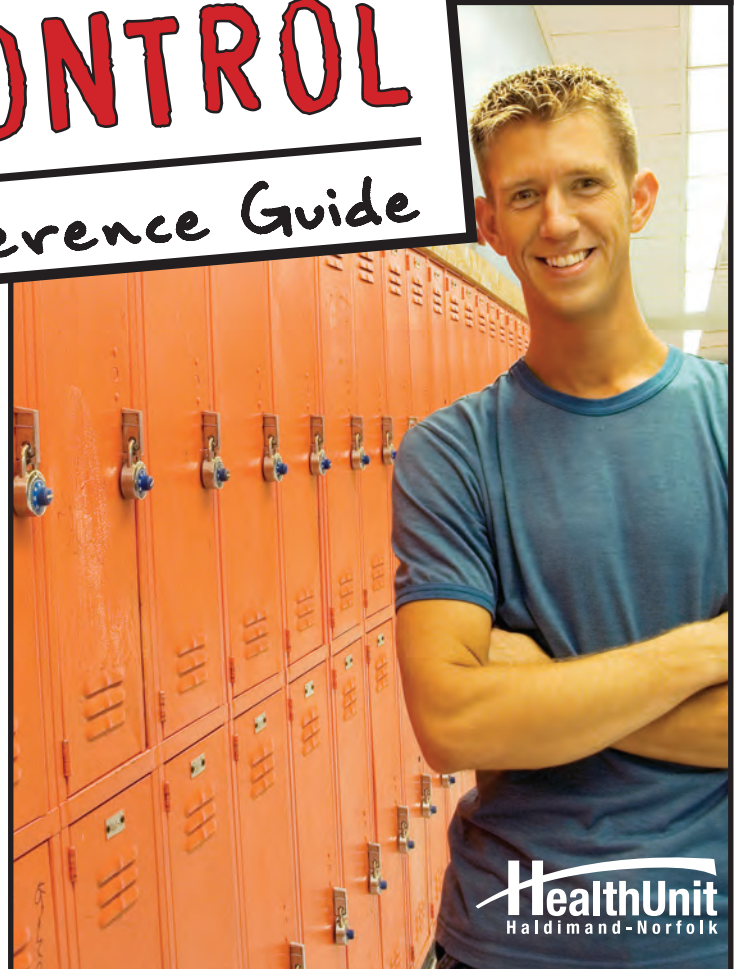
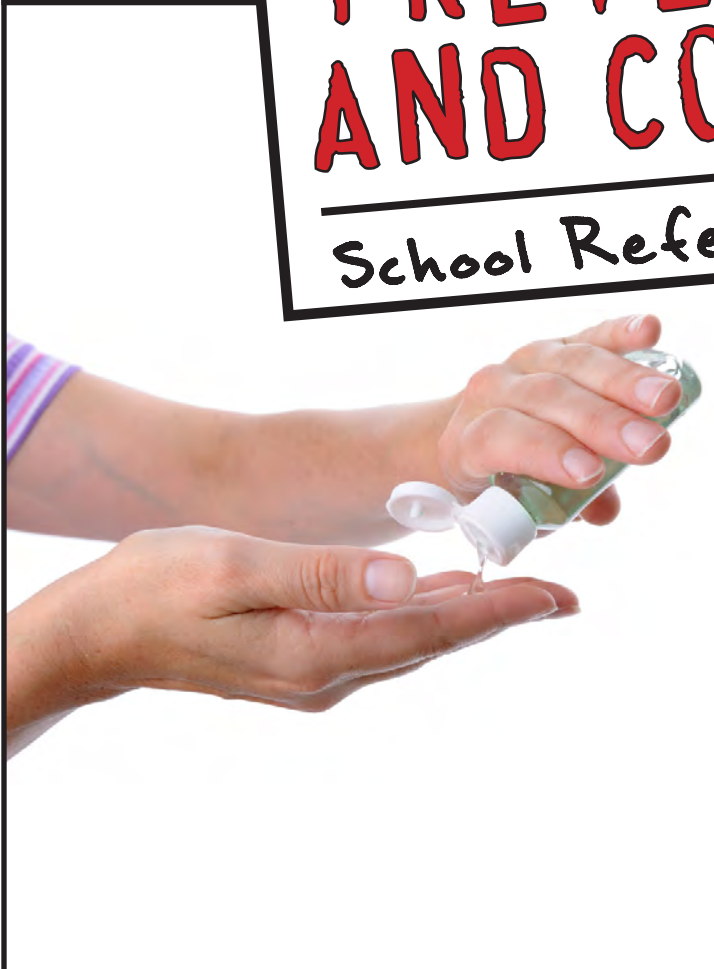




INFECTION PREVENTION AND CONTROL

School Reference Guide





Common Childhood Illnesses



Here are some illnesses that children often get. All of these spread from person to person. The table shows the following:

Disease: The name your health care professional will call it.

Symptoms: The signs of sickness your child will have or show.

Spread: The way your child can get or spread the disease.

Infectious: The time when your child is most likely to get or spread the disease.

Exclusion: When your child is *not allowed* to attend school, nursery or day care, with this illness.

