days later to kill any nits that may have survived the first treatment. If you use a prescription medication, discuss this with your physician. More than 2 treatment are unnecessary and could be harmful.
 - d. The removal of nits may be facilitated by
 - i. Combing with a fine-toothed nit comb designed for this purpose.
 - ii. Soaking the hair with white vinegar (3% to 5% acetic acid) and then applying a damp towel soaked in the same solution for 30 to 60 minutes.
 - iii. Applying enzymatic nit remover.



Vinegar and commercial enzymatic nit remover should be used according to manufacturer’s recommendation to assure that the residual activity of the lice-killing medication is not affected.

8. To assure effective treatment, check previously treated children for any evidence or signs of new infestation daily for 10 days after treatment. Repeat treatment may be necessary.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Impetigo

Impetigo is a contagious skin infection often occurring on the nose, arms, legs, or around the mouth. This infection is common in young children. Complications such as heart and/or kidney disease may develop if children do not receive proper treatment.

- CAUSE:** *Streptococcus* and *Staphylococcus* bacteria
- SYMPTOMS:** Sores that form an oozing, sticky yellow crust; itching.
- TRANSMISSION:** Most often by contact with the sores, sometimes through secretions from the nose and throat.
- INCUBATION:** It usually takes 1 to 10 days from the time a person is exposed until symptoms develop.
- CONTAGIOUS PERIOD:** Until sores are healed, or person has been treated with antibiotics for at least a full 24 hours.



EXCLUSION

Until the child has been treated with antibiotics for 24 hours and no longer has discharge from sores.

Prevention & Control

1. Wash hands carefully with soap and warm water for at least 20 seconds after contact with sores. If hand sanitizers are used, they may be used only after thorough hand washing.
2. When possible, cover sores with a barrier to prevent spread.
3. Diagnosis and Treatment: If you suspect impetigo, contact your physician for diagnosis and treatment. Impetigo often can be treated with topical antibiotics (applied directly to the skin) when only a few lesions are present. When there are more than a few sores, your physician may prescribe oral antibiotics.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Influenza

In the United States, influenza usually peaks between late December and March. The influenza vaccine is the primary way of preventing influenza and its complications. Rates of infection are highest among children, but the serious complications usually occur in people greater than 65 years of age.

CAUSE: Influenza A & B virus

SYMPTOMS: Sudden onset of fever, frequently with chills, headache, muscle aches, sore throat, and a non-productive cough. Nausea, vomiting, and diarrhea are uncommon.

TRANSMISSION: Person-to-person by droplets, small particles of fluid that are expelled during coughing and sneezing, or by direct contact with secretions from the nose or mouth.

INCUBATION: Usually 1 to 3 days from the time a person is infected until symptoms develop.

CONTAGIOUS PERIOD: The most contagious time is the 24 hours before symptoms appear and up to 7 days after symptoms appears.



EXCLUSION

Until child is without fever for 24 hours (without medications) and is well enough to participate in normal daily activities.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform you child care provider if your child has this illness.

Prevention & Control



DO NOT GIVE ASPIRIN TO A CHILD WITH CHICKENPOX. There is a risk of developing Reye syndrome (a serious condition which can cause death) when children or adolescents take aspirin for viral illnesses such as chickenpox or influenza.

1. Influenza vaccine should be given as soon as it becomes available. It also needs to be continued each year.
2. Cover mouth when coughing and sneezing, with a tissue or into your sleeve.
3. Clean and sanitize mouthed toys at least daily and when soiled.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoon bleach in 1 gallon water
- ¼ teaspoon bleach in 1 quart water

USE TEST STRIP TO CHECK CONCENTRATION.

DO NOT RINSE, LET AIR DRY.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

4. Wash hands frequently and thoroughly with soap and water for at least 20 seconds. If hand sanitizers are used, they may only be used after thorough hand washing.
5. Diagnosis/Treatment: Children with a high fever or persistent sore throat or cough should be seen by a physician.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Measles

Measles (also called rubeola, red measles, or hard measles) is a serious illness that can be prevented by immunization. Today, measles is occurring more often in preschoolers and young adults who are not adequately immunized.

CAUSE: Measles virus

SYMPTOMS: The first symptoms seem like those of a cold with a fever (101°F or greater), watery eyes, runny nose, and cough. A red blotchy rash appears on the thirds to seventh day, beginning on the face and spreading down the trunk and out the arms and legs. The rash usually lasts four to seven days. Measles is sometimes complicated by an ear infection, pneumonia, or diarrhea. Death is rare.

TRANSMISSION: Airborne, by droplets that are expelled during sneezing and coughing. The virus can sometimes float in the air and infect other for about an hour after a person with measles leaves the room. It can also be spread, less commonly, by articles freshly soiled with nose and throat secretions.

INCUBATION: It usually takes 7 to 18 days from the time a person is exposed until the symptoms develop. The average interval from exposure to rash appearance is 10 days.

CONTAGIOUS PERIOD: From 3 to 5 days before onset of rash until 4 days after the appearance of the rash.



