



SYMPTOMS/DISEASE CHECKLIST

<p>DIARRHEA/GASTROINTESTINAL</p> <p><i>Campylobacter</i> <i>Cryptosporidium</i> <i>Clostridium difficile</i> <i>E. coli</i> 0157:H7 Enteroviruses <i>Giardia</i> Hepatitis A <i>Salmonella</i> <i>Shigella</i> Rotavirus</p>	<p>RESPIRATORY SYMPTOMS</p> <p>Bronchitis (Chest Cold)/Bronchiolitis Conjunctivitis (Pink Eye) Ear Infection Enteroviruses (Nonpolio) Influenza Measles Pertussis (Whooping Cough) Respiratory Infections (Viral) Respiratory Syncytial Virus (RSV) Streptococcal Sore Throat Tuberculosis</p>
<p>RASHES/SKIN CONDITIONS</p> <p>Chickenpox Enteroviruses (Nonpolio) Fifth Disease Hand, Foot and Mouth Disease Impetigo Lice (Head) Lyme Disease Measles Meningococcal Disease Molluscum Contagiosum Oral Herpes (Cold Sores) Poison Ivy/Oak/Sumac Ringworm Roseola Rubella (German Measles) Scabies Scarlet Fever Shingles (Zoster) Yeast Infection (Thrush)</p>	<p>MULTI-SYMPTOM/OTHER</p> <p>Cytomegalovirus (CMV) <i>Haemophilus Influenzae</i> Disease Hepatitis A Hepatitis B Human Immunodeficiency Virus (HIV/AIDS) Lyme Disease Meningococcal Disease Mononucleosis (infectious) Mumps Pinworms Reye Syndrome Rubella (Adults)</p>

Content source for these fact sheets are adapted from Managing Infectious Diseases in Child Care and Schools; Infectious Diseases in Childcare Settings and Schools; and information provided by the Centers for Disease Control and Prevention.



Bed Bugs

Bed bugs are now common in the United States. They can be found in any setting regardless of whether it is clean or dirty.

SYMPTOMS:	Bites that appear overnight, usually small, hard, swollen white welts accompanied by severe itching which can last several days. The degree of reaction to the bites can vary among individuals
SPREAD:	Bed bugs can be found in mattresses, box springs, bed frames and couches, as well as luggage, clothing and backpacks, where they hide in the seams. They do not fly but will crawl quickly across the floor, wall or other surface. They are spread when an infested item is moved from place to place.
INCUBATION:	None
CONTAGIOUS PERIOD:	Not contagious
EXCLUSION:	No. Daily inspection of child and belongings may be necessary. Follow your center's policy.
REPORTABLE:	<i>Parents/guardians:</i> Inform your child care provider if your child or family is exposed to a bed bug infestation.

PREVENTION/CONTROL:

1. Do not allow the sharing of personal items such as towels, bedding, cloths, coats or backpacks. Perform inspections of such items regularly, or take steps to restrict the entry of such items into the facility if a problem is discovered.
2. Hang clothing in individual lockers, or on assigned hooks which are spaced so that they do not touch; or keep clothing items in separate plastic bags when not in use.
3. Once bed bugs have infested an area, treatment by a professional exterminator is necessary. Multiple treatments are often required.
4. Use of second-hand furniture, particularly beds and couches, is another way these insects are spread. Be very careful when purchasing or receiving used furniture.
5. Consider limiting cloth materials being brought into the facility. This may include blankets, stuffed animals, soft toys and backpacks.

For more information, please call the Northern KentuckyHealth at 859.341.4151.

Reviewed April 2015



Bed Bugs Fact Sheet

What are bed bugs?	Bed bugs are small, flat insects, usually brown or reddish-brown in color. Bed bugs are typically about 1/4 of an inch long. Bed bugs do not fly, but can quickly move across floors, walls and other surfaces. They are typically active at night.
Where are bed bugs found?	Bed bugs are typically found in luggage, clothing, bedding and furniture. They can live in almost any crevice or protected location. Bed bug infestations are common in places where people come and go frequently, such as hotels, motels, dormitories, shelters, apartment complexes and prisons. Unlike many other pests, bed bugs are not prevented by clean conditions, and can be found in places that are frequently and thoroughly cleaned. However, a clean and clutter-free environment improves the ability to detect and properly treat for bed bugs.
How do I know if a place or item is infested with bed bugs?	Bed bugs typically infest mattresses, box springs, bed frames and couches. These areas usually have dark spots and stains from the dried excrement of the bed bugs. Another sign of bed bugs is rusty or red spots of feces or blood on bed sheets, mattresses or walls. Bed bugs and their eggs are visible with the naked eye. Heavy bed bug infestations may also have a musty smell.
What do bedbugs do to humans?	Bed bugs require blood to survive. To get this nourishment, they feed often on humans. Bed bugs usually bite people at night when they are sleeping, and feed on any area of exposed skin, such as the face, neck, shoulders, arms or hands. The amount of blood lost by humans to bed bugs is minimal. The bites do not hurt, so the person usually does not know that he/she has been bitten, but bed bug bites do irritate the skin. People with bed bug bites may develop a small, hard, swollen white welt at the site of the bite. The welts are accompanied by severe itching that usually lasts a couple of days. Anxiety and restlessness are also common in people who have bed bug bites.
Do bed bugs spread disease?	Bed bugs do not appear to transmit diseases. The greatest threat from the bites in humans is the swelling and inflammation at the site of the bites, which can lead to secondary bacterial skin infections due to scratching. The bites can be treated with antihistamines or over-the-counter cortisone creams. Check with your health care provider to determine which treatments you should use.
How do I know if I've been bitten by bed bugs?	Not all bites or bite-like scratches are due to bed bugs. If you wake up with itchy bites that you did not have when you went to sleep, then you may have bed bugs. To confirm if the bugs are present, a professional will most likely have to identify them.



<p>How are bed bugs spread?</p>	<p>Bed bugs attach to luggage, clothing, beds and furniture, and move when and where those objects are moved. Bed bug outbreaks can often be traced to travel. Use of secondhand furniture, particularly beds and couches is another way bed bugs can be spread. You should be very careful when purchasing or receiving used beds and couches, and should avoid all furniture left sitting at the curb.</p>
<p>How can I keep from getting bed bugs?</p>	<p>Once bed bugs have infested an area, treatment by a professional exterminator is necessary.</p> <p>However, you can help prevent bed bug infestation in the first place by:</p> <ul style="list-style-type: none">• Watching for the signs of bed bugs when you travel by examining the bed sheets and upper and lower level of the mattress for signs of bed bugs and then sleeping elsewhere if you suspect infestation• Making sure to keep your suitcase off of the floor when traveling• Not using secondhand beds, mattresses, box springs, couches and furniture, particularly if you don't know where it came from
<p>If bed bugs have infested part of my house, how do I get rid of them?</p>	<p>Once bed bugs have infested an area, treatment by a professional exterminator is necessary. The exterminator may use a combination of insecticides to kill off the bed bugs. The insecticides are applied to all areas where the bed bugs are discovered, or where they tend to crawl or hide. Exterminators may also use special heating units to kill bed bugs.</p> <p>In many cases, multiple applications are necessary to completely rid the infested area of bed bugs. In apartments and hotels, nearby units may need to be treated as well.</p> <p>Furniture and related items, as well as heavily infested bedding or clothing, may need to be thrown out—a professional exterminator can help determine what can be kept or discarded.</p>
<p>I thought bed bugs weren't a problem in the U.S. Why are they are concern?</p>	<p>Bed bug infestation was common in the U.S. prior to World War II, but the use of DDT (a chemical insecticide) in the 1940's and 1950's caused bed bugs to all but vanish from the U.S. Because of safety concerns, DDT is no longer used for pest control, and many people use baits to control ants and cockroaches—these baits are not effective on bed bugs.</p> <p>An increase of international travel, particularly to areas of the world where bed bugs remained prevalent has also lead to an increased prevalence of bed bugs in the U.S.</p>
<p>Where can I get more information on bed bugs?</p>	<p>For more information online, visit the</p> <ul style="list-style-type: none">• University of Kentucky's Department of Entomology at http://www.uky.edu/Ag/Entomology/entfacts/struct/ef636.htm• Ohio State University Extension Office at http://ohioline.osu.edu/hyg-fact/2000/2105.html <p>Or call the Northern Kentucky Health Department at 859.341.4151.</p>



Bronchitis, Acute (Chest Cold)/Bronchiolitis

Bronchiolitis is a common, and sometimes a severe illness. It usually affects children under the age of 2. Bronchitis and bronchiolitis tend to occur more often in the fall and winter months. When infants and young children experience common respiratory viruses and are exposed to secondhand tobacco smoke, they are at risk of developing bronchiolitis, bronchitis, pneumonia and middle ear infections.

CAUSES:	Many different viruses (most commonly respiratory syncytial virus (RSV), parainfluenza virus, influenza virus, and adenoviruses), <i>Mycoplasma pneumoniae</i> , and some bacteria. Most of these organisms can cause other illnesses and not all persons exposed to the same organism will develop bronchitis or bronchiolitis
SYMPTOMS:	Usually starts with a runny nose, fever, and a dry, harsh cough that becomes looser as the illness progresses. Older children may cough up green or yellow sputum. Sore throats can occur in some cases. It may take 1 to 2 weeks for the cough to stop
SPREAD:	Viruses and bacteria are spread by touching the secretions from the nose or mouth of an infected person and/or touching hands, tissues or other items soiled with these secretions and then touching the eyes, nose or mouth
INCUBATION:	Depends upon the organism that is causing the illness
CONTAGIOUS PERIOD:	Until shortly before symptoms begin and for the duration of acute symptoms
EXCLUSION:	Until fever is gone and the child is well enough to participate in routine activities

PREVENTION/CONTROL:

1. Cover mouth when coughing and sneezing, with tissue if possible. If a tissue is not available, cough or sneeze into your sleeve.
2. Properly dispose of contaminated tissues.
3. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.
4. Frequent, careful hand washing by child care staff, children and household members.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Campylobacteriosis

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

CAUSES:	<i>Campylobacter</i> bacteria
SYMPTOMS:	Diarrhea, abdominal pain, nausea, fever 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 <i>Campylobacter</i> by eating contaminated food, or drinking contaminated water or unpasteurized milk. <i>Campylobacter</i> bacteria are often found in raw meat or poultry. Spread can also occur through contact with infected birds, farm animals or pets—particularly puppies, kittens or wild animals
INCUBATION:	It takes usually two to five days, but can take one to 10 days from the time a person is exposed until symptoms develop
CONTAGIOUS PERIOD:	As long as <i>Campylobacter</i> is present in the stool; may be several days to several weeks
EXCLUSION:	Until diarrhea has stopped. Children who show <i>Campylobacter</i> in their stools, but who do not have symptoms, do not need to be excluded
REPORTABLE:	<i>Provider:</i> This disease is reportable to the local or state health department. <i>Parents/guardians:</i> 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 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. Frequent, careful hand washing by child care staff, children and household members.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
4. See your health care provider if anyone in your home has symptoms. Your health care provider will decide if treatment is needed.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Clostridium difficile

Clostridium difficile, also known as C-diff, is a germ that can cause diarrhea. Most cases of C-diff infections occur in patients taking antibiotics.