DISEASE	SYMPTOMS	HOW IT'S SPREAD	INFECTIOUS	EXCLUSION
Chicken Pox	<ul style="list-style-type: none"> Fever Small, fluid filled spots that look like tiny blisters. 	<ul style="list-style-type: none"> By an infected person coughing or sneezing. By touching the fluid in the blisters before the blisters are dry. 	<ul style="list-style-type: none"> 1-2 days before the spots appear up to 6 days after the spots start. 	<ul style="list-style-type: none"> Until feeling well and the blisters are crusted over and dry.
Fifth Disease	<ul style="list-style-type: none"> Mild fever. Aches. Tiredness. Cold-like symptoms. A red face rash "slapped cheeks" appears. Rash may spread to the body. 	<ul style="list-style-type: none"> By contact with the nose and throat secretions of an infected person. The virus can pass from an infected pregnant woman to her unborn baby. 	<ul style="list-style-type: none"> Before the rash appears. Probably not contagious after the rash appears. 	<ul style="list-style-type: none"> Only if not well enough to participate. Exposed pregnant women should contact their doctor.
German Measles (Rubella)	<ul style="list-style-type: none"> Mild fever. Runny nose. Swollen glands. Sometimes followed by a mild red rash. 	<ul style="list-style-type: none"> By an infected person coughing or sneezing. By contact with the nose and throat secretions of an infected person. The virus can pass from an infected pregnant woman to her unborn baby. 	<ul style="list-style-type: none"> From 7 days before until 7 days after the rash first appears. 	<ul style="list-style-type: none"> Until 7 days after the rash first appears. Exposed pregnant women should contact their doctor.
Hand, Foot and Mouth Disease (Coxsackievirus Disease)	<ul style="list-style-type: none"> Fever. Sore throat. Sore(s) in the mouth. May be sore on the gums, tongue, palms fingers and soles of the feet. 	<ul style="list-style-type: none"> By contact with the nose and throat secretions and/or faeces (stool/bowel movement) of an infected person. 	<ul style="list-style-type: none"> While symptoms are present (However, the virus can continue to shed in the stool for weeks). 	<ul style="list-style-type: none"> Only if not well enough to participate.
Impetigo	<ul style="list-style-type: none"> Pus filled pimples that crust over. These are usually located on the face but may be on other parts of the body not covered by clothes (arms and/or legs). 	<ul style="list-style-type: none"> By person to person through direct contact with secretions from the sores of an infected person. 	<ul style="list-style-type: none"> From onset of skin infection until 24 hours after a specific antibiotic has been started. 	<ul style="list-style-type: none"> Until a full 24 hours after antibiotic treatment has been started.
Measles (Red Measles)	<ul style="list-style-type: none"> High fever. Runny nose. Cough. Inflamed eyes. Small red spots with bluish-white centers inside the mouth (Koplik spots). After about 4 days, a bright, red, raised blotchy rash appears. 	<ul style="list-style-type: none"> By an infected person coughing or sneezing. By contact with the nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> From 4 days before onset of symptoms until 4 days after the rash appears. 	<ul style="list-style-type: none"> Until 4 days after the rash first appears.

Mumps	<ul style="list-style-type: none"> • Fever. • Swollen salivary glands (below the ears). 	<ul style="list-style-type: none"> • By an infected person coughing or sneezing. • By contact with the nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> • From 7 days before until 9 days after the swelling appears. 	<ul style="list-style-type: none"> • Until 9 days after the swelling first appears.
Pinkeye (Conjunctivitis)	<ul style="list-style-type: none"> • Scratchy, painful eye(s) and tearing with pus. • Whites of the eyes turn pink or red. • After sleep, eyelids are often stuck together from the pus. 	<ul style="list-style-type: none"> • By contact with the eye pus of an infected person. • By contact with the nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> • For duration of illness or until 24 hours after antibiotic treatment has been started. 	<ul style="list-style-type: none"> • Until 24 hours after antibiotic treatment has been started.
Scabies	<ul style="list-style-type: none"> • Very itchy rash (mites burrow under the skin and deposit eggs & faeces/poop in black-red bumps). • In children over 2 years, the rash is usually on fingers, elbows, armpits and tummy. • Younger children may have rash on the entire body. 	<ul style="list-style-type: none"> • By touching someone who has scabies. • By sharing clothing or bedding of someone who has scabies. • By using other personal items of someone who has scabies. 	<ul style="list-style-type: none"> • Until mites and eggs are killed. • Treatment is applied to the skin usually two times, one week apart. • Treatment is by the same product that is used for head lice. 	<ul style="list-style-type: none"> • Until the day after one treatment has been applied. • Close contacts may also need treatment.
Strep Throat	<ul style="list-style-type: none"> • Sore red throat. • Fever. • Tiredness. • Headache. • Sores around the mouth, swollen tender glands in the neck. • Stomach ache in children. 	<ul style="list-style-type: none"> • By an infected person sneezing or coughing. • By contact with the nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> • Until full 24 hours after a specific antibiotic treatment has been started. • If infected person is untreated, infectious period is 10-21 days. 	<ul style="list-style-type: none"> • Until antibiotic treatment has been taken for a full 24 hours.
Scarlet Fever (Scarlatina)	<ul style="list-style-type: none"> • Sore throat. • Fever. • Chills. • Vomiting. • Headache. • Pink- red rash that feels like sandpaper that starts on the upper body and may spread to cover the whole body. • "Strawberry tongue" (whitish coating on tongue with bright red patch). 	<ul style="list-style-type: none"> • By an infected person sneezing or coughing. • By contact with the nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> • Until full 24 hours after a specific antibiotic treatment has been started. • If infected person is untreated infectious period is 10-21 day. 	<ul style="list-style-type: none"> • Until antibiotic treatment has been taken for a full 24 hours.
Whooping Cough (Pertussis)	<ul style="list-style-type: none"> • Severe coughing spells followed by a high-pitched whoop and often vomiting. • Mild symptoms in older children, often thought to be a "bad cold". 	<ul style="list-style-type: none"> • By an infected person sneezing or coughing. • By contact with nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> • From 2 weeks before and up to 3 weeks after the onset of cough (if untreated), OR until 5 days after treatment with a specific antibiotic. 	<ul style="list-style-type: none"> • Until 5 days after treatment with a specific antibiotic. • If untreated, for duration of whoop (usually lasting 3 weeks).

updated September 2010



Chicken Pox

What is it?