EXCLUSION

Until 4 days after the rash appears.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform you child care provider if your child has this illness.

Prevention & Control

1. Nebraska State law requires that all children enrolled in child care setting or schools be vaccinated by age-appropriate immunization against measles. This vaccine is usually combined with mumps and rubella.
2. Adults born on or after January 1, 1957 who have not had 2 doses of measles vaccine after 12 months of age should be re-immunized.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Meningococcal Disease

Meningococcal disease includes a variety of serious infections, including meningitis (infection of the covering of the spinal cord and brain), bacteremia (bacteria in the blood), pneumonia (infection of the lungs), and arthritis (swelling of the joints). Children and young adults are most often affected by this disease. Meningococcal disease is a medical emergency they requires prompt treatment.

CAUSE: *Neisseria meningitidis* bacteria

SYMPTOMS: Bacteremia: Sudden onset of fever, chills, tiredness, sometimes a rash.

Meningitis: Fever, vomiting, headache, stiff neck, extreme sleepiness, confusion, irritability, lack of appetite, sometimes a rash or seizures.

TRANSMISSION: Through secretions of the nose and throat (e.g., coughing, sneezing); more common in households, child care settings, or other settings where there is close, prolonged physical contact. People can carry the bacteria in their noses and throats and not have symptoms. They can spread the disease as well as those who are ill.

INCUBATION: It takes 2 to 10 days, usually 3 to 4 days, from the time a person is exposed to the bacteria until symptoms occur.

CONTAGIOUS PERIOD: Until 24 hours after effective treatment begins.



EXCLUSION

Until child has been treated and is well enough to participate in normal daily activities.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform you child care provider if your child has this illness.

Prevention & Control

1. Household, child care facility, and preschool contacts should receive antibiotic prophylaxis as soon as possible, preferably within 24 hours of diagnosis of a case.
2. People who have been exposed should see a physician immediately.
3. Treatment: Meningococcal disease is caused by bacteria and it can be treated with antibiotics. If left untreated, it is often fatal.
4. A vaccine is available to protect against some strains of meningococcal disease.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Infectious Mononucleosis

Infectious mononucleosis is a very mild illness in infants and young children. Often, there are no symptoms at all.

CAUSE: Epstein-Barr virus (EBV)

SYMPTOMS: Fever, sore throat, tiredness, and swollen glands (especially behind the neck). Sometimes there is a rash. Young adults may have yellowing of the skin or eyes, and an enlarged spleen. Infectious mononucleosis usually lasts from one week to several weeks, and it is rarely fatal.

TRANSMISSION: Person-to-person, through saliva. Spread can occur by direct contact, such as kissing, or through items such as toys that are contaminated with saliva.

INCUBATION: It takes about 4 to 6 weeks from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: From many weeks to a year or more. Some adults are carriers of the virus.



Until the child is well enough to return to normal activities. Because children can have the virus without any symptoms, and people can be contagious for such a long time, excluding children or staff is not recommended.

Prevention & Control

1. Wash hands thoroughly with soap and warm running water for at least 20 seconds after any contact with saliva or items contaminated with saliva. If hand sanitizers are used, they may be used only after thorough hand washing.

- Clean and sanitize mouthed toys at least daily and when soiled.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoon bleach in 1 gallon water
- ¼ teaspoon bleach in 1 quart water

USE TEST STRIP TO CHECK CONCENTRATION.

DO NOT RINSE, LET AIR DRY.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

- Diagnosis: See your physician. A blood test is available.

- Treatment: None, because infectious mononucleosis is caused by a virus.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Mumps

Mumps is a viral disease that can be prevented through immunization.

CAUSE: Mumps virus

SYMPTOMS: About 1/3 of all people have no symptoms. Others can have swollen glands in front of and below the ear, headache, fever, and earache. Sometimes swelling of the spinal cord and brain may occur. Death is rare.

TRANSMISSION: By droplets that are expelled during sneezing or coughing.

INCUBATION: It takes 12 to 25 days, usually 15 to 18 days, from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: From 6 to 7 days before until 9 days after swelling begins. Most contagious 48 hours before onset of illness.



Until 9 days after swelling begins.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform your child care provider if your child has this illness.

Prevention & Control

1. Nebraska state law requires that all children be protected by age-appropriate immunizations against mumps. Mumps vaccine is usually combined with measles and rubella.
2. If your child develops the symptoms of mumps, keep them at home and consult their physician.
3. Diagnosis: Swollen glands can be found with other illnesses. A blood test specific for mumps antibody should be done.
4. Treatment: None, mumps is caused by a virus.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Oral Herpes (Cold Sores)

In the child care setting, children and staff may have herpes simplex complex infections of the lips and mouth. Commonly, these infections are acquired for the first time in early childhood and may reappear throughout a person's lifetime. Herpes simplex virus can also cause infections of the eyes, fingers, and central nervous system. There is a second type of herpes simplex infection that is sexually transmitted and most often affects the genitals.