CAUSES:	C-diff bacteria are found throughout the environment, in soil, air, water, human and animal feces, and food products such as processed meats. A small number of healthy people naturally carry the bacteria in their large intestine and do not have ill effects from the infection
SYMPTOMS:	The most common symptoms include watery diarrhea, fever, loss of appetite, abdominal pain or tenderness and nausea
SPREAD:	C-diff is spread through direct person-to-person contact, usually by hand-to-hand contact, or from contact with environmental surfaces that have been contaminated with the live bacteria or spores Some people who have C. diff never become ill; however, they can spread the infection. The illness usually develops during or shortly after a course of antibiotics. Signs and symptoms may not appear for weeks or even months afterward
INCUBATION:	Unknown; symptoms usually occur five to 10 days after the start of antibiotics, but can be up to 10 weeks after antibiotics are completed
CONTAGIOUS PERIOD:	As long as infectious germs are present in the stool, a person can be a possible source of disease spread
EXCLUSION:	Until diarrhea has stopped, no fever is present and the child has complete his/her prescribed antibiotics

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Added April 2015



Chickenpox

Chickenpox used to be a common childhood infection, but now is prevented by vaccination. It is highly contagious, but rarely serious for most children. Chickenpox in newborns and those with weak immune systems can be severe. Most people have had chickenpox disease or been vaccinated by the time they are adults. However, when it does occur in adults it may be more severe.

CAUSES:	Varicella zoster, a member of the herpes virus family
SYMPTOMS:	Mild fever and generalized skin rash that 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 a few days
SPREAD:	Airborne route: By droplets, small particles of fluid that are expelled from the nose and mouth during sneezing and coughing Direct contact: A person touches blister fluid or secretions or has contact with lesions of someone with uncovered shingles lesions
INCUBATION:	It usually takes 14 to 16 days after being exposed
CONTAGIOUS PERIOD:	As long as five days, but usually one to two days before the rash develops, until all the blisters have dried into scabs, usually about five days after the rash appears
EXCLUSION:	Until all the blisters have dried and formed scabs, about five days after the onset of the rash. Exposed children without symptoms do not need to stay home unless chickenpox develops. Children who have been vaccinated and develop chickenpox should be excluded the same as children who are not vaccinated and develop the disease
REPORTABLE:	Parents/guardians: Inform your child care provider if your child has this illness

PREVENTION/CONTROL:

1. When a pregnant woman or a person with a weak immune system who has not had chickenpox is exposed, he/she should contact a physician immediately about treatment.
2. If you suspect that your child has chickenpox, you may wish to contact a health care provider. Do not go to the provider's office without calling first. He/she will want to keep your child separate from the others to keep chickenpox from spreading.
3. Chickenpox is a vaccine-preventable disease. Refer to the Kentucky immunization regulations for childhood vaccination schedule.

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, please call the Northern Kentucky Health Department at 859.363.2070.



NORTHERN KENTUCKY
INDEPENDENT DISTRICT
HEALTH DEPARTMENT

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Croup

Croup refers to several fairly common respiratory illnesses caused by various viral infections. It is usually seen in young children between 3 months and 3 years of age.

CAUSES:	Many different viruses. A child may develop croup more than once. Not all persons exposed develop croup symptoms
SYMPTOMS:	Mild cough, runny nose, sore throat and fever may occur one to several days before symptoms of croup begin. Then hoarseness and a deepening non-productive cough (sounding like a barking seal) develop. Rapid breathing, sitting forward in the bed to cough, or making a noise when taking a breath may also occur. Symptoms get better during the day and worse at night. The illness lasts 3 to 4 days, but the cough may last longer. Hospitalization may be required for severe illness
SPREAD:	Through secretions from an infected person's nose and mouth or hands, tissues or other items soiled with these secretions
INCUBATION:	May take up to 10 days after exposure for early symptoms to develop and several more days for croup symptoms to begin
CONTAGIOUS PERIOD:	From shortly before symptoms start and as long as acute symptoms continue
EXCLUSION:	Until fever is gone and child is well enough to participate in routine activities
REPORTABLE:	Parents/guardians: Inform your child care provider if your child has this illness

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Cough/sneeze into your sleeve or cover nose and mouth with tissue. Dispose of used tissues.
3. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.
4. Do not expose child to secondhand tobacco smoke. The risk for developing serious respiratory infections and middle ear infections increases with exposure to smoke.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Cryptosporidiosis (Crypto)

Reportable to the local Health Department

Cryptosporidiosis is intestinal infection caused by a parasite.

CAUSES:	<i>Cryptosporidium</i> parvum, a parasite
SYMPTOMS:	Frequent watery diarrhea, vomiting and a low grade fever that can last for several days are the most common symptoms. Other symptoms can include: stomach pain, loss of appetite and weight loss. Illness usually lasts from 7 to 10 days, but may last from 1 to 20 days. Infected person may have mild symptoms, or he/she may not have symptoms at all, or symptoms may come and go
SPREAD:	<i>Cryptosporidium</i> leaves the body through the stool of an infected person or animal and is passed on to another person when hands, food or objects (such as toys) contaminated with stool are placed in the mouth. Spread can occur when people do not wash their hands after using the toilet or changing diapers. Spread can occur whether or not the person has symptoms. It is commonly spread through contaminated public pools and can be spread through contaminated public water supplies
INCUBATION:	It takes 2 to 14 days, usually about 7 days, from the time a person is exposed until symptoms begin
CONTAGIOUS PERIOD:	As long as <i>Cryptosporidium</i> is in the stool, a person can pass the parasite on to other people. <i>Cryptosporidium</i> can be present in the stool for at least 2 weeks after symptoms have stopped
EXCLUSION:	Until diarrhea has stopped. In addition, anyone with Cryptosporidiosis should not use swimming pools, beaches, spas or hot tubs for two weeks after diarrhea has stopped. Staff with <i>Cryptosporidium</i> will be restricted from working in food service
REPORTABLE:	Provider: This disease is reportable to the local or state health department. Report diarrhea outbreaks of 2 or more children in a group Parents/guardians: Inform your child care provider if your child has this illness



PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Do not swallow water when swimming in lakes, pools or fountains.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
4. Children with diarrhea should be excluded from water play activities.

Note: Bleach solutions are not effective for inactivation the *Cryptosporidium* parasite. Reduce germs by mechanically cleaning surfaces with detergent/soap and water. Contact the Health Department for disinfecting recommendations if an outbreak of Cryptosporidiosis occurs.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

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Cytomegalovirus (CMV)

CMV is a common viral infection. Most adults and children come into contact with CMV and have no symptoms or problems. Some groups, including those with weakened immunity (i.e., chemotherapy, organ transplants or HIV infection) are at increased risk for more serious infections. In rare cases, children whose mothers were infected during pregnancy may have birth defects such as hearing loss, be mentally challenged and delays in development. The risk is greatest for children born to mothers who are not yet immune to CMV.

CAUSES:	Cytomegalovirus (CMV), a member of the herpes virus family
SYMPTOMS:	Young children generally have no symptoms. Older children and adults may develop temporary symptoms that include fever, sore throat, tiredness and swollen glands
SPREAD:	Through contact with blood, saliva or urine of an infected person. Close, prolonged physical contact is necessary for spread to occur. CMV spreads easily (usually without symptoms) in child care settings, most often among children who drool and are in diapers
INCUBATION:	Unknown for person-to-person spread; probably from three to 12 weeks for infections acquired at birth
CONTAGIOUS PERIOD:	Virus may be present in urine or saliva for the rest of the person's life, even in people with no symptoms. Saliva and urine should always be treated as infectious
EXCLUSION:	Children known to have CMV should <i>not</i> be excluded. They most likely are not the only children in the child care setting who are shedding CMV and they should not be singled out. Children should <i>not</i> routinely be tested for CMV

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Minimize contact with saliva, such as kissing on the lips or hands.
3. Clean, rinse with clean water, then disinfect items contaminated with saliva or urine.

Pregnant caregivers, or those considering pregnancy, should be counseled about the potential risks of CMV and the importance of frequent hand washing. 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. Pregnant providers may consider working with only children older than 2 ½ years of age especially if they have never been infected with CMV or are unsure if they have been exposed. Contact with children that does not involve exposure to saliva or urine poses no risk.

For more information, please the Northern Kentucky Health Department at 859.363.2070.



Diarrhea (Infectious)

Diarrhea is an increased number of stools compared with a person's normal pattern, along with watery stools, and/or decreased stool form. Uncontrolled diarrhea is diarrhea that cannot be contained by the diaper or use of the toilet. Infectious diarrhea often is a symptom of infection caused by germs such as bacteria, parasites or viruses.

