



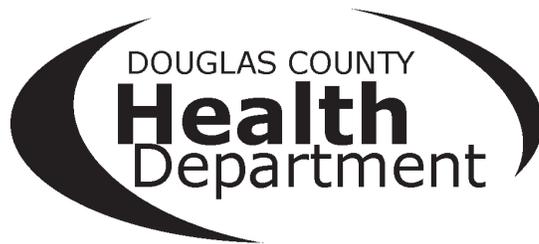
Revised Edition 2004

**FOR DIRECTORS,
CAREGIVERS,
PARENTS,
GUARDIANS,
AND
HEALTH CARE
PROFESSIONALS**

INFECTIOUS DISEASE CONTROL FOR CHILD CARE

DOUGLAS COUNTY
Health
Department

Developed by the
Douglas County Health Department Child Care Team



Infectious Disease Control for Child Care

**Information for Directors,
Caregivers, Parents, Guardians, and
Health Care Professionals**

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INTRODUCTION

Currently in the United States more than half of mothers with young children are working outside of the home. According to the Nebraska Department of Labor, between 82% and 85% of mothers with children under the age of 12 are working outside the home. These young children are often placed in home or center child care. As a result of the increased numbers of children in out of home child care, a change in the patterns of childhood infectious diseases is occurring, with infants and preschool-aged children acquiring infections at an earlier age. A variety of infections have been documented in children attending child care, sometimes with spread to caregivers and to others at home. The most common infections found are those of the respiratory or gastrointestinal tracts.

Several factors place children attending child care settings at increased risk of infection. These young children are in close physical contact for extended periods of time which increases the spread of communicable diseases. Their hygiene habits and immune systems are not well developed. In addition, wherever there are young children in diapers, spread of diarrheal disease may occur readily as a result of inadequate handwashing, diaper changing, and poor environmental sanitation practices.

This handbook is meant to inform directors, caregivers, parents, guardians, and health care professionals about specific infectious disease problems they may encounter in the child care setting. It is designed to provide specific disease prevention and control guidelines that are consistent with the national standards put forth by the American Public Health Association and the American Academy of Pediatrics in the publications *CARING FOR OUR CHILDREN- National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (1992), *Red Book 2003 Report of the Committee on Infectious Diseases* (2003) and *The Control of Communicable Diseases Manual* (2000).

This document contains Fact Sheets on 40 diseases that are of concern in child care settings. Some Fact Sheets are for distribution to families and staff for information only; others have instructions for when some sort of immediate action is necessary.



PLEASE NOTE THAT FACT SHEETS FOR ANY DISEASES LABELED "REPORTABLE" SHOULD ONLY BE USED AFTER CONSULTATION AND APPROVAL OF THE LOCAL OR STATE HEALTH DEPARTMENT.

THERE ARE SEVEN SECTIONS IN THIS MANUAL:

- SECTION I:** Specific guidelines on cleaning, sanitizing, disinfecting, diapering, handwashing, and exclusion of ill children and staff.
- SECTION II:** The list of diseases that are legally reportable in Nebraska, the specifications of the reporting rule, and guidelines for notifying parent/guardians. Any suspected or confirmed cases of these diseases or unusual amounts of any illness must be reported to your local or state health department.
- SECTION III:** Information on proper procedures for following up on people who have been exposed to communicable diseases and guidelines for management of outbreaks.
- SECTION IV:** Information on specific diseases, alphabetized by disease name, and a symptom/disease checklist.
- SECTION V:** A chart summarizing the infectious diseases grouped by their principal mode of spread. The transmission categories are alphabetized, as are the diseases within each category. Principal modes of spread are: 1) Airborne and Respiratory, 2) Blood and Body Fluid Contact 3) Direct Contact, and 4) Fecal-Oral.
- SECTION VI:** A glossary of terms used in this manual.
- SECTION VII:** A list of references used to prepare this manual.

SECTION I: SPECIFIC GUIDELINES

- A.** Cleaning, Sanitizing, and Disinfecting
- B.** Disinfecting and Sanitizing Quick Reference
- C.** Diapering
- D.** Handwashing
- E.** Exclusion of Ill Persons
- F.** Specific Disease Exclusion Guidelines

CLEANING, SANITIZING, AND DISINFECTING

A. GENERAL INFORMATION

Child care settings bring children together for long periods of time. This close, prolonged contact may expose children to many different disease-causing organisms (germs). Although the environment cannot be made germ-free, the harmful effects of germs can be lessened by keeping their numbers at low levels. Germs can most effectively be controlled by frequent, thorough handwashing, and cleaning, sanitizing, and disinfecting objects which come into contact with children. In addition, proper handling and disposal of contaminated items are necessary to prevent the spread of infections.

Since germs cannot be seen, cleaning, sanitizing, and disinfecting those items that do not look soiled or dirty might be overlooked. Similarly, children who do not show symptoms of illness may not be suspected of carrying or spreading germs, even though they may be as infectious as those children who do have symptoms. Proper cleaning, sanitizing, and disinfecting practices must be followed routinely, not only when items appear to be soiled or when children appear to be ill.

Several diseases may be spread by contact with blood and body fluids. These fluids should always be treated as if they are infectious because disease-causing germs can be present even in the absence of illness. Germs that grow on moist surfaces can also spread diseases. Water tables used for play in child care can serve as a source of contamination and their use is highly discouraged. If water tables are used, they should be individual pans.

Finally, the frequency of cleaning, sanitizing, and disinfecting may need to be increased at the request of local or state health officials to control certain contagious diseases.

B. DEFINITIONS

CLEANING:



is a mechanical process (scrubbing), using soap or detergent and water, that removes dirt, debris and most germs. It also removes invisible debris that interferes with disinfection and sanitation. Disease-causing germs grow best in warm, moist debris, but they may be found even on objects that are not visibly soiled.

SANITIZING:



destroys harmful germs from mouthed toys, eating utensils and food-contact surfaces with a food grade chemical or high temperature.



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Food-Contact Surfaces:



Anything that touches food or that is put in the mouth. This includes dishes, utensils, pans, food preparation equipment, counter tops or cutting boards where food is prepared, table tops & high chair trays where children eat, teething toys, pacifiers and anything else that touches food/drink or is put in the mouth.

DISINFECTING:



destroys harmful germs on non food-contact surfaces. If it is made with the same chemicals as the sanitizer, the disinfectant is usually stronger than the sanitizer and not safe for food-contact surfaces.

C. GUIDELINES

Use the Disinfecting and Sanitizing Quick Reference on page 13 for the following guidelines.

1. Surfaces and objects contaminated with blood, urine, vomit, or stool: clean with detergent and water and disinfect immediately. (Sanitize all food-contact surfaces.)
2. Objects handled or mouthed by young children: clean and sanitize at least daily, and when soiled. (For example: toys, furnishings, equipment, and crib rails)
3. Table tops and high chair trays where children eat: sanitize immediately before seating children for a meal.
4. Food-contact surfaces: clean and sanitize after each use (use approved dishwashing machine or 3-compartment sink method with food grade sanitizer).
5. Pacifiers and teething toys: clean and sanitize after each use like food-contact surfaces (in dishwashing machine or 3-compartment sink to sanitize). If teething toys are stored in freezer, they should be wrapped or contained so they are protected from contamination.



6. Bottles, bottle caps, nipples: clean insides of bottles, caps, and nipples with a bottle brush and soapy water. Squirt water through nipple. Sanitize by washing in dishwasher or by boiling for 5 minutes just prior to filling. Store nipples in a closed container when completely air dried. (Do not wash bottles in handwashing sinks.)

7. Thermometers: clean and sanitize after each use.



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8. Wiping rags/dishrags that are used to clean counters and other food-contact surfaces: store in a bucket of food grade sanitizer while in use. Launder at least daily.
9. Water play tables: can serve as a source of contamination and their use is greatly discouraged. If they are used, children should wash their hands thoroughly at the handwashing sink before and after play in individual water basin. The basins should be cleansed and sanitized after each use.
10. Diapering area: clean and disinfect after each diaper change and air dry.
11. Toilet-training chairs (potty-chairs) if used: empty into a toilet, clean in a utility or mop sink, disinfect after each use, and store in the bathroom. (Do not use handwashing sinks or kitchen sinks to clean potty-chairs.) Sanitary handling of potty-chairs is very difficult.
12. Bathrooms: clean and disinfect at least daily and when obviously soiled.
13. Handwashing sinks/faucets handles: clean and disinfect at least daily and when soiled.
14. Indoor surfaces where children's activities occur: clean and disinfect when soiled and at least once weekly.
15. Classroom table tops and counters that are not used for preparing or serving food: clean and disinfect daily or more often if needed.
16. Uncarpeted floors: vacuum or sweep and mop with cleaning (detergent) solution at least daily and when soiled. Follow with disinfectant solution after mopping whenever blood or body fluids are present.
17. Mops: clean thoroughly in fresh water and detergent. Soak in a disinfectant solution for 10-30 minutes after use. Wring and hang to dry.
18. Carpet: maintain carpet free from visible soil. Vacuum daily. Shampoo carpets every 6 months or more often if necessary (every 3-4 months for the infant/toddler rooms). Clean carpets when children are not present. Vacuum after cleaning. Spot clean when there is obvious body fluid soiling. (See next page)
19. Utility Gloves: If utility gloves are used for cleaning and disinfecting, clean with soap and water after each use and then dip in a disinfectant solution up to the wrist. Hang to dry.



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D. PROCEDURES

1. Cleaning:

CLEAN OBJECTS AND SURFACES CONTAMINATED WITH BLOOD OR BLOODY BODY FLUIDS (STOOL, URINE, VOMIT, ETC.) IMMEDIATELY.

a. Wear disposable gloves when:

- handling blood (nosebleeds, cuts) or items, surfaces, or clothing soiled by blood or bloody body fluids.



- you have open cuts, sores or cracked skin.
- cleaning bathrooms, diapering area, or any areas contaminated with stool, vomit or urine.

b. For spills, wipe up the area to remove blood or body fluid. Use disposable towels and discard in a plastic-lined trash can.

c. Clean objects and surfaces by scrubbing with detergent and fresh water to remove debris. Do not reuse water that has been standing in pails, basins, or sinks.

d. Rinse objects (under running water when possible).

e. Follow cleaning with disinfecting or sanitizing of the area/objects.

f. Remove gloves and discard after each use. Wash hands **IMMEDIATELY**, even if gloves have been worn. Wash thoroughly and vigorously with soap and water, under warm running water for at least 20 seconds.

2. DISINFECTING

Disinfecting solution is used to disinfect hard, non food-contact surfaces. This solution is stronger than sanitizer.

A recommended disinfectant for child care settings is a solution of household bleach and water. A bleach solution is recommended because it is safe, effective, inexpensive, and readily available. If a different commercial disinfectant is used, it must be registered with the U.S. Environmental Protection Agency (EPA). It also must be effective against hard-to-kill bacteria (tuberculosis), viruses (hepatitis B), and parasites (*Giardia*). Use according to manufacturer's directions.

- a. Clean with soapy water and rinse with clean water prior to disinfecting.
- b. Submerge the item or spray the area thoroughly with disinfecting solution. Wipe with a single-use paper towel **OR** if appropriate, mop with disinfecting solution.
- c. Discard used paper towels **OR** soak mop in disinfecting solution for 10-30 minutes. Wring and hang to dry.
- d. Launder rags after one use.
- e. Place cleaning materials in locked cabinet.
- f. Wash your hands.



3. SANITIZING

Sanitizing solution is used to sanitize food-contact surfaces. A recommended sanitizer for child care settings is a particular concentration of a bleach and water solution. It is important to use test strips to be sure the concentration of bleach water is 50-200 parts per million (ppm). If it is less than 50 ppm it cannot kill germs. If it is more than 200 ppm, it can be dangerous. Do not use scented bleach. If a different commercial sanitizer is used, it must be EPA approved and for use on food-contact surfaces as specified on its labeling.

- a. Clean with soapy water and rinse with clear water prior to sanitizing.
- b. Submerge the item and soak for 2 minutes or spray the item if it is too large to soak.
- c. Wiping rags/dishrags used to wipe food-contact surfaces should be kept in a bucket of freshly made sanitizing solution.
- d. **DO NOT RINSE AFTER SANITIZING.**
- e. **AIR DRY COMPLETELY** (do not towel dry).

Other cleaning and sanitizing methods:

- Properly used, NSF approved dishwashers are an acceptable means of cleaning and sanitizing dishes, bottles, teething toys, etc. (National Standards for Food Service Sanitation require 180° F water in the final rinse of a mechanical dishwasher.)
- Some commercial dish machines use chemical sanitizers instead of heat.
- Boiling objects such as bottle nipples, pacifiers, combs, etc. for 5 minutes is also an effective method of sanitizing.
- Stuffed toys and fabrics can be laundered. The detergent and mechanical action do the cleaning and the heat from the hot water in the washer and the heat in the drier act as the sanitizer.



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DISINFECTING AND SANITIZING SOLUTIONS

DISINFECTING SOLUTION

Use to disinfect hard surfaces that are not food-contact surfaces:

¼ cup bleach in 1 gallon of water

OR

1 tablespoon bleach in 1 quart of water (spray bottle)

Disinfect non food-contact surfaces such as nap mats, diaper changing surfaces, etc. Saturate area with solution.

Dry area with paper towels.



PREPARE SOLUTION FRESH DAILY because it loses its ability to kill germs with time.

SANITIZING SOLUTION

Use to sanitize mouthed toys, eating utensils, and other food-contact surfaces:

(This solution is approximately 200 ppm.)

1 teaspoon bleach in 1 gallon of water

OR

¼ teaspoon bleach in 1 quart of water



TEST STRIPS MUST BE USED TO CHECK SANITIZER CONCENTRATION.

To sanitize mouthed toys or eating utensils: use an approved dishwasher or soak clean items for 2 minutes in a sanitizing solution.

DO NOT rinse. Air dry. This solution can also be used to sanitize clean kitchen surfaces.

NOTE! BE SURE TO LABEL CONTAINERS OF DISINFECTING AND SANITIZING SOLUTIONS.

NOTE! BE SURE TO CHECK SANITIZER CONCENTRATION USING AN APPROPRIATE TEST KIT.

NOTE! PREPARE SOLUTION FRESH DAILY because it loses its ability to kill germs with time.

DISINFECTING SOLUTION

Use to disinfect hard surfaces that are not food-contact surfaces.



1. Bleach Disinfectant

- 1/4 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.

Test solution daily with test strip.

Disinfect non food-contact surfaces such as nap mats, diaper changing surfaces, etc. Saturate area with solution. Dry area with paper towels.

SANITIZING SOLUTION

Use to sanitize mouthed toys, eating utensils, and other food-contact surfaces:



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. Air dry.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

To sanitize mouthed toys or eating utensils: use an approved dishwasher or soak clean items for 2 minutes in sanitizing solution. **DO NOT** rinse. Air dry. This solution can also be used to sanitize clean kitchen surfaces.

DIAPERING

Changing diapers in a sanitary manner is an important way child care providers can prevent the spread of infectious organisms. Germs found in the stool can be spread by the hands of staff or children, or through contaminated food, water, objects, or surfaces. Many diseases can be spread by contact with stool. These include infections caused by bacteria (*Salmonella*, *Shigella*, *Campylobacter*, etc.), parasites (*Giardia*, pinworms, etc.), and viruses (rotavirus, Norwalk virus, and hepatitis A, etc). You can help prevent illness by following the diapering guidelines described below.



BASIC PRINCIPLES:

- Change diapers only in the designated diapering area.
- Separate diapering area from the food storage, preparation, and eating areas.
- Dispose of soiled diapers properly.
- Wash hands (staff and children) after diapering.
- Do not allow pacifiers, toys, baby bottles, or food in the diapering area.

EQUIPMENT:

A. Changing surface

- Keep the changing surface away from children, and preferably 3 feet from the floor.
- The surface should be a smooth, moisture resistant, easily cleanable material.
- For extra protection, use non absorbent, disposable paper (computer paper or roll paper) under the child.

B. Handwashing sink and supplies

- The best handwashing sink is one equipped with both hot and cold running water mixed through one faucet (hot water temperature between 110°F and 120°F).
- Water controls ideally should be foot, knee, or wrist (paddle) operated to avoid contamination of hands. The sink should be next to the changing surface and separate from the food preparation sink.
- Keep liquid soap, paper towels, and fingernail brush within reach. Use single use, disposable paper towels instead of cloth towels.
- Turn off faucet handles with wrist or with a disposable paper towel.

C. Diapers

- High absorbency disposable paper diapers are preferred because cloth diapers leak more and require more handling (the more handling, the greater chances of infection).