CAUSE: *Herpes simplex virus type I (HSV-I)*

SYMPTOMS: Fluid-filled blisters (cold sores, fever blisters) appear on the lips and face, less often in the mouth. They usually crust and heal within a few days. Many primary infections and recurrence are asymptomatic.

TRANSMISSION: By close person-to-person contact, such as through direct contact with saliva or the sores (i.e., kissing).

INCUBATION: It takes 2 to 12 days from the time a person is exposed until symptoms occur.

CONTAGIOUS PERIOD: Unknown.



Exclude a child with op blister or mouth sores only if the child is known to bite others, drool uncontrollably, or mouths toys other children may put in their mouths. Do not kiss the child or allow the child to kiss others where direct contact with sores may occur.

Prevention & Control

1. Frequent hand washing with soap and warm running water for at least 20 seconds for infected persons and caregivers. If hand sanitizers are used, they may be used only after thorough hand washing.
2. Caregivers wear gloves when contact with blisters in necessary.
3. Do not kiss an infected person when blisters are present.

4. Clean and sanitize mouthed toys at least daily and when soiled.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoon bleach in 1 gallon water
- ¼ teaspoon bleach in 1 quart water

USE TEST STRIP TO CHECK CONCENTRATION.

DO NOT RINSE, LET AIR DRY.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

5. Treatment: Call your physician. They may prescribe an ointment.

Pertussis (Whooping Cough)

Pertussis (whooping cough) can be a serious illness, especially in young, unimmunized children.

CAUSE: *Bordetella pertussis*, a bacterium

SYMPTOMS: The first symptoms of pertussis are like those of a common cold, such as a runny nose, sneezing, low-grade fever, and a mild cough. After a week or two a persistent cough develops which occurs in explosive bursts, sometimes ending with a high-pitched whoop and vomiting. Between bursts of coughing, the child appears well. Coughing attacks may continue up to 10 weeks and are more common at night. Pertussis is frequently complicated by pneumonia and ear infections, particularly in infants. Pertussis is the most severe during the first year of life. Death from pertussis is rare, but does occur.

TRANSMISSION: By droplets that are expelled during sneezing and coughing.

INCUBATION: It takes 6 to 20 days, usually 9 to 10 days from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: Varies depending on the immunization status of the person. It begins at the time of early cold-like symptoms and is contagious until five days after antibiotic treatment begins.



EXCLUSION

Until 5 days after antibiotic treatment begins and is well enough to participate in normal daily activities.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform your child care provider if your child has this illness.

Prevention & Control

1. Nebraska state law requires that all children in a school based program be protected by age-appropriate immunization against pertussis, along with immunization against other diseases. The pertussis vaccine is given in combination with diphtheria and tetanus (DTaP or Tdap).
 - a. Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider requires 4 doses of DTaP.
 - b. Students from Kindergarten through 12th Grade, including all transfer students from outside the State of Nebraska and any foreign students, requires 3 doses of DTaP.
 - c. At 7th grade (or any time after 10 or 11 years of age) 1 dose of Tdap is required.
2. Exposed children should be observed for symptoms of pertussis for 20 days after last contact. Symptomatic children with cough should be excluded from child care, and seek physician evaluation.
3. Diagnosis: To confirm a diagnosis of pertussis, laboratory tests are performed on material taken on a swab from the back of the nose and throat. Lab tests are less accurate when antibiotics have been given.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Pneumococcal Infections

Pneumococcal infections are the leading cause of serious illness among young children and are the most frequent cause of pneumonia, bacteremia, sinusitis, and acute ear infections. Pneumococcus is also the most common cause of bacterial meningitis in infants and young children. Infected children can pass the illness on to other children and adults that live with them. Pneumococcus is commonly found in the upper respiratory tract of healthy people.

CAUSE: *Streptococcus pneumonia*, a bacterium

SYMPTOMS: Sudden onset of shaking, chills, fever, chest pain, difficulty breathing, and cough with rusty colored sputum. In infants and children, fever, vomiting, and convulsions may be the first symptoms.

TRANSMISSION: Person-to-person by droplets expelled during sneezing and coughing as well as direct contact with secretions from the nose and mouth. Spread also occurs from hands, tissues, or other items soiled with nose and mouth secretions from an infected person.

INCUBATION: Unknown, probably 1 to 4 days.

CONTAGIOUS PERIOD: Until 24 to 48 hours after effective treatment begins.



EXCLUSION

Until the child has been treated, fever is gone, and the child is well enough to participate in normal activities.

Prevention & Control

1. The Centers for Disease Control and Prevention recommend children receive the pneumococcal vaccine to prevent invasive pneumococcal disease and pneumonia.
2. Cover mouth when coughing and sneezing with sleeve or tissue.

- Clean and sanitize mouthed toys at least daily and when soiled.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoon bleach in 1 gallon water
- ¼ teaspoon bleach in 1 quart water

USE TEST STRIP TO CHECK CONCENTRATION.

