



**Public Health**  
Prevent. Promote. Protect.

## ***Board of Health Sidney-Shelby County***

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Parents/Guardians,

This is a listing of the most common diseases and their symptoms to assist you in determining when to keep your child home from school for his/her health as well as the health of other children at school. This list of conditions is not to be used to diagnose your child – the doctor will provide recommended treatment. Please report to your child's school and Health Department of any communicable disease your child may have.

### **CHICKEN POX**

Symptoms are a skin rash that appears raised and turns to blisters along with a slight fever. These eruptions occur in "crops" allowing blisters and scabs to be present at the same time. The child should be excluded from school until all blisters are crusted and dry. Chicken Pox is spread by direct contact with drainage from the blisters, by the soiled linen or clothing, and by respiratory droplets of the infected person. The disease is communicable at least 5 days before symptoms begin and until all scabs are crusted and dry. In order to prevent secondary skin infections it is recommended to apply ointments or lotions to skin that will control itching. Please report illness to your child's school.

### **COMMON COLD**

(Rhinitis-Nasopharyngitis)

Symptoms are sore throat, water discharge from nose, repeated sneezing, coughing and chilling, general body aches, pain and sometimes slight fever. Caution should be taken because these symptoms may precede several other conditions.

Children who have the symptoms should be excluded from school for the first 24 to 72 hours. The common cold is spread by direct contact with the affected child. Personal hygiene should be stressed, such as covering mouth when coughing and sneezing which spreads droplets into the air. Discard used tissues and wash hands after handling soiled articles.

## **CONJUNCTIVITIS**

(Pink Eye)

“Pink Eye” is a redness of the eye with discharge (viral is watery& thick while bacterial is a yellowish drainage) matted eyelashes, burning and itching. The method of transmission is from direct contact with discharge from the eye and indirect contact from touching items contaminated with discharge such as fingers, clothing, toys, etc. The child will be excluded from school until 24 hours after antibiotic treatment (bacteria) or until the discharge from the eye stops (viral). Contact your family physician for treatment and avoid over the counter remedies. Towels and washcloths should not be shared. Stress good hand washing technique. Encourage child to keep fingers and hands away from face.

## **FIFTH DISEASE**

(Erythema Infectiosum)

Symptoms may produce only a fever with mild flu-like symptoms or it may produce a rash affecting mainly children 4-10 years of age. The rash often begins with a sudden appearance of redness on the cheeks, giving the characteristic “slapped cheek appearance.” The rash spreads to trunks and extremities and has mild to heavy itching, and can have a lacy appearance on the chest. The rash usually disappears within one week but may reappear during periods of exercise, warm baths, rubbing skin, or emotional upset. The virus is spread by exposure to airborne droplets from nose and throat of the affected person. Symptoms occur within 4-14 days after a person has been exposed. The rash may be following fever, headache, body ache, sore throat, congestion, runny nose, cough, nausea or diarrhea. The child can spread the illness 5 days before the onset of the rash, so by the time an outbreak is recognized, exposure has already occurred. The disease is usually mild. Usually there is no exclusion from school.

## **IMPETIGO**

Symptoms are blister-like lesions which later transform into crusted pus-like sores, which are irregular in outline. Face and hands is the most common site. Early detection and adequate treatment are important in preventing spread. Infected individuals should use separate towels and washcloths. Soak the crusts on the sore with warm water and soap at least once a day. Continue the soaking long enough to make it possible for the crust to be easily removed. If there are only a few areas of impetigo, use an over the counter antibiotic ointment. If many areas of the body have lesions and the areas have not improved with treatment in three to five days, contact family doctor! An oral antibiotic may be needed.

## **INFLUENZA**

The fever usually 101° - 102°, achy muscles, headache with sensitivity to light, runny nose, often severe cough and fatigue are typical symptoms of the influenza. It is spread to others by expelling droplets in the air by coughing and sneezing. The disease may be passed to others from the first sign of symptoms to 1 week after symptoms appear. Always avoid aspirin products. The child should remain home until the fever is gone. Please report the diagnosis to the child's school.

## **MRSA**

### *What is MRSA?*

MRSA stands for Methicillin-resistant Staphylococcus aureus— often called “staph.” Staph bacteria are found everywhere. Decades ago, some strains of the bacteria became resistant to certain antibiotics due to a combination of overuse of antibiotics and changes in the bacteria.

### *What type of infections does MRSA cause?*

In the community, most MRSA infections are skin infections that may appear as pustules or boils which are often red, swollen, painful, or have pus or other drainage. These skin infections commonly occur at sites of visible skin trauma, such as cuts, abrasions, and areas of the body covered by hair (e.g., back of neck, groin, buttock, armpit, or beard area.)

Almost all MRSA skin infections can be treated by drainage of pus by a physician and may include antibiotics. More serious MRSA infections, such as pneumonia, bloodstream infections, or bone infections, are very rare in healthy people.