CAUSES:	Many bacteria, viruses and parasites can cause diarrhea. Some examples are: Bacteria: <i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , <i>E. coli</i> O157:H7 Viruses: <i>Norovirus</i> , <i>Rotavirus</i> , Parasites: <i>Giardia</i> , <i>Cryptosporidium</i> Some viruses, such as enteroviruses and hepatitis A are transmitted by stool but do not cause diarrhea
SYMPTOMS:	Non-infectious diarrhea can be caused by changes in diet, medications, intestinal problems or food allergies. There is no exclusion criteria for non-infectious diarrhea Frequent watery or loose stools. Diarrhea may contain blood and/or mucus. May also have nausea, stomach pain, vomiting and fever. May have little to no symptoms and still be infectious.
SPREAD:	Germs 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. Spread can occur whether or not a person feels sick. These may also be spread by trips to sites with animals (e.g. farms, pet stores and petting zoos).
INCUBATION:	Varies by germ. It may take from one day to four weeks (sometimes longer) from exposure until symptoms develop
CONTAGIOUS PERIOD:	As long as infectious germs are present in the stool, a person can be a possible source of disease spread
EXCLUSION:	Until diarrhea has stopped. For some infections, the person must also be treated with antibiotics or have negative stool tests before returning to child care. See specific disease sheet.

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

For more information, please call the Health Department at 859.363.2070.

Ear Infection

Two common types of ear infections are otitis media (middle ear infection) and otitis externa (swimmer's ear). Most ear infections of young children occur in the middle ear (otitis media).

CAUSES:	<p>Otitis media: Occurs when mucus-containing bacteria collects in the middle ear space. Ear infections can be very painful. In older children, most ear infections resolve by themselves in a day or two. In children younger than 24 months, ear infections can last longer and usually require antibiotics.</p> <p>Otitis externa (swimmer's ear): Moisture and bacteria from water in pools, lakes or streams promotes infection in the skin of the ear canal. This produces painful swelling and pus may collect in the ear canal. Ear infections may be caused by viral upper respiratory infections, allergies or exposure to irritants (such as cigarette smoke).</p>
SYMPTOMS:	Pain inside the ear or when moving the earlobe. Fussiness, irritability, crying, poor feeding, ear drainage, difficulty hearing and fever. Children may pull on the affected ear.
SPREAD:	Middle ear infections are complications of respiratory infections. The bacteria or virus that led to the middle ear infection may be contagious, but no more worrisome than other germs that cause the common cold. Swimmer's ear is a bacterial infection of the skin in the ear canal. Drainage from ear infections can contain bacteria and should be treated as wound drainage.
INCUBATION:	<p>Otitis media: Depends on the bacteria or virus that causes the fluid buildup in the middle ear</p> <p>Otitis externa: Signs and symptoms usually appear within a day or so after swimming</p>
CONTAGIOUS PERIOD:	Ear infections are not contagious. However, drainage for ear infections can contain bacteria and should be treated as wound drainage.
EXCLUSION:	No exclusion unless child is unable to participate and staff members determine they cannot care for a child without compromising their ability to care for the health and safety of the other children in the group.

PREVENTION/CONTROL:

1. Avoid smoking or exposure to secondhand smoke and do not expose children to secondhand smoke.
2. Avoid exposure to air pollution.
3. Stay up to date on recommended immunizations.
4. Breastfeed children for 12 months or more if possible.
5. Bottle feed children in the upright position.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Added November 2013

Enteroviruses (Nonpolio)

Enteroviruses 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 and intestinal illness. Less often they cause pneumonia, meningitis or encephalitis, or affect the eye or heart.

CAUSES:	Coxsackieviruses, echoviruses or enteroviruses
SYMPTOMS:	Cold-like symptoms, sore throat, mouth sores, fever, rash, vomiting and diarrhea are most common. Some people may not have any symptoms
SPREAD:	Enteroviruses 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. Enteroviruses can also be spread through droplets that are expelled from the nose and mouth during sneezing and coughing
INCUBATION:	It usually takes from three to six days from the time a person is exposed until symptoms begin
CONTAGIOUS PERIOD:	During illness and possibly for several weeks after illness (through contact with stool). Also, infected persons who may not seem sick are able to spread infection
EXCLUSION:	Until diarrhea and/or vomiting has stopped No exclusion is necessary for mild cold-like symptoms, unless the child is unable to participate in normal daily activities

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Dispose of tissues and diapers properly.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

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Escherichia Coli 0157:H7 and Hemolytic uremic syndrome (HUS)

Reportable to the local health department

Escherichia coli (*E. coli*) 0157: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, which can cause diarrhea. In rare cases, people can also develop Hemolytic uremic syndrome (HUS), which is a serious complication of *E. coli* 0157:H7 infection. HUS is more common in children than adults.

CAUSES:

E. coli 0157:H7 bacteria

SYMPTOMS:

Watery or severe bloody diarrhea, abdominal cramps and low-grade fever. Some people may have mild symptoms or no symptoms at all.

In some cases, people infected with these bacteria can develop HUS, a serious disease that affects the kidneys and blood clotting system. People with HUS usually need to be hospitalized. Dialysis (artificial kidney function) and transfusions are often needed. HUS is more common in children than adults.

SPREAD:

By eating meat (especially ground beef) that is not thoroughly cooked, or by drinking unpasteurized milk or fruit juices. These bacteria can also easily spread from person-to-person, especially from children in diapers.

E. coli 0157: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. Cases have occurred after visits to sites with animals (petting zoos, pet stores, farms)

INCUBATION:

It takes from one to eight days, usually about three to four days, from the time a person is exposed until symptoms develop

CONTAGIOUS PERIOD:

As long as the bacteria are present in the stool, a person can pass the germ on to other people. In many children, the bacteria can be found in the stool two to three weeks after the start of the symptoms.

EXCLUSION:

Until two consecutive stool cultures, 24 hours apart and at least 48 hours after treatment is completed, are negative and child is asymptomatic

OR

Until symptoms are resolved and two consecutive stool cultures, obtained at least one day apart, have tested negative for *E. coli* 0157:H7 if no treatment given



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REPORTABLE:

Provider: This disease is *reportable* to the local or state health department

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

PREVENTION/CONTROL:

1. Thoroughly cook all ground beef until it is brown, not pink, inside. Internal temperature of 160 degrees kills bacteria. Do not drink unpasteurized milk or fruit juice.
2. Frequent, careful hand washing by child care staff, children and household members.
3. Anyone with *E. coli* 0157:H7 should not use swimming pools, beaches, water parks, spas or hot tubs until two weeks after the diarrhea has stopped.
4. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

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Escherichia Coli 0157:H7 and Hemolytic uremic syndrome (HUS)

If you are visiting an animal exhibit wash hands often.

Hand washing stations

- Find out where hand washing stations are located
- Always wash hands right after petting animals or touching the animal enclosure, especially before eating and drinking
- Running water and soap are best. Use hand sanitizers if running water and soap are not available. Be sure to wash hands with soap and water as soon as a sink is available
- Always wash hands upon exiting animal areas even if you did not touch an animal, after going to the restroom, before eating and drinking, before preparing food and drinks, and after removing soiled clothing or shoes

Food and drinks

- Keep food and drinks out of animal areas
- Food should be prepared, served, and eaten only in areas where animals are not permitted (with the exception of service animals)
- Do not share your food with animals
- Do not eat or drink raw (unpasteurized) dairy products

Children

- Children younger than 5 years old need supervision
- Never allow children to put their hands or objects (e.g.: pacifiers) in their mouth while interacting with animals
- Hand washing should be supervised
- Do not take or use strollers, bottles, pacifiers, spill-proof cups or toys in animal areas
- Children younger than 5 years old, elderly persons and person with weakened immune systems should use special precautions when around animal exhibits

Source: CDC: Stay Healthy at Animal Exhibits this Fall. Retrieved November 2013 at <http://www.cdc.gov/Features/AnimalExhibits/>

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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 or schools.

CAUSES:	Human parvovirus B19
SYMPTOMS:	Rash; sometimes a low-grade fever or sore throat. The characteristic rash causes a striking redness of the cheeks (“slapped cheek”) in children and typically starts 1 to 3 weeks after other symptoms. The rash 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. The rash tends to come and go for days, even weeks, especially as a response to sunlight or heat. In general, the rash around the face will fade within four days. The rash on the rest of the body fades within three to seven 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. A person with fifth disease may be infectious without having symptoms
INCUBATION:	It takes from four to 21 days, usually four to 14, from the time a person is exposed until symptoms begin
CONTAGIOUS PERIOD:	Most contagious before the beginning of the rash and unlikely to be contagious after the rash begins
EXCLUSION:	If other rash-causing illnesses are ruled out, there is no need to exclude or isolate the child. Persons with fifth disease are no longer infectious once the rash begins.

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Dispose of tissues containing respiratory secretions properly.

CAUTION:

Women who get fifth disease during pregnancy may have a risk (probably less than 10 percent) of fetal damage or fetal death. 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.

Parents of children who have an impaired immune system, sickle cell anemia or other blood disorders may wish to consult their health care provider about exposure.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Giardiasis

Giardiasis is an infection of the intestines that is common in children under 2 years of age. Epidemics can occur in child care settings where there are children in diapers.

CAUSES:	Giardia lamblia, a parasite
SYMPTOMS:	Decreased appetite, gas, stomach cramps, stomach pain and distention, nausea, 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:	Can take one to four weeks, usually seven to 10 days, for symptoms to develop after the exposure
CONTAGIOUS PERIOD:	As long as Giardia is present in the stool, a person can be a possible source of infection. Giardia can be present in stool for several months after symptoms have stopped; however, it is most contagious while diarrhea is occurring.
EXCLUSION:	Until 24 hours after treatment has been started and diarrhea has stopped. Children who show Giardia in their stools, but who do not have symptoms, do not need to be excluded
REPORTABLE:	Parents/guardians: Inform your child care provider if your child has this illness

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
3. Staff with *Giardia* may be excluded from food service.
4. If diagnosed with *Giardia*, do not use swimming pools, water parks, or hot tubs for 2 weeks after diarrhea has stopped.
5. Children with diarrhea should not engage in water play activities.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Haemophilus Influenzae Disease

Reportable to the local health department

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 1980's. Hib also can cause other serious illnesses, but it is not related to influenza or "stomach flu." Children ages 2 and under are most likely to develop these infections, although those up to age 5 are still at some risk.