Chicken pox is a contagious rash and is caused by a virus called varicella zoster. Chicken pox is most common in the late winter and early spring. Most cases occur in children under 10 years of age but cases in adolescents and young adults can happen too.

What does it look like?

The illness begins with a mild fever followed by small, fluid filled blister-like spots that show up all over the body. The spots commonly occur in successive crops and scab over in three to four days. Spots can even occur on the scalp, the underarms and in the mouth. There can be many spots or so few that they may not even be noticed.

How is it spread?

The chicken pox virus is spread from an infected person through coughing and sneezing or by touching the spots. A person with chicken pox can spread the disease from one to two days before the rash appears and for not more than six days after the start of the rash, or until the spots have scabbed over. If a person with no immunity comes into contact with the disease, they will usually develop chicken pox in 14-21 days.

If a pregnant woman who has never had chicken pox comes in contact with someone who has chicken pox, she should notify her doctor. Treatment to prevent chicken pox may be needed.

The virus that causes us to get chicken pox when we are young remains in our bodies without causing any problems. However, when we get older or when our immune system becomes weakened, the virus can reappear and cause shingles. Shingles are painful, blister-like spots that usually appear on the skin covering the rib cage. The fluid inside carries the virus that causes chicken pox.

There is a vaccine to prevent chicken pox. To find out more about this vaccination, contact your family doctor.

Recommended Absence:

Students and staff with chicken pox may return to school and/or daycare as soon as they are feeling well enough to attend and the blisters are crusted over and dry.

For more information please contact a member of the Communicable Disease Team.

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Updated June 2010



Fifth Disease

What is it?

Fifth Disease is also known as “Slapped Face” disease and is caused by a virus named Parvovirus B19. This infection does not cause serious illness in most adults or children.

What does it look like?

Fifth Disease usually begins with a mild illness that may result in a fever, tiredness, body aches, headache and cold-like symptoms. A few days later, a very red rash appears on the face that looks like “slapped cheeks.” The rash can appear on other parts of the body such as the trunk, arms, buttocks and thighs, and may be itchy. Symptoms usually occur four to 20 days after the person has been exposed. In children and adults, the disease is usually mild. Once a person with Fifth Disease gets better, he or she will have lasting immunity and will be protected against this disease in the future.

How is Fifth Disease spread?

It is spread by direct contact with respiratory secretions from the nose, mouth and throat of infected people (i.e. being coughed or sneezed on by an infected person less than three feet away, sharing drinking cups or utensils with an infected person). It can also be passed from an infected mother to her unborn baby.

There is some risk to the developing baby if a pregnant woman develops Fifth Disease although the risk is very low. In most cases, no harm to the baby occurs. Pregnant women exposed to Fifth Disease should see a doctor. There is a blood test that can be done to see if the woman is immune to the disease. About half of all adults are immune (due to previous infection). Other people who have certain blood disorders and/or unhealthy immune systems are at higher risk for complications from this disease. They should talk with a doctor if they come into contact with someone who has Fifth Disease.

Recommended absence

Exclusion of children with Fifth Disease from school or daycare is not recommended because the disease is most contagious before the rash appears.

Ways to help prevent the spread of Fifth Disease:

- Good hand washing.
- Careful disposal of used facial tissue.
- Not sharing drinking cups or eating utensils.
- Covering nose and mouth while coughing and sneezing.



For more information, please contact a member of Haldimand-Norfolk Health Unit's Communicable Disease Team.

Updated July 2011



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German Measles (Rubella)

What is it?

Rubella is usually a mild illness caused by a rubella virus that may or may not be accompanied by a rash.

What does it look like?

Symptoms occur within 14 to 21 days after a person has been exposed. Some children may have a mild fever, swollen glands or runny nose before the rash appears. This mild, red rash usually begins on the face and spreads downward and out to arms and legs and will fade in two to five days.

Adults may experience headaches, fever, body aches, red and inflamed eyes or a runny nose before the rash appears. Some adults (especially women) will experience body aches and/or joint pain during or after rubella infections.

How is it spread?

It is spread by contact with the nose and throat secretions from an infected person. Infection is by droplet spread or direct contact with the infected person. A person with rubella is infectious for about seven days before, and until seven days after the rash first appears. Report any signs of complications to your doctor (i.e., pain or swollen joints, severe headache or severe drowsiness).

Rubella infection is prevented by vaccinating children as soon as possible after the first birthday with MMR (measles, mumps and rubella). The main goal is to prevent rubella in pregnant women, and thus prevent Congenital Rubella Syndrome (CRS). Rubella can have serious health consequences for unimmunized pregnant women especially in the first 11 weeks and may cause CRS infection in the fetus (unborn child) leading to serious birth defects, fetal death or miscarriage. A pregnant woman, at any stage of pregnancy, who thinks she has been exposed to rubella, should contact her family doctor immediately.

Recommended Absence

Anyone with rubella must stay away from day care, school and/or work for at least seven days after the appearance of the rash.

Rubella must be reported to the Medical Officer of Health as required by the Health Protection and Promotion Act.

For more information, please contact a member of Haldimand-Norfolk Health Unit's Communicable Disease Team.