DO NOT RINSE, LET AIR DRY.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

- Wash hands frequently and thoroughly with soap and warm running water for at least 20 seconds. If hand sanitizers are used, they may be used on after thorough hand washing.
- Diagnosis/Treatment: Laboratory tests are used for diagnosis. Treatment is available.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Respiratory Infections (Viral)

Many different viruses may cause colds and viral respiratory illnesses with fever. These illnesses are very common during fall and winter months.

CAUSE: Many different viruses

SYMPTOMS: Runny nose, sneezing, chills, tiredness, fever, muscle aches, sore throat, and cough which may last 2 to 7 days.

TRANSMISSION: Person-to-person by direct contact with secretions from the nose and mouth. Spread also occurs from hands, tissues or other items soiled with nose and mouth secretions from an infected person.

INCUBATION: It takes up to 8 days after exposure for symptoms to develop.

CONTAGIOUS PERIOD: Until shortly before symptoms begin and for duration of acute symptoms.



EXCLUSION

Until fever is gone without the use of fever reducing medication and the child is well enough to participate in normal daily activities.

Prevention & Control

1. Cover mouth when coughing and sneezing, with tissue if possible.
2. Properly dispose of contaminated tissues.
3. Clean and sanitize mouthed toys at least daily and when soiled.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoon bleach in 1 gallon water
- ¼ teaspoon bleach in 1 quart water

USE TEST STRIP TO CHECK CONCENTRATION.

DO NOT RINSE, LET AIR DRY.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

4. Wash hands frequently and thoroughly with soap and warm running water for at least 20 seconds. If hand sanitizers are used, they may be used only after thorough hand washing.
5. Diagnosis: Children with high fever or persistent sore throat or cough should see a physician.
6. Treatment: There is no specific treatment for more respiratory viruses. Medication may be prescribed for symptom relief.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Respiratory Syncytial Virus (RSV)

RSV is a common respiratory illness that can affect persons of any age. It is the most important cause of bronchiolitis and pneumonia in infants and young children. RSV can be especially serious in infants who were born prematurely, or those with heart, lung or immune system problems. Outbreaks of RSV occur almost every year during winter and early spring. Spread in child care centers, among both adults and children is common.

CAUSE: Respiratory syncytial virus

SYMPTOMS: Fever, cough, wheezing, watery eyes, runny nose, and sneezing. Very young infants sometimes have tiredness, irritability, loss of appetite, and trouble breathing with few other respiratory signs.

TRANSMISSION: Spread by direct contact with contaminated hands and by droplets expelled from the nose and mouth during sneezing or coughing. The virus can live on the hands for 30 minutes or more.

INCUBATION: It takes 1 to 10 days from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: The virus is usually present for 3 to 8 days, sometimes up to 4 weeks.



Until fever is gone and child is well enough to participate in normal daily activities.

Prevention & Control

1. Wash hands frequently and thoroughly with soap and water for at least 20 seconds. If hand sanitizers are used, they may only be used after thorough hand washing.
2. Minimize contact with respiratory secretions, such as saliva or nasal mucus.
3. Dispose of any tissue or items soiled with discharge from the mouth or nose in a waste container.

4. Clean and sanitize mouthed toys at least daily when soiled.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoon bleach in 1 gallon water
- ¼ teaspoon bleach in 1 quart water

USE TEST STRIP TO CHECK CONCENTRATION.

DO NOT RINSE, LET AIR DRY.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

5. Contact your physician if you have any questions about medications.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Reye Syndrome (RS)

Reye Syndrome (RS) is a collection of specific symptoms and signs rather than a single disease. It may occur shortly after a viral illness such as influenza or chickenpox, when the child seems to be recovering. RS usually occurs in younger children, but it can also affect teenagers, and sometimes adults. RS is not contagious. This illness can be fatal.

CAUSE: Unknown; a combination of factors have been suggested. Studies have shown a connection between Reye syndrome and the use of aspirin for viral illnesses such as influenza or chickenpox

SYMPTOMS: Persistent vomiting, extreme sleepiness, confusion, hostility, combativeness; coma may follow

TRANSMISSION: None.

CONTAGIOUS PERIOD: None.



Until child is well enough to participate in normal daily activities.

EXCLUSION

Prevention & Control



DO NOT GIVE ASPIRIN TO A CHILD WITH A VIRAL ILLNESS (SUCH AS CHICKENPOX AND INFLUENZA)

1. Instruct children and teenagers to ask a parent/guardian before taking any medication.
2. *If any of the above symptoms occur, call your physician or an emergency room immediately, fast action is necessary*
3. Tell your health care provider if the child has taken any medications.
4. Treatment: Hospitalization is necessary because of the seriousness of this syndrome.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Roseola

Roseola is a common rash illness of very young children. Most cases occurring children between the ages of 6 to 24 months. Infection is rare before 3 months or after 4 years of age. Roseola can occur throughout the year without a distinct seasonal pattern.