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- All diapers must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. For cloth diapers, the outer covering and inner lining must be changed together at the same time. Outer coverings must not be reused unless they are laundered.
- Ask your health consultant for approved procedures for the use of cloth diapers, if used.

D. Disposable gloves

- Gloves should be worn when changing the diaper of a child with diarrhea.
- Pregnant women or women considering pregnancy may want to wear gloves when changing any diaper.
- Staff should wear gloves if they have open cuts, sores or cracked skin, or if the child has open areas on the skin.
- Discard gloves and wash hands after each diaper change.

E. Disposable wipes

- Premoistened wipes must be dispensed in a manner that prevents contamination of the wipes or the container.
- If this is not possible, each child must have a separate container of wipes, labeled with his or her name, and only used for that child.

F. Skin-care items



- If skin-care items are used, keep them within the provider's reach and out of the reach of children. Each child must have his or her own labeled container of skin care products.
- Parents must provide written and signed directions and permission to use these products.
- Use skin-care items according to package directions.

G. Plastic bags

- Use disposable plastic bags to line trash cans and to send soiled clothing or cloth diapers home.
- Store plastic bags out of children's reach.

H. Waste container

- Use a tightly covered container with a foot-operated lid.
- Keep the container away from children.
- Line the container with a disposable plastic trash bag.
- Empty container before full and at least daily.
- The container must be cleaned with detergent and disinfected daily (use Disinfecting Solution page 13).



I. Toilet-training chairs (potty-chair)

- Flush toilets are recommended rather than potty-chairs.
- If used, chair frames should be smooth and easy to clean.
- The potty-chair must be emptied into a flush toilet, cleaned with detergent and water in a utility or mop sink, and disinfected after each use (use Disinfecting Solution page 13). Do not clean potty-chairs at handwashing sinks, food preparation sinks, or dishwashing sinks.

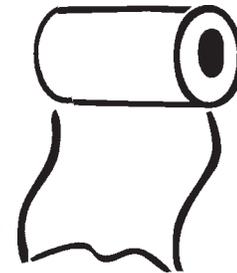
J. Cleaning supplies

- Use disposable gloves, paper towels, detergent and disinfecting solution.
- See cleaning and disinfecting procedures pages 10-11 for specific instructions.

RECOMMENDED PROCEDURES
FOR DIAPERING A CHILD

1. Organize needed supplies within reach of the table.

2. **Place disposable paper on the diaper changing table where you will place the child's bottom.** Diapering surfaces should be smooth, non-absorbent, and easy to clean. Areas that come in close contact with children during play, such as couches, floor areas where children play, etc. should not be used.



3. **If using gloves, put them on now.**

4. **Pick up and hold the child away from your body to avoid soiling your clothes.**

5. **Lay the child on the paper.**

6. **Remove soiled diaper (and soiled clothes).**

7. **Put disposable diapers in a plastic-lined trash can.**

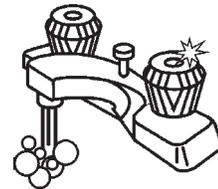
8. **Put soiled reusable diaper and/or soiled clothes WITHOUT RINSING in a plastic bag to give to parent/guardians.**

9. **Clean child's bottom with a disposable wipe.**

10. **Throw away wipe in a foot pedal trash can with plastic bag liner.**



11. If a child needs a more thorough washing; use soap, water and paper towels. Do not use a food prep sink.
12. Remove the disposable paper beneath the child and put in plastic lined trash can.
13. Remove gloves and put them in a foot pedal trash can with bag liner.
14. Wipe your hands with a disposable wipe.
15. Diaper and dress the child.
16. Wash the child's hands under running water.
17. Return the child to the activity area.
18. Clean and disinfect immediately after you finish diapering each child:
 - The diapering area
 - All equipment or supplies that were touched and soiled, nap mat or crib, if needed
19. Wash your hands thoroughly with soap and running water for at least 20 seconds after changing the diaper.



NOTE! Hand sanitizers may be used after proper handwashing is completed, they do not take the place of proper handwashing.

HANDWASHING

BACKGROUND



Handwashing is the single most effective way to prevent the spread of infections. Hands are warm, moist, parts of the body that come in frequent contact with germs that cause contagious illnesses. Young children have not yet learned healthy personal habits; they suck their thumbs, put things in their mouths and rub their eyes. Many children also like to handle animals and pets, which often carry a variety of germs. These habits can spread disease. Germs are easily spread when hands touch people, pets, and things.

Rubbing hands together under running water is the most important part of washing away infectious germs. Disposable wipes and waterless hand cleaners should not be used as a substitute for washing hands with soap and running water. Wipes should only be used to remove residue, such as food off a baby's face or feces from a baby's bottom during diaper changing. When running water is unavailable such as during an outing, a wipe may be used as a temporary measure until hands can be washed under running water. A child care provider may use a wipe to clean hands while diapering a child who cannot be left alone on a changing table that is not within reach of running water. However, hands should be washed as soon as diapering is completed and child is removed from the changing table. Water basins should not be used as an alternative to running water. If forced to use a water basin as a temporary measure, clean and disinfect the basin between each use. Outbreaks of disease have been linked with sharing wash water and washbasins.

Caregivers must learn why, when, and how to correctly wash their hands and the children's hands. Included in this section are instructions on "HOW" and "WHEN" to wash hands, for both staff and children. Babies' hands can be washed with soap and running water using the same procedure that is used for older children.

SOAP

Liquid soap should be used in child care because children do not have the dexterity to handle a bar of soap. Soap does not have to be antibacterial to be effective. It is the physical action of handwashing that removes soil.

FINGERNAILS

It is important to keep fingernails short and clean. Fingernail brushes are effective in removing stool from under nails. Fingernail brushes should be sanitized daily (use Santizing Solution page 13).



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GLOVES

- Gloves are **NOT** a substitute for handwashing.
- Single use gloves must be disposed of **after each use**, and hands must be washed.
- Staff should wear gloves if they have open cuts, sores, cracked skin, or if the child has open areas on the skin.
- Gloves should be worn when changing the diaper of a child with diarrhea or a known infection that is spread through the stool.
- Pregnant women or women considering pregnancy may want to wear gloves when changing any diaper.
- Gloves **MUST** be worn for handling blood (nosebleeds, cuts) or items, surfaces, or clothing soiled by blood or bloody body fluids.
- Wear gloves when cleaning bathrooms, diapering area, or any areas contaminated with stool, vomit, or urine.
- Either single use or utility gloves may be used for cleaning and disinfecting contaminated items or areas (see section on “Cleaning and Disinfecting”).

WHEN HANDS SHOULD BE WASHED



Children:

- upon arrival at the child care setting
- immediately before and after eating
- after using the toilet or having their diapers changed
- before and after using individual water play items, water tables or moist items (such as clay)
- after playing on the playground
- after handling pets, pet cages or other pet objects
- whenever hands are visibly dirty
- after sneezing or coughing

Providers:

- upon arrival at work
- immediately before handling food, preparing bottles or feeding children
- after using the toilet, assisting a child in using the toilet or changing diapers
- after coming in contact with a child’s body fluids including wet or soiled diapers, runny noses, spit, vomit, etc
- after sneezing or coughing
- after handling pets, pet cages or other pet objects
- whenever hands are visibly dirty
- after cleaning
- before and after giving or applying medication or ointment to a child or staff
- immediately after removing gloves used for any purpose, even if hands are not visibly dirty
- before going home
- before and after eating, drinking, smoking or taking a break
- after handling one food and before another

HOW TO WASH HANDS

- Always use warm running water and a mild liquid soap. Antibacterial soaps may be used but are not required. Disposable wipes and hand sanitizers do not effectively clean hands and do not take the place of handwashing.
- Wet the hands and apply a small amount (dime to quarter size) of liquid soap to hands. 
- Rub hands together vigorously until a soapy lather appears and continue for at least 20 seconds. Be sure to scrub between fingers, under fingernails, and around the backs and palms of hands.
- Rinse hands under warm running water. Leave the water running while drying hands.
- Dry hands with clean paper towel. Avoid touching the faucet handles or towel holder with clean hands.
- Turn the faucet off using the towel.
- Throw towel in a trash can lined with a plastic bag. Trash cans with foot-pedal lids are best.
- Hand lotion may be used to prevent chapping. Use liquids or tubes that can be squirted so that the hands do not have direct contact with container's spout. Direct contact with the spout could contaminate the lotion inside the container.
- When assisting a child in handwashing, either hold the child (if an infant) or have the child stand on a safety step at a height at which the child's hands can hang freely under the running water. Assist the child in performing all of the above steps and then wash your own hands.



Exclusion

EXCLUSION OF ILL PERSONS

Certain symptoms in children or adults may suggest the presence of a communicable disease. Children or staff members who have the symptoms outlined below should be excluded from the child care setting until: 1) a physician has certified that the symptoms are not associated with an infectious agent 2) the ill persons are no longer a threat to the health of others at the facility or 3) the symptoms have subsided.

For the mildly ill child, exclusion should be based on whether there are adequate facilities and staff available to meet the needs of both the ill child and other children in the group, and whether the child is able to participate in normal daily activities.

Exclusion of children who have mild infectious diseases is likely to have only a minor impact on the spread of infection. However, exclusion has been recommended when it has the potential of reducing the likelihood of secondary cases in child care setting. It is appropriate to exclude children with treatable illnesses until treatment has reduced the risk of spread.

EXCLUSION GUIDELINES



Exclusion of children and staff is necessary if they have the following signs and symptoms:

1. Fever, accompanied by behavior change or other signs or symptoms of illness.

Exclusion Exclude until a medical exam indicates the child/staff may return.



Fever is defined as having a temperature of 100° F or higher taken under the arm or an oral temperature of 101° or greater.

NOTE! Oral temperature should not be taken on children younger than four years of age.

NOTE! Temperatures taken rectally are not recommended in the child care setting.

2. Signs/symptoms of possible severe illness

Exclusion Exclude until a medical exam indicates the child/staff may return.

Signs and symptoms include: Unusually tired, irritability, uncontrolled coughing, persistent crying, difficult breathing, wheezing, seizures, and/or severe stomach pain.

3. Vomiting

Exclusion Exclude the child/staff until vomiting stops and the child is no longer in danger of dehydration (flushed, dry, hot skin; coated tongue; irritability; confusion; not urinating [one wet diaper in an 8 hour period]).



Vomiting is defined as two or more episodes in the previous 24 hours.

4. Diarrhea either uncontrolled or uncontained

Exclusion Exclude until uncontrolled or uncontained diarrhea stops, or until a medical exam indicates that it is not a communicable disease.
Exclude if stools contain blood or mucus.



Uncontrolled diarrhea is defined as 5 or more stools in an 8 hour period, an increased number of stools for the child, or watery or bloody stools.



Uncontained diarrhea is defined as 1 loose stool that cannot be contained by the diaper or use of the toilet.

5. Mouth sores with drooling

Exclusion Exclude until a medical exam indicates the symptoms are not contagious.

continued on next page

6. Undiagnosed Rash

Exclusion Exclude until a medical exam indicates that the rash is not a symptom of a communicable disease. Exclude if child has a rash with fever or behavioral change.

7. Eye drainage

Exclusion Exclude until 24 hours after treatment has started and the physician has approved readmission.



Eye drainage is defined as pink or red eyes with white or yellow discharge that causes matting of the eyelids; pain or redness of eyelids.

8. Unusual Color

Exclusion Exclude until a medical exam indicates the symptoms are not of a contagious disease.



Unusual color is defined as yellow eyes or skin; gray or white stool; black or blood colored stool; dark, tea or cola-colored urine.



9. Head lice or nits (eggs). See Lice (head) Fact Sheet.

10. Exclude staff from food handling duties with any of the following conditions:

- Exclusion**
- a. Diarrhea and/or a diagnosed illness due to *Shigella*, *Campylobacter*, *Salmonella typhi*, hepatitis A, or *E. coli O157:H7*.
 - b. Tests positive for one of the above, even if no symptoms are present.
 - c. Fever, vomiting, jaundice, sore throat with fever, or diarrhea (see #4 Diarrhea exclusion guideline).
 - d. Has an open, infected or draining wound that cannot be securely covered.

OR

Because infections spread easily among children, you may exclude children in the following situations.

1. The child does not feel well enough to participate comfortably in the routine activities.

Exclusion Exclude until the child is able to participate comfortably.

2. The child care provider cannot care for the child without interfering with the care of the other children.

Exclusion Exclude until the child feels well enough to participate with the group.

PHYSICIAN EVALUATION FORM

The child care provider can request the parent or guardian to take their child to his/her physician to diagnose and treat any symptoms the child care provider identifies. Give the parent/guardian the Physician Evaluation Form (see next page). The child care provider completes the top portion and the physician completes the bottom portion.



The parent/guardian is to bring this form back to the child care provider upon the child's return.

PHYSICIAN EVALUATION FORM

PROGRAM:

PHONE:

CONTACT PERSON:

DATE:

TO BE COMPLETED BY CHILD CARE PROVIDER

CHILD'S NAME _____ DATE OF BIRTH _____

Has Has Not been excluded from our child care setting.

The following signs and/or symptoms have been noted:

- | | | |
|--|--|---|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Bloody diarrhea | <input type="checkbox"/> Skin lesions |
| <input type="checkbox"/> Eye drainage | <input type="checkbox"/> Light stool | <input type="checkbox"/> Mouth sores |
| <input type="checkbox"/> Respiratory signs | <input type="checkbox"/> Dark urine | <input type="checkbox"/> Fever, temp. _____ |
| <input type="checkbox"/> Cough/wheezing | | |

Other concerns in our daily health observation:

For your information, __ cases of _____
have recently been reported in others attending our program.

**HEALTH CARE PROVIDER,
PLEASE EVALUATE THIS CHILD AND COMPLETE THE REMAINDER OF THIS FORM.**

DIAGNOSIS

Diagnosis _____ Not Communicable Communicable

TREATMENT/MEDICATION

Medication _____ Dosage _____
 Other _____

RETURN TO CHILD CARE

May return to child care
 Exclude until _____

COMMENTS: _____

HEALTH CARE PROVIDER SIGNATURE: _____
PHONE NUMBER: _____ DATE: _____

Parent/guardian must return this completed form to the child care program when the child returns.

SPECIFIC DISEASE EXCLUSION GUIDELINES

See individual Fact Sheets for more information on the diseases listed below.



CAMPYLOBACTERIOSIS

Until diarrhea has stopped.

CHICKENPOX

Until all blisters have dried and crusted, a minimum of 6 days after rash appears.

CONJUNCTIVITIS (Pinkeye)

Bacterial (with pus): until examined by a physician, treated for 24 hours, and approved for readmission by physician. Viral (without pus): no exclusion necessary.



CRYPTOSPORIDIOSIS

Until diarrhea has stopped and at least 3 stool specimens collected on separate days are negative.

CYTOMEGALOVIRUS (CMV) INFECTION

No exclusion necessary.

ENTEROVIRUSES (Nonpolio) INFECTION

For diarrhea: until diarrhea has stopped. No exclusion for cold-like symptoms if child is well enough to participate in normal daily activities. See also Viral (aseptic) Meningitis



***E. coli* O157:H7**

Until diarrhea stops and 2 stool cultures, obtained at least 24 hours apart, have tested negative.

FIFTH DISEASE

No exclusion necessary if fever is not present and other rash causing illnesses have been ruled out.



GIARDIASIS

Until diarrhea has stopped. No exclusion for children who show *Giardia* in their stools but do not have symptoms.



***Haemophilus influenzae* DISEASE (Hib)**

Until child has been treated and is well enough to participate in normal daily activities. Rifampin should be given to child before discharge from the hospital to assure that Hib has been eliminated.



REPORTABLE!

Continued on next page

SPECIFIC DISEASE EXCLUSION GUIDELINES continued

<p>HAND, FOOT, MOUTH DISEASE (Coxsackievirus)</p>	<p>Until fever is gone and child is well enough to participate in normal daily activities. Sores may still be present.</p>
<p> HEPATITIS A</p>	<p>Until 1 week after onset of illness or jaundice.</p>
<p> HEPATITIS B</p>	<p>No exclusion necessary unless child exhibits unusually aggressive biting behavior, has open sores that cannot be covered, or has a bleeding condition. See Hepatitis B fact sheet.</p>
<p> HIV/AIDS</p>	<p>No exclusion necessary unless child exhibits unusually aggressive biting behavior, has open sores that cannot be covered, or has a bleeding condition. See HIV/AIDS fact sheet.</p>
<p>IMPETIGO</p>	<p>Until child has been treated with antibiotics for 24 hours and the person no longer has a discharge.</p>
<p>INFLUENZA</p>	<p>Until child is without fever for 24 hours and is well enough to participate in normal daily activities.</p>
<p>LICE (Head)</p>	<p>Until first treatment is completed and no live lice are seen.</p>
<p> LYME DISEASE</p>	<p>No exclusion necessary.</p>
<p> MEASLES (Rubeola)</p>	<p>Until 4 days after the rash appears.</p>

 **MENINGOCOCCAL DISEASE**

Until child has been treated and is well enough to participate in normal daily activities. Rifampin should be given to child before discharge from the hospital to assure that the bacteria have been eliminated. If an antibiotic is recommended after an exposure to meningococcal disease, a child or staff member should be excluded until treatment has been started

MONONUCLEOSIS (Infectious)

Until the child is well enough to return to normal activities.