Updated July 2011.



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Coxsackie Virus Disease

(Hand, Foot, Mouth Disease)

What is it?

Coxsackie virus disease is a viral disease. Fever, sore throat and small sores in the mouth appear suddenly. The sores may also occur on the surfaces of the cheeks, gums, sides of the tongue, palms, fingers and soles of the feet and may last for seven to 10 days. Coxsackie virus disease usually occurs in summer and early autumn. It occurs mainly in children under age 10.

How is it spread?

It is spread by direct contact with nose and throat discharges and feces of an infected person. It can also be spread by aerosol droplet. The incubation period (the time of first exposure to the time symptoms start) is usually three to five days. The disease can be spread to others during the acute stage of the illness.

How to prevent spread?

Spread of hand, foot and mouth disease may be prevented by reducing person-to-person contact where possible. Careful attention should be given to good hand washing, particularly when handling nose and throat discharges, feces and articles soiled with these discharges.

For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.

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Impetigo

What is it?

Impetigo is a skin infection caused by the staphylococcus aureus or group A streptococcus bacteria. The infection develops when the bacteria gets into openings in the skin. It is common in children but can affect any age group.

What does it look like?

Impetigo infection appears as a “scalded skin syndrome” that results in blister-like sores that become filled with pus and quickly burst. The discharge from these sores dries to produce thick golden yellow “stuck-on crusts.” The sores are usually itchy but scratching can cause the infection to spread. Impetigo can occur anywhere on the body, but most commonly on exposed areas such as the face. These sores generally heal without scarring.

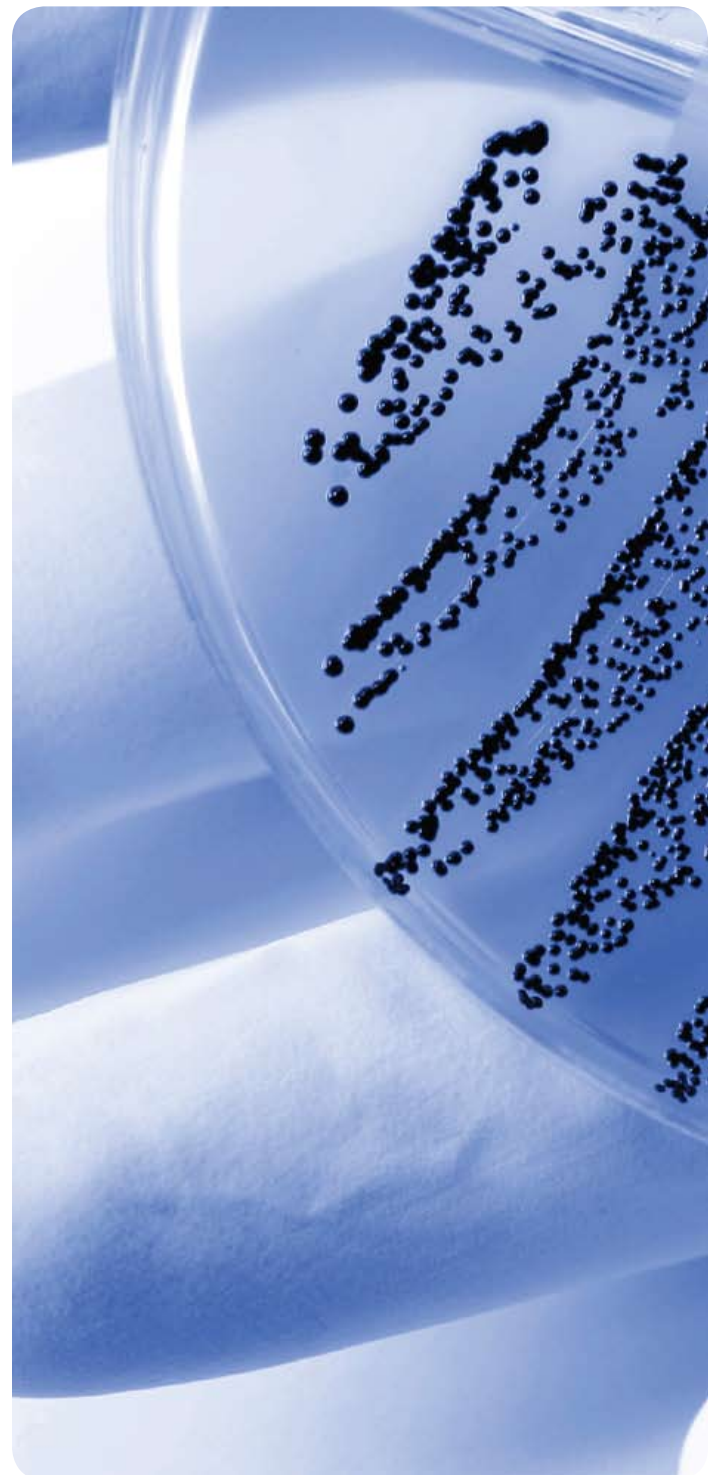
How is it spread?

Impetigo is most commonly spread through direct contact with discharge from the sores of an infected person. It can also be spread through direct contact with a person who carries the bacteria (can be present inside the nose or throat) but does not have any symptoms of the infection. Hands are the most common way of transmitting this infection from person to person.

Communicability/recommended absence

This disease can be spread as long as the sores continue to drain or until 24 hours after antibiotic treatment has been started. An infected child may return to school or daycare 24 hours after antibiotic treatment has been started.

For more information, please contact a member of Haldimand-Norfolk Health Unit's Communicable Disease Team.