CAUSE: *Human herpesvirus-6*

SYMPTOMS: Sudden onset of fever that may reach 104 degrees F or higher, lasting 3 to 5 days. Seizures sometimes occur as the temperature rises. On the third to fifth day, as the fever disappears, a rash appears. At this time, the child does not look very ill. The rash may appear as small, slightly bumpy, rose-pink spots on light skin. It begins on the chest and abdomen, usually lasting one to two days. Infection also occurs without symptoms in many children.

TRANSMISSION: From person to person, but it is not known how. Transmission to infants most likely occurs via respiratory secretions of an asymptomatic caretaker or family member.

INCUBATION: It takes between 9 to 10 days after exposure for symptoms to begin.

CONTAGIOUS PERIOD: Unknown, probably communicable during the fever phase and before the rash appears. Immunity develops following the illness, although the virus may persist and subsequently reactivate.



EXCLUSION

A child with fever and rash should be excluded from child care until seen by a physician. The child may return when he/she is without fever.

Prevention & Control

1. Preventive measures are not necessary.
2. Treatment: There is no specific treatment.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Rotavirus

Diarrhea caused by rotavirus is common in infants and young children during the cooler months. It can spread quickly to others, including adult caregivers, in child care settings. Children with rotavirus diarrhea are sometimes hospitalized because of dehydration.

CAUSE: *Rotaviruses*

SYMPTOMS: Vomiting, fever and water diarrhea. Many children show no symptoms. Sometimes a cough, runny nose or ear infections are present.

TRANSMISSION: Rotavirus leaves the body through the stool of an infected person and enters another person when hands, fingernails, food or objects (such as toys) contaminated with stool, are placed in the mouth. Also, rotavirus can be spread through droplets that are expelled from the nose and mouth during sneezing and coughing. Rotavirus can be found on toys and other surfaces in child care facilities.

INCUBATION: It takes about 24 to 72 hours from the time a person is exposed until symptoms begin.

CONTAGIOUS PERIOD: From 1 to 2 days before and up to 7 days after onset of symptoms.



Until diarrhea has stopped.

Prevention & Control

1. Wash hands thoroughly with soap and running water for at least 20 seconds after using the toilet, changing diapers, and before preparing or eating food. Thorough hand washing is the best way to prevent spread of infectious diseases found in the intestinal tract. Parents/guardians and child care providers should closely monitor hand washing of all children after bathroom use or diapering. If hand sanitizers are used, they may be used only after thorough hand washing.

2. Clean and disinfect contaminated areas (diapering area, toilets, potty-chairs) and sanitize toys at least daily and when soiled.



1. Bleach Disinfectant

- ¼ cup bleach in a gallon of water
- 1 tablespoon bleach in a quart of water

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial disinfectant that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoon bleach in 1 gallon water
- ¼ teaspoon bleach in 1 quart water

USE TEST STRIP TO CHECK CONCENTRATION.

DO NOT RINSE, LET AIR DRY.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

3. Diagnosis and Treatment: Discuss this fact sheet with your physician if your child has the symptoms of rotavirus infection. There is a lab test to detect virus in the stool. While there is no specific treatment, making sure your child gets enough fluids is very important.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Rubella

Rubella (German measles) is a mild illness that can be prevented through immunization. If a pregnant woman without protection against rubella contacts the disease, there could be harmful affects to her baby If you are pregnant and you have been exposed to rubella, contact your physician immediately. All child care providers should be immune to rubella. People are considered immune only if they have received at least one dose of Rubella vaccine on or after their first birthday or if they have laboratory evidence of rubella immunity.

CAUSE: *Rubella virus*

SYMPTOMS: Rash, low-grade fever, and swollen glands in the area behind the ears. Many children have no symptoms. Adults may have aching joints.

TRANSMISSION: By droplets that are expelled during sneezing and coughing.

INCUBATION: It takes 2 to 3 weeks, usually 16 to 17 days, from the time a person is exposed until the symptoms develop.

CONTAGIOUS PERIOD: From approximately one week before until one week after the appearance of rash.



EXCLUSION

Until 7 days after the rash appears.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform you child care provider if your child has this illness.

Prevention & Control

1. Nebraska state law requires that all children in child care settings or schools, be protected by age-appropriate immunization against rubella. Rubella

vaccine is currently recommended to be administered in combination with measles and mumps vaccine.

2. If you or your child is not protected against rubella, please call your physician or local public health clinic as soon as possible to obtain your immunizations. Children who have not received rubella vaccine will be excluded from any child care setting in which a case of rubella occurs, until 3 weeks after rash onset of last known case or until rubella immunization is received or a laboratory proof of immunity is presented. Please notify your child care provider when you have your child immunized so his/her records can be updated.
3. If your child develops a rash, fever, and swollen glands behind the ears, please keep him/her at home and call your physician.
4. Diagnosis and Treatment: Rashes can be found with many viral illnesses. A single blood test specific for rubella should be done within 7 to 10 days after the onset of symptoms. There is no treatment for rubella.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Salmonellosis

Salmonellosis is an infection of the intestines that is commonly found in young children. The bacteria, *Salmonella* is often found in the digestive tract of a variety of animals (such as turtles, lizards, and birds) as well as humans. Most persons are believed to have acquired their infections from contaminated food.

