

Common School related Childhood illnesses

Chicken Pox

What is Chicken Pox? While Chicken Pox is being less and less seen in the school community due to the available Varicella vaccine, it still does occur.

What causes ChickenPox? Chicken Pox is caused by an infection with the varicella virus.

What are the symptoms of Chicken Pox? The symptoms of chicken Pox are: feeling ill, fever, and a skin rash which is often itchy. The rash will typically begin on the chest, back, underarms, neck and face. It starts out as red bumps which turn into blisters within a several hours. These blisters will scab over in a few days.

How serious is Chicken Pox? Though Chicken Pox is generally a mild disease, serious complications such pneumonia and skin infections can occur. Death occurs rarely but is a serious complication for those who have a compromised immune system or who are older. Before the Chicken Pox vaccine was available, approximately 100 people died each year from Chicken Pox complications.

How does a person get Chicken Pox?

People get Chicken Pox by exposure to the droplets that come out of the nose or mouth of a person with Chicken Pox when that person sneezes or coughs, exposure to the saliva of a person with Chicken Pox (sharing a drinking cup or toy), or to exposure to the fluid from the Chicken Pox blisters.

How long does it take to come down with the Chicken Pox after exposure?

The illness usually appears between 13 – 17 days after exposure, but can occur as soon as 10 days or as long as 21 days later.

When are people with Chicken Pox contagious?

A person is contagious from one to two days before the rash develops until all of the blisters have dried into scabs, usually six days after the rash appears.

Can I keep my child from coming down with Chicken Pox?

A vaccine which can prevent Chicken Pox (Varicella vaccine) is available and is recommended for most children age 12 months of age or older who have not had Chicken Pox. If Varicella vaccine is given within 3 days of exposure to Chicken Pox, and possibly up to five days, it may prevent Chicken Pox or reduce the severity of the disease. If your child has not received Varicella vaccine or already had Chicken Pox, contact your health care provider for more information.

If my child develops Chicken Pox, how long must I keep him/her home from school?

Children must be excluded from school until all of the blisters have dried and formed scabs (about one week after onset of rash).

Conjunctivitis (Pink Eye)

What is Conjunctivitis or Pink Eye?

It is a common infectious disease of one or both eyes caused by a bacteria, virus or allergies that is spread through contact with a contaminated finger or personal articles such as towels, make-up etc.

What are the symptoms?

The symptoms include eyes that water profusely, eyes that appear red and swollen, eyelids may be swollen, eyes may be sensitive to light, be itchy, painful, may produce mucous, pus or clear fluid and may be difficult to open in the morning with crusty lids and lashes.

What is the treatment?

If any of the above symptoms are present, then the affected person needs to see their health care provider for a diagnosis and recommendations for treatment before returning to school. Bacterial infections are treated with antibiotic eye drops, allergic red eyes are treated with allergy eye drops and viral infections usually do not respond to treatments other than tears drops. If the doctor prescribes eye treatments during the school day, both health care provider and parent permission must be obtained.

How long must my child stay home from school?

If the diagnosis is a bacterial infection, children must be on the eye drop/ointment medication for at least 24 hours before returning. If it is an allergic conjunctivitis, the child may return within 24 hours. If the diagnosis is a viral conjunctivitis, the child must remain at home until the eyes are no longer red or draining.

Please encourage your child not to rub his/her eyes as that can spread the infection. Give your child his/her own set of towels to use to minimize transmission of the infection to other family members.

Fifth's Disease

What is Fifth's disease?

It is a viral illness that is characterized first by headache, body ache, sore throat, low grade fever and chills (although these symptoms may be very mild or non-existent). After a week of no symptoms, a bright red rash appears on the cheeks giving a "slapped-face" appearance along with a "lacy" rash on the arms and legs. Some individuals only have the rash on the cheeks. Individuals are only contagious during the headache, body ache, etc. phase of the illness. Thus, by the time the rash appears, the individual is no longer contagious.

How is Fifth's disease spread?

It is spread by respiratory droplets via sneezing and coughing or sharing of drinking cups.

Is there a treatment for Fifth's disease?

There is no treatment other than pain relievers such as Tylenol or Motrin, as prescribed by your health care provider, for comfort.

Are there any complications?

While Fifth's disease is a generally mild viral illness, it has been associated with some complications in pregnant women and those with compromised immune systems who have never had this illness as a child. If your child gets Fifth's disease and is around a pregnant woman, please let her know to contact her health care provider for advice. Remember that most people have already had this illness as a child so exposure may be of no consequence. If you have further questions, please contact your doctor.