 **MUMPS**

Until 9 days after swelling begins.

ORAL HERPES (Cold Sores)

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

 **PERTUSSIS (Whooping Cough)**

Until 5 days after antibiotic treatment begins or for 4 weeks after intense coughing begins and the child is well enough to participate in normal daily activities.

PINWORMS

Until 24 hours after treatment has been started.

PNEUMOCOCCAL INFECTIONS

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

RESPIRATORY INFECTIONS (Viral)

Until fever is gone and **child is** well enough to participate in normal daily activities. No exclusion for other mild respiratory infections without fever as long as child can participate comfortably.

RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

REYE SYNDROME

Until child is well enough to participate in normal activities.


REPORTABLE!

Continued on next page

SPECIFIC DISEASE EXCLUSION GUIDELINES continued

RINGWORM (TINEA)	Until 24 hours after treatment has been started and the lesion has started to shrink.
ROSEOLA	Provided other rash illnesses are ruled out, child may return when fever is no longer present.
ROTAVIRUS INFECTION	Until diarrhea has stopped.
 RUBELLA (German Measles)	Until 7 days after rash appears.
 SALMONELLOSIS	Until diarrhea has stopped.
SCABIES	Until after treatment has been given.
 SHIGELLOSIS	Until treated, diarrhea has stopped and 2 successive fecal samples, taken at least 24 hours apart, are negative for <i>Shigella</i> .
SHINGLES (Zoster)	If clothing or a bandage can cover sores, no exclusion is needed. If sores cannot be covered, exclude until the sores have crusted.
STREPTOCOCCAL SORE THROAT/ SCARLET FEVER	Until 24 hours after treatment begins and the fever is gone.
 TUBERCULOSIS (TB)	A person with probable or confirmed TB: exclude 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.
VIRAL (Aseptic) MENINGITIS	Exclude until physician decides child can return to normal activities. Children with uncontained diarrhea should be excluded.
YEAST INFECTION	No exclusion necessary if child is able to participate comfortably in normal activities.

OTHER INFECTIOUS DISEASES

Consult your local or state health department or the child’s physician regarding exclusion guidelines for other infections not described in this manual. Special exclusion guidelines may be recommended in the event of an outbreak of an infectious disease in a child care setting. **CONSULT YOUR LOCAL OR STATE HEALTH DEPARTMENT WHEN THERE IS MORE THAN ONE CASE OF A COMMUNICABLE DISEASE.**

INADEQUATELY IMMUNIZED CHILDREN

If a case of measles, mumps, rubella, pertussis, polio, or diphtheria occurs in the child care setting, children who are not adequately immunized may be excluded for the incubation period of the disease. This exclusion is necessary because these children may become infected and contribute to further disease spread. Exclusion also applies to children who have not been immunized for conscientiously held beliefs or medical contraindications.

EXCLUSION GUIDELINES FOR CHILD CARE STAFF

Adults can spread infectious diseases to children. If a staff person has no contact with children or with objects that children may handle and does not participate in preparing or serving food to the children, there may be little risk of disease spread to the children. However, ill staff members can spread infectious diseases to other co-workers. For this reason, it is recommended that staff follow the basic exclusion guidelines described above for children. Your health department can provide additional recommendations.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, or call your local health department.

SECTION II: DISEASE REPORTING

- A.** Nebraska Reporting Rule
- B.** Reports to Local/State Health Department
- C.** Notification of Parent/Guardians
 - 1. Parent Alert Letter (PAL)
 - 2. Contagious Disease Alert Kit Instructions
- D.** Reports from Parent/Guardians

DISEASE REPORTING



Good communication between child care providers, parents, guardians, health care professionals and the health department can play a major role in preventing the spread of communicable diseases. It is important that parent/guardians let child care providers know whenever their children are diagnosed with a contagious disease. Also, providers need to check with the health department to find out if any special control measures are needed.

Many diseases must be reported to the health department. According to Title 173, Nebraska Administrative Code, Chapter 1, there are 76 diseases and poisonings that are reportable. Reportable diseases included in this manual are indicated by a telephone symbol on each fact sheet and the table of contents.

Child care providers are **encouraged** to report diseases to the health department. Physicians, hospitals, and laboratories are required to report. Some communicable diseases can be very serious, so it is important that you call right away, even if you think someone else has already made a report.

NEBRASKA REPORTING RULE

Nebraska Law mandates that Physicians, Hospitals, and Laboratories Report the Following Diseases and Poisonings:

TO BE REPORTED WITHIN 24 HOURS



- Anthrax (*Bacillus anthracis*)
- Botulism (*Clostridium botulinum*)
- Brucellosis (*Brucella* species)
- Cholera (*Vibrio cholerae*)
- Diphtheria (*Corynebacterium diphtheriae*)
- Food-poisoning, outbreak-associated
- Glanders (*Burkholderia [Pseudomonas] mallei*)
- Haemophilus influenzae* infection (invasive disease only, including meningitis, epiglottitis, bacteremia, and cellulitis)
- Hemolytic uremic syndrome (post-diarrheal illness)
- Hepatitis A (IgM antibody-positive or clinically diagnosed during an outbreak)
- Marburg virus
- Measles (Rubeola)
- Melioidosis (*Burkholderia [Pseudomonas] pseudomallei*)
- Meningitis (*Haemophilus influenzae* or *Neisseria meningitidis*)
- Meningococemia (*Neisseria meningitidis*)
- Pertussis/Whooping Cough (*Bordetella pertussis*)
- Plague (*Yersinia pestis*)
- Poliomyelitis
- Q fever (*Coxiella burnetii*)
- Rabies (human and animal cases and suspects)
- Rubella and congenital rubella syndrome
- Smallpox
- Staphylococcal enterotoxin B intoxication
- Staphylococcus aureus*, vancomycin-intermediate/resistant
- Tularemia (*Francisella tularensis*)
- Typhus Fever, louse-borne (*Rickettsia prowazekii*) and flea-borne/endemic murine (*Rickettsia typhi*)
- Venezuelan equine encephalitis
- Yellow Fever

TO BE REPORTED WITHIN 7 DAYS



- Acquired Immunodeficiency Syndrome (AIDS)
as described in 1-004.01C2 and 1-004.02C1
- Amebiasis (*Entamoeba histolytica*)
- Babesiosis (*Babesia* species)
- Campylobacteriosis (*Campylobacter* species)
- Chlamydia trachomatis* infections (nonspecific urethritis, cervicitis,
salpingitis, neonatal conjunctivitis, pneumonia)
- Creutzfeldt-Jakob Disease (subacute spongiform encephalopathy)
- Cryptosporidiosis (*Cryptosporidium parvum*)
- Dengue virus infection
- Ehrlichiosis, human monocytic (*Ehrlichia chaffeensis*)
- Ehrlichiosis, human granulocytic (*Ehrlichia phagocytophila*)
- Encephalitis (caused by viral agents)
- Escherichia coli* gastroenteritis (*E. coli* O157-H7 and
other pathogenic *E. coli* from gastrointestinal infection)
- Giardiasis (*Giardia lamblia*)
- Gonorrhea (*Neisseria gonorrhoeae*) venereal infection
and ophthalmia neonatorum
- Hantavirus infection
- Hepatitis B (surface antigen or IgM core antibody positive; for labs doing
confirmatory tests [e.g., blood banks], results of confirmatory tests for
surface antigen or core antibody supersede results of screening
tests)
- Hepatitis C (requires a positive serologic test; when a confirmatory test is
done, the results of the confirmatory test supersede results of the
screening test)
- Hepatitis D and E
- Herpes simplex, primary genital infection and neonatal,
less than 30 days of age
- Human Immunodeficiency Virus Infection
(as described in 1-004.01C2 and 1-004.02C,
Immunosuppression as described in 1-004.02C1,e
- Influenza (DFA positive or culture confirmed)
- Kawasaki disease (mucocutaneous lymph node syndrome)
- Lead poisoning (all analytical values for blood lead analysis shall be reported)
- Legionellosis (*Legionella* species)
- Leprosy (*Mycobacterium leprae*)
- Leptospirosis (*Leptospira interrogans*)
- Listeriosis (*Listeria monocytogenes*)
- Lyme disease (*Borrelia burgdorferi*)
- Malaria (*Plasmodium* species)
- Meningitis, viral or caused by *Streptococcus pneumoniae*
- Methemoglobinemia/nitrate poisoning
(methemoglobin greater than 5% of total hemoglobin)
- Mumps

Poisoning or illness due to exposure to agricultural chemicals (herbicides, pesticides, and fertilizers), industrial chemicals, or mercury
Psittacosis (*Chlamydia psittaci*)
Retrovirus infection (other than HIV)
Rheumatic fever, acute (case meeting the Jones criteria only)
Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)
Salmonellosis, including typhoid (*Salmonella* species)
Shiga toxin, resulting in gastroenteritis
Shigellosis (*Shigella* species)
Streptococcal disease (all invasive disease caused by groups A and B streptococci and *Streptococcus pneumoniae*)
Syphilis (*Treponema pallidum*)
Syphilis, congenital
Tetanus (*Clostridium tetani*)
Toxic Shock Syndrome
Trichinosis (*Trichinella spiralis*)
Tuberculosis (*Mycobacterium tuberculosis* and human cases of *Mycobacterium bovis*)
Yersiniosis (*Yersinia* species)

REPORTS TO LOCAL/STATE **HEALTH DEPARTMENT**



If you are in Douglas County, cases of communicable disease should be reported to the Douglas County Health Department at 444-7214. If you are outside Douglas County call your local or state health department. When you call to report a disease, please have the following information ready:

- name of disease or nature of illness
- person's name, parent/guardian's name, birth date, address, and phone number
- date of onset of symptoms
- doctor's name and phone number - if available
- immunization history

The person taking the report will help advise you if any specific control measures need to be taken.

NOTIFICATION OF PARENT/GUARDIANS

It is important that child care providers let parent/guardians know whenever contagious diseases are found in children attending their programs. This helps parent/guardians to know what types of symptoms to look for and if they need to get any shots or medicines for their children. The fact sheets in this manual provide information on most communicable diseases you might see in child care settings. It is recommended that you post the Contagious Disease Alert with the appropriate fact sheet and send home a copy of the fact sheet to the parent/guardians of children who may have been exposed when these diseases occur in your program. Many times, getting accurate information from the health department reassures parent/guardians that the situation is being followed closely and that efforts are being made to prevent further spread in the child care setting or to other family members.



This manual also includes fact sheets on many diseases and infestations, such as chickenpox and head lice, that are not reportable but still need to be controlled. Parent/guardians should be notified whenever cases occur.

PROCEDURE FOR WHEN A DIAGNOSED COMMUNICABLE DISEASE OCCURS

Post the Contagious Disease Alert and give out the Parent Alert Letter (PAL) as soon as possible to help control the spread of disease and infestation.

1. Send a Parent Alert Letter (PAL) to parent/guardians of children who may have been exposed (ie. same age, class). Attach the appropriate fact sheet of the disease. See page 47.
2. Post the Contagious Disease Alert with the appropriate fact sheet. (see Contagious Disease Alert Kit instructions page 49)
3. Follow your exclusion policy.

Child Care Facility _____



(PAL) **PARENT ALERT LETTER**

Date: _____

NOTICE: CONTAGIOUS DISEASE ALERT

Dear Parent or Guardian:

- A child in this facility 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 has _____,
Name of disease
please see your physician.
- 3. Tell the child care facility if your child has this disease.
Call _____ at _____
Name Phone Number



Child Care Facility _____



(PAL) **PARENT ALERT LETTER**

Date: _____

NOTICE: CONTAGIOUS DISEASE ALERT

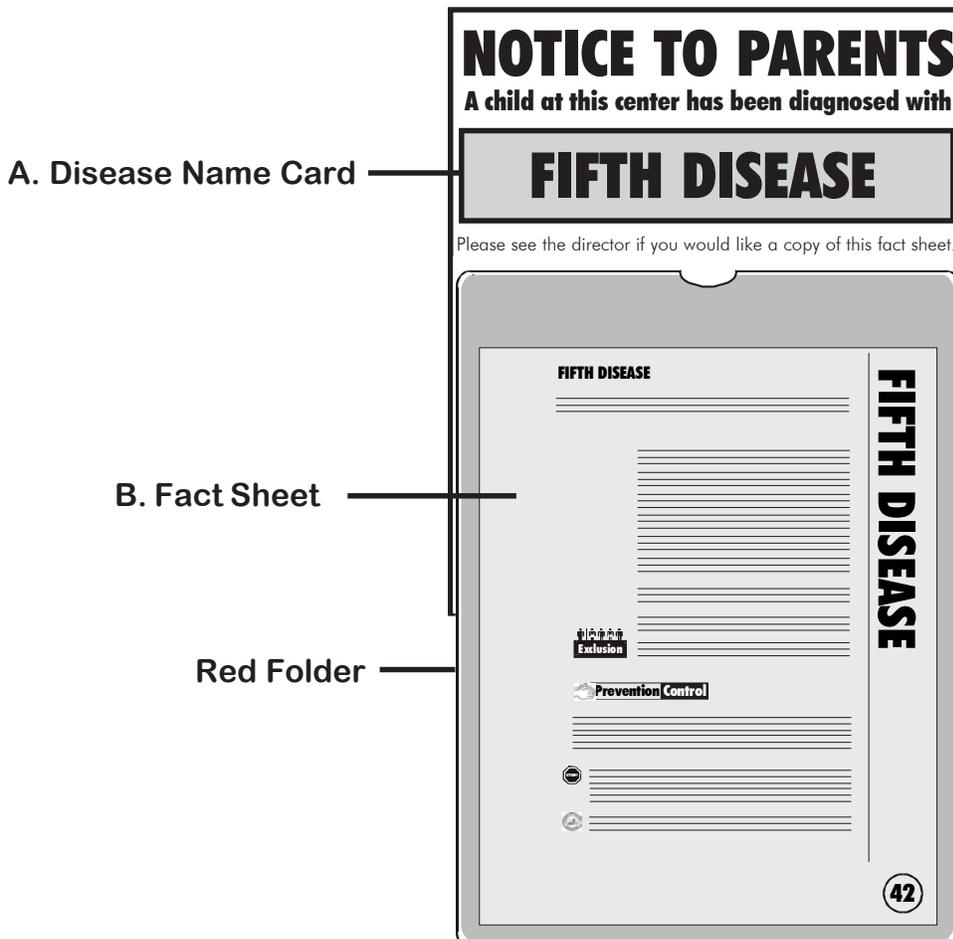
Dear Parent or Guardian:

- A child in this facility 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 has _____,
Name of disease
please see your physician.
- 3. Tell the child care facility if your child has this disease.
Call _____ at _____
Name Phone Number

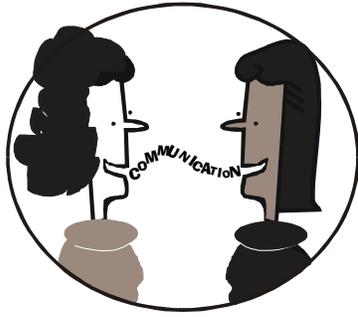
CONTAGIOUS DISEASE ALERT KIT INSTRUCTIONS

1. The CONTAGIOUS DISEASE ALERT will be posted when a contagious disease has been diagnosed.
2. Post this CONTAGIOUS DISEASE ALERT in the entry way or in a place it can be clearly seen by all parent/guardians.
3. Find sheet with appropriate DISEASE NAME CARD*.
4. Copy sheet and cut out appropriate DISEASE NAME CARD*.
5. Place the DISEASE NAME CARD* at the top of the ALERT (see sample A below).
6. Insert the appropriate FACT SHEET*** into the clear RED FOLDER** on the ALERT (see sample B below).
7. The front of the FACT SHEET should show through.

ITEM	Where to Find It
* DISEASE NAME CARDS	back pocket of the PEP Manual
** RED FOLDER	back pocket of the PEP Manual
*** FACT SHEETS	included in this handbook



REPORTS FROM PARENT/GUARDIANS



Parent/guardians can also help to stop the spread of communicable diseases by telling the child care provider whenever their children are diagnosed with a contagious disease. The provider then can watch other children for symptoms, notify all the parent/guardians, and check with the health department to see if anything else needs to be done. The sooner everyone is notified, the faster the spread of disease can be controlled.