CAUSE: *Salmonella* bacteria

SYMPTOMS: Diarrhea, cramps, nausea, tenderness, headache, fever, and sometimes vomiting. Children may show mild symptoms or they could be infected and show no symptoms.

TRANSMISSION: Salmonella leaves the body through the stool of an infected person/animal and enters another person when hands, food, or objects (such as toys) contaminated with stool, are placed in the mouth.

INCUBATION: It takes 6 to 72 hours, usually 12 to 36 hours, from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: As long as Salmonella is present in the stool. This may be several days to several months.



Until diarrhea has stopped. Children, who show Salmonella in their stools but so not have symptoms, do not need to be excluded. Exclude symptomatic food handling and direct care of infants.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform you child care provider if your child has this illness.

Prevention & Control

1. Wash hands thoroughly with soap and warm running water for at least 20 seconds after using the toilet, changing diapers, and before preparing or eating food. Closely monitor hand washing of all children.

2. Make sure that children wash their hands after handling animals and cleaning their cages or pens.
3. Clean and disinfect contaminated areas (diapering area, toilets, potty-chairs) and sanitize toys at least daily and when soiled.

| | |
|--|--|
|  | <p>1. Bleach Disinfectant</p> <ul style="list-style-type: none"> • ¼ cup bleach in a gallon of water • 1 tablespoon bleach in a quart of water <p><i>PREPARE FRESH SOLUTION DAILY.</i></p> <p style="text-align: center;">OR</p> <p>2. Commercial disinfectant that is EPA approved</p> <p><i>FOLLOW MANUFACTURER'S DIRECTIONS.</i></p> |
|  | <p>1. Bleach Sanitizer (Use non-scented)</p> <ul style="list-style-type: none"> • 1 teaspoon bleach in 1 gallon water • ¼ teaspoon bleach in 1 quart water <p><i>USE TEST STRIP TO CHECK CONCENTRATION.</i></p> <p><i>DO NOT RINSE, LET AIR DRY.</i></p> <p><i>PREPARE FRESH SOLUTION DAILY.</i></p> <p style="text-align: center;">OR</p> <p>2. Commercial or food grade sanitizer that is EPA approved</p> <p><i>FOLLOW MANUFACTURER'S DIRECTIONS.</i></p> |

4. Diagnosis and Treatment: There is a lab test to detect Salmonella in the stool. Antibiotic treatment is not usually prescribed.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Scabies

Scabies is an infestation caused by tiny mites that burrow and lay eggs under the skin, causing a rash. It is important to follow the directions below if your child has scabies.

CAUSE: *Sarcoptes scabiei*, a mite

SYMPTOMS: Rash and intense itching which may be more severe at night. Common locations to see the rash are folds of skin between fingers, around wrists, elbows, and armpits. Other areas where rash may appear are knees, waistline, thighs, male genitals, abdomen, chest, and lower portion of buttocks. Infants may be infested on head, neck, palms, and soles of feet.

TRANSMISSION: By prolonged direct contact with skin or through shared bedding, towels, and clothing of a person with scabies.

INCUBATION: It takes usually 2 to 6 weeks from the time a person is exposed until symptoms appear. Symptoms may appear in 1 to 4 days after exposure if the person has had scabies before.

CONTAGIOUS PERIOD: As long as mites and eggs are present. From the time a person acquires the mites (before rash appears) until 24 hours after treatment begins.



EXCLUSION

Until after treatment has been given.

Prevention & Control

1. Items such as underwear, pajamas, bedding, and towels should be machine washed in hot water and dried in hot temperatures. Store clothing in a bag for 1 week if it cannot be laundered.
2. Diagnosis: If you suspect scabies in your family members, see your physician. Skin scrapings may be examined to identify the mites.

3. Treatment:

- A. Follow the directions for treatment carefully.
- B. The itching and rash may not go away immediately after treatment.
- C. TREAT ALL MEMBERS OF THE HOUSEHOLD AT THE SAME TIME.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Shingles

After a person has chickenpox, the virus that causes it can remain inactive in the body for many years. Shingles occurs when the viruses becomes active again, usually in older adults. When women get chickenpox while pregnant, their babies sometimes develop shingles during infancy. Also, if children get chickenpox before the age of one, they may develop shingles during childhood. Shingles is a milder illness in children than in adults; but it can be a serious illness in anyone with a weakened immune system.

CAUSE: Varicella-zoster virus, a member of the herpesvirus family.

SYMPTOMS: Severe pain and numbness along certain nerve pathways, commonly around the midline (trunk) or on the face. 10 to 14 days later, clusters of blisters appear in crops, usually on one side of the body and sloers together than in chickenpox.

TRANSMISSION: Shingles is not transmitted from one person to another. However, when people who have not had chickenpox are exposed to the fluid from shingles, they can develop chickenpox.