As for any rashes, it is important to take your child to his/her own health care provider for a diagnosis.

Impetigo

What is impetigo?

Impetigo is a contagious bacterial infection caused by streptococcus (strep) or staphylococcus (staph) bacteria. The bacteria usually enters the skin through a scratch, cut or insect bite. The lesion is covered with a brownish yellow crust and first appears near the entry site.

What does it look like?

The most characteristic features of impetigo are the brownish-yellow crusts covering all or part of each sore. Sores may be single and isolated, about ½ inch in diameter, or several may form together in an irregularly shaped sore. Sores are most common where children scratch themselves: on the face, on the fingers and around the nose.

Is it contagious?

Impetigo is contagious on direct contact. A student with a few sores can be treated by covering the sore with a bandaid and may remain at school. It is preferable to keep a child with many exposed lesions at home.

How is it treated?

You will need to take your child to your health care provider for diagnosis and treatment. If your child has only a few small sores, your doctor may prescribe a prescription strength antibiotic ointment. If your child has larger affected areas or is very young and continually picks at them, the doctor may prescribe oral antibiotics in addition to the topical treatment. Typically, the affected child will need to be at home for at least 24 hours before returning to school.

Molluscum Contagiosum

What is Molluscum Contagiosum?

Molluscum Contagiosum is a skin condition that causes raised, round, smooth-surfaced bumps on the skin. They look like thick-walled pimples. The bumps, called mollusca are usually found on just one area of the body. The bumps are characterized by a waxy or skin colored surface, may have a dimple (indent) in the center, are firm (there is a white material rather than pus in the cores of the bumps), are many different sizes from pinhead to ¼ inch across and are occasionally itchy but not painful.

What is the cause?

Molluscum Contagiosum is caused by a pox virus. It is transmitted by skin to skin contact (close contact) with an infected person. Children 2 – 12 years old are most likely to be infected by this virus. Mollusca can spread to other parts of the body if a child picks at a bump and then scratches elsewhere.

How long does it last?

Most mollusca disappear without any treatment in 6 – 18 months. Mollusca can spread rapidly and last longer in children who also have eczema (sensitive, dry skin). If repeatedly picked at, mollusca can become infected with bacteria and change into crusty sores (impetigo). Most children develop only 5-10 mollusca, but some acquire more. Regardless, they are a temporary condition.

How is it treated?

Because mollusca are harmless, painless and have a natural tendency to heal and disappear, some providers recommend not treating them. The treatment itself may be painful and frightening, especially to younger children. In addition, treatment may be unsuccessful or need to be repeated. Treatment does not leave scars. Treatment may be considered if your child picks at them, the mollusca are in areas of friction (for example the arm pit), you feel they are a cosmetic problem or they appear to be spreading.

Preventing the spread of mollusca to other areas of your child's body:

Discourage your child from picking at and scratching the bumps as this is the most common way to spread it. You may cover the bumps with a bandaid to discourage the young child from picking at them.

Contagiousness:

Mollusca are only mildly contagious to other people. The incubation period is 4-8 weeks. Your child can attend school and daycare without undue concern for spread.

Pediculosis (Head Lice)

What are Head lice?

Head lice are tiny insects that live and crawl through hair. They are gray, brown, black or nearly transparent so can be difficult to see. Lice need human blood in order to survive and will die within 24 hours if they cannot find a “meal”. Lice lay their eggs (nits) on the hair close to the scalp. It takes about 6 days for the nits to hatch. Nits are easier to see than lice. Nits are oval shaped and most often can be seen in the hair behind the ears or near the neck. They are attached to the hair strand with a very strong glue like substance

Symptoms:

Itching of the scalp is the most common symptom, although many people with lice have no symptoms at all. Scratching can lead to skin sores and skin infections.

How are lice spread?

Most often, head lice are spread by head-to-head contact with another person who has lice. Lice can be spread by wearing /using another person’s clothing, hat, comb, brush, bedding or storage compartment. Pets do not carry head lice. **Lice do not jump or fly but they can crawl very fast.**

How is it treated?

Lice can be treated with chemical-free products but the success rate is not as good as with chemical treatments. Chemical treatments include NIX which is a cream rinse product and the most highly recommended over-the-counter Lice product by the American Academy of Pediatrics and King County Public Health. NIX is applied to freshly shampooed hair that has been washed with a clarifying shampoo without conditioners. If a shampoo with conditioner is used, it will nullify the NIX product and it will not work. There are generic formulations of NIX available. RID is a lice shampoo which is less effective than the NIX product. With whatever treatment is used, it is imperative that **daily** combing with an effective nit comb is used for 3 weeks daily. Please speak with your school nurse for further treatment instructions. Above all, do NOT panic. The nurses will do their best to keep your child’s condition confidential and help you as much as possible. In addition, we will check the child’s classroom to be sure that the lice has not spread.