CAUSE:	<i>Haemophilus influenzae</i> type b bacteria (Hib)	
DISEASE	DEFINITION	SYMPTOMS
<i>Meningitis</i>	Infection of the covering of the spinal cord	Unusual sleepiness, fever, stiff neck, vomiting, headache, irritability, lack of appetite
<i>Cellulitis</i>	Infection of the deep skin tissues	A tender, rapid swelling of the skin, usually on the cheek or around the eye; may also have a low fever and an ear infection on the same side
<i>Epiglottitis</i>	Infection of the epiglottis (the tissue lid of the voice box)	Fever, trouble swallowing, tiredness, difficult and rapid breathing (often confused with viral croup, which is a milder infection and lasts longer)
<i>Pneumonia</i>	Infection of the lungs	Fever, cough, chest pains, difficulty breathing
<i>Bacteremia</i>	Infection of the blood	Sudden onset of fever; chills, tiredness, irritability
<i>Arthritis</i>	Infection of the joint	Swelling, redness and loss of movement in the joints
SPREAD:	Through secretions of 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 two to four days from the time a person is exposed until symptoms develop	
CONTAGIOUS PERIOD:	Until 24 to 48 hours after antibiotic treatment begins	
EXCLUSION:	Until the child has been treated with antibiotics and is well enough to participate in normal daily activities	
REPORTABLE:	<i>Provider:</i> This disease is <i>reportable</i> to the local or state health department <i>Parents/guardians:</i> Inform your child care provider if your child has this illness	

PREVENTION/CONTROL:

1. Observe your child carefully and if fever develops, call your physician immediately.
2. Hib is a vaccine-preventable disease. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
3. Public health officials will make recommendations if exposed persons need to receive antibiotics and/or vaccine.
4. *Haemophilus* disease is caused by bacteria and it can be treated with antibiotics. Untreated Hib disease can be fatal. See your health care provider at the first signs of Hib disease, and get treatment immediately to prevent death or lasting damage.
5. Clean and sanitize surfaces and items that come in contact with nasal and cough secretions
6. Practice good hand hygiene.



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For more information, please call the Northern Kentucky Health Department at 859.363.2070.
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Hand, Foot and Mouth Disease

Hand, foot, and mouth disease is a viral infection that is most common in children under 10 years old. This illness occurs most often in the summer and fall months.

CAUSES:	A coxsackievirus, most commonly coxsackievirus A16 and coxsackievirus 71
SYMPTOMS:	Blisters 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 seven to 10 days. In most cases, sores will also be found on the palms of the hands, the fingers, and the soles of the feet. A low-grade fever may last one to two days. Those infection may also have runny nose, sore throat, and signs and symptoms of a cold.
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. It also is spread through droplets that are expelled from the nose and mouth during sneezing and coughing
INCUBATION:	It usually takes three to six days after exposure for symptoms to begin
CONTAGIOUS PERIOD:	During acute illness and possibly for several weeks after illness (through contact with stool). Also, infected persons who may not seem sick are able to spread infection
EXCLUSION:	Until fever is gone and child is well enough to participate in normal daily activities (sores may still be present)

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Cover your mouth and nose with a tissue when you cough or sneeze. If tissues are not available, cough or sneeze into your sleeve.
3. Dispose of tissues and diapers properly.
4. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Hepatitis A

Reportable to the local Health Department

Hepatitis A is an infection of the liver. It is most common form of hepatitis in the United States. Among reported cases, the most frequent source of infection is household or sexual contact with a person with hepatitis A, followed by attending or working in child care settings, recent international travel, or connection with suspected food or waterborne outbreaks.

CAUSES:	Hepatitis A virus
SYMPTOMS:	Children under 6 have few to no signs or symptoms. In older children and adults, onset of symptoms is usually sudden, with loss of appetite, nausea, tiredness, fever and stomachache. 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
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 a person does not wash his/her hands after using the toilet or changing diapers and later prepares or eats food Diapered children may pass the virus to family members or child care staff without ever having symptoms
INCUBATION:	It takes 15 to 50 days, most commonly 28 days, from the time a person is exposed to the virus until symptoms develop
CONTAGIOUS PERIOD:	From two weeks before to two weeks after onset of symptoms. Minimal risk of transmission one week after onset of jaundice (yellowing of eyes or skin).
EXCLUSION:	Consult with your local or state health department. Each situation must be evaluated to determine whether the person with hepatitis A is still infectious and poses a risk to others
REPORTABLE:	<i>Provider:</i> This disease is <i>reportable</i> to the local or state health department. <i>Parents/guardians:</i> Inform your child care provider if your child has this illness



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PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Consult local or state health department if there is a case of hepatitis. They will determine who has been exposed and make recommendations.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
4. Vaccine available for prevention of disease for at risk groups.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

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Hepatitis B & C

Reportable to the local Health Department

Children are rarely infected with hepatitis B or C, 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 or C in child care is very rare.

CAUSES:	Hepatitis B or C virus
SYMPTOMS:	Loss of appetite, tiredness, abdominal pain, nausea and vomiting; sometimes rash or joint pain. Jaundice (yellowing of the eyes and 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 other bloody 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 so low that spread is very unlikely
INCUBATION:	For those who develop symptoms, it takes from six weeks to six months (average three months) from the time a person is exposed to hepatitis B or C until disease occurs
CONTAGIOUS PERIOD:	May be infectious for many weeks before onset of symptoms and remain infectious for four to six months. Some people are chronic carriers of the virus and may be infectious for life
EXCLUSION:	A child who has the hepatitis B or C virus in his/her blood may attend child care <i>unless</i> he/she shows unusually aggressive behavior (biting, frequent scratching), has open sores that cannot be covered, or unexpected bleeding conditions. Hepatitis B or C carriers with these conditions should be assessed by a team of public health and medical experts on a case-by-case basis to determine whether the child may attend child care
REPORTABLE:	<i>Provider:</i> These diseases are <i>reportable</i> to the local or state health department. <i>Parents/guardians:</i> Inform your child care provider if your child has this illness



PREVENTION/CONTROL:

1. Parents/guardians should tell anyone who cares for the child regularly that the child has hepatitis B/C. Caregivers should watch the child's behavior for actions that might be a risk for spreading the virus.
2. Children should not share toothbrushes/pacifiers.
3. Refer to the Kentucky immunization regulations for childhood vaccination schedule for hepatitis B.
4. Cleaning then disinfecting of blood and body fluids spills
 - a) Surfaces and objects contaminated with blood and body fluids must be cleaned with detergent and water, rinsed with clean water, and then disinfected. 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
 - b) Wear disposable gloves when handling blood (nosebleeds, cuts) or items, surfaces or clothing soiled by blood or body fluids
5. Frequent, careful hand washing by child care staff, children and household members. Wash hands immediately after contact with any body fluid, even if gloves have been worn.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Human Immunodeficiency Virus (HIV) Infection/AIDS

Reportable to the local Health Department

The spread of HIV, the virus that causes AIDS, has not been documented in the child care setting; this information is provided to further reduce the extremely unlikely possibility of spread.

CAUSES:	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 including but not limited to 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 <i>not</i> 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 sexual abuse or 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 <i>not</i> spread by coughing, sneezing or hugging, or by contact with eating utensils, faucets or toilet seats
INCUBATION:	HIV may not be detected by tests for up to 90 days after exposure; however, people can still transmit the virus during this time. It may take from six months to 10 years after exposure for symptoms of HIV to appear.
CONTAGIOUS PERIOD:	From the time of infection throughout the remainder of the person's life
EXCLUSION:	Children with HIV infections should be placed in child care only after a team of medical experts decides whether the child can receive proper care in that setting. Children with HIV infection who have open sores that cannot be covered or who have bleeding disorders <i>should not</i> be placed in child care programs 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, measles, CMV or TB, when these diseases are occurring in the child care center. Parents of children infected



with HIV should contact their health care provider to decide whether the child should stay in child care when these illnesses occur.

Children with HIV who exhibit aggressive behaviors, such as biting, should not be included in child care settings.

Adults who are infected with HIV may work in child care settings, if they do not have any medical conditions that would allow their body fluids to come in to contact with others

REPORTABLE:

This disease is *reportable* to the Kentucky Department for Public Health

PREVENTION/CONTROL:

1. Routine screening of children for HIV antibody status before they enter child care is not necessary or recommended. The responsibility for determining whether children are at risk and if they should be tested rests with the individual's health care provider and family.
2. Children should not share toothbrushes.
3. Cleaning then disinfecting of blood and body fluid spills
 - a) Surfaces and objects contaminated with blood and body fluids must be cleaned with detergent and water, rinsed with clean water and disinfected 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
 - b) Wear disposable gloves when handling blood (nosebleeds, cuts), body fluids or items, surfaces, or clothing, contaminated with blood or body fluids
4. Frequent, careful hand washing by child care staff, children and household members. Wash hands immediately after contact with any body fluids, even if gloves have been worn

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Impetigo

Impetigo is a contagious skin infection that causes small, red pimples or fluid-filled blisters with crusted yellow scales often occurring on the nose, arms, legs or around the mouth. It is a common infection in young children. Rarely, complications such as cellulitis (skin infection) or kidney disease may develop if children do not receive proper treatment.

CAUSES:	Streptococcus and Staphylococcus bacteria, including Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)
SYMPTOMS:	Sores that form an oozing, sticky yellow crust; itching
SPREAD:	Most often by contact with sores; sometimes through secretions from the nose and throat
INCUBATION:	It usually takes one to 10 days from the time a person is exposed until symptoms develop
CONTAGIOUS PERIOD:	Until sores are healed, or person has been treated with antibiotics for at least a full 24 hours
EXCLUSION:	Yes, until child has been treated with antibiotics for at least a full 24 hours

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Loosely cover infected area to allow airflow for healing and avoid contact with others. Remind children not to scratch the sores.
3. Do not share clothing, towels or personal items.
4. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Reviewed November 2014



Influenza

Influenza (or flu) is a viral infection of the nose, throat, bronchial tubes and lungs that can make someone of any age ill. Influenza in children may be indistinguishable from disease caused by other respiratory viruses. The common cold, croup, viral pneumonia and undifferentiated acute respiratory disease may be caused by influenza virus. Nausea, vomiting and diarrhea may occur, particularly in children.