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Measles (Red Measles, Rubeola)

What is it?

Measles is a severe illness caused by a virus. It is often complicated by diarrhea, ear infection, croup (a condition resulting from an obstruction of the airways), pneumonia, or encephalitis (inflammation of the brain). Measles can also cause death.

What does it look like?

Symptoms occur about 10 days (but can be seven to 18 days) after a person has been exposed. First symptoms are a high fever, runny nose, cough, pink eye (inflammation of the eye) and Koplik spots (small bluish white spots inside the mouth). After about four days, a bright red, raised, blotchy rash appears. The rash starts on the face then spreads to the rest of the body and lasts for about a week. Measles is one of the most highly communicable infectious diseases.

How is it spread?

Measles is an airborne disease that is spread by breathing droplets in the air that contain the measles virus. It can also be spread by direct contact with nose or throat secretions from an infected person. A person with measles is infectious from one to two days before the symptoms (fever, cough etc.) begin to four days after the appearance of the rash. There is no carrier state for measles. A person can only spread measles if they have the disease.

For prevention of measles, vaccination with MMR (measles, mumps and rubella) is recommended as soon as possible after the first birthday with a booster dose at age 18 months or before the child starts school.

Recommended absence

Anyone in the infectious stage of measles must stay away from day care, school and work for at least four days after the appearance of the rash.

This disease must be reported to the Medical Officer of Health as required by the Health Protection and Promotion Act.

For more information, please contact a member of Haldimand-Norfolk Health Unit's Communicable Disease Team.

Updated May 2010



Mumps

What is it?

Mumps is a disease caused by a virus. It usually occurs in school-aged children, although it can occur at any age. Occurrence of mumps is now rare due to the introduction of mumps vaccine in 1975.

What does it look like?

Mumps causes fever and swollen salivary glands (below the ears). During adulthood, infection is likely to produce more severe disease. Adult men and teenage boys with mumps can develop orchitis (swollen, tender testicles). Other complications can occur but they are rare.

How is it spread?

The mumps virus is spread through the air by coughing or sneezing or by droplet contact with the discharges from the nose and throat of an infected person. It can also be spread by direct contact with the saliva of an infected person. The virus is present in these discharges from seven days before until nine days after the onset of swelling of the glands. As many as one person out of three who has mumps will not have any symptoms.

Should I be concerned?

Most people today are immune to mumps because they were vaccinated against the disease. Persons born before 1957 are considered immune due to previous infection.

If a pregnant woman is exposed to mumps she should consult her physician. Mumps infection in the first trimester (three months) of pregnancy can cause spontaneous miscarriage.

Recommended absence

All people with confirmed mumps are to be excluded from school or day care until nine days after the onset of swelling.

This disease must be reported to the Medical Officer of Health as required by the Health Protection and Promotion Act.

For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.



Pink Eye (Conjunctivitis)

What is it?

Pinkeye is an infection of the covering of the eyeball. It is usually caused by a virus but it can also be due to a bacteria. Pinkeye can also be caused by allergies or by rubbing the eyes excessively.

What does it look like?

Children with pinkeye complain of a scratchy feeling or pain in their eyes and may have a lot of tears and pus discharge. The infection turns the whites of the eyes pink or red. When the child wakes up after a sleep, pus or discharge often makes the eyelids stick together.

How is it spread?

Pinkeye is spread by droplets from the nose or throat of an infected person. It can also be spread by contact with the discharge from infected eyes, either by the infected person touching the discharge and then another person, or by the uninfected person touching the discharge and then touching their own eye(s). The time of contact to the time of first symptoms is usually 12 to 24 hours.

When is pinkeye contagious?

A person is contagious throughout the course of active infection or until 24 hours after antibiotic treatment has been started.

How can I protect myself?

- Practise good hand washing.
- Carefully dispose of any tissue used to wipe infected eyes.
- Don't share eye makeup applicators or multiple dose eye medications.
- Don't share towels or face cloths.

Recommended absence

Persons who have pinkeye should be absent from work, school or daycare until 24 hours after antibiotic treatment has been started.



For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.

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Scabies

Scabies is a condition caused by tiny insects called mites. Scabies is a nuisance, not an infection. The condition is common in children. Some people think children get scabies because they have not been washed properly. However, scabies has nothing to do with cleanliness.

The mites that cause scabies burrow into the skin and cause a very itchy rash. The rash looks like curvy white threads, tiny red bumps, or scratches, and can appear anywhere on the body. It often appears between fingers or around wrists or elbows. On an infant, it can appear on the head, face, neck and body.

Scabies spreads from person to person by touch, or by contact with clothing or other personal items of someone with scabies.

Scabies can be treated with medication recommended by a physician. A child may still be itchy for a few weeks after the treatment has eliminated the mites. This means that the child is reacting to the mites, not that the treatment has failed to get rid of them. Washing the clothes in hot water and then putting them in a hot dryer also helps to get rid of the mites.

Things parents can do

- Watch your child closely for signs of scabies if another child has it.
- Contact your physician if you think your child has scabies. If the physician determines that your child has scabies, every member of your household will probably have to be treated with medication. Be sure to follow the instructions on the bottle.
- If your child has scabies, wash the child's bed linen, towels and clothes in hot water, and dry in a clothes dryer at the hottest setting.
- If your child has scabies, he or she should not return to the school or child care facility until treatment has been given.
- Use of insecticide sprays for the household is **not** indicated. Transfer of the scabies mite occurs only through skin-to-skin contact or through contact with objects recently infected.



For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.