**SECTION III: EXPOSURE CONTROL
AND OUTBREAK MANAGEMENT**

EXPOSURE CONTROL AND OUTBREAK MANAGEMENT

OUTBREAK

State and local health departments are required by law to control certain contagious diseases. In child care settings, early recognition, reporting, and intervention will reduce the spread of infection. Outbreaks of communicable diseases in child care settings can result in spread to the general community. When a contagious disease of public health importance or an outbreak of illness in a child care setting is reported to the local or state health department, the health department will investigate the situation. Specific prevention and control measures will be recommended to reduce spread to others. These measures will require the cooperation of the parent/guardians, caregivers, children, health providers, and health consultants. In these situations, recommendations will be made by the health department regarding:

- notification of parents, guardians, caregivers, and health care providers of the problem
- identification of appropriate prevention measures
- policies for exclusion or isolation of infected children and/or staff
- collection of specimens, if necessary
- necessary antibiotics, vaccine, or immune globulin

Child care providers should be aware of the fact that these situations can be very stressful for everyone concerned. Cooperation and good communication help to relieve some of this stress. Notifying the health department as soon as an outbreak is suspected can reduce the length and severity of the outbreak.

WHERE TO REPORT:



If you are in Douglas County, call the Douglas County Health Department at 444-7214. Outside Douglas County call your local or state health department.

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SECTION IV: FACT SHEETS

A. Symptoms/Disease Checklist

B. Disease Fact Sheets

Campylobacteriosis
Chickenpox
Conjunctivitis (Pinkeye)
Cryptosporidiosis
Cytomegalovirus (CMV) Infection
Enterovirus (Nonpolio) Infection ...See Viral (Aseptic) Meningitis
E. coli O157:H7/HUS
Fifth Disease
Giardiasis
Haemophilus influenzae Disease (Hib)
Hand, Foot and Mouth Disease
Hepatitis A
Hepatitis B
HIV/AIDS
Impetigo
Influenza
Lice (Head)
Lyme Disease
Measles (Rubeola)
Meningococcal Disease
Mononucleosis (Infectious)
Mumps
Oral Herpes (Cold Sores)
Pertussis (Whooping Cough)
Pinworms
Pneumococcal Infections
Respiratory Infections (Viral)
Respiratory Syncytial Virus (RSV)
Reye Syndrome
Ringworm (Tinea)
Roseola
Rotavirus Infection
Rubella (German Measles)
Salmonellosis
Scabies
Shigellosis
Shingles (Zoster)
Streptococcal Sore Throat/Scarlet Fever
Tuberculosis (TB)
Viral (Aseptic) Meningitis
Yeast Infection (Thrush)

SYMPTOMS/DISEASE CHECKLIST

DIARRHEA/GASTROINTESTINAL

-  Campylobacteriosis
-  Cryptosporidiosis
-  *E coli* O157:H7
- Enteroviruses (Nonpolio) Infection
-  Giardiasis
-  Hepatitis A
-  Salmonellosis
-  Shigellosis
- Rotavirus Infection

RASHES/SKIN CONDITION

- Chickenpox
- Enterovirus (Nonpolio) Infection
- Fifth Disease
- Hand, Foot and Mouth Disease
- Impetigo
- Lice (Head)
-  Lyme Disease
-  Measles (Rubeola)
-  Meningococcal Disease
- Oral Herpes (Cold Sores)
- Ringworm (Tinea)
- Roseola
-  Rubella (German Measles)
- Scabies
- Scarlet fever
- Shingles (Zoster)
- Yeast infection (Thrush)



REPORTABLE!

RESPIRATORY SYMPTOMS

- Colds
- Conjunctivitis (Pinkeye)
- Enteroviruses (Nonpolio) Infection
- Influenza
-  Measles (Rubeola)
-  Pertussis (Whooping Cough)
- Pneumococcal Infections
- Respiratory Infections (Viral)
- Respiratory Syncytial Virus (RSV)
- Streptococcal Sore Throat
-  Tuberculosis (TB)

MULTI-SYMPTOM/OTHER

- Cytomegalovirus (CMV) Infection
-  *Haemophilus influenzae* Disease (Hib)
-  Hepatitis A
-  Hepatitis B
-  HIV/AIDS
- Influenza
-  Lyme Disease
-  Meningococcal Disease
- Mononucleosis (Infectious)
-  Mumps
- Pinworms
- Pneumococcal Infections
- Reye Syndrome
-  Rubella
- Viral (Aseptic) Meningitis

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Campylobacteriosis

Chickenpox

Conjunctivitis (Pinkeye)



Cryptosporidiosis

Cytomegalovirus (CMV) Infection

Enterovirus (Nonpolio) Infection

See Viral (Aseptic) Meningitis



***E. coli* O157:H7/HUS**

Fifth Disease



Giardiasis



***Haemophilus influenzae* Disease (Hib)**

Hand, Foot and Mouth Disease



Hepatitis A



Hepatitis B



HIV/AIDS

Impetigo

Influenza

Lice (Head)



Lyme Disease



Measles (Rubeola)



Meningococcal Disease

Mononucleosis (Infectious)



Mumps

Oral Herpes (Cold sores)



Pertussis (Whooping Cough)

Pinworms

Pneumococcal infections

Respiratory Infections (Viral)

Respiratory Syncytial Virus (RSV)

Reye Syndrome

Ringworm (Tinea)

Roseola

Rotavirus Infection



Rubella (German Measles)



Salmonellosis

Scabies



Shigellosis

Shingles (Zoster)

Streptococcal Sore Throat/

Scarlet Fever



Tuberculosis (TB)

Viral (Aseptic) Meningitis

Yeast Infection (Thrush)

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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. Spread does not usually occur in child care settings if good handwashing 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.

SPREAD: People most often get *Campylobacter* by eating contaminated food or drinking contaminated water or unpasteurized milk. *Campylobacter* bacteria are often found in raw meat or 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), 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, may be several days to several weeks. Early treatment shortens the duration of illness and prevents relapse.



Until diarrhea has stopped. Children who show *Campylobacter* in their stools, but who do not have symptoms, do not need to be excluded.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County, call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your 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. Do not drink unpasteurized milk.
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 handwashing is the best way to prevent spread of infectious diseases found in the intestinal tract. Parent/guardians and child care staff should closely monitor handwashing of all children after bathroom use or diapering. If hand sanitizers are used, they may be used only after thorough handwashing.
3. Clean and disinfect or sanitize contaminated areas (diapering area, toilets, potty-chairs) and toys at least daily and when soiled.



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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 *Campylobacter* in the stool. If *Campylobacter* are found, treatment is available. Your doctor will decide if treatment is needed.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, 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 *Herpesvirus* 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.

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

INCUBATION: It usually takes 14 to 16 days after being exposed until symptoms develop. Look for symptoms in your child for a period of 3 weeks.

CONTAGIOUS PERIOD: From 1 to 2 days before the rash develops until all the blisters have dried into scabs (a minimum of 6 days).



Exclusion

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 chickenpox, contact your physician or local public health immunization clinic to assess the need for vaccination.
3. When a pregnant woman 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 a 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.

CAUTION

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 Douglas County Health Department at 444-7214, or your local health department.

CONJUNCTIVITIS (PINKEYE)

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, 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 eyelid redness.

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

INCUBATION: It commonly takes 1 to 3 days after exposure to bacterial or viral conjunctivitis for symptoms to begin.

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



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.



1. Keep children's eyes wiped free of discharge. Avoid contact with eye drainage.
2. Dispose of contaminated tissues properly.
3. Frequent careful handwashing 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 Sanitizer (Use non-scented)

- 1 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. Air dry.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer 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 your physician. He/she will decide whether the child needs antibiotic treatment (eye ointment or drops).



For more information, you or your physician may call the Douglas County Health Department at 444-7214, or your local health department.

CRYPTOSPORIDIOSIS

Cryptosporidiosis, often called “crypto” is an infection of the intestines that affects both humans and animals. Some infected persons 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 handwashing procedures are being used.

CAUSE:

Cryptosporidium parvum, a one-celled organism

SYMPTOMS:

Frequent, watery diarrhea, and low-grade fever are the most common symptoms. Other symptoms may include abdominal pain, weight loss, nausea and vomiting. Some persons may show mild symptoms or may have no symptoms at all. 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, although individuals may recover then get worse for a time.

SPREAD:

(1) Spread is via a fecal-oral route. *Cryptosporidium* can also be spread 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) Spread can also occur by ingesting food or water contaminated with stool, including water in the recreational water park and swimming pool setting.
(3) Spread can also occur through contact with infected pets, usually puppies or kittens, or from handling live farm stocks.

INCUBATION:

It takes 2 to 14 days, usually 7 days, from the time a person is infected until symptoms develop.

CONTAGIOUS PERIOD:

As long as *Cryptosporidium* oocysts are present in the stool. Oocysts continue to be excreted in the stool for several weeks after symptoms have resolved. The oocysts are highly resistant to chemical disinfectants used to treat drinking water and may remain infective for 2-6 months in a moist environment.



Until diarrhea has stopped and at least 3 stool specimens collected on separate days are negative.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County, call 444-7214. Outside Douglas County, call your local or state health department.

Parents/guardians: inform your child care provider if your child has this illness.



Prevention Control

1. Wash hands thoroughly with soap and 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 handwashing is the best way to prevent spread of infectious diseases found in the intestinal tract. Parent/guardians and child care staff should closely monitor handwashing of all children after bathroom use or diapering. If hand sanitizers are used, they may be used only after thorough handwashing.
2. Clean and disinfect contaminated areas (diapering area, toilets, potty-chairs) and sanitize toys at least daily and when soiled.



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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 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.

CYTOMEGALOVIRUS (CMV) INFECTION

CMV is a common virus; most adults and children come into contact with CMV and have no symptoms or problems. Good hygiene, including frequent handwashing lowers the risk of getting CMV. Some groups, including those with weakened immunity (i.e., chemotherapy, organ transplants or HIV infection) are at special risk for more serious infections. In rare cases, children whose mothers were infected during pregnancy may have birth defects such as hearing loss, mental retardation, and delays in development. The risk is greatest for children born to mothers who are not yet immune to CMV.

CAUSE: Cytomegalovirus (CMV), a member of the *Herpesvirus* family

SYMPTOMS: Most people have no symptoms. Occasionally, a person may develop temporary symptoms that include fever, sore throat, tiredness, and swollen glands.

SPREAD: Through close, intimate contact with saliva or urine of an infected person. CMV spreads easily (usually without symptoms) in child care settings, most often among the children who lack control of body secretions.

INCUBATION: Unknown for person-to-person spread; probably from 3 to 12 weeks for infections acquired at birth.

CONTAGIOUS PERIOD: Virus may be present in urine or saliva for long periods of time, even in people with no symptoms. Saliva and urine should always be treated as infectious for CMV.



Children known to have CMV should **NOT** be excluded or singled out. Other children may also have CMV present in their saliva or urine. Children should **NOT** routinely be tested for CMV.



Prevention Control

1. Practice thorough and frequent handwashing with soap and running water for at least 20 seconds immediately after changing diapers, assisting a child in the bathroom, or having contact with a child's saliva or urine. If hand sanitizers are used, they may only be used after thorough handwashing.
2. Minimize contact with saliva, such as kissing on the lips or hands.

3. Routinely clean and disinfect or sanitize items contaminated with saliva or urine.



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. Air dry.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

4. Pregnant caregivers, or those considering pregnancy, should be counseled about the potential risks of CMV and the importance of frequent handwashing. These caregivers may want to discuss being tested for CMV with their physician. If they are not immune to CMV, they may want to wear gloves for contact with saliva or urine.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, or your local health department.

***E. COLI* 0157: H7/HEMOLYTIC UREMIC SYNDROME (HUS)**

Escherichia coli (*E. coli*) O157:H7 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. In rare cases, people can also develop HUS, which is a serious complication of *E. coli* O157:H7 infection. HUS is more common in children than in adults.

CAUSE: *E. coli* O157:H7 bacteria

SYMPTOMS: People infected with *E. coli* O157:H7 can have no symptoms at all, or they can be ill with watery or severe bloody diarrhea, abdominal cramps, and low-grade fever. In some cases, people infected with these bacteria can develop HUS, which is a serious disease that affects the kidneys and blood clotting system. People with HUS usually need to be hospitalized; dialysis (artificial kidney) and transfusions are often needed.

SPREAD: 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 easily spread from person to person, especially from children in diapers. *E. coli* O157:H7 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. Spread can occur when a person does not wash his/her hands after using the toilet or changing diapers.

INCUBATION: It takes from 2 to 8 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, possibly as long 3 weeks, after the start of symptoms.

Until diarrhea has stopped and 2 stool cultures, at least 1 day apart, are negative. Because of the extremely small infective dose, infected staff members should not be employed to handle food or to provide child care until two successive negative stool cultures collected at least 1 day apart. Contacts with diarrhea should be excluded from food handling and care of children until diarrhea stops and 2 successive negative cultures are obtained.



***E. COLI* 0157:H7/HUS**

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REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County call 444-7214. Outside Douglas County call your local or state health department.

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



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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 *E. coli* O157:H7 or HUS. There is a lab test to look for *E. coli* O157 :H7 in the stool. HUS cannot be diagnosed with a single laboratory test. Doctors use the results of tests for kidney function, blood clotting factors, and blood counts to decide if a person has HUS. Diarrhea caused by *E. coli* O157:H7 usually goes away after a few days without any treatment. Antibiotics and drugs to stop diarrhea are usually not recommended. Check with your doctor. As with all types of diarrhea, it is important to drink plenty of fluids to help prevent dehydration.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, or your local health department.

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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 settings 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.

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

INCUBATION: It takes from 4 to 14 days but can take as long as 21 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 handwashing.
2. Dispose of tissues containing respiratory secretions properly.
3. Treatment: None

CAUTION

Because fewer than 1% of pregnant teachers during a fifth disease outbreak would be expected to experience an adverse fetal outcome, exclusion of pregnant women from employment in child care or teaching is not recommended. Most adult women are already immune to fifth disease, so they are not at risk. If you are pregnant and you have been exposed to fifth disease, contact your physician for advice.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, or your local health department.

GIARDIASIS

Giardiasis is an infection of the intestines that is common in children under two years of age. Outbreaks can occur in child care settings where there are children in diapers.

CAUSE: *Giardia lamblia*, a parasite

SYMPTOMS: Gas, stomach cramps and bloating, nausea, watery or foul-smelling diarrhea (persistent or recurring), and weight loss. Very often, children are infected and show no symptoms.

SPREAD: *Giardia* 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. Spread can occur whether or not a person feels sick.

INCUBATION: It takes 3 to 25 days or longer, commonly 7-10 days, from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: As long as *Giardia* is present in the stool, a person can be a possible source of infection.



Until diarrhea has stopped. Children who show *Giardia* in their stools, but who do not have symptoms, do not need to be excluded.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your child care provider if your child has this illness.



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 handwashing is the best way to prevent spread of infectious diseases found in the intestinal tract. Parent/guardians and child care providers should closely monitor handwashing of all children after bathroom use or diapering. If hand sanitizers are used, they may be used only after thorough handwashing.

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



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. Air dry.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

3. **Diagnosis/Treatment:** Discuss this fact sheet with your physician if you or your child has symptoms of giardiasis. There is a lab test to detect *Giardia* in the stool. If *Giardia* parasites are found, treatment is available.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, or your local health department.

HAEMOPHILUS INFLUENZAE DISEASE (Hib)

Haemophilus influenzae 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 1980s. Hib also can cause other serious illnesses, but it is not related to influenza or “stomach flu”. The most common infections caused by Hib are meningitis, cellulitis, epiglottitis, pneumonia and arthritis. These are invasive conditions. Examples of non-invasive infections caused by Hib are otitis media and sinusitis. 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 influenzae* type b bacteria

SPREAD: Through secretions and droplets from the nose and throat (e.g., coughing, 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. Rifampin should be given to the child prior to discharge from the hospital to assure that Hib has been eliminated.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County, call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your child care provider if your child has this illness.



Prevention Control

1. Vaccines for Hib have been available since 1985. In 1991, a newer version of vaccine was licensed for use in children as young as two months of age. As of 1993, the Nebraska State law requires proof that a child in a child care setting is protected by age-appropriate protection against *Haemophilus influenzae* type b.
2. An antibiotic called rifampin is sometimes given after exposure to prevent infection. When two or more cases of *Haemophilus influenzae* type b invasive disease have occurred within 60 days and unimmunized or incompletely

immunized children attend the child care facility, administration of rifampin to all attendees and supervisory personnel is recommended. When a single case has occurred the advisability of rifampin prophylaxis in exposed susceptible child care groups is not usually recommended. Unvaccinated or incompletely vaccinated children younger than 2 should be given a dose of conjugate vaccine after exposure consistent with age appropriate guidelines. Rifampin is not recommended if you are or may be pregnant. Discuss possible side effect with your doctor.