CAUSES:	Influenza virus is an orthomyxovirus. Three virus types are known: influenza A, influenza B and influenza C
SYMPTOMS:	Abrupt onset of fever, muscle aches, sore throat and nonproductive cough. Young children typically have milder sneezing and coughing
INCUBATION:	Short, one to four days, usually two days, from the time of exposure until onset of symptoms.
CONTAGIOUS PERIOD:	The virus may be found in respiratory secretions for 24 hours prior to the onset of symptoms and up to seven days after the symptoms begin. Influenza is most contagious in the 24 hours before the onset on symptoms.
EXCLUSION:	Until child is without fever for 24 hours and is well enough to participate in normal daily activities

PREVENTION/CONTROL:

1. Flu vaccine is strongly recommended for any person older than 6 months of age. It is recommended that all child care and preschool providers receive yearly influenza vaccine.
2. Cover mouth when coughing and sneezing, with tissue if possible. If a tissue is not available, cough or sneeze into your sleeve.
3. Properly dispose of contaminated tissues.
4. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.
5. Frequent, careful hand washing by child care staff, children and household members.
6. Avoid aspirin use for children under the age of 18 years of age to prevent Reye's syndrome.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



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. There are two other kinds of lice that infest people, but they do not live on the human head.

Head lice are very small, tan-colored insects (less than 1/8” long) that live on human heads. They lay their eggs (nits) on the hair. The eggs are tiny (about the size of the eye of a small needle) and gray or white in color.

CAUSES:	Pediculus humanus capitis, a louse
SYMPTOMS:	Itching of the scalp or neck. Look for: <ol style="list-style-type: none">1. Crawling lice in the hair, usually few in number2. Eggs (nits) glued to the hair, often found behind the ears and at the base of the neck3. Scratch marks on the scalp or back of the 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, pillowcases, headphones, etc. Lice do not hop, jump or fly; they crawl and can fall off the head. Head lice do not live longer than 48 hours off the head. They only lay their eggs while on the head. Live eggs can be found anywhere on the hair. Also, the eggs do not hatch if they fall off. Lice do not spread to or from pets.
INCUBATION PERIOD:	Seven to 12 days from laying eggs to hatching.
CONTAGIOUS PERIOD:	Until properly treated with a lice-killing shampoos or rinses. As long as lice or eggs remain alive on the infested person or on fomites
EXCLUSION:	Until first treatment is completed and there are no live lice. Follow center’s nit policy.



PREVENTION/CONTROL:

1. Avoid sharing hair care items, towels, bedding, clothing, hats and headgear, such as headsets and sports helmets.
2. Hang clothing in individual lockers or on assigned coat hooks and spaced so they do not touch.
3. Hats should be tucked into sleeves.
4. All contaminated combs, brushes and similar items must be sanitized by one of the following:
 - a. Soaking in the medicated shampoo for 10 minutes
 - b. Soaking in a 2 percent Lysol* solution for one hour
 - c. Soaking in hot water for 10 minutes
5. Clean floors, furniture, mattresses, and carpeting by thorough vacuuming and dispose of vacuum bag. *The use of insecticide spray is not recommended.*
6. Machine wash and dry clothing, bed linens and other items that an infested person wore or used during the two days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry cleaned or sealed in a plastic bag and stored for two or more days.
7. 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 head lice should be treated. Pretreatment will not prevent a child from getting lice.

TREATMENT:

1. Use a lice-killing shampoo, lotion or cream rinse obtained either over the counter at the drugstore or by prescription from your health care provider.
2. Follow the product's approved directions only as some treatments are toxic. Directions will vary, depending on the product used. If additional treatments are necessary, after following product directions, contact your health care provider. Do not exceed recommended product directions.
3. The nits are glued onto the hair shafts as they are laid, and they are difficult to remove. Although it can take time and sometimes be difficult, remove all nits to insure complete treatment.

Consult your pharmacist or health care provider before applying or using lice treatment pesticides when the person involved is pregnant, nursing, has allergies, asthma, epilepsy, pre-existing medical conditions, or has lice or nits in the eyebrows or eyelashes. Never use a pesticide near the eyes.

Prior to treating a child 2 years or younger, consult a health care provider.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

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**Lysol is a brand name. The Northern Kentucky Health Department does not endorse specific brand names.*



Lice (Head)

What are head lice?

Head lice are small parasitic insects found on the heads of people. Head lice (*pediculus capitis*) are very common in preschool and elementary-age children. Head lice derive nutrients by biting and eating blood several times each day and cannot survive for more than a day or so at room temperature without ready access to a blood meal.

Three forms of lice

- Nits: Head lice eggs that are attached to the hair shaft. They are difficult to see and are white or yellow. They can be mistaken for dandruff. Nits take about one week to hatch
- Nymph: The nymph is a baby louse and it is much smaller than an adult louse. The nymph state lasts about seven days
- Adult: The adult louse is tan to grayish-white and has six legs. It is the size of a sesame seed. An adult louse can live 30 days on a person's head

How you get head lice

- By physical contact with a person that has head lice (e.g., head-to-head, sharing hats, clothing, combs, brushes, or towels)
- By lying on a bed, couch, pillow, carpet or stuffed animal that has been used by an infested person
- Head lice do not jump from one person to another

Symptoms of head lice infestation

- Itching
- Tickling feeling of something moving in the hair
- Sores can develop from scratching the scalp
- The louse's saliva and feces may sensitize people to their bites, thereby exacerbating the irritation and increasing the chance of secondary infection from excessive scratching

How head lice infestation is diagnosed

- Observation of nits, nymphs or adult lice on the head of an individual
- If nits are observed 1/4 inch from scalp, the infestation is probably an old one and does not need treatment

How to treat head lice

- The drug of choice is permethrin 1% (e.g. Nix*)
- Pyrethrin (Rid*) is used if there appears to be a treatment failure with permethrin

How to prevent infestation of head lice

- Do not share hats, combs or brushes
- Avoid head-to-head contact with infected people
- Do not lie on a bed, couch, pillow, carpet or stuffed animal of an infested person

Clarification of head lice myths



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- Head lice are not known to transmit infectious agents from person-to-person
- Shaving the head bald or cutting the hair short does not prevent head lice
- Hair soaps, bleaches and dyes do not eliminate head lice
- Pets do not give people head lice
- You cannot suffocate the head lice with oils or gels
- Heat from a hair dryer will not kill head lice
- Do not apply any application (e.g., mayonnaise, Vaseline*, olive oil, etc.) to the head to repel lice. It will not work
- Do not apply caustic agents (e.g., gasoline, kerosene, etc.) to the head to kill lice. They may be harmful to your health

More information

- Informational site designed for children: <http://headlice.org>
- Kentucky Department for Public Health Web page: <http://chfs.ky.gov/dph/Lice.htm>

** Nix, Rid and Vaseline are brand names. The Northern Kentucky Health Department does not endorse specific brand names.*



10 Steps to Stay Ahead of Lice

1. Watch for signs of head lice, such as frequent head scratching. Anyone can get head lice-- mainly by head-to-head contact but also from sharing hats, brushes and headrests. Lice do not jump or fly.
2. Check all family members for lice and nits (lice eggs) at least once a week. Only those infested should be treated. Lice are reddish-brown wingless insects; nits are grayish-white, always oval shaped, and are glued at an angle to the side of the hair shaft.
3. Be sure not to confuse nits with **hair debris** such as bright irregularly shaped clumps of dandruff stuck to the hair shaft or elongated segments of dandruff encircling the hair shaft and easily dislodged. Lice treatment is not appropriate for hair debris.
4. Consult your pharmacist or health care provider before applying or using lice treatment pesticides when person involved is pregnant, nursing, has allergies, asthma, epilepsy, has pre-existing medical conditions, or has lice or nits in the eyebrows or eyelashes. Never use a pesticide on or near the eyes.
5. Remember, all lice-killing products are **pesticides**. If you choose to purchase an over-the-counter treatment, follow the directions carefully and use with caution. If the product fails, do not switch to other over-the-counter treatments or use any prescription products as a last resort. This can be potentially harmful. Manual removal is the safe alternative and a necessary component to any head lice treatment regimen.
6. Follow package directions carefully. Use the product over the sink, not in the tub or shower. Always keep the eyes covered.
7. Remove all nits. This assures total lice treatment. Separate hair in sections and remove all attached nits with an approved lice comb, baby safety scissors or your fingernails.
8. Wash bedding and recently worn clothing in hot water and dry in hot dryer. Combs and brushes may be soaked in hot water (not boiling) for 10 minutes.
9. Avoid lice sprays! Vacuuming is the safest and best way to remove lice or fallen hairs with attached nits from upholstered furniture, rugs, stuffed animals and car seats.
10. Notify your child's school, camp, child care provider or neighborhood parents if your child develops head lice. Check for lice on a regular basis. This is the best way to protect your family and community.



Lyme Disease

Reportable to the local Health Department

Lyme disease is a potentially serious bacterial infection transmitted through the bite of certain species of ticks. Cases have been reported in the state of Kentucky.

CAUSES:	Borrelia burgdorferi, a spirochete bacterium
SYMPTOMS:	<p><i>Early:</i> An expanding rash which looks like a bullseye, 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, tiredness, headache, stiff neck or muscle aches</p> <p><i>Late:</i> Weeks or months after infection, the joints, nervous system and heart may be affected. Arthritis, facial palsy and meningitis are late symptoms</p>
SPREAD:	<p>Lyme disease bacteria are spread through the bite of an infected deer tick. The tick must be attached and feeding for at least 24 hours before transmission can occur. Also, not all deer ticks carry the bacteria, so only a small percentage of tick bites result in Lyme disease</p> <p>The 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 (The common dog tick or wood tick is brown with white marks near the head, and two to four times as big as the deer tick.)</p>
INCUBATION:	It usually takes one to 32 days from the time a person is bitten by an infected tick until early symptoms develop. Late symptoms may appear weeks to months, even years, later
CONTAGIOUS PERIOD:	Not contagious except through blood transfusions
EXCLUSION:	No exclusion necessary
REPORTABLE:	<p><i>Provider:</i> The disease is <i>reportable</i> to the local or state health department</p> <p><i>Parents/guardians:</i> Inform your child care provider if your child has this illness</p>



PREVENTION/CONTROL:

1. Avoid tick-infested areas, especially from May to October. Stay on paved or well-mowed paths and avoid contact with tall grass and shrubbery.
2. Wear protective 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 and uncovered skin.* These repellents can be toxic, especially for children, so contact your health care provider, pharmacist or the Health Department for information on safe and proper use.
4. 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. Grasp the tick at the mouthparts with a tweezers or tissue and pull gently but steadily straight back. Do not squeeze the tick's body; this may cause the tick to inject bacteria into you.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Reviewed November 2014



Measles

Reportable to the local Health Department

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 have inadequate protection.