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Head Lice

Head lice are an unpleasant fact of life that affect people all over the world. If you have a child, chances are that you will one day have to deal with head lice. Here are some tips for treating and preventing head lice with a minimum of stress.

What are head lice?

Head lice (scientific name is *Pediculus capitis*) are tiny insects about the size of a sesame seed. They live on the heads of humans and feed on their blood. They have six legs, but no wings. They cannot fly or jump, but they do crawl very fast. They cannot survive off the human head for more than 48 hours. The only way you can get head lice is from another person who has them.

Once they are old enough, female head lice lay eggs called *nits*. They are about the same size as a flake of dandruff. Nits are always attached to individual strands of hair, close to the scalp. Lice use a substance like glue to attach the nits, which makes them hard to remove. You may never see a louse, but you will see nits. They are cream in colour and about the size of this • dot or tip of a pencil. Dandruff is about the same size, but it is easy to remove; nits are not.

Head lice spread from person to person very easily. The way most head lice spread is from one head touching another.

Head lice spreads by...

- Close contact

When heads touch during hugs, sharing secrets, play wrestling, working together.

- Shared objects

Combs, brushes, hats.

How do I know it's head lice?

Symptoms are:

- Tickling feeling in the hair.
- Frequent itching.
- Sores from scratching.

However, you may only know about head lice when you or someone else finds nits in the hair. Look for them regularly at the nape of the neck and behind the ears.

Treating head lice

There are three steps to treating head lice:

1. Treat the person affected with a product that kills live lice.

There are many such products on the market. Only those that state they kill lice actually do so. Do not use regular shampoo, cream rinse or any other rinse on the head for 48 hours after shampooing with head lice shampoo. This de-activates the lice product.

2. Remove all the nits.

Using a bright light (daylight or a crafter's light are ideal), go through your child's hair carefully. Pick up one small strand at a time and pull off the nit with your fingernails.

3. After a week, treat the head again.

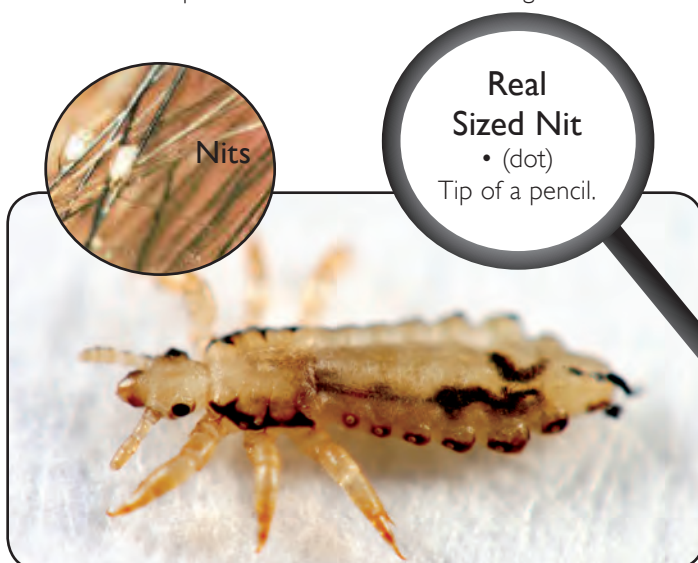
Just in case you missed some nits, treat the head again about seven to 10 days after the first treatment. Any nits that remain will have hatched by then, but the lice will still be young.

Treat the household

You should also wash the clothing and bedding used in the last two days by the affected person. Don't forget stuffed animals! Wash in hot water and dry in a hot dryer.

For items that cannot be washed, you have three options:

- » Dry clean.
- » Put them in a sealed bag for **two** weeks.
- » Put them in a deep freezer for several days.



- Vacuum your child's car seat or booster seat.
- Disinfect combs, brushes, hair clips, headbands, etc. by washing in very hot water with soap.
- Vacuum chairs and couches that the affected person has used recently. **Do not** use chemical sprays.
- Check **everyone** who shares the home for nits.
- Head lice products contain insecticide. They should be used exactly as directed and no more frequently than every seven days. The product may say it kills nits as well, but it won't kill all of them. Removing the nits is essential.
- To make nit removal easier, try sitting your child in front of a TV program, movie, etc.
- Nit combs can be useful. The metal ones are much better than the plastic ones. Regular combs are not fine enough.

Preventing head lice

- Teach children that head lice spread by direct contact. They should keep a little distance from other heads.
- Teach children to **never** share combs, brushes, barrettes or anything else they use for their hair.
- Teach children to **never** share hats, caps or scarves.
- Keep longer hair in barrettes, pony tails, buns or braids.
- Consider adding tea tree oil to your shampoo. This method is not proven, but some people have had success with it.
- Start a head lice patrol in your home. Regularly examine each child's head closely for signs of infestation; once a week is about right.



"Head to head makes the head lice spread"

Call the doctor if...

- Your child is under two years old.
- You find lice or nits on your eyebrows, eyelashes or beard.
- The skin of the scalp is broken or infected.
- You are pregnant or breastfeeding. In either case, you could also contact Motherisk at 416-813-6780.
- You have allergies, especially to ragweed, chrysanthemums, natural or synthetic pyrethrins; some head lice products are chemically similar to these and may cause an allergic reaction.

Myth-busters

- Head lice can't jump or fly. They do crawl very fast.
- Head lice don't live on cats, dogs or other pets. They only live on humans.
- Head lice don't prefer clean hair. They love hair of any kind.
- Head lice can only live about 48 hours away from a human head.
- Home remedies are **not** effective for killing lice.
- Remedies for pets have even more insecticide than human head lice products; they are **NOT** safe.
- Head lice products are **not** safe for constant or repeated use.