INCUBATION: Unknown cause on why the once inactive virus becomes active in the body.

CONTAGIOUS PERIOD: Until one week after the blisters appear.



EXCLUSION

If sores can be covered by clothing or a bandage, no exclusion is needed. If they cannot be covered, the infected individual should be excluded until the sores crust and dry.

Prevention & Control

1. When a pregnant woman or a person with a weak immune system, who has NOT had chickenpox, is exposed to shingles, he or she should contact a physician for possible treatment usually within 6 days.



DO NOT GIVE ASPIRIN TO A CHILD WITH CHICKENPOX. There is a risk of developing Reye syndrome (a serious condition which can cause death) when children or adolescents take aspirin for viral illnesses such as chickenpox or influenza.

For more information, you or your physician may call the Central District Health Department at 385-5175, or your local health department.

Streptococcal Sore Throat and Scarlet Fever

Streptococcal sore throat (strep throat) and scarlet fever (a strep throat with a rash) are common infections in young children. These illnesses are usually not serious. However, complications such as rheumatic fever or kidney disease may develop if children do not receive proper antibiotic treatment.

CAUSE: *Streptococcus* bacteria (Group A beta hemolytic strep)

SYMPTOMS: Sudden onset of fever, sore throat, swollen glands, headache, and abdominal pain. Nausea and vomiting may occur with severe cases. With scarlet fever, a very fine, bright red, raised rough texture rash (feels like sandpaper) is present. A fuzzy white tongue followed by a beefy-red 'strawberry tongue' may occur. The rash appears most often on the neck, chest, inner thigh, and in folds of the armpit, elbow, and groin. Later on, there may be peeling of the skin on the fingertips and toes.

TRANSMISSION: Person-to-person from nose and throat secretions of infected persons (those with and without symptoms).

INCUBATION: It usually takes 1 to 3 days from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: Until at least a full 24 hours after treatment begins and fever is gone.



EXCLUSION

Until 24 hours after treatment begins and the fever is gone.

Prevention & Control

1. If your child does not appear well or develops a sore throat and other symptoms listed above, keep him/her home and call your physician.
2. Diagnosis: Confirmed by identification of strep in the throat, either by throat culture, or by using a rapid test which can provide results the same day.
3. Treatment: If the culture is positive, antibiotics taken by mouth may be prescribed. This treatment will help to prevent more serious illness such as rheumatic fever, which can damage the heart valves.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Tuberculosis (TB)

Tuberculosis (TB) is a disease that is spread from person to person through the air. TB can be a serious illness, but is especially dangerous for children younger than 5 years old or for any persons who have weak immune systems, such as those with HIV infection or AIDS. TB is treatable with antibiotic medications.

CAUSE: *Mycobacterium tuberculosis* bacteria

SYMPTOMS: General symptoms of TB disease may include feeling tired or sick, weight loss, fever or night sweats. When TB is in the lungs there may be cough, chest pain, and possibly coughing up blood. Symptoms often develop gradually and worsen until treatment is started.

TRANSMISSION: By droplets that are expelled into the air when someone with TB disease of the lungs coughs or sneezes. These droplets may be breathed in by others.

INCUBATION: It takes 2 to 10 weeks after exposure to demonstrate significant tuberculin reaction or primary lesion. For those who develop active TB disease, symptoms are most likely to occur in the two years following exposure but may develop many years later.

CONTAGIOUS PERIOD: Only TB disease of the lungs is contagious. The contagious period is from the onset of symptoms until the person receives adequate treatment. This is usually 1 to 3 weeks after starting treatment.



EXCLUSION

A person with probable or confirmed pulmonary TB disease should be excluded until the physician states the patient or child is not contagious.

A person with a positive skin test, but without symptoms, should not be excluded but should see a physician as soon as possible for further evaluation.



REPORTABLE

PROVIDER: This disease is reportable to the health department. In Hall, Hamilton, or Merrick County call (308) 385-5175. Outside counties call your local or state health department

SCHOOL/CHILD CARE FACILITY: Report all confirmed cases or suspected cases.

PARENTS/GUARDIANS: Inform you child care provider if your child has this illness.

Prevention & Control

1. Generally, persons exposed to TB should have a skin test 12 weeks after exposure. For those who have not had a skin test in the past year, one may be done right away to determine what a person's skin test status is.
2. Diagnosis: TB disease is diagnosed by signs and symptoms, skin test, chest X-ray, and laboratory examination of material coughed up from the lungs or other body fluids or tissues.
3. Treatment: TB disease is treated with 2 or more antibiotic medications. LTBI is treated with 1 antibiotic medication to prevent the development of TB disease. Vitamin B6 is sometimes given in either situation.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Viral Meningitis

Viral meningitis is a relatively common but rarely serious form of meningitis. It is characterized by sudden onset of febrile illness with headache, stiff neck, sleepiness and irritability. A wide variety of infectious agents are known to cause viral meningitis. In the USA, enteroviruses cause most of the known cases.