### *How is MRSA transmitted?*

MRSA is usually transmitted by direct skin-to-skin contact or contact with shared items or surfaces that have come in contact with someone's else's infection (e.g., towels, used bandages).

### *How do I protect myself from getting MRSA?*

You can protect yourself by:

- practicing good hygiene (e.g., keeping your hands clean by washing with soap and water or using an alcohol-based hand sanitizer and showering immediately after participating in exercise);
- covering skin trauma such as abrasions or cuts with clean dry bandages until healed;
- avoiding sharing personal items (e.g., towels, razors) that have come in contact with bare skin;
- using a barrier (e.g.; clothing or a towel) between your skin and shared equipment such as weight training benches;
- maintain a clean environment by establishing cleaning procedures for frequently touched surfaces and surfaces that come into contact with people's skin.

## **SCABIES**

("The Itch")

Scabies present an itchy rash, usually worse at night. It is a tiny insect called a mite, which burrows under the skin and lays eggs. This causes an irritated rash resembling a line. The rash frequently appears between fingers, on wrist, elbows, armpits, thighs and around the belt line. The disease is highly contagious and is transmitted from person to person through contact. Incubation takes 2-6 weeks with the first infestation, and 24 hours with repeat infestations. Exclude from school until treated. Diagnosis must be made by a physician. A prescription cream or lotion is needed for treatment. Follow the instructions on the prescription. The itch may persist as long as 2-3 weeks after treatment. Clothes and bedding should be washed in hot soapy water to kill any mites present. Scabies is the most commonly passed among children in the same family, play group or school. A close look of all household contacts is necessary and may require treatment.

## **PEDICULOSIS**

(Head Lice)

The first sign of head lice is often persistent itching of the head. Diagnosis is made by identifying adult lice or nits (eggs). Adult lice are small, about 1/16 of an inch long and range from gray to brown in color. Lice do not jump, fly, or stay alive for long periods of time off the human head. They do move very quickly on the head and are difficult to find. Nits are teardrop-shaped, about the size of a typewriter comma, and vary in color from yellowish brown to white. Nits are firmly attached to the hair shaft very close to the scalp and frequently found at the nape of the neck and behind the ears.

Head lice are treated by using a head lice shampoo. Read the directions on the box carefully. **DO NOT OVERTREAT!** Manually remove all nits from the child's hair. Since some unhatched eggs may escape treatment, the eggs not removed from the hair could result in re-infestation. Repeat shampoo treatment in 7 -10 days.

Head lice are transmitted almost exclusively by DIRECT (head to head) contact. Transmission may occasionally occur via hats, combs, and brushes or upholstered furniture recently used by an infested person. Personal articles such as hat, scarves, clothing and bedding can be cleaned by machine washing in hot water and drying using the hot cycle or pressing with a hot iron. Non-washable items can be dry-cleaned or sealed in a plastic bag for two weeks. Combs and brushes can be disinfected by soaking them in head lice shampoos or by soaking the items 5 to 10 minutes in very hot water. Simple vacuuming is sufficient treatment of furniture. Do not use sprays. Your child may return to school the morning following treatment, provided all nits are removed. Treatment does not prevent re-infestation. Cutting your child's hair or frequently washing won't help. The best defense is to check all family members weekly for lice or any new eggs. If you find lice or nits on your child, please notify the child's school.

## **RINGWORM OF THE SKIN OR BODY OR SCALP**

- Scalp: Scaly patches with temporary baldness. Infected hairs are brittle and break easily.
- Skin: Flat, inflamed ring like sores/rash that may itch or burn.
- Feet: Scaling or cracking of the skin, especially between the toes, or blisters containing a thin watery fluid. This is spread directly by contact with infected persons or animals or indirectly by contact with articles, and surfaces contaminated by such infected persons or animals.

Exclude from school until treatment has begun. Use over the counter antifungal ointment for 4 – 5 days after scaly patch(es) disappears.

## **SCARLET FEVER AND STREP THROAT**

Scarlet fever, also called “scarlatina,” is one of the most common contagious childhood diseases. The infection can occur anywhere in the body, but the most common site is in the tonsils and/or throat. The child will complain of a sore throat, fever, headache and rash which is red, slightly raised and “blush-like” in appearance. The rash is on the cheeks and upper chest; it may spread to other parts of the body and after 5-10 days can result in peeling of the skin. Some children with strep throat could develop complications. It is important to have a doctor see your child.

A doctor will put the child on antibiotic treatment, which needs to be taken until gone. The child may return to school 24 hours after the treatment has been started or have had no fever for 24 hours. Other children in the family may attend school, but will be excluded if symptoms begins. This disease is spread through direct contact or indirectly by contact with articles freshly soiled with discharge from the infected child.

The Sidney-Shelby County Health Department Public Health Nurses