References:

Pollack, R.J. *Head Lice: Information And Frequently Asked Questions*. Harvard School of Public Health, 2007 www.hsph.harvard.edu/headlice.html.

Treating Head Lice Infestation. Centers for Disease Control, 2005. http://www.cdc.gov/ncidod/dpd/parasites/lice/factsht_head_lice_treating.htm.

For more information, call the Haldimand-Norfolk Health Unit and speak to a Public Health Nurse.



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Scarlet Fever

What is it?

Scarlet fever is a bacterial infection caused by B-haemolytic streptococci. Symptoms include a sore throat, tonsillitis, fever and a fine, red skin rash. It is most common in children three to 15 years old. Scarletina is the mildest and most common form of scarlet fever.

What does it look like?

Scarlet fever usually begins with a red, sore throat with white patches, similar to strep throat, a high fever, a red, swollen *strawberry* tongue, nausea, and sometimes vomiting. A fine, red, pinpoint rash (that feels like sandpaper) appears within two days after the sore throat and fever. The rash most often appears on the neck, chest, under the arms, elbow, groin and on the inner surfaces of the thighs. The face is flushed, but free of rash, and the area around the mouth is pale. The rash fades when you press the skin, which peels off sometimes in large sections, especially on the palms and soles. There may also be a reddish rash on the inside of the mouth.

How do you get it?

It is spread by contact with other people's infected respiratory secretions.

What is the incubation period? The usual incubation period (time from exposure to the appearance of symptoms) is one to four days, but can sometimes be as long as seven days.

How communicable is it?

A person is considered infectious until 24 hours after beginning antibiotics. Anyone who is untreated is probably infectious for about three weeks.

What is the recommended absence?

After 24 hours of antibiotics and as soon as they have no fever and feel well, persons can return to school or daycare.



For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.



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Pertussis (Whooping Cough)

What is it?

Pertussis, more commonly known as whooping cough, is caused by contagious bacteria called *Bordetella pertussis*. It is spread by contact with discharges from the nose or throat of an infected person or by droplets of nose and throat discharges in the air from an infected person when they sneeze or cough. The disease can be transmitted to others from several days before and up to three weeks after the onset of the cough.

What are the signs and symptoms?

Whooping cough begins as an irritating cough that gradually develops into severe coughing spells. These severe coughing spells are typically followed by a high-pitched whoop as the person inhales. These severe coughing episodes are often followed by vomiting. Fever is generally absent or only slightly above normal. If a person is infected, they will begin to show signs and symptoms from six to 20 days (average nine to 10 days) after coming into contact with someone who has the disease.

What is the treatment?

Infants and children under seven are at the highest risk of complications from this disease so it is important that children are vaccinated.

If a child is diagnosed with whooping cough they and anyone living in their home will be placed on antibiotics. An infected child

should not return to school until they have been taking specific antibiotics for five days and feel well enough to do so.

Although people who have been vaccinated may still get whooping cough, it is a much milder form of the disease than those who have not been vaccinated.



For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.



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Infections and Pregnancy

Infections during pregnancy can cause severe illness in a mother and also put her unborn baby at risk.

For most women there is very little cause for concern. Women are often exposed to infections at a much younger age and therefore have immunity.

Note: It is not recommended that all pregnant women exclude themselves from a workplace where a viral outbreak is occurring. The decision to stay away from the workplace is a personal decision for a woman to make after discussion with her doctor and employer.

Following these simple guidelines can considerably prevent infections:

Practice good hand hygiene

This is important if you are exposed to small children on a regular basis, and especially important if you are directly involved in handling children (i.e. diapering or coming in contact with saliva, mucous, urine or feces). It is not necessary to stop working with small children; just practice good personal hygiene.

Wash hands with warm water and soap:

- before eating and preparing food.
- after using the toilet, changing diapers or providing personal care to others.
- anytime they become contaminated.

Note: Waterless hand sanitizing gels are an excellent addition to hand washing or in times when soap and water is not available.

Handle food safely

Meat should be cooked according to the following guidelines:

- Whole poultry – 82°C/180°F
- Food mixture that includes poultry, egg, meat, fish – 74°C/165°F

- Pork, ground meat other than poultry – 71°C/160°F.

Wash counters and other surfaces that have come in contact with raw meat and sanitize with bleach / water solution - 1.5 tablespoons of unscented household bleach to 2 gallons of water.

Wash fruits and vegetables thoroughly before cooking and/or eating.

Do not eat the following foods which may contain bacteria or viruses:

- Raw meat or fish.
- Under cooked egg or egg products.
- Raw or unpasteurized milk or cheese made from unpasteurized milk.
- Unpasteurized fruit or vegetable juices such as apple cider

Wear gloves when working in the garden.

Avoid touching your mouth while working, and thoroughly wash your hands after removing the gloves.

Avoid cleaning kitty litter boxes.

Cat feces can be a source of toxoplasmosis.

Stay away from wild or pet rodents and their droppings.

Have a pest control professional get rid of pests in or around your home. If you have a pet rodent, like a hamster or guinea pig, have someone else care for it until after your baby arrives. Some rodents might carry a harmful virus called Lymphocytic choriomeningitis virus.

Determine your immunity to:

- Rubella (German measles) and Chickenpox.

A simple blood test can determine if you are immune. If you are not immune, a vaccination may be recommended to prevent the disease.

If you have any questions or concerns, please visit the Haldimand-Norfolk Health Unit website at www.hnhu.org.



Chickenpox and Pregnancy

What is chickenpox?