3. **Diagnosis and Treatment:** Haemophilus disease is caused by bacteria and it can be treated with antibiotics. Untreated Hib disease can be fatal. See your doctor at the first signs of Hib disease, and get treatment immediately to prevent death or lasting damage.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, or 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 coxsackievirus

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.

SPREAD: 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.



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



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 handwashing.

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



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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 Douglas County Health Department at 444-7214, or your local health department.

HEPATITIS A

Hepatitis A is an infection of the liver. Child care settings have been recognized as an important source of hepatitis A epidemics, with spread into the community. Spread occurs most commonly when diapered children are present. A new vaccine is available to prevent hepatitis A, but is not currently licensed for children less than 2 years of age. Although hepatitis A outbreaks sometimes occur in child care settings, they do not happen often enough to make it necessary for child care providers or children attending child care to be routinely vaccinated against hepatitis A. When outbreaks occur in child care setting, immune globulin (IG) may be administered to children, providers and families of child care attendees to limit transmission of hepatitis A.

CAUSE:

Hepatitis A virus

SYMPTOMS:

Onset is usually sudden, with loss of appetite, nausea, tiredness, fever, and stomach ache. Dark (cola) colored urine, light-colored stools, and jaundice (yellowing of eyes or skin) may appear a few days later. Jaundice occurs more often among adults than children. Symptoms vary greatly, from severe to none at all. Infants and young children often have no symptoms or very mild symptoms of disease.

SPREAD:

Hepatitis A 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. Spread can occur when an infected person does not wash his/her hands after using the toilet or changing diapers and later prepares food for others to eat. Diapered children may pass the virus to family members or child care staff without ever having symptoms.

INCUBATION:

It takes 2 to 6 weeks, most commonly 30 days, from the time a person is exposed to the virus until symptoms develop.

CONTAGIOUS PERIOD:

From 2 weeks before to 1 week after symptoms occur.



Until 1 week after onset of illness or jaundice.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your child care provider if your child has this illness.

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Prevention Control

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



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. Air dry.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

3. If immune globulin (IG) is given to persons exposed to hepatitis A, it should be given within 14 days of exposure.
4. Treatment: No specific medication is given to persons with hepatitis A.
5. A vaccine is available to protect against infection with hepatitis A. To receive the vaccine for yourself or your child, please contact your physician.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, or your local health department.

HEPATITIS B

Children are rarely infected with hepatitis B, except during childbirth when the mother has the virus present in her blood. This may result in the child becoming a chronic carrier. Children who carry the virus may be present in child care settings. However, spread of hepatitis B in child care is very rare. There is a vaccine available and a national recommendation that all infants be immunized against hepatitis B.

CAUSE:

Hepatitis B virus

SYMPTOMS:

Loss of appetite, tiredness, abdominal pain, nausea and vomiting; sometimes rash or joint pain. Jaundice (yellowing of eyes or skin) may be present in adults but it is often absent in young children. Symptoms vary greatly from none at all to severe illness. Adults have symptoms more often than children.

SPREAD:

Virus is present in blood and certain other body fluids. It can be spread person-to-person by getting blood from an infected person into open skin cuts or abrasions of another person or by sexual contact. Although virus can be found in saliva, the amount of virus in the saliva is much less than blood. Thus potential infectivity of saliva is low.

INCUBATION:

It takes from 6 weeks to 6 months, usually 3 months, from the time a person is exposed to hepatitis B until symptoms occur.

CONTAGIOUS PERIOD:

May be infectious for many weeks before onset of symptoms and remain infectious for 4 to 6 months. Some people are chronic carriers of the virus and may be infectious for life.



A child who has the hepatitis B virus in his/her blood may attend child care unless the child shows unusually aggressive behavior (biting, frequent scratching), has open sores that cannot be covered, or bleeding conditions. A child who is a chronic hepatitis B carrier should be evaluated by a team which includes the child's parents or guardians, the child's physician, public health personnel, and the proposed child care provider to determine the most appropriate child care setting.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County, call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your child care provider if your child is a hepatitis B carrier.



Prevention Control

1. Routine screening for hepatitis B carrier status before a child enters child care is not necessary or recommended.
2. All children attending child care settings should be age appropriately immunized for hepatitis B. Therefore, concerns about hepatitis B virus transmission associated with bites and breaks in the skin is minimal.
3. For persons bitten by an infected person or exposed to an infected person's blood: contact your physician or your local or state health department regarding the possible need for hepatitis B immune globulin and/or vaccine.
4. Children should not share toothbrushes.
5. Cleaning, disinfecting or sanitizing of blood and body fluid spills which contain blood:
 - a. Surfaces and objects contaminated with blood must be cleaned with detergent and water and then disinfected or sanitized. Hepatitis B virus, as well as other infectious germs, may be found in these fluids even when there are no symptoms to suggest infection is present.



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. Air dry.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

- b. Wear disposable gloves when handling blood (nosebleeds, cuts) or items, surfaces or clothing, soiled by blood or bloody body fluids.
 - c. Wash hands immediately after contact with any body fluids, even if gloves have been worn. Wash thoroughly and vigorously with soap and running water for at least 20 seconds. If hand sanitizers are used, they may be used only after thorough handwashing.
6. **Diagnosis:** Hepatitis B can be diagnosed through blood tests.
7. **Treatment:** No specific therapy for acute hepatitis B infection is available.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, or your local health department.

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HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION/AIDS

The spread of HIV, the virus which causes Acquired Immune Deficiency Syndrome (AIDS) is not likely to spread from one child to another in a child care setting, and no such case has ever been documented. Since children infected with this virus may be in child care, this information is provided to further reduce the extremely unlikely possibility of spread. Child care providers **need not** be informed of the HIV status of a child to protect the health of caregivers or other children in the child care environment. Parents may choose to inform the child care providers to support a request that the caregiver observes the child closely for signs of illness that may require medical attention.

- CAUSE:** Human immunodeficiency virus (HIV)
- SYMPTOMS:** HIV commonly attacks the immune system, leaving people susceptible to a variety of infections. Symptoms will depend on the type of infection. Children may experience no symptoms, or they may have symptoms such as diarrhea, fever, weight loss, or failure to thrive.
- SPREAD:** HIV has been found in blood, semen, vaginal fluids, saliva, urine, tears, breast milk and other body fluids, but transmission has **NOT** been shown to occur from contact with fluids other than blood, semen, vaginal fluids and breast milk. In adults, the virus is most often spread through sexual contact or by sharing needles. Most children who are infected acquire the virus from their infected mothers during pregnancy or at the time of birth. Some children have been infected through transfusions of blood products that contained HIV. It may be possible, but unlikely in the child care setting, for spread to occur by getting blood from an infected person into open cuts, scrapes, the mouth, or eyes of another person. HIV is **NOT** spread by coughing, sneezing, hugging, or by contact with eating utensils, faucets, or toilet seats.
- INCUBATION:** It may take less than 6 months to 15 years or longer after exposure for symptoms of AIDS to appear.
- CONTAGIOUS PERIOD:** Probably from the time of infection throughout the remainder of the person's life.



An HIV-infected child may attend child care unless the child shows unusually aggressive behavior (biting, frequent scratching), has open sores that cannot be covered or bleeding conditions. HIV-infected children with these conditions should be assessed by a team which includes the child's parents or guardians, the child's physician, public health personnel, and the proposed child care provider to determine the most appropriate child care setting. Children in child care settings who are infected with HIV, may have weakened immune systems. This would make them more likely to have serious complications from infections such as chickenpox, cryptosporidiosis, or CMV if and when these diseases are occurring in the child care center. Parent/guardians of infected children should contact their physician to decide whether the child should stay in child care when these illnesses occur.

Adults who are infected with HIV may work in child care settings, if they do not have any medical conditions (open and uncoverable sores) which would allow potentially infective body fluids (blood, semen, vaginal secretions, breast milk etc.) to come into contact with others. Because HIV-infected staff may be at increased risk of exposure to childhood illness, they should consult their physicians about the advisability of working in a child care facility.



Provider: this disease is reportable to the health department. In Douglas County, call 444-7214. Outside Douglas County, call your local or state health department.

Parents/guardians: inform you child care provider if your child has this illness.



1. Routine screening for HIV antibody status before a child enters child care is not necessary or recommended. The responsibility for determining whether a child is at risk and if the child should be tested rests with the individual's physician and family.
2. In the event of an exposure to HIV, contact a physician immediately. A person who has had a significant exposure may need to be treated with antiviral drugs.

3. Children should not share toothbrushes.
4. Cleaning and Disinfecting or Sanitizing of blood and body fluid spills.
 - a. Surfaces and objects contaminated with blood must be cleaned with detergent and water and disinfected or sanitized immediately. HIV may be spread by contact with blood. This virus, as well as other infectious germs, may be found in blood and other body fluids even when there are no symptoms to suggest infection is present.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. Air dry.
PREPARE FRESH SOLUTION DAILY.

OR

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



1. Bleach Disinfectant

- 1/4 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.

- b. Wear disposable gloves when handling blood (nosebleeds, cuts) or items, surfaces, or clothing, contaminated with blood or bloody body fluids.
 - c. Wash hands immediately after contact with any body fluids, even if gloves have been worn. Wash thoroughly and vigorously with soap and running water for at least 20 seconds. If hand sanitizers are used, they may be used only after thorough handwashing.
5. Diagnosis: Infection with HIV can be diagnosed by a blood test.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, or your local health department.

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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 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.

SPREAD: 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.



Until child has been treated with antibiotics for 24 hours and no longer has a discharge.



1. Wash hands carefully with soap and running water for at least 20 seconds after contact with sores. If hand sanitizers are used, they may be used only after thorough handwashing.
2. When possible cover sores as a barrier to prevent spread.
3. **Diagnosis/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 or injectable antibiotics.



For more information, you or your physician may call the Douglas County Health Department at 444-7214 or your local health department.

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INFLUENZA

Epidemics of influenza occur during the winter months nearly every year. 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 ache, sore throat, and a non-productive cough. Nausea, vomiting, and diarrhea are uncommon.

SPREAD: 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.

CONTAGIOUS PERIOD: The most contagious time is the 24 hours before symptoms appear and up to 7 days after symptoms appear. Contagious period may be prolonged in young children and immunodeficient persons.



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



1. **DO NOT GIVE ASPRIN TO A CHILD WITH A VIRAL ILLNESS.** 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.
2. Influenza vaccine should start being given between October and mid-November. Previously unvaccinated children under the age of 9 should receive 2 doses at least 1 month apart. If possible the second dose should be administered before December. This vaccine needs to be given each year.
3. Cover mouth when coughing and sneezing, with a tissue if possible.

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



- 1. Bleach Sanitizer** (Use non-scented)
- 1 teaspoons bleach in 1 gallon water
 - 1/4 teaspoon bleach in 1 quart water
- Use test strip to check concentration. Do not rinse. Air dry.
PREPARE FRESH SOLUTION DAILY.
- OR**
- 2. Commercial or food grade sanitizer that is EPA approved**
FOLLOW MANUFACTURER'S DIRECTIONS.

5. Wash hands frequently and thoroughly with soap and running water for at least 20 seconds. If hand sanitizers are used, they may be used only after thorough handwashing.

6. **Diagnosis/Treatment:** Children with a high fever or persistent sore throat or cough should see a physician. If antiviral therapy is necessary it should be started as soon as possible after the onset of symptoms.



For more information, you or your physician may call the Douglas County Health Department at 444-7214 or your local health department.

LICE (HEAD)

Head lice are a common problem for children in child care settings and schools. Anyone can get head lice – they are not a sign of being dirty. Hair length does not influence infestation. 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 (less than 1/8" long) which live on human heads. They lay their eggs (nits) close to the scalp. The eggs are tiny (about the size of the eye of a small needle) and 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.

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; and 3) scratch marks on scalp or back of neck at hairline.

SPREAD: Lice are spread by direct person-to-person contact and by sharing personal items such as combs, brushes, hats, scarves, jackets, blankets, 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. Lice do not spread to or from pets.

CONTAGIOUS PERIOD: Until treated with a lice-killing medication. Crawling forms of the louse are 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 admission.



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 the medicated shampoo for 10 minutes, or
 - b. soaking in a 2% Lysol® solution 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 (jackets, hats, scarves, pajamas, etc.), bedding and towels should be washed in hot (130° F or higher) water and dried in a hot dryer for at least 20 minutes before being used again. Unwashable clothing, linens, and stuffed toys can be dry cleaned or sealed in plastic bags for 2 weeks.
6. Check your child's head frequently throughout the year. If one person in a family, child care, school, etc., has head lice, others should be checked too. Only those who have lice should be treated.
7. Treatment:
 - a. Use a lice killing shampoo, lotion or creme rinse obtained either over the counter at the drugstore or by prescription from your physician.
 - b. Follow the directions carefully. Directions will vary, depending on the product used. If live lice are seen after treatment, try a different brand. Be sure to shake bottle well before use.
 - 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 treatments are unnecessary and could be harmful.
 - d. The removal of nits may be facilitated by:
 - combing with a fine-toothed nit comb designed for this purpose.
 - 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.
 - applying enzymatic nit remover.

CAUTION

Vinegar and commercial enzymatic nit remover should be used according to the manufacturer's recommendations 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 Douglas County Health Department at 444-7214 or your local health department.

LYME DISEASE

Lyme disease is a tickborne illness that primarily occurs during summer, peaking in June and July but may occur in other seasons, depending on the lifecycle of the tick in different geographic areas.

CAUSE:

Borrelia burgdorferi, a spirochete bacterium

SYMPTOMS:

Early: An expanding rash which looks like a bulls-eye, with a red outer rim and clearer center, called 'erythema migrans'. This rash first occurs at the site of the bite, and may occur elsewhere on the body. The rash may not be noticed because of the location of the tick bite. A person with early Lyme disease may also have flu like symptoms such as fever, malaise, tiredness, headache, stiff neck, muscle aches.

Late: Weeks to months later the joints, nervous system and heart may be affected. Late symptoms can include arthritis, facial palsy, and meningitis.

SPREAD:

Lyme disease bacteria are spread through the bite of an infected tick. The Deer Tick transmits the majority of cases in the United States. However, the Lone Star Tick is the most likely to transmit Lyme disease in Nebraska. The tick must be attached and feeding for at least one day before transmission can occur. Not all ticks carry the bacteria, so only a small percentage of tick bites result in Lyme disease. Additional ticks are now being investigated as potential carriers.



DEER TICK is dark brown in color with a brick red area on the back, and it is the size of a sesame seed or smaller.



LONE STAR received its name because of the white circle on the reddish brown back of the female.



WOOD TICK (common dog tick) is brown with white marks near the head, and 2 to 4 times as big as the deer tick. (Not known to transmit Lyme disease.)

INCUBATION:

It takes 3 to **31** days, usually 7 to **10** days, from the time a person is exposed until early symptoms develop. However, early stages of the illness may be asymptomatic and symptoms may occur at a later time.

CONTAGIOUS PERIOD:

None. Person-to-person transmission does not occur.



Exclusion

No exclusion necessary.

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REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County, call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your child care provider if your child has this illness.



Prevention Control

1. Avoid tick infested areas, especially from April to October. Stay on paved or well-mowed paths and avoid contact with tall grass and shrubbery.
2. Wear proper clothing when in the woods or tall grassy areas. Tuck pants into high socks, wear a long sleeved shirt tucked into pants, and wear light colored clothing so ticks are easier to see.
3. Use repellents containing permethrin on clothing. Repellents containing DEET can be used on clothing or uncovered skin. These repellents can be toxic, especially for children, so contact your physician or pharmacist for information on safe and proper use.
4. If working or playing in an infested area check for ticks on clothing and entire body while outdoors and when returning indoors. Check pets for ticks before letting them indoors.
5. Remove ticks promptly. Ticks attached for less than 24 hours are not likely to transmit bacteria. The best way to remove a tick is to use a small tweezers. Grasp the tick at mouth parts with tweezers or a tissue and pull gently but firmly, until it releases its hold on your skin. This tick's barbed mouth parts will not let go easily, so take your time and be patient. Do not squeeze the tick's body; this may cause the tick to inject bacteria into you. Protect hands with gloves, cloth or tissue when removing ticks from humans or animals. Save the tick in a jar labeled with the date, the location of the bite on your body and the place where you think you acquired the tick. Your doctor may find this information and the tick specimen helpful in diagnosis if a rash or other symptoms of Lyme disease appear. Following removal, cleanse the area with soap and water.
6. See your physician if symptoms of Lyme disease are present. It is often difficult to diagnose since the rash is not always noticed. Blood tests are available, but they are not very accurate.
7. Treatment: Lyme disease can be treated with antibiotics. Treatment works best if it is started early.