CAUSES:	Measles virus
SYMPTOMS:	Early symptoms resemble a cold with fever, cough, runny nose, and watery, red eyes. On the third to seventh day, a red blotchy rash appears. The rash usually begins at the hairline on the face, spreading down the trunk and out the arms and legs. The rash usually lasts four to seven days. Measles is sometimes complicated by 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:	By droplets that are expelled during sneezing and coughing. The measles virus can sometimes float on dust particles in the air and infect others for about two hours after a person with measles leaves the room. It can also spread by touching your eyes, nose or mouth after handling contaminated items.
INCUBATION:	It takes eight to 12 days from the time a person is exposed until symptoms develop
CONTAGIOUS PERIOD:	From four days before onset of the rash until four days after the appearance of the rash
EXCLUSION:	Until four days after the rash appears
REPORTABLE:	<i>Provider:</i> This disease is reportable to the local or state health department <i>Parents/guardians:</i> Inform your child care provider if your child has this illness



PREVENTION/CONTROL:

1. If your child develops cold-like symptoms with a fever and/or rash, keep him/her at home and contact your health care provider for diagnosis. *Please do not go to any clinic or emergency room without calling first. They will want to keep your child separate from others to prevent further spread*
2. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
3. Adults born on or after January 1, 1957, who have not had two doses of measles vaccine after 12 months of age should be immunized.
4. If you or your child is not protected, contact your health care provider or your local public health clinic as soon as possible to obtain your immunizations. *Children who have not received measles vaccine will be excluded from any child care setting in which a case of measles occurs.* Please notify your child care provider when your child is immunized so his/her records can be updated.
5. Practice good hand hygiene.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Revised November 2014



Meningococcal Disease (Bacterial Meningitis)

Reportable to the local Health Department

Meningococcal disease causes swelling or inflammation of the coverings of the brain and spinal cord and includes a variety of serious infections, including meningitis (infection of the covering of the spinal cord), 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.

CAUSES:	<i>Neisseria meningitides</i> (Meningococcus) <i>Streptococcus pneumoniae</i> (Pneumococcus) <i>Haemophilus influenzae</i> type b (Hib)
SYMPTOMS:	<i>Bacteremia</i> : Sudden onset of fever, chills, tiredness; occasionally a rash <i>Meningitis</i> : Fever, vomiting, headache, stiff neck, extreme sleepiness, confusion, irritability, lack of appetite; occasionally a rash or seizures develop
SPREAD:	Through coming into contact with secretions of the nose and throat of someone infected with the bacteria (e.g., coughing, sneezing); more common in households, child care settings or schools where there is close, prolonged physical contact. People can carry bacteria in their noses and throats but who do not have symptoms can spread the disease as well as those who are ill
INCUBATION:	For viral and bacterial meningitis: It takes one to 10 days, usually less than four days, from the time a person is exposed to the bacteria until symptoms occur
CONTAGIOUS PERIOD:	Bacterial infections: Until 24 hours after effective treatment begins Viral infections: Shedding of the virus in fecal material can last for several weeks, respiratory shedding lasts a week or less
EXCLUSION:	Until child has been treated and is well enough to participate in normal daily activities. If an antibiotic is recommended after an exposure to meningococcal disease, a child or staff person shall be excluded until treatment has been started
REPORTABLE:	<i>Provider</i> : This disease is <i>reportable</i> to the local or state health department. <i>Parents/guardians</i> : Inform your child care provider if your child has this illness.



PREVENTION/CONTROL:

1. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
2. See a health care provider at the first sign of meningitis, and get treatment immediately to prevent death or lasting damage.
3. Discuss the following current recommendations for antibiotic prophylaxis with your health care provider.
American Academy of Pediatrics Guidelines (2009)
 - a. Household, child care center, nursery school contacts should receive antibiotic prophylaxis as soon as possible, preferably within 24 hours of diagnosis of a case
 - b. Pregnant contacts should discuss proper prophylaxis with their health care provider
 - c. Exposed contacts should remain under medical observation because prophylaxis is not always completely effective. If your child develops a fever, contact your health care provider right away
4. Practice good hand hygiene.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Revised November 2014

Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA is a form of staphylococcus aureus which has become resistant to certain antibiotics, meaning that the antibiotics will not kill the bacteria.

CAUSES:	Methicillin resistant <i>Staphylococcus aureus</i> , a bacteria
SYMPTOMS:	Some people may have MRSA on their skin but will not be ill. Other people may have a skin infection which resembles a spider bite or a small pimple. This area can be swollen, reddened, painful and filled with pus
SPREAD:	Many times this infection occurs because the bacteria are on the skin and enter the body through a cut, scrape or wound. It may be spread to others by direct skin-to-skin contact with an infected person, or through contact with surfaces, equipment or toys which have come in contact with the drainage from an infected wound or from secretions from the nose of an infected person
INCUBATION:	Incubation period varies. The time from exposure to symptom onset may be from days to years
CONTAGIOUS PERIOD:	As long as wound is open and draining
EXCLUSION:	For MRSA and many other staph infections with drainage: No exclusion as long as the wound can be securely covered on all sides and the child is well enough to participate in normal daily activities Children with open wounds should not participate in activities, such as contact sports, where skin-to-skin contact is likely to occur
REPORTABLE:	<i>Parents/guardians:</i> Inform your child care provider if your child has this illness

- PREVENTION/CONTROL:**
1. Practice good hand hygiene especially after touching secretions or drainage from an infected person.
 2. Wear disposable gloves when changing bandages or touching any draining sores.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Molluscum Contagiosum

A benign, usually asymptomatic, viral infection of the skin, molluscum contagiosum has no systemic symptoms, but lesions can become more intense and widespread in persons with eczema or immunodeficiency.

CAUSES:	A poxvirus
SYMPTOMS:	Small, usually discrete flesh colored or translucent, domed-shaped papules on the trunk, face or extremities
SPREAD:	Humans are the only source of the virus. It can be spread by direct contact with lesions, or by contact with objects such as towels, clothing, washcloths, mats or swimming pools
INCUBATION:	It takes two to seven weeks from the time a person is exposed to the virus until symptoms begin
CONTAGIOUS PERIOD:	Unknown, probably while lesions are present. Contagiousness is generally low, but occasionally outbreaks have been reported in child care centers
EXCLUSION:	Exclude from swimming and close-contact activity

PREVENTION/CONTROL:

1. Avoid swimming pools and close contact activities until lesions have cleared.
2. Do not share towels or washcloths.
3. Practice good hand hygiene after coming in contact with the papules.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Revised November 2014



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.

CAUSES:	Epstein-Barr virus
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 contact, through saliva. Spread can occur by direct contact, such as kissing, or through items such as toys that are contaminated with saliva. The virus does not live long on surfaces, so a person must come in contact with fresh saliva to become infected
INCUBATION:	It takes about four to six weeks from the time a person is exposed until symptoms develop
CONTAGIOUS PERIOD:	From many weeks to a year or more. Some adults can be carriers of the virus
EXCLUSION:	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 will not prevent spread

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled
3. Do not share bottles, straws, lip balm, etc.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Reviewed November 2014



Mumps

Reportable to the local Health Department

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

CAUSES:	Mumps virus
SYMPTOMS:	About 1/3 of all people have no symptoms. Others can have swollen glands in front 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 about 16 to 18 days) from the time a person is exposed until symptoms develop
CONTAGIOUS PERIOD:	From one to three days before until five days after swelling begins. Most contagious 48 hours before the onset of illness
EXCLUSION:	Until five days after swelling begins. If there are two or more cases of mumps in the child care setting, exclude unvaccinated staff and children until they are vaccinated or for 25 days after onset of swelling in last person who had mumps.
REPORTABLE:	<i>Provider:</i> This disease is <i>reportable</i> to the local or state health department <i>Parents/guardians:</i> Inform your child care provider if your child has this illness

PREVENTION/CONTROL:

1. Kentucky state law and local child care regulations require all children in child care or school settings, be immunized for mumps, measles and rubella. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
2. If your child is not protected against mumps, please contact your health care provider or your local health department as soon as possible to have your child immunized.
Unimmunized children 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 health care provider for diagnosis.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



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 in 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.