What else needs to be done?

Check other household members for lice and treat those who do have lice or nits. Do not treat someone if you do not see lice or nits in their hair.

Notify the school nurse so that the nurse can:

1. Help you
2. Check the close contacts as necessary.

Wash all combs and brushes used by the affected person in extra-hot soapy water for at least 10 minutes.

Wash all clothing including coats, hats, scarves and bedding used by the individual for 2 days prior to the treatment. To wash the items, do **one** of the following:

1. Wash in extra hot water or heat- dry the item for at least 5 minutes. A helpful hint: if you can afford it, it is a real time saver to take all of the bedding and laundry to a Laundromat for cleaning everything all at once. Many a parent has said this saved their sanity!
2. Dry clean the item.
3. Pack non-washable items in a sealed plastic bag for 21 days to eliminate the risk from dormant nits.

Vacuum upholstered furniture, carpets, bicycle helmets, sports helmets, and upholstered car seats. Change the vacuum cleaner bags after use and place it in a sealed plastic bag and put the bag in the outside garbage.

Do **not** use lice sprays. They may cause toxic or allergic reactions.

Again, the most important thing is to NOT panic, and call the school nurse. She really does want to help you and your child.

Ringworm

What is ringworm?

It is not caused by a worm but by a type of fungus and is a common infection. This fungus can affect feet (athlete's feet), scalp, body or nails.

What does it look like?

It results in patches which are usually round or oval and are slightly raised, pink, and scaly with a clear space in the center and may be itchy.

How is it transmitted?

It is generally contracted by having contact with a person with ringworm or contaminated article to person contact or an animal who has ringworm.

How is it treated?

You will need to contact your health care provider for a diagnosis and recommendations for treatment. If you have pets, they may also need to be examined.

Strep Throat

What is it?

Strep Throat is caused by streptococcal bacteria.

What are the symptoms?

It is often characterized by a reddened throat with or without white pus pockets, fever, swollen tonsils, and difficulty in swallowing. It may also cause a rash. Strep infection may also cause **Scarlet fever** which is much less common. With Scarlet fever, the individual will have a reddened tongue and a skin rash that resembles a sunburn.

How is it treated?

The individual will need to go to his/her health care provider for a diagnosis. There is a rapid strep test that can be done quickly but it is sometimes negative. If the health care provider thinks it may be strep in spite of the negative test, he will send it for a culture which is more accurate but takes 3 days. All strep infections must be treated with antibiotics and need to be taken for the full course prescribed. Often people will feel better after a few days and people are tempted to save the rest of the medication for “another time”. This will result in a resurgent infection that may not respond to the original antibiotic. It can also lead to other serious complications including rheumatic fever and kidney failure.

When can my child return to school?

Your child may return to school once he/she has been on antibiotics for a **minimum** of 24-48 hours and is fever free and not in acute discomfort. Because the student is prescribed antibiotics, he/she may need to take a dose at school. Please ask your health care provider to write a note stating that the student needs to take the medicine while at school and to list the dose, route of administration, and time to be given. The parent then needs to bring in the medication to the health room and sign the “Oral Medication Administration” form at school. We can then attach the doctor’s note to the form. If you forget to get the doctor’s note, do not worry. You will just need to provide the nurse with your doctor’s phone and fax numbers, complete the form and then we will fax it to your health care provider to sign.

Stomach viral infection

What is it?

Many times people will call this the stomach “flu”. It is really a case of gastroenteritis or inflammation of the gastrointestinal tract. Sometimes people who really do have the flu or influenza will also vomit or have stomach pains but the *primary* symptoms of the flu/influenza are coughing, sore throat and fever.

How is it treated?

Most often, the affected person just needs to stay home, drink plenty of clear liquids and eat a mild diet of bananas, rice, applesauce and toast (“Brat” diet) as tolerated. If the individual’s fever stays elevated, cannot keep down any liquids/food, then a call to the health care provider is necessary. Signs of dehydration include dry and sunken appearing eyes, dry mouth and poor, dry skin tone. The younger the child, the more dangerous it is for him/her to get dehydrated. Always call your health care provider for advice and treatment.

When can my child return to school?

Your child may return when he/she can maintain a near normal diet, is not vomiting, not having diarrhea and has no fever. When a child has diarrhea, he/she may be contagious in spite of good hygiene.