CAUTION

MEASLES (RUBEOLA)

MEASLES (RUBEOLA)

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 the beginning of a cold with a fever (101° F or greater), watery eyes, runny nose, and cough. A red blotchy rash appears on the third to seventh day, usually beginning on the face, spreading down the trunk and out the arms and legs. The rash usually lasts 4 to 7 days. Measles is sometimes complicated by an ear infection, pneumonia, or diarrhea. Rarely, inflammation of the brain (encephalitis) may occur, which can lead to convulsions, deafness, or mental retardation. Death is rare.

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

INCUBATION: It usually takes 8 to 12 days from the time a person is exposed until the symptoms develop. The average interval from exposure to appearance of rash is 14 days.

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



Until 4 days after the rash appears.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your child care provider if your child has this illness.



Prevention Control

1. Nebraska state law requires that all children enrolled in child care settings or schools, be protected by age-appropriate immunization against measles. Measles vaccine is usually combined with mumps and rubella and given at or after 12 months of age. A second dose of measles vaccine is recommended at entry to kindergarten.
2. It is recommended that any measles immunizations received before the first birthday be repeated. Adults born on or after January 1, 1957 who have not had two doses of measles vaccine after 12 months of age should be (re)immunized.



For more information, you or your physician may call the Douglas County Health Department at 444-7214, 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 that 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.

SPREAD: 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 1 to 10 days, usually less than 4 days, from the time a person is exposed to the bacteria until symptoms occur.

CONTAGIOUS PERIOD: Until 24 hours after effective treatment begins.

Until child has been treated and is well enough to participate in normal daily activities. Rifampin should be given to the child before discharge from the hospital to assure that the bacteria have been eliminated. If an antibiotic is recommended for contacts after an exposure to meningococcal disease, a child or staff person shall be excluded until preventative treatment has been started.



Provider: This disease is reportable to the health department. In Douglas County call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your child care provider if your child has this illness.

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Prevention Control

1. Household, child care facility, and pre-school contacts should receive antibiotic prophylaxis as soon as possible, preferably within 24 hours of diagnosis of a case.
2. If antibiotic prophylaxis is recommended for your child, contact your physician.
3. The Health Department recommends the chemoprophylaxis regimens that are listed in the American Academy of Pediatrics 2000 Red Book.
4. Rifampin is not recommended if you are or may be pregnant. Discuss possible side effects of rifampin with your physician.
5. People who have been exposed should see a physician immediately if a fever develops.
6. Treatment: Meningococcal disease is caused by bacteria and it can be treated with antibiotics. Untreated meningococcal disease is often fatal. See your doctor at the first signs of meningitis, and get treatment immediately to prevent death or lasting damage.
7. A vaccine is available to protect against some strains of meningococcal disease. It is approved for use in children 2 years of age and older.



For more information, you or your physician may call the Douglas County Health Department at 444-7214 or your local health department.

MONONUCLEOSIS (INFECTIOUS)

Infectious mononucleosis is a very mild illness in infants and young children. Often there are no symptoms at all. This disease is not very contagious in the child care setting.

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 jaundice (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.

SPREAD: 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) who have mononucleosis is not recommended.



Prevention Control

1. Wash hands thoroughly with soap and 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 handwashing.
2. Clean and sanitize mouthed toys at least daily and when soiled.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. Air dry.

PREPARE FRESH SOLUTION DAILY.

OR

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

3. **Diagnosis:** See your physician. A blood test is available, but infants and young children with infectious mononucleosis often have negative blood tests.
4. **Treatment:** None.



For more information, you or your physician may call the Douglas County Health Department at 444-7214 or your local health department.

MUMPS

Mumps is a viral illness 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 very rare.

SPREAD: 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.



Exclusion

Until 9 days after swelling begins.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your 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 mumps. Mumps vaccine is usually combined with measles and rubella and given at or after 12 months of age.
2. If your child is not protected against mumps, please contact your physician or your local public health clinic as soon as possible to have your child immunized. **Children who have not received mumps vaccine will be excluded from any child care setting in which a case of mumps occurs.** Please notify your child care provider when your child has been immunized so his/her records can be updated.

3. If your child develops the symptoms of mumps, keep him/her at home. Consult your physician for diagnosis.
4. **Diagnosis:** Swollen glands can be found with other illnesses. A blood test specific for mumps antibody should be done about 3 to 5 days after the swelling begins. Sometimes, doctors will draw a second specimen 4 weeks later.
5. **Treatment:** None.



For more information, you or your physician may call the Douglas County Health Department at 444-7214 or your local health department.

ORAL HERPES (COLD SORES)

In the child care setting, children and staff may have herpes simplex 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-1)*

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

SPREAD: By close person-to-person contact, such as through direct contact with saliva or the sores (for example, kissing).

Most experts believe that herpes is not spread from non-human sources such as lipsticks, towels, washcloths, drinking glasses or toys. However, personal items such as washcloths or glasses should not be shared for sanitary reasons.

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

CONTAGIOUS PERIOD: Unknown. Virus may be present for several weeks.



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



1. Frequent handwashing with soap and running water for at least 20 seconds for infected persons and caregiver. If hand sanitizers are used, they may be used only after thorough handwashing.
2. Caregivers wear gloves when contact with blisters is necessary (for example, when applying medication).

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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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. He/she may prescribe an ointment.



For more information, you or your physician may call the Douglas County Health Department at 444-7214 or your local health department.

PERTUSSIS (WHOOPIING 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 1st year of life. Death from pertussis is rare.

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

INCUBATION: It takes 6 to 20 days, usually 7 to 10 days from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD: The contagious period may be variable depending on the immunization status of the person. It begins at the time of early cold-like symptoms, before a persistent cough and explosive bursts of coughing develop. Those treated with antibiotics are contagious until 5 days after treatment begins.



Until 5 days after antibiotic treatment begins or for 4 weeks after intense coughing begins and is well enough to participate in normal daily activities.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your 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 pertussis. The pertussis vaccine is given in combination with diphtheria and tetanus (DTaP). To enroll in child care or school, a child must show proof of having received the age-appropriate vaccine.
2. It is recommended that children receive 5 doses of pertussis vaccine, with the first 3 doses given at approximately 2 month intervals. The fourth dose should be given between 15 and 18 months of age. A fifth dose (booster) is given between 4 and 6 years of age. Vaccination should be completed by age 6. Vaccination is not routinely indicated at present in persons 7 years or older.
3. If your child is not protected against pertussis, please contact your physician or public health clinic as soon as possible to have your child immunized. **Children who have not received pertussis vaccine may be excluded from any child care setting in which a case of pertussis occurs.** Please notify your child care provider if your child has been immunized so his/her records can be updated.
4. Exposed children, especially those incompletely immunized, should be observed for respiratory symptoms for 20 days after last contact. Symptomatic children with cough should be excluded from child care, pending physician evaluation. Chemoprophylaxis with erythromycin is recommended for close contacts in child care, irrespective of immunization status. Children under age 7 who are unimmunized or who are not completely immunized should receive an additional dose of vaccine at this time.
5. The American Academy of Pediatrics 2003 Red Book recommends:
 - a. **Immunization:** Household and other close contacts younger than 7 years of age who have had at least four doses of pertussis vaccine should receive a booster dose of DTaP, unless a booster was given within the past 3 years or they are more than 6 years old. Children who have received their third dose 6 months or more before exposure should be given the fourth dose at this time. Children who are unimmunized or who have received fewer than four doses of pertussis vaccine (DTaP or DTP) should start or continue their pertussis immunizations according to the recommended schedule.
 - b. **Chemoprophylaxis:** Household and other close contacts (including child care contacts) also should receive erythromycin for 10 to 14 days, regardless of age and vaccination status because pertussis immunity from vaccination is not absolute and may not prevent infection. Prompt use of chemoprophylaxis in household contacts is effective in limiting secondary transmission. Persons with mild illness that may not be recognized as pertussis can transmit the infection. For those who cannot tolerate erythromycin, please consult with your physician for alternatives.
6. **If your child develops any of the symptoms as described on page 113 in the**

next 20 days, keep him/her at home and call your physician.

7. **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 Douglas County Health Department at 444-7241 or your local health department.

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PINWORMS

Pinworms are the most common intestinal worm infection in the U.S. They are most often found in pre-school and school-aged children and their parents. These small worms are found in the human intestine and crawl out of the rectum at night to lay eggs.

CAUSE: *Enterobius vermicularis*, an internal parasite, a roundworm

SYMPTOMS: Rectal (bottom) itching, especially at night; irritability; disturbed sleep, grinding of teeth at night, weight loss, nighttime bedwetting.

SPREAD: Pinworm eggs are taken into the mouth when a person fails to wash hands well after scratching the rectal area, using the toilet, or handling contaminated pajamas, underwear, or bedding. Food or other items can be contaminated the same way.

INCUBATION: It takes 2 to 6 weeks from the time a person is exposed until symptoms occur.

CONTAGIOUS PERIOD: As long as eggs are present. Eggs can remain infective outside the body for about 2 weeks.



Until 24 hours after treatment has been started.



1. Wash hands thoroughly with soap and running water for at least 20 seconds after using the toilet, changing diapers, after contact with the rectal area, and before eating or preparing food. Thorough handwashing is the best way to prevent spread of infectious diseases found in the intestinal tract. Parent/guardians and child care providers should closely monitor handwashing of all children after bathroom use or diapering. If hand sanitizers are used, they may be used only after thorough handwashing.
2. Avoid scratching or touching bare rectal area, or biting nails. Keep nails short.
3. For several days after treatment:
 - a. bathe every morning (shower preferred), using a clean washcloth and towel, followed by a clean change of underclothing
 - b. change bedding and clothing daily and wash in hot water
 - c. clean and vacuum house daily

4. **Diagnosis:** You may see the worms (upon waking) around the rectum or in the stool. If you suspect pinworms, contact your physician. He/she may advise examining and treating the whole family.
5. **Treatment:** Your physician can prescribe the proper medication, which is given once and repeated in two weeks. Families should be aware that recurrence is common.



For more information, you or your physician may call the Douglas County Health Department at 444-7214 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 otitis media (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 pneumoniae*, a bacterium

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

SPREAD: 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 3 days.

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



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



1. The CDC recommends children receive the pneumococcal vaccine (PVC7) to prevent invasive pneumococcal disease and pneumonia. Infants receiving their first PVC7 vaccine before or at 6 months of age should receive 3 doses at intervals of 2 months, followed by a 4th dose at 12 to 15 months. Children getting the vaccine for the first time after 6 months of age should receive 2 doses at intervals of 2 months and then a 3rd dose at 12 to 15 months. Healthy children 2 to 5 years of age should receive 1 dose.
2. Cover mouth when coughing and sneezing with a tissue, if possible.

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



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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 running water for at least 20 seconds. If hand sanitizers are used, they may be used only after thorough handwashing.

5. Diagnosis/Treatment: Laboratory tests are used for diagnosis. Treatment is available.



For more information, you or your physician may call the Douglas County Health Department at 444-7241 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.
- SPREAD:** 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.

Until fever is gone and child is well enough to participate in normal daily activities. No exclusion necessary for other respiratory infections of mild or moderate severity without fever (colds, sore throat, croup, bronchitis, pneumonia, otitis media), unless the illness limits the child's comfortable participation in child care activities or the illness results in greater care than can be provided by child care staff.



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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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 running water for at least 20 seconds. If hand sanitizers are used, they may be used only after thorough handwashing.
5. Diagnosis: Children with high fever or persistent sore throat or cough should see a physician.
6. Treatment: There is no specific treatment for most respiratory viruses. Medication may be prescribed to relieve symptoms.



For more information, you or your physician may call the Douglas County Health Department at 444-7241 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, sneezing. Very young infants sometimes have tiredness, irritability, a loss of appetite and trouble breathing with few other respiratory signs.

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 2 to 8 days, usually 4 to 6 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.



Exclusion

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



Prevention Control

1. Wash hands frequently with soap and running water for at least 20 seconds, especially after coughing, sneezing or wiping a nose. If hand sanitizers are used, they may be used only after thorough handwashing.
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 and when soiled.



1. Bleach Sanitizer (Use non-scented)

- 1 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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 Douglas County Health Department at 444-7241 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.

SPREAD: None.

CONTAGIOUS PERIOD: None.



Exclusion

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



Prevention Control



- 1. DO NOT GIVE ASPIRIN TO A CHILD WITH A VIRAL ILLNESS (such as chicken pox and influenza).**
2. Instruct children and teenagers to ask parent/guardians before taking any medicine.
3. If any of the above symptoms occur, call your physician or an emergency room immediately. Fast action is needed.
4. Tell your health care provider if the child has taken any medications.
5. Treatment: Hospitalization is necessary because of the seriousness of this syndrome.



For more information, you or your physician may call the Douglas County Health Department at 444-7241 or your local health department.

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RINGWORM (TINEA)

Ringworm is a fungal infection that can affect the body, scalp or hair.

CAUSE: A fungus

SYMPTOMS: **Body:** Ringworm appears as flat, spreading ring-shaped lesions. The edge of the lesion may be dry and scaly or moist and crusted. As the lesion spreads outward, the center often becomes clear.

Scalp: Ringworm may be hard to detect in the early stages. It often begins as a small scaly patch on the scalp. Mild redness and swelling may occur. Infected hairs become brittle and break off easily leaving scaly patches of temporary baldness.

SPREAD: By direct contact with lesions of infected persons or pets, or from contaminated objects. To prevent spread of infection, children should not share hats, combs, towels, clothing or personal items that may be contaminated.

INCUBATION: The incubation period is unknown.

CONTAGIOUS PERIOD: Contagious as long as infected lesions are present, especially when untreated. Communicability is greatly reduced once treatment has begun. While under treatment, infected children should be excluded from gymnasiums, swimming pools, and activities likely to lead to exposure of others. The fungus can live on contaminated objects for long periods of time.



Until 24 hours after treatment has been started and the lesion has started to shrink.



1. Antifungal ointments are often used for treating ringworm. Oral medications may also be necessary when infection of the hair or scalp is more severe.
2. Household contacts, including pets, should be checked for signs of infection. If you suspect ringworm in your household members, contact your physician so that treatment can be started as soon as possible.

3. Towels and clothing should be washed in hot water and/or a fungicidal agent.
4. Observe good handwashing technique among all children and adults.
5. Disinfect bathroom surfaces and sanitize toys daily.



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. Air dry.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.



For more information, you or your physician may call the Douglas County Health Department at 444-7241 or your local health department.

ROSEOLA

Roseola is a common rash illness of very young children. Most cases occur in 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° 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 usually 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.

SPREAD: 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.



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.



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



For more information, you or your physician may call the Douglas County Health Department at 444-7241 or your local health department.

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ROTAVIRUS INFECTION

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 watery diarrhea. Many children show no symptoms. Sometimes a cough, runny nose or ear infections are present.

SPREAD: 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 2 to 4 days 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.



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 handwashing is the best way to prevent spread of infectious diseases found in the intestinal tract. Parent/guardians and child care providers should closely monitor handwashing of all children after bathroom use or diapering. If hand sanitizers are used, they may be used only after thorough handwashing.

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



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. Air dry.

PREPARE FRESH SOLUTION DAILY.

OR

2. Commercial or food grade sanitizer that is EPA approved

FOLLOW MANUFACTURER'S DIRECTIONS.

PREPARE SOLUTION FRESH DAILY because it loses its ability to kill germs with time.

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 Douglas County Health Department at 444-7241 or your local health department.

RUBELLA (GERMAN MEASLES)

Rubella (German measles) is a mild illness that can be prevented through immunization. If a pregnant woman without protection against rubella contracts the disease, there could be harmful effects 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.

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

INCUBATION: It takes 2 to 3 weeks, usually 16 to 18 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.



Until 7 days after the rash appears.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your child care provider if your child has this illness.



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 when a child is 12 to 15 months of age and at school entry at 4 to 6 years of age.

2. If you or your child are 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 Douglas County Health Department at 444-7241 or 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. Outbreaks in child care settings are rare and 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.

SPREAD: *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. Spread can occur whether or not a person feels sick.

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-may be extremely variable (several days to several months).



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



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your child care provider if your child has this illness.