CAUSES:	Herpes simplex virus type 1 (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
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 two to 14 days from the time a person is exposed until symptoms occur
CONTAGIOUS PERIOD:	When someone is infected for the first time, he/she may shed the virus for a week to several weeks after the onset of symptoms. Those with recurrent infections shed the largest amount of virus for three to five days after the onset of symptoms.
EXCLUSION:	Exclude children who do not have control of oral secretions for as long as active sores are present inside the mouth. No exclusion necessary for mild herpes in children who are in control of their mouth secretions

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Caregivers may wear gloves when contact with lesions is necessary (for example, when applying medication).
3. Do not kiss an infected person when lesions are present.
4. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Pertussis (Whooping Cough)

Reportable to the local Health Department

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

CAUSES:	<i>Bordetella pertussis</i> , a bacterium
SYMPTOMS:	The first symptoms of pertussis are like those of a common cold: 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 continue to occur for four to six weeks and are more common at night. Pertussis is frequently complicated by pneumonia and ear infections, particularly in infants. Death from pertussis is rare
SPREAD:	By coming in contact with droplets that are expelled during sneezing and coughing of an infected person
INCUBATION:	It takes five to 21 days (usually seven to 10 days) from the time a person is exposed until symptoms develop
CONTAGIOUS PERIOD:	Begins at the time of early cold-like symptoms, before a persistent cough and explosive bursts of coughing develop. Persons remain contagious until three weeks after the coughing begins. Those treated with antibiotics are contagious until five days after treatment begins
EXCLUSION:	Until five days after antibiotic treatment begins
REPORTABLE:	<i>Provider:</i> This disease is <i>reportable</i> to the local or state health department <i>Parents/guardians:</i> Inform your child care provider if your child has this illness



PREVENTION/CONTROL:

1. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
2. If your child is not protected against pertussis, please contact your health care provider as soon as possible to have your child immunized. *Inadequately immunized children will 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.
3. The American Academy of Pediatrics recommends:
 - a. Household and other close contacts less than 7 years of age who have not had at least four doses of pertussis vaccine should receive a booster dose of vaccine, preferably as DTP/DTaP, unless a booster was given within the past three years. Children who have received their third dose six or more months before exposure should be given the fourth dose at this time. Children who are unimmunized or who have received fewer than four doses of DTP/DTaP should start or continue their DTP/DTaP immunizations according to the recommended schedule.
 - b. Household and other close contacts (including child care contacts) also should receive antibiotic treatment because immunity from vaccination is not absolute, and older children and adults can transmit infection. This treatment may prevent symptoms from occurring.
4. If a child develops any of the symptoms described above in the next 20 days, keep him/her at home and call your health care provider.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Pink Eye (Conjunctivitis)

Conjunctivitis is a common eye infection in young children. Bacterial conjunctivitis, which is of most concern in the child care setting, occurs often in children under 5 years of age. Viral conjunctivitis is often found along with the common cold or other mild cold-like illnesses.

CAUSES:	Bacteria, viruses, allergies, eye injuries or chemicals
SYMPTOMS:	<i>Bacterial:</i> Pink or red conjunctiva (membrane that covers the eye), white or yellow eye discharge (pus), often with matted eyelids after sleep, and eye pain or redness of the eyelids <i>Viral:</i> Pink conjunctiva with a clear, watery eye discharge and without fever, eye pain or eyelid redness <i>Allergic:</i> Itching, redness, excessive tearing, usually of both eyes <i>Chemical:</i> Red, watery eyes, especially after swimming in chlorinated water
SPREAD:	Hands become contaminated by direct contact with drainage or discharge from an infected eye, or by touching other surfaces that have been contaminated by respiratory tract secretions, and gets into the child's eyes
INCUBATION:	Depending on the type of conjunctivitis, the incubation period varies. It commonly takes about one to three days after exposure to bacterial or viral conjunctivitis for symptoms to begin
CONTAGIOUS PERIOD:	Until the active infection passes
EXCLUSION:	No, unless: <ul style="list-style-type: none">• The child is unable to participate and staff determine they cannot care for the child without compromising their ability to care for the health and safety of the other children• The child meets other exclusion criteria, such as fever with behavior change• There is a recommendation of the health department or the child's health professional

PREVENTION/CONTROL:

1. Keep children's eyes wiped and free of discharge. Avoid contact with eye drainage. Encourage child not to rub eyes.
2. Cover nose and mouth when sneezing or coughing.
3. Dispose of contaminated tissues properly.
4. Frequent, careful hand washing by child care staff, children and household members.
5. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled. Try to prevent sharing of toys when conjunctivitis is present.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Pinworms

Pinworms are the most common intestinal worm infection in the U.S. Most often they are found in preschool and school-aged children and their parents. These small, threadlike worms (0.25– 0.5 inches long) are found in the human intestines and crawl out of the rectum at night to lay eggs.

CAUSES:	Enterobius Vermicularis, a parasite
SYMPTOMS:	Rectal (bottom) itching, especially at night; irritability; disturbed sleep; may have no symptoms
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 two to eight weeks from exposure until symptoms occur
CONTAGIOUS PERIOD:	As long as eggs are present. Eggs can remain infectious outside the body for as long as two to three weeks
EXCLUSION:	None

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. When a child wakes up, you may see the worms around the rectum or in the stool. If you suspect pinworms, contact your health care provider. He/she may advise examining the whole family.
3. Avoid scratching or touching bare rectal area or biting nails. It is important to keep fingernails short, groomed and clean.
4. 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. Do not shake bedding to prevent spreading eggs through the air.
 - c. Clean and vacuum house daily.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Poison Ivy/Oak/Sumac

Poison ivy/oak/sumac are the most common causes of allergic reaction in the United States, affecting about 50 million people each year.

CAUSES:	Contact with the chemical urushiol, found in the plant sap or resin causes an allergic reaction. Others who come in contact with the plant resin on clothing, animal fur, or other objects may also develop a rash
SYMPTOMS:	Contact usually causes red, swollen skin, blisters and severe itching. Rash usually reaches its peak after five days, and is gone within one to two weeks.
SPREAD:	Poison ivy/oak/sumac are not passed from one person to another but can be spread person to person through direct contact with the resin. A person may spread the rash by accidentally rubbing the resin on other parts of the skin before all resin is washed off
INCUBATION:	It usually takes six hours to two or three days after contact with resin for a reaction to begin.
CONTAGIOUS PERIOD:	Poison ivy/oak/sumac are not contagious. Neither the rash nor the fluid from open blisters contain urushiol
EXCLUSION:	No exclusion unless rash conditions are suspected

PREVENTION/CONTROL:

1. Resin can travel through the air on soot particles when the plant is burned. Exposure to the smoke can cause a reaction. Bag plants, don't burn them.
2. Washing with cold running water and scrubbing under fingernails within 10-15 minutes after exposure may prevent a reaction. Bathing can spread the resin to other parts of the body.
3. Wash clothing or jewelry that may have had contact with the resin.
4. Try not to scratch. This can lead to secondary infections.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Added October 2013



Respiratory Infections (Viral) including Pneumonia

Colds and viral respiratory illnesses with fever may be caused by many different viruses. These illnesses are very common during the fall and winter months.

CAUSES:	Many different viruses
SYMPTOMS:	Runny nose, sneezing, chills, tiredness, fever, muscle aches, sore throat and cough which may last two to seven days
SPREAD:	Person-to-person by direct contact with secretions from the nose and mouth. Spread also occurs from the hands, tissues or other items soiled with nose and mouth secretions from an infected person
INCUBATION:	Varies, depending on the germ that is causing the infection
CONTAGIOUS PERIOD:	Shortly before symptoms begin and for duration of acute symptoms
EXCLUSION:	Until child is without fever for 24 hours and is well enough to participate in normal daily activities No exclusion necessary for other respiratory infections without fever (colds, sore throat, croup, bronchitis, pneumonia, otitis media) of mild or moderate severity, unless: <ul style="list-style-type: none">• The illness limits the child's comfortable participation in child care activities• The illness results in greater care than can be provided by child care staff

PREVENTION/CONTROL:

1. Cover mouth when coughing and sneezing, with tissues if possible.
2. Properly dispose of contaminated tissues.
3. Frequent, careful hand washing by child care staff, children and household members.
4. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.
5. Do not share cups, glasses, or utensils.

Note: Do not give aspirin to a child under 18 years of age. There is a risk of developing Reye syndrome (a serious condition which can cause death) when children or adolescents take aspirin.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Reviewed November 2014

Respiratory Syncytial Virus (RSV)

RSV is a common respiratory illness that can affect persons of any age. It is the most common cause of bronchiolitis and pneumonia in infants and young children under 2 years of age. 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 children and adults, is common.

CAUSES:	Respiratory syncytial virus (RSV)
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, or close contact through droplets, which are small particles of fluid that are expelled from the nose and mouth during sneezing and coughing. The virus can live on hands for 30 minutes or more and on environmental surfaces for several hours
INCUBATION:	It takes two to eight days, commonly four to six days, from exposure until symptoms develop
CONTAGIOUS PERIOD:	The virus is usually shed for three to eight days, although some infants can spread RSV for as long as three to four weeks
EXCLUSION:	A child with RSV may return to child care when the fever is gone and he/she is well enough to participate in normal activities

PREVENTION/CONTROL:

1. Cover mouth and nose when sneezing or coughing.
2. Dispose of any tissue or items soiled with discharge from the mouth or nose in a waste container.
3. Frequent, careful hand washing by child care staff, children and household members.
4. Minimize contact with respiratory secretions, such as saliva or nasal mucus.
5. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.

Note: Do not give aspirin to a child under 18 years of age. There is a risk of developing Reye syndrome (a serious condition which can cause death) when children or adolescents take aspirin.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Reye Syndrome

Reye syndrome 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. Reye syndrome usually occurs in younger children, but it can also affect teenagers and sometimes adults. Reye syndrome is not contagious. This illness can be fatal.

CAUSES:	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 activities
REPORTABLE:	<i>Parents/guardians:</i> Inform your child care provider if your child has this illness

PREVENTION/CONTROL:

1. *Do not give aspirin to a child under 18 years of age with a viral illness.*
2. Instruct children and teenagers to ask parents 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. If the child has taken any medications, tell your health care provider.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Ringworm

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

CAUSES:	A fungus
SYMPTOMS:	<p><i>Body:</i> Ringworm appears as flat, spreading ring-shaped lesions. The edge of the lesion may be dry and scaly or moist and crusted. The center often becomes clear as the lesion spreads outward</p> <p><i>Scalp:</i> 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</p> <p><i>Feet :</i> Also known as Athlete’s foot, it is often seen as scaling or cracking of the skin of the foot, especially between the toes. May have blisters with thin, watery fluid. Itching may occur. Can lead to skin infections or development of toenail fungal infections</p>
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:	For ringworm of the body, it takes about four to 10 days after exposure for symptoms to appear. For ringworm of the scalp, it takes 10 to 14 days. For ringworm of the feet, the incubation is unknown
CONTAGIOUS PERIOD:	Contagious as long as infected lesions are present, but a person’s ability to spread is greatly reduced once treatment has begun
EXCLUSION:	Until 24 hours after treatment has been started

PREVENTION/CONTROL:

1. If you suspect ringworm in your household members, contact your health care provider.
2. Antifungal ointments are often used for treating ringworm. Oral medication may also be necessary when infection of the hair or scalp is more severe.
3. Household contacts, including pets, should be checked for signs of infection. If infection is present, treatment should be started as soon as possible.
4. Practice good hand hygiene after touching lesions.
5. Wash combs and brushes used by the infected person in hot, soapy water.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Roseola

Roseola is a common rash illness of very young children that is not very communicable. Most cases occur in children 6 months to 3 years of age.