Types of Head Injuries

- **Scalp Injury:** Most head injuries only damage the scalp (a cut, scrape, bruise or swelling). It is common for children to fall and hit their head at some point while growing up. This is especially common when a child is learning to walk. Big lumps (bruises) can occur with minor injuries because there is a large blood supply to the scalp. For the same reason, small cuts on the head may bleed a lot. Bruises on the forehead sometimes cause black eyes 1 to 3 days later because the blood spreads downward by gravity.
- **Skull Fracture:** Only 1% to 2% of children with head injuries will get a skull fracture. Usually there are no other symptoms except for a headache at the site where the head was hit. Most skull fractures occur without any injury to the brain and they heal easily.
- **Concussion:** A concussion is a mild injury to the brain that changes how the brain normally works. It is usually caused by a sudden blow or jolt to the head. Many children bump or hit their heads without causing a concussion. The most common signs of a concussion are a brief period of confusion or memory loss following the injury. Other signs of a concussion can include a headache, vomiting, dizziness, acting dazed, or being knocked out. A person does NOT need to be knocked out (lose consciousness) to have had a concussion. Following a concussion, some children have ongoing symptoms such as mild headaches, dizziness, thinking difficulties, school problems or emotional changes for several days to weeks.
- **Brain injuries** are rare but are recognized by the presence of the following symptoms:
(1) Difficult to awaken, or keep awake OR (2) confused thinking and talking, OR (3) slurred speech, OR (4) weakness of arms or legs OR (5) unsteady walking.

When to Call Your Doctor for Head Injury

Call 911 If

- A seizure (convulsion) occurred

- Your child was knocked unconscious for more than 1 minute
- Your child is not moving neck normally (caution: protect the neck from any movement)
- Your child is difficult to awaken
- Your child shows confused thinking, slurred speech, unsteady walking OR weakness of arms/legs present now
- Your child has major bleeding that can't be stopped

Call Your Doctor Now (night or day) If

- You think your child has a serious injury
- Age under 1 year old
- Neck pain
- Knocked unconscious for less than 1 minute
- Had confused thinking, slurred speech, unsteady walking OR weakness of arms/legs BUT fine now
- Blurred vision persists for more than 5 minutes
- Skin is split open or gaping and may need stitches
- Bleeding that won't stop after 10 minutes of direct pressure
- Large swelling (larger than 1 inch or 2.5 cm)
- Large dent in skull
- Injury caused by high speed (e.g., auto accident), great height (e.g., twice the child's height) or blow from hard object (e.g., golf club)
- Vomited 2 or more times within 3 days of injury
- Watery fluid dripping from the nose or ear while child not crying
- Severe headache or crying
- Can't remember what happened

Call Your Doctor within 24 Hours (between 9 am and 4 pm) If

- You think your child needs to be seen
- Headache persists over 3 days

Call Your Doctor During Weekday Office Hours If

- You have other questions or concerns
- No tetanus shot in over 5 years for DIRTY cuts (over 10 years for CLEAN cuts)

Parent Care at Home If

- Minor head injury and you don't think your child needs to be seen

Home Care Advice for Scalp Injuries

1. **Wound Care:** If there is a scrape or cut, wash it off with soap and water. Then apply pressure with a sterile gauze for 10 minutes to stop any bleeding.

2. **Local Cold:** Apply a cold pack or ice bag wrapped in a wet cloth to any swelling for 20 minutes. (Big lumps are common).
3. **Observation:** Observe your child closely during the first 2 hours following the injury.
 - Encourage your child to lie down and rest until all symptoms have cleared. (Note: mild headache, mild dizziness and nausea are common)
 - Allow your child to sleep if he wants to, but keep him nearby.
 - Awaken after 2 hours of sleeping to check the ability to walk and talk.
4. **Diet:** Offer only clear fluids to drink, in case he vomits. Regular diet OK after 2 hours.
5. **Avoid Pain Medicines:** If the headache is that bad, he needs to be examined.
6. **Special Precautions at Night:**
 - Awaken your child at your bedtime and again 4 hours later for 2 nights. Check the ability to walk and talk.
 - Sleep in same room as your child for 2 nights.
 - After 48 hours, return to a normal routine.
7. **Expected Course:** Most head impact only causes a scalp injury. The swelling may take a week to resolve. The local headache at the site of impact usually clears in 2 to 3 days.
8. **Call Your Doctor If:**
 - Pain becomes severe
 - Your child becomes worse

And remember, contact your doctor if your child develops any of the "When to Call Your Doctor" symptoms.

Disclaimer: This information is not intended be a substitute for professional medical advice. It is provided for educational purposes only. You assume full responsibility for how you choose to use this information.