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 handwashing is the best way to prevent spread of infectious diseases found in the intestinal tract. Parent/guardians and child care staff should closely monitor handwashing of all children after bathroom use or diapering. If hand sanitizers are used, they may be used only after thorough handwashing.
2. Make sure that children wash their hands after handling animals and cleaning their cages or pens. Turtles, lizards, and other reptiles should not be kept as pets in child care centers because they can carry *Salmonella*.
3. Clean and disinfect contaminated areas (diapering area, toilets, potty-chairs) and sanitize toys at least daily and when soiled.



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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 Salmonellosis. There is a lab test to detect *Salmonella* in the stool. Antibiotic treatment is not usually given. Your doctor will decide if treatment is needed.



For more information, you or your physician may call the Douglas County Health Department at 444-7241 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.

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

INCUBATION: It takes usually 4 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 effective 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. 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 Douglas County Health Department at 444-7241 or your local health department.

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SHIGELLOSIS

Shigellosis is an acute bacterial infection of the intestines that is found most often in young children. Only a few bacteria are needed to cause an infection and numerous outbreaks have been reported in child care settings. Children may spread infections acquired in child care facilities to their parent/guardians and siblings, and whole families may be ill within a matter of days.

CAUSE:

Shigella bacteria

SYMPTOMS:

Diarrhea (may be watery), fever, stomach cramps, nausea or vomiting. Stools may contain blood or mucus. Illness usually lasts 4 to 7 days. Children may show mild symptoms or they could be infected and show no symptoms.

SPREAD:

Shigella 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. Spread can occur whether or not a person has symptoms.

INCUBATION:

It takes 1 to 7 days, usually 2 to 4 days, from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD:

As long as *Shigella* is present in the stool, in untreated individuals it may be up to 4 weeks after illness.



Persons infected with *Shigella* should receive treatment with antibiotics and may return when 2 successive fecal samples are collected 24 hours apart, and are found free of *Shigella* bacteria. Once *Shigella* has been identified in a child care facility, all symptomatic individuals should be excluded until stool culture is negative.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County, call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your child care provider if your child has this illness.



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 handwashing is the best way to prevent spread of infectious diseases found in the intestinal tract. Parent/guardians and child care providers should closely monitor handwashing of all children after bathroom use or diapering. If hand sanitizers are used, they may be used only after thorough handwashing.
2. Clean and disinfect contaminated areas (diapering area, toilets, potty-chairs) and sanitize toys at least daily and when soiled.



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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 you or your child has the symptoms of shigellosis. There is a lab test to detect *Shigella* in the stool. If *Shigella* bacteria are found, antibiotic treatment is available. Because of the extremely small infective dose, once *Shigella* infection has been identified in an individual either attending or working at the child care center, all symptomatic persons should be excluded and cultured. Stool specimens from symptomatic persons who are household contacts of infected individuals should also be tested.



For more information, you or your physician may call the Douglas County Health Department at 444-7241 or your local health department.

SHINGLES (ZOSTER)

SHINGLES (ZOSTER)

After a person has chickenpox, the virus that causes it can remain inactive in the body for many years. Shingles occurs when the virus 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 those who have weakened immunity.

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 closer together than in chickenpox.

SPREAD: Shingles does not spread from one person to another. When people who have not had chickenpox are exposed to the fluid from shingles blisters, they can develop chickenpox.

INCUBATION: None.

CONTAGIOUS PERIOD: Until one week after the blisters appear.



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



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



For more information, you or your physician may call the Douglas County Health Department at 444-7241 or your local health department.

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STREPTOCOCCAL SORE THROAT/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 rarely 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.

SPREAD: 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.



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



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, a penicillin shot or antibiotics taken by mouth (usually 10 days) are prescribed. This treatment will help to prevent more serious illness such as rheumatic fever, which can damage the heart valves.

STREPTOCOCCAL SORE THROAT/SCARLET FEVER continued



For more information, you or your physician may call the Douglas County Health Department at 444-7241 or your local health department.

TUBERCULOSIS (TB)

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.

There are 2 stages of TB: 1) Latent TB Infection (LTBI) is just having the TB germ in the body without being sick, and 2) active TB or TB disease is having the germ and also being sick from it. A person with LTBI infection cannot spread the TB germ to others and does not pose any danger to the public. LTBI can be detected by a skin test. TB disease can attack any part of the body but it usually affects the lungs. Only persons with TB disease of the lungs can infect another person. TB disease is diagnosed with a skin test, chest X-ray and specific lab test. Children under 12 years of age who have TB disease are not as likely as adults to transmit TB disease to others.

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.

SPREAD: 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 12 weeks after exposure to develop infection with TB. Ninety percent of healthy people who become infected with TB bacteria will never develop symptoms of TB disease. 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.



REPORTABLE!

Provider: This disease is reportable to the health department. In Douglas County call 444-7214. Outside Douglas County call your local or state health department.

Parents/guardians: inform your child care provider if your child has this illness.



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.



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 a 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 Douglas County Health Department at 444-7241 or your local health department.

**VIRAL (ASEPTIC) MENINGITIS
ENTEROVIRUSES (NONPOLIO) INFECTIONS**

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



1. Bleach Disinfectant

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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 Douglas County Health Department at 444-7214, or 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.

SPREAD: 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.



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 handwashing.
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

- 1/4 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 teaspoons bleach in 1 gallon water
- 1/4 teaspoon bleach in 1 quart water

Use test strip to check concentration. Do not rinse. 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 identify the fungus and prescribe the proper medication.



For more information, you or your physician may call the Douglas County Health Department at 444-7241 or your local health department.

West Nile Fever/Encephalitis

West Nile virus is a mosquito borne virus. In the United States the greatest risk for infection is during the late summer and early fall when mosquito populations increase. Most people who are bitten by an infected mosquito do not become ill.

CAUSE: West Nile virus

SYMPTOMS: Mild fever, headache, body aches, skin rash or swollen glands. Severe high fever, stiff neck, disorientation, muscle weakness and paralysis.

SPREAD: West Nile virus is spread through the bite of an infected mosquito. Not all mosquitoes carry the West Nile virus. Only a small percentage of mosquito bites result in infection.

INCUBATION: It takes 5-15 days from the time a person is bitten by an infected mosquito until symptoms appear.

CONTAGIOUS PERIOD: None. West Nile virus is not spread from person to person.



No exclusion is necessary. May return when well enough to participate in normal daily activities.



- Eliminate standing water on your property.
- Remove discarded tires from your property.
- Dispose of any water holding containers and change bird bath water twice weekly.
- Make sure screen doors and windows have tightly fitting screens.
- Make sure roof gutters are not clogged and drain properly.
- If water cannot be drained mosquito rings can be purchased at the local hardware store.
- Wear long sleeved shirts and pants.
- Avoid being outdoors during the times that the mosquitoes are most active – dusk and dawn.
- Use mosquito repellants containing 35% DEET. Follow manufacturer's directions.
- Pregnant women and children should use a produce with 10% DEET. Follow manufacturer's directions.

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SELECTED INFECTIOUS DISEASES OF CHILDREN

PRINCIPAL MODE OF SPREAD	DISEASE	CAUSE	SYMPTOMS/SIGNS	INCUBATION PERIOD	EXCLUSION GUIDELINES
AIRBORNE AND RESPIRATORY (Disease germs are spread by droplets from nose, throat, and mouth by sneezing, coughing, and speaking)	Chickenpox	Varicella zoster, a member of the herpesvirus family	Fever and skin rash that comes in crops. Rash begins on the chest, back, under arms, neck and face; changes to blisters, and then scabs.	Usually 14 - 16 days; can be as long as 3 weeks.	Until blisters have dried, usually 6 days.
	Cytomegalovirus (CMV) Infection	A member of the herpesvirus family	Most people have no symptoms. Occasionally there are temporary symptoms that include fever, sore throat, tiredness and swollen glands.	Unknown, probably 3-12 weeks for infections acquired at birth.	No exclusion necessary.
	Viral (Aseptic) Meningitis Enterovirus (Nonpolio) Infection	Coxsackievirus, echovirus, and enterovirus	Cold-like symptoms, sore throat, mouth sores, fever, rash, vomiting and diarrhea. Some people have no symptoms. Some children may have symptoms of meningitis.	3-6 days.	<u>For diarrhea</u> , Children with uncontained diarrhea should be excluded. No exclusion for cold-like symptoms if child is well enough to participate. <u>Viral meningitis</u> – exclude until physician decides child can return to normal activities.
	Fifth Disease	Human parvovirus B19	Rarely any symptoms other than a rash (slapped cheek) that begins on cheeks; later found on arms, legs, upper body, and buttocks. Rash is very fine, lacy, pink and tends to come and go in sunlight or heat.	4-14 days; can be as long as 21 days.	No exclusion necessary if fever is not present and other rash causing illnesses are ruled out.
	<i>Haemophilus influenzae</i> Disease, Invasive (Hib)	<i>Haemophilus influenzae</i> type b bacteria	Meningitis - Unusual sleepiness fever, stiff neck, vomiting, irritability, lack of appetite. (See <i>Haemophilus influenzae</i> Disease Fact Sheet for symptoms of other infections)	Unknown; probably about 2-4 days.	Until child has been treated and is well enough to participate in normal daily activities. Rifampin should also be given before child returns.
	Hand, Foot, and Mouth Disease	Coxsackievirus	Sores toward the front of the mouth, on the sides of the tongue, inside the cheeks and on the gums and may last 7-10 days. In most cases, sores can be found on the palms of the hands, the fingers and the soles of the feet. A low-grade fever may last 1-2 days.	Usually 3-5 days.	Until fever is gone and child is well enough to participate in normal daily activities. Sores may still be present.
	Influenza	Influenza A and B virus	Sudden onset of fever with chills, headache, muscle aches, sore throat and non-productive cough.	Usually 1-3 days.	Until person is without fever for 24 hours.

PRINCIPAL MODE OF SPREAD	DISEASE	CAUSE	SYMPTOMS/SIGNS	INCUBATION PERIOD	EXCLUSION GUIDELINES
AIRBORNE AND RESPIRATORY (Disease germs are spread by droplets from nose, throat, and mouth by sneezing, coughing, and speaking)	Measles (Rubeola)	Measles virus	Fever (101° F or greater), watery eyes, runny nose and cough prior to a red blotchy rash appearing on the 3 rd to 7 th day. Rash usually begins on the face, spreads down the trunk and out the extremities and lasts 4-7 days.	8-12 days. Average interval from exposure to appearance of rash is 14 days.	Until 4 days after rash appears.
	Meningococcal Disease	<i>Neisseria meningitidis</i> bacteria	Bacteremia: Sudden onset of fever, chills, tiredness; sometimes a rash. Meningitis: Fever, vomiting, headache, stiff neck, irritability, lack of appetite; sometimes a rash or seizures.	1-10 days; usually less than 4 days.	Until child has been treated and is well enough to participate in normal daily activities. Rifampin should also be given before child returns. An exposed child or staff shall be excluded until preventative treatment has been started.
	Mumps	Mumps virus	Not all people have symptoms. When symptoms occur, they usually consist of swollen glands in front of and below the ear, headache, slight fever and earache.	12-25 days; usually 15-18 days.	Until 9 days after swelling begins.
	Pertussis (Whooping Cough)	<i>Bordetella pertussis</i> bacteria	Runny nose, sneezing, low-grade fever and a mild cough. After a week or two, a persistent cough develops and occurs in explosive bursts, sometimes ending with a high-pitched whoop and vomiting. Coughing attacks continue up to 10 weeks and are more common at night.	6-20 days; usually 7-10 days.	Until 5 days after treatment begins or for 4 weeks after intense coughing begins.
	Pneumococcal Infections	<i>Streptococcus pneumoniae</i> bacteria	Sudden onset of shaking chill, fever, chest pain, difficulty breathing, and cough with possible rusty-colored sputum. Fever, vomiting, and convulsions may be the first symptoms in infants and young children.	Unknown, probably 1-3 days.	Until the child has been treated, fever is gone, and the child is well enough to participate in normal activities.
	Respiratory Infections (Viral)	Different viruses	Runny nose, sneezing, chills, tiredness, fever, muscle aches, sore throat, cough which may last 2-7 days.	Colds: 1-3 days. Other acute respiratory illness: up to 8 days.	Until fever is gone and child is well enough to participate in normal daily activities.
	Respiratory Syncytial Virus (RSV)	RSV virus	Fever, cough, watery eyes, runny nose and sneezing. Very young infants may have tiredness, irritability and loss of appetite, with few respiratory signs.	2-8 days; usually 4-6 days.	Until fever is gone and child is well enough to participate in normal daily activities.

PRINCIPAL MODE OF SPREAD	DISEASE	CAUSE	SYMPTOMS/SIGNS	INCUBATION PERIOD	EXCLUSION GUIDELINES
AIRBORNE AND RESPIRATORY (Disease germs are spread by droplets from nose, throat, and mouth by sneezing, coughing, and speaking)	Roseola	Human herpesvirus-6	Sudden onset of fever (may reach 104° F or higher), rash may appear as fever subsides on 3 rd or 5 th day. The rash usually begins on the chest and abdomen lasting 1-2 days.	9 to 10 days.	Provided other rash illnesses are ruled out, child may return when he/she is without fever.
	Rubella (German Measles)	Rubella virus	Rash, low-grade fever, and swollen glands behind the ears. May be a very mild illness with no rash. Adults may have aching joints.	2-3 weeks; usually 16-18 days.	Until 7 days after the rash appears.
	Streptococcal Sore Throat / Scarlet Fever	Group A <i>Streptococcus</i> bacteria	Sudden onset of fever, sore throat, swollen glands, headache, abdominal pain, nausea, and vomiting in severe cases. With scarlet fever a very fine raised rash is present. A fuzzy, white tongue may occur. The rash appears most often on the neck, chest, in folds of the armpit, elbow, groin and in the inner thigh. Later on there may be peeling of the skin on the fingertips and toes.	Usually 1-3 days.	Until 24 hours after treatment begins and the fever is gone.
	Tuberculosis (TB)	<i>Mycobacterium tuberculosis</i> bacteria	Tiredness, weight loss, fever, and night sweats. TB of the lung may include cough, chest pain, and possibly coughing up blood.	See Tuberculosis Fact Sheet.	<u>Probable or confirmed TB disease:</u> Until a physician states patient or child is not contagious. A person with a positive skin test and no symptoms need NOT be excluded but should see his physician. A person with probable or confirmed active TB disease should be excluded until a physician states he is not contagious.

PRINCIPAL MODE OF SPREAD	DISEASE	CAUSE	SYMPTOMS/SIGNS	INCUBATION PERIOD	EXCLUSION GUIDELINES
BLOOD / BLOODY BODY FLUID CONTACT (Into fresh cuts, opening of the skin, or splashes on mucous membranes [eyes, mouth])	Hepatitis B	Hepatitis B virus	Loss of appetite, tiredness, abdominal pain, nausea, vomiting, and rash. Jaundice (yellowing of eyes or skin) may be present. Symptoms vary greatly from none at all to severe illness.	6 weeks to 6 months; average 3 months.	See Hepatitis B Fact Sheet.
	Human Immunodeficiency Virus (HIV) Infection	Human Immunodeficiency Virus	The virus commonly attacks the immune system, leaving people susceptible to a variety of infections. Symptoms will depend on the type of infection and in children, there may be no symptoms or symptoms such as persistent diarrhea, fever or weight loss (failure to thrive).	Unknown: from less than 6 months to longer than 15 years. The incubation may be found to be longer as we gain more experience with the disease.	See HIV Fact Sheet.
DIRECT CONTACT (Direct contact with skin saliva, urine, or discharge from an infected person)	Conjunctivitis (Pinkeye)	Bacteria or viruses	<u>Bacterial</u> : pink or red conjunctiva with pus that causes matting, pain, or redness of eyelids. <u>Viral</u> : pink conjunctiva with clear watery discharge without fever, pain, or redness of eyelids.	1-3 days.	<u>Bacterial</u> (with pus): until examined by his/her physician, treated for 24 hours, and approved for readmission by physician. <u>Viral</u> (without pus): No exclusion.
	Cytomegalovirus (CMV) Infection	A member of the herpesvirus family	Most people have no symptoms. Occasionally these are temporary symptoms that include fever, sore throat, tiredness and swollen glands.	Unknown; probably 3-12 weeks for infections acquired at birth.	No exclusion necessary.
	Impetigo	<i>Streptococcus</i> & <i>Staphylococcus</i> bacteria	Sores that form an oozing, sticky yellow crusts; itching.	Usually 1-10 days.	Until person has been treated with antibiotic for 24 hours and the person no longer has a discharge.
	Influenza	Influenza A & B virus	Sudden onset of fever with chills, headache, muscle aches, sore throat and non-productive cough.	Usually 1-3 days.	Until person is without fever for 24 hours.
	Lice (Head)	<i>Pediculus humanus capitus</i> , a louse	Itching of the scalp. Look for 1) crawling lice in the hair 2) eggs (nits) glued to the hair near the scalp and 3) scratch marks on scalp or back of neck at hairline.	Not applicable.	Until first treatment is completed and no live lice are seen.
	Mononucleosis (Infectious)	Epstein-Barr virus	Fever, sore throat, tiredness, and swollen glands (especially behind the neck). Sometimes there is a rash.	4-6 weeks.	Until the child is well enough to participate in normal daily activities.