Enteroviruses also cause a variety of illnesses, common in young children, which occur during the summer and fall months. These viruses often cause mild infections such as colds, sore throats, diarrhea, and vomiting. Less often they cause pneumonia, meningitis, encephalitis and may affect the eye or heart.

CAUSE: Coxsackieviruses, echoviruses, or enteroviruses.

SYMPTOMS: Fever, cold-like symptoms, sore throat, mouth sores, rash, vomiting, and diarrhea, are most common. Some people may not have any symptoms. Some people develop symptoms of meningitis such as headache, stiff neck, sleepiness and irritability.

TRANSMISSION: Some viruses leave the body through the stool of an infected person and enter another person when hands, food or objects (such as toys) contaminated with stool, are placed in the mouth. Also, viruses can be spread through droplets that are expelled from the nose and mouth during sneezing and coughing.

INCUBATION: It usually takes from 3 to 6 days from the time a person is exposed until symptoms begin.

CONTAGIOUS PERIOD: During illness and for several weeks after illness through contact with stool and a week or less through droplets from the nose or mouth. Infected persons who may not seem sick are able to spread infection.



No exclusion is necessary for mild, cold like symptoms, unless the child is unable to participate in normal daily activities. Persons with viral meningitis may return when their physician decides they may participate with normal daily activities. Children with uncontained diarrhea should be excluded.

Prevention & Control

1. Wash hands thoroughly with soap and running water for at least 20 seconds after using the bathroom, wiping the nose or mouth, and after handling diapers or anything soiled with stool. If hand sanitizers are used, they may be used only after thorough hand washing.
2. Clean and disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

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|---|---|
|  | <p>1. Bleach Disinfectant</p> <ul style="list-style-type: none">• ¼ cup bleach in a gallon of water• 1 tablespoon bleach in a quart of water <p><i>PREPARE FRESH SOLUTION DAILY.</i></p> <p>OR</p> <p>2. Commercial disinfectant that is EPA approved</p> <p><i>FOLLOW MANUFACTURER'S DIRECTIONS.</i></p> |
|  | <p>1. Bleach Sanitizer (Use non-scented)</p> <ul style="list-style-type: none">• 1 teaspoon bleach in 1 gallon water• ¼ teaspoon bleach in 1 quart water <p><i>USE TEST STRIP TO CHECK CONCENTRATION.</i></p> <p><i>DO NOT RINSE, LET AIR DRY.</i></p> <p><i>PREPARE FRESH SOLUTION DAILY.</i></p> <p>OR</p> <p>2. Commercial or food grade sanitizer that is EPA approved</p> <p><i>FOLLOW MANUFACTURER'S DIRECTIONS.</i></p> |

3. Dispose of tissues and diapers properly.
4. Treatment: None.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Yeast Infections (Thrush)

Yeast infections can be found in the mouth or the diaper area. Thrush is another name for a yeast infection in the mouth. The fungus that causes these infections can be found in healthy people. It sometimes causes illness among infants, persons with weak immune systems, or those on certain antibiotics.

CAUSE: *Candida albicans*, a fungus

SYMPTOMS: Mouth: white, slightly raised patches on the tongue or inside the cheek.
Diaper area: a smooth, shiny “fire engine” red rash.

TRANSMISSION: By contact with skin lesions, mouth secretions, vaginal secretions, or stool of infected persons or asymptomatic carriers. Yeast can also be spread from mother to infant during childbirth.

INCUBATION: Variable. For thrush in infants, it usually takes 2 to 5 days from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: Contagious while lesions are present.



No exclusion is necessary if the child is able to participate comfortably in normal activities.

Prevention & Control

1. Wash hands frequently with soap and running water for at least 20 seconds. If hand sanitizers are used, they may be used only after thorough hand washing.
2. Minimize contact with secretions and stool of infected persons.

3. Clean and sanitize mouthed toys at least daily and when soiled. Clean bottle nipples and pacifiers daily. Sanitize by boiling or using dishwasher.



1. Bleach Disinfectant

- ¼ cup bleach in a gallon of water
- 1 tablespoon bleach in a quart of water

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial disinfectant that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoon bleach in 1 gallon water
- ¼ teaspoon bleach in 1 quart water

USE TEST STRIP TO CHECK CONCENTRATION.

DO NOT RINSE, LET AIR DRY.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

4. Diagnosis and Treatment: See your physician, who can prescribe the proper medication.

For more information, you or your physician may call the Central District Health Department at 385-5175, or call your local health department.

Resources

Centers for Disease Control and Prevention. (2011, September 13). Retrieved from Centers for Disease Control and Prevention: <http://www.cdc.gov>

Heymann, D. L. (2004). In D. L. Heymann, *Control of Communicable Diseases Manual*. Washington: American Public Health Association.

Team, D. C. (2004). *Infectious Disease Control for Child Care*. Omaha: Douglas County Health Department.



For additional fact sheets, visit www.cdhd.ne.gov