- Caused by the varicella-zoster virus
- Most common in children and usually mild; however, when adults get it, they can be very sick.

What are the signs and symptoms?

- Chickenpox begins with a fever, followed in a day or two by a very itchy rash.
- The rash starts with red spots that turn into fluid-filled blisters. New blisters may form during the next few days, and after a few days, crusts form over the blisters.

How is it spread?

- Spreads easily through the air or by touching the fluid in a chickenpox blister.
- The virus usually takes 14-16 days to develop, but may take anywhere from 10-21 days after contact with an infected person.
- Chickenpox is contagious 1-2 days before the rash appears and at least 5 days after.

What you need to know if you are pregnant

- Pregnant women who have never had chickenpox can develop severe illness if they get chickenpox while pregnant.
- Chickenpox can also affect the developing baby if the mother becomes infected in the first half of pregnancy. The newborn baby can also develop severe chickenpox if the mother is infected around the time of delivery.
- If you are pregnant, have been in contact with someone who has chickenpox and think you may not have had chickenpox, consult your doctor as soon as possible.
- A blood test can determine if you have antibodies to protect you from the virus.



- If the blood test shows no antibodies, you may be advised to receive an injection of varicella-zoster immune globulin (VZIG) to help prevent severe infection.

What about the chickenpox vaccine?

- The varicella vaccine is available to prevent chickenpox.
- It should NOT be used in pregnancy.
- Women who receive the vaccine should wait three months to become pregnant.
- A reliable form of birth control must be used during this time.
- Women who have not had chickenpox as determined by a blood test, and are considering a future pregnancy should receive the vaccine.

For further information visit the Haldimand Norfolk Health Unit's website at www.hnhu.org



Fifth Disease (Parvovirus B19) and Pregnancy

What is Fifth Disease?

- Fifth Disease is caused by a virus called Parvovirus B19.
- It is a mild rash illness that occurs most commonly in children.
- It can be a concern for pregnant women, people with blood disorders, and people who have problems with their immune system.
- If a pregnant woman becomes infected in the first 20 weeks of her pregnancy, there is a small chance that she could infect the developing baby and cause the baby to develop anemia.
- This occurs in less than 5% of all pregnant women who are infected and occurs more often in the first half of the pregnancy.
- There is no evidence that Fifth Disease causes physical or mental birth defects.
- If you're in the first half of your pregnancy and think you have Fifth Disease see your family doctor.
- Women in the first half of pregnancy should also see their family Doctor if they have been in contact with someone diagnosed with Fifth Disease.

What are the signs and symptoms?

- Begins with a slight fever, but most children do not feel sick.
- A bright red rash appears on the cheeks, followed 1-4 days later by a lace-like rash on the arms, body and legs.
- Rash can last 1-3 weeks and may worsen if exposed to heat and sunlight.
- At least 50% of adults have had Fifth Disease in childhood and will not get it again if exposed to a child with the infection.
- Those adults who catch Fifth Disease may not get a rash but may have mild joint pain for about two weeks.

How is it spread?

- Usually spreads through the air in the same way as a cold virus, when an infected person sneezes, coughs or talks.
- Can be spread by hands or objects touched by an infected person.

How common is Fifth Disease?

- Fifth Disease commonly occurs in children, especially in the winter and spring.
- 50-80% of adults have been infected with the disease and will not get it again if exposed.

Recommended Absence

- Exclusion of children with Fifth Disease from school or day-care is not recommended
- The reason for no exclusion is that the child is most contagious before the rash appears

Can I prevent Fifth Disease?

- There is no treatment for Fifth Disease and no vaccine is available.
- Practice good personal hygiene and good hand washing.
- Cover nose and mouth while coughing and sneezing and carefully dispose of used facial tissues.

For further information contact the Haldimand-Norfolk Health Unit at www.hnhu.org



Rubella (German Measles) and Pregnancy

Who is most at risk?

- The Rubella virus causes a mild illness in pregnant mothers but could cause severe problems for a developing baby known as Congenital Rubella Syndrome (CRS).
- An unborn child is most at risk of developing CRS if the mother is infected with Rubella in the first four months of pregnancy.
- After the 20th week of conception complications from Rubella are rare.

What is Congenital Rubella Syndrome (CRS)

- A series of physical problems that can happen to an unborn child if the mother is infected with Rubella.
- Infants with CRS may be born deaf or blind, may have damage to their hearts or mental disabilities.

How often are babies born with Congenital Rubella Syndrome (CRS)?

- CRS is rare in Ontario. Only 14 cases of CRS were reported to the Ministry of Health from 1990-2004, which is approximately one per year.

How safe are schools during a rubella outbreak?

- Schools are generally well protected because 95 per cent of students have been vaccinated against rubella.
- Public health units are notified when someone is diagnosed with rubella. If that person is a student, all unimmunized students at the school are immediately sent home under the authority of the Immunization of School Pupils Act.
- Once the unimmunized students are removed from school, it's rare to see the virus spread since all remaining students would be immunized.

What should I do if I'm pregnant and live or work in a setting where there has been Rubella?

- Call your doctor. Your doctor can check your immunity to Rubella with a simple blood test.
- This may have already been done as part of your early pregnancy testing.



What can I do to prevent Rubella before pregnancy?

- If you are of child-bearing age but not pregnant, have a blood test to ensure you are immune to Rubella.
- If you are not immune, get your MMR vaccine and wait at least three months before becoming pregnant.

For further information, visit the Haldimand-Norfolk website at www.hnhu.org

Adapted with permission by Brant County Health Unit.

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