PRINCIPAL MODE OF SPREAD	DISEASE	CAUSE	SYMPTOMS/SIGNS	INCUBATION PERIOD	EXCLUSION GUIDELINES
DIRECT CONTACT (Direct contact with skin saliva, urine, or discharge from an infected person)	Oral Herpes (Cold sores)	Herpes simplex virus type I	Cold sores (fever blisters) appear on the lips and face; less often in the mouth. Sores usually crusts and heal within a few days.	2-12 days.	Exclude a child with open blister or mouth sores only if the child is a biter, drools uncontrollably or mouths toys other children may put it in their mouths. Do not kiss the child or allow child to kiss others where direct contact with sores may occur.
	Pinworms	<i>Enterobius vermicularis</i> , an internal parasite, a roundworm	Rectal itching, especially at night; irritability; disturbed sleep, grinding of teeth at night, weight loss, nighttime bedwetting.	2-6 weeks.	Until 24 hours after treatment has been started.
	Pneumococcal Infections	<i>Streptococcus pneumoniae</i> bacteria	Sudden onset of shaking chill, fever, chest pain, difficulty breathing, and cough with possible rusty-colored sputum. Fever, vomiting, and convulsions may be the first symptoms in infants and young children.	Unknown, probably 1-3 days.	Until the child has been treated, fever is gone, and the child is well enough to participate in normal activities.
	Ringworm (Tinea)	A fungus	<u>Body</u> : Ringworm appears as flat, spreading ring-shaped lesions. The edge of the lesion may be dry and scaly or moist and crusty. As the lesion spreads outward, the center often becomes clear. <u>Scalp</u> : Ringworm may be hard to detect in the early stages. It often begins as a small scaly patch on the scalp. Mild redness and swelling may occur. Infected hairs become brittle and break off easily.	Unknown.	Until 24 hours after treatment has been started and the lesion has started to shrink.
				Unknown.	
Scabies	<i>Sarcoptes scabiei</i> , a mite	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, elbow, and armpits. Other areas where rash may appear are knees waistline, thighs, male genitals, abdomen, chest, and lower portion of buttocks. Infants may be infected on head, neck, palms, and soles of feet.	4-6 weeks; Symptoms may appear in 1-4 days if the person has had scabies before.	Until 24 hours after effective treatment has been given.	

PRINCIPAL MODE OF SPREAD	DISEASE	CAUSE	SYMPTOMS/SIGNS	INCUBATION PERIOD	EXCLUSION GUIDELINES
DIRECT CONTACT (Direct contact with skin saliva, urine, or discharge from an infected person)	Shingles	Varicella-zoster; a member of the herpesvirus family	Severe pain and numbness along nerve pathways, often on the face or mid-line area of the trunk.	None.	Until sores can be covered or have crusted over and dried.
	Yeast Infections	<i>Candida albicans</i> , a yeast	<u>Mouth</u> : White, slightly raised patches that may begin on the tongue or inside the cheek (also called Oral Thrush). <u>Diaper area</u> : A smooth, shiny “fire engine” red rash.	Variable: 2-5 days for thrush in infants.	No exclusion necessary if the child is able to participate comfortably in normal activities.

PRINCIPAL MODE OF SPREAD	DISEASE	CAUSE	SYMPTOMS/SIGNS	INCUBATION PERIOD	EXCLUSION GUIDELINES
FECAL ORAL (Ingestion of contaminated food or drink, or by placing hands or objects contaminated with stool in the mouth.)	Campylobacteriosis	Different <i>Campylobacter</i> species; bacteria.	Diarrhea (often bloody), abdominal pain, fever, nausea and vomiting.	1-10 days; usually 2-5 days.	Until diarrhea has stopped.
	Cryptosporidiosis	<i>Cryptosporidium parvum</i> , a one-celled organism	Frequent watery diarrhea, and low-grade fever are most common symptoms. Other symptoms are abdominal pain, weight loss, nausea, and vomiting. Some children may show mild symptoms or no symptoms at all.	2-14 days, usually 7 days.	Until diarrhea has stopped and at least 3 stool specimens collected on separate days are negative.
	<i>E. coli</i> O157:H7	<i>Escherichia coli</i> O157:H7 bacteria	Ranges from no symptoms to diarrhea to bloody diarrhea with abdominal cramps and low-grade fever.	2-8 days; usually 3-4 days.	Until diarrhea stops and 2 stool cultures, obtained at least 1 day apart, are negative.
	Viral (Aseptic) Meningitis. Enterovirus (Non-polio) Infection	Coxsackievirus, echovirus, and enterovirus	Cold-like symptoms, fever, sore throat, mouth sores, rash, vomiting and diarrhea. Some people have no symptoms. Some children may have symptoms of meningitis.	3-6 days.	<u>For diarrhea</u> , Children with uncontained diarrhea should be excluded. No exclusion for cold-like symptoms if child is well enough to participate in activities. <u>Viral meningitis</u> – exclude until physician decides child can return to normal activities.
	Giardiasis	<i>Giardia lamblia</i> , a parasite	Gas, stomach cramps and bloating, nausea, sudden watery and foul smelling diarrhea, and weight loss. Very often children are infected and show no symptoms.	3-25 days; usually 7-10 days.	Exclude until diarrhea has stopped.

PRINCIPAL MODE OF SPREAD	DISEASE	CAUSE	SYMPTOMS/SIGNS	INCUBATION PERIOD	EXCLUSION GUIDELINES
FECAL ORAL (Ingestion of contaminated food or drink, or by placing hands or objects contaminated with stool in the mouth.)	Hand, Foot and Mouth Disease	Coxsackievirus	Sores toward the front of the mouth, on the sides of the tongue, inside the cheeks and on the gums and may last 7-10 days. In most cases, sores can be found on the palms of the hands, the fingers and the soles of the feet. A low-grade fever may last 1-2 days.	Usually 3-5 days.	Until fever is gone and child is well enough to participate in normal daily activities. Sores may still be present.
	Hepatitis A	Hepatitis A virus	Onset is usually sudden, with loss of appetite, nausea, tiredness, and fever. Stomach ache. Dark-colored urine, light-colored stools and jaundice (yellowing of eyes or skin) may appear a few days later. Jaundice occurs more often among adults than children. Symptoms vary greatly from severe to none at all.	2-6 weeks; usually one month.	Until 1 week after onset of illness or jaundice.
	Rotavirus Infection	Rotaviruses	Vomiting, fever, and watery diarrhea. Sometimes a cough, runny nose, or ear infections are present. Many children have no symptoms.	2-4 days.	Until diarrhea has stopped.
	Salmonellosis	<i>Salmonella</i> bacteria	Diarrhea, cramps, nausea, headache, fever, and sometimes vomiting. Infection can occur without symptoms.	6-72 hours; usually 12-36 hours.	Until diarrhea has stopped.
	Shigellosis	<i>Shigella</i> bacteria	Diarrhea (either watery or with blood and mucus), cramps, fever, nausea and sometimes vomiting. Infection can occur without symptoms.	1-7 days; usually 2-4 days.	Persons infected with <i>Shigella</i> should receive treatment with antibiotics and may return when 2 successive fecal samples are collected 24 hours apart, and are found free of <i>Shigella</i> bacteria. Once <i>Shigella</i> has been identified in a child care facility, all symptomatic individuals should be excluded until stool culture is negative. (See Fact Sheet)

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SECTION VI: GLOSSARY

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GLOSSARY

GLOSSARY

ACUTE: An infection that has sudden onset and lasts a limited period of time; usually days or a few weeks.

ANTIBODY: A protein substance produced by the body's defense system in response to something foreign. Antibodies help protect against infections.

ANTIGEN: Any substance that is foreign to the body, such as a bacterium or virus. An antigen may cause a response from the immune system.

ASYMPTOMATIC: Without symptoms. For example, a child may have hepatitis A virus in the stool and not have symptoms, but still be able to infect others.

BACTERIUM/BACTERIA: Organism(s) with a cell wall that can survive in and out of the body. They are much larger than viruses, and they can usually be treated effectively with antibiotics.

BILIRUBIN: A substance made in the liver. The level of bilirubin increases in liver disease, such as hepatitis, and can cause yellowing of the skin or eyes (yellowing of parts of the body is called "jaundice").

BRONCHITIS: An inflammation or swelling of the tubes leading into the lungs often caused by a bacterial or viral infection.

CARRIER: A person who is infected with a specific organism, has no symptoms of disease, but can spread the disease to others. For example, some children may be carriers of the organism *Haemophilus influenzae* or *Giardla lamblia* and have no symptoms.

CDC: Centers for Disease Control and Prevention.

CELLULITIS: An infection involving the skin and area below the skin, caused by specific bacteria (e.g., *Streptococcus*, *Staphylococcus*, and *Haemophilus influenzae*).

CHRONIC: An infection or illness that lasts a long time (months or years).

CLEANING: A mechanical process (scrubbing), using soap or detergent and water, that removes dirt, debris and most germs. It also removes invisible debris that interferes with disinfection and sanitation. Disease-causing germs grow best in warm, moist debris, but they may be found even on objects that are not visibly soiled.



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CLUSTER: When three or more cases of the same symptoms or contagious disease are closely grouped in time and place.

CONJUNCTIVITIS (PINKEYE): Redness and swelling of the delicate tissue which lines the eyelids and covers the eyeball (conjunctive).

CONTAGIOUS PERIOD (COMMUNICABLE PERIOD): The period of time when an infected person is capable of spreading infection to another person.

CONTAMINATION: The presence of infectious germs in or on the body, environmental surfaces, articles of clothing, food, or water.

CROUP: Spasms of the airway that cause difficult breathing and a cough sounding like a seal's bark. Various bacteria and viruses can cause croup.

DETERGENT: A cleansing agent (soap).

DIARRHEA: Increased number of stools compared to a person's normal pattern. The stools are less formed. Uncontrolled diarrhea is 5 or more stools in an 8 hour period. Uncontained diarrhea is 1 stool that cannot be contained by the diaper or use of the toilet.

DISINFECTING: destroys harmful germs on non food-contact surfaces. If it is made with the same chemicals as the sanitizer, the disinfectant is usually stronger than sanitizer and not safe for food-contact surfaces.

DYSPNEA: Difficulty in breathing or shortness of breath.

EMESIS: Vomiting.

ENCEPHALITIS: Inflammation (redness, swelling) of the brain which can be caused by a number of viruses including mumps, measles, and varicella.

ENTERIC: Describing infections of the intestines (often with diarrhea).

EPIDEMIOLOGY: The scientific study of diseases.

EPIGLOTTIS: Tissue lid of the voice box. When this organ becomes swollen and inflamed (called epiglottitis), it can block breathing passages. *Haemophilus influenzae* is a common cause of epiglottitis.

EXCLUSION: Denying admission of an ill child or staff member to a facility.

EXCRETION: Elimination of waste material that is formed and not used by the body, such as feces and urine.

FEBRILE: Having a fever.



FECAL: Referring to feces or stool.

FECES: Waste matter discharged from the intestines.

FEVER: An elevation of body temperature.

FOOD-CONTACT SURFACE: Anything that touches food or that is put in the mouth. This includes dishes, utensils, pans, food preparation equipment, counter tops or cutting boards where food is prepared, table tops & high chair trays where children eat, teething toys, pacifiers and anything else that touches food/drink or is put in the mouth.

FUNGUS/FUNGI: Plant-like organisms, such as yeasts, molds, mildew and mushrooms, which get their nutrition from other living organisms or from dead organic matter.

HEPATITIS: Inflammation of the liver, usually caused by a virus. There are three main types of infectious hepatitis: types A, B, and C. Hepatitis A has been documented as a frequent cause of hepatitis in child care settings and is often asymptomatic in children (see Hepatitis A Fact Sheet page 85). Chronic carriers of hepatitis B may be found in child care settings and do not pose a significant problem when blood and body fluid precautions are followed (see Hepatitis B Fact Sheet page 87). Hepatitis C is associated with blood transfusions and injecting drug use and has not been identified as a problem in the child care setting.

HYGIENE: Protective measures taken by individuals to promote health and limit the spread of infectious diseases. Examples of protective measures:

- a) washing hands with soap and running water for at least 20 seconds after using the toilet, after handling anything contaminated, and before eating or handling food;
- b) keeping hands, hair and unclean items away from the mouth, nose, eyes, ears, genitals and wounds;
- c) avoiding the use of common or unclean eating utensils, drinking glasses, towels, handkerchiefs, combs, and hairbrushes;
- d) preventing exposure to droplets from the nose and mouth by covering the face when coughing or sneezing;
- e) washing hands thoroughly after caring for another person;
- f) keeping the body clean by frequent (at least daily) baths or showers using soap and water.

ICTERUS (JAUNDICE): Yellowing of the skin or the whites of the eyes.

IMMUNE GLOBULIN (GAMMA GLOBULIN) An antibody preparation made from human plasma. It provides temporary protection against diseases such as hepatitis A. For example, health officials may offer immune globulin injections to children and staff in a child care setting when cases of hepatitis A occur.



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IMMUNITY: The body's ability to fight a particular infection. For example, a child acquires immunity to diseases such as measles, mumps, rubella, and pertussis after natural infection or by immunization. Newborns initially have the same immune status as their mothers. This immunity usually disappears within the first 6 months of life.

IMMUNIZATIONS: Vaccines that are given to children and adults to help them develop protection (antibodies) against specific infections. Vaccines may contain an inactivated or killed agent or a weakened live organism. Childhood immunizations include protection against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, *varicella*, *pneumococcal*, *influenza*, *Haemophilus influenzae* type b, and hepatitis B. Adults need to be protected against measles, mumps, rubella, tetanus and diphtheria.

IMMUNOCOMPROMISED: The state of not having normal body defenses (immune responses) against diseases caused by microorganisms.

INCUBATION PERIOD: Time between exposure to an infectious agent and beginning of symptoms.

INFECTION: When an infectious agent multiplies in the body.

INFECTIOUS: Capable of causing an infection.

INFESTED: When a parasite lives on the body, such as lice or scabies.

INFLUENZA: An acute viral disease of the respiratory tract. Symptoms usually include a sudden onset of fever, chills, headache, muscle aches, dry cough, and sore throat. Influenza should not be confused with *Haemophilus influenzae*, an infection caused by bacteria, or with "stomach flu".

JAUNDICE (ICTERUS): Yellowing of the eyes or skin.

MALAISE: Not feeling well, very tired, achey.

MENINGITIS: A swelling or inflammation of the tissue covering the brain and spinal cord. Meningitis is usually caused by a bacterial or viral infection.

MENINGOCOCCUS: A bacterium named *Neisseria meningitidis* that can cause meningitis, pneumonia, arthritis, or blood infections. (See Meningococcal Disease Fact Sheet.)

ORGANISMS: Living things. Often used as a general term for germs (bacteria, viruses, fungi, or parasites) that can cause disease.



OTITIS MEDIA: Inflammation or infection of the middle part of the ear. Ear infections are commonly caused by *Streptococcus pneumoniae* or *Haemophilus influenzae* . They are not contagious.

PARASITE: An organism that lives on or in another living organism.

PEDICULOSIS: Another word for lice infestation (see Lice [Head] Fact Sheet).

PNEUMONIA: An infection of the lungs. Usually not contagious.

PROPHYLAXIS: Measures taken at the time of exposure to an infectious disease, or shortly thereafter, to try to prevent the disease. This may include medication or special immunization.

SANITIZING: Destroys harmful germs from mouthed toys, eating utensils and food-contact surfaces with a foodgrade chemical or high temperature.

SECRETIONS: Wet material produced by cells or glands that has a specific purpose in the body, such as saliva.

SOILED: Unclean, may be contaminated with stool; urine; vomit; blood; saliva; eye, nose, wound drainage; or dirt.

SPUTUM: Phlegm from deep in the lungs.

STOOL: Waste matter discharged from the intestines.

SYSTEMIC: Pertaining to a whole body rather than to one of its parts.

TRANSMISSION: The passing of an infectious organism or germ from person to person.

VARICELLA: The virus that causes chickenpox and shingles.

VIRUS: A microscopic organism, smaller than bacteria that may cause disease. Viruses can only grow or reproduce in living cells.

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SECTION VII: REFERENCES

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