CAUSES:	Human herpes virus 6
SYMPTOMS:	Sudden onset of fever which may reach 104°F or higher. Convulsions sometimes occur as the temperature is rising. The fever usually lasts three to seven days. Usually on the fourth day, the fever breaks and 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 hours to days. Infection also occurs without symptoms in many children
SPREAD:	Unknown; occurs most often in the spring or summer
INCUBATION:	It takes about nine 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.
EXCLUSION:	Provided that other rash illnesses, especially measles, have been ruled out, the child may return when he/she is without fever for 24 hours

PREVENTION/CONTROL:

1. Practice good hand hygiene.
2. Items that children put in their mouths and surfaces should be cleaned and sanitized daily.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Revised November 2014



Rotavirus

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

CAUSES:	Rotaviruses
SYMPTOMS:	Watery diarrhea, vomiting and fever. Many children show no symptoms. May have a cough, runny nose or ear infection. Illness generally lasts three to 8 days.
SPREAD:	Rotavirus leaves the body through the stool of an infected person and enters another person when hands, food or objects (such as toys), contaminated by the stool or vomit are placed in the mouth. Also, rotavirus may be spread through droplets from the nose and mouth of an infected person during sneezing and coughing
INCUBATION:	It takes about one to three days from exposure until symptoms develop
CONTAGIOUS PERIOD:	From one to two days before and up to 10 days after onset of symptoms
EXCLUSION:	While symptoms persist (fever, diarrhea, vomiting)

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Vaccination is recommended at two and four months or two, four and six months of age, depending on the vaccination given.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Rubella (German Measles)

Reportable to the local Health Department

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 health care provider immediately.*

CAUSES:	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 14 to 21 days, usually 16 to 18 days, from exposure until the symptoms develop
CONTAGIOUS PERIOD:	From seven days before until five to seven days after the appearance of rash
EXCLUSION:	Until seven days after the rash appears
REPORTABLE:	Provider: This disease is <i>reportable</i> to the local or state health department <i>Parents/guardians:</i> Inform your child care provider if your child has this illness

PREVENTION/CONTROL:

1. Kentucky state law and local child care regulations requires all children in child care or school settings to be immunized for rubella, measles and mumps. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
2. If you or your child is not protected against rubella, please call your health care provider as soon as possible to obtain your immunizations. *Unimmunized children will be excluded from any child care setting in which a case of rubella occurs.* Please notify your child care provider when you have your child immunized so his/her record 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 health care provider.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

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Salmonellosis

Reportable to the local Health Department

Salmonellosis is an infection of the intestines that is commonly found in young children. Epidemics have occurred in child care setting where there are children in diapers.

CAUSES:	Salmonella bacteria
SYMPTOMS:	Diarrhea, cramps, nausea, headache, fever and sometimes vomiting. Children may show mild symptoms or they could be infected and show no symptoms. Illness can persist from four to seven days.
SPREAD:	Salmonella 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. Spread also can occur thru contact with farm animals, infected pets (usually puppies or kittens) and reptiles
INCUBATION:	It may take six to 72 hours, usually 12-36 hours, from exposure until symptoms develop. It may be as long as eight days until a person develops symptoms
CONTAGIOUS PERIOD:	As long as Salmonella is present in the stool; may be extremely variable (several days to several months)
EXCLUSION:	Until diarrhea has stopped. Children who show <i>Salmonella</i> in their stools, but who do not have symptoms, do not need to be excluded
REPORTABLE:	<i>Provider:</i> This disease is <i>reportable</i> to the local or state health department <i>Parents/guardians:</i> Inform your child care provider if your child has this illness

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Thoroughly cook all foods from animals, especially poultry. Wash and sanitize cutting boards and knives that have been used for raw meat or poultry before using with uncooked foods (i.e. fruits or vegetables).
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Scabies

Scabies is an infestation caused by tiny mites that burrow and lay eggs under the skin. Children should be checked for a rash. It is important to follow the instructions below if your child has scabies.

CAUSES:	Sarcoptes scabiei, a mite
SYMPTOMS:	Rash and intense itching that may be more severe at night. Rash is commonly seen in the folds of skin between fingers, around wrists and elbows and armpits. Other areas where rash may appear are knees, waistline, thighs, male genitals, abdomen, chest and lower portions of the buttocks. Infants may be infested on the head, neck, palms and soles of the feet
SPREAD:	By prolonged direct contact with skin or through shared bedding, towels and clothing of a person with scabies. Scabies mites can survive off the skin up to 72 hours
INCUBATION:	It takes four to six weeks from the time a person is newly exposed until symptoms appear. Symptoms may appear one to four days if the person has had scabies before
CONTAGIOUS PERIOD:	From the time a person is infected with the mites (before rash appears) until 24 hours after treatment begins
EXCLUSION:	Until 24 hours after treatment begins

PREVENTION/CONTROL:

1. Items such as underwear, pajamas, bedding and towels should be machine washed and dried in hot temperatures at the time of treatment. If it cannot be laundered, store clothing in a plastic bag for one week.
2. Vacuum furniture and carpets. Do not use insecticide sprays.
3. If you suspect scabies in your family members, see your health care provider.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Shigellosis

Reportable to the local Health Department

Shigellosis is an infection of the intestines that occurs most often in young children. Epidemics have occurred in child care settings where there are children in diapers.

CAUSES:	Shigella bacteria
SYMPTOMS:	Diarrhea (may be watery), fever, stomach cramps, nausea or vomiting. Stools may contain blood or mucus. Illness usually lasts four to seven 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, food or objects (such as toys) contaminated with stool are placed in the mouth. Spread can occur with improper hand washing after toileting and changing diapers. Spread can occur whether or not a person has symptoms
INCUBATION:	It takes one to seven days (usually one to three days) from the time a person is exposed until symptoms develop
CONTAGIOUS PERIOD:	As long as Shigella is present in the stool—may be up to four weeks after illness
EXCLUSION:	Staff: <i>If staff are treated:</i> Until symptoms have resolved and at least 48 hours after antibiotic treatment is complete, two consecutive stool cultures, taken 24 hours apart, are negative <i>If staff are not treated:</i> Until symptoms have resolved and two consecutive stool cultures, at least 24 hours apart, are negative Children <i>If child is treated:</i> Until symptoms have resolved and one stool culture, performed at least 48 hours after treatment is completed, is negative <i>If child is not treated:</i> Until symptoms have resolved and one stool is obtained and tested negative for Shigella
REPORTABLE:	<i>Provider:</i> This disease is <i>reportable</i> to the local or state health department. <i>Parent/guardians:</i> Inform your child care provider if your child has this illness.

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
3. Do not use wading pools.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Revised November 2014

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 1, they may develop shingles during childhood. Shingles is a milder illness in children than adults; but it can be a serious illness in those who have weakened immunity.

CAUSES:	Varicella zoster virus, a member of the herpes virus family
SYMPTOMS:	Severe pain and numbness along certain nerve pathways, commonly around the midline (trunk) or on the face. One to three days later, clusters of blisters appear in crops, usually on one side of the body and closer together than chickenpox
SPREAD:	By contact with the fluid from the blisters. When people who have not had chickenpox are exposed to shingles virus, they can develop chickenpox. Shingles does not spread from one person to another
INCUBATION:	None
CONTAGIOUS PERIOD:	From the start of the rash until all the blisters have scabbed over
EXCLUSION:	If sores can be covered by clothing or a bandage, no exclusion is needed. If sores cannot be covered, people should be excluded until the sores have crusted

PREVENTION/CONTROL:

1. When a pregnant woman or a person with a weak immune system who has not had chickenpox is exposed to shingles, he or she should contact a health care provider for possible treatment.

Note: 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.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



Streptococcal Sore Throat/Scarlet Fever

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

CAUSES:	<i>Streptococcus</i> bacteria (Group A beta-hemolytic strep)
SYMPTOMS:	<i>Strep throat:</i> Sudden onset of fever, sore throat, swollen glands, headache and abdominal pain. Nausea and vomiting may occur, more often in children <i>Scarlet fever:</i> A very fine raised rash (feels like sandpaper and blanches with pressure) is present. A fuzzy white tongue usually occurs. 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
SPREAD:	Person-to-person by breathing in nose and throat secretions that an infected person (those with and without symptoms) has coughed or sneezed into the air
INCUBATION:	It usually takes two to five days from the time a person is exposed until symptoms develop
CONTAGIOUS PERIOD:	Until at least a full 24 hours after treatment begins
EXCLUSION:	Until at least a full 24 hours after treatment begins and until child is without fever for 24 hours

PREVENTION/CONTROL:

1. If your child does not appear well or develops a sore throat and other symptoms listed above, keep him/her home and call your health care provider.
2. Frequent, careful hand washing by child care staff, children and household members.
3. Clean, rinse with clean water, then sanitize mouthed toys daily and when soiled.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Reviewed October 2013



Tuberculosis

Reportable to the local Health Department

Tuberculosis is a disease that is spread from person-to-person through the air. It usually affects the lungs, but can affect any part of the body. TB can be a serious illness, but it is treatable with antibiotics.

CAUSES:	<i>Mycobacterium tuberculosis</i> 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 (usually brassy and non-productive), chest pain and possible coughing up of 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 coughs or sneezes. These droplets may be breathed in by others
INCUBATION:	It takes two to 12 weeks after exposure to develop infection with TB. Infection can be detected by a TB skin test. Most healthy people who become infected with TB bacteria will never develop symptoms of active TB disease. For those who do develop disease, symptoms can occur within a few weeks after infection or may occur many years later
CONTAGIOUS PERIOD:	Only TB disease of the lungs or throat is contagious. The contagious period is from the onset of symptoms until the person receives adequate treatment. This is typically several weeks after starting treatment
EXCLUSION:	A person with a positive TB skin test, but without symptoms, should <i>not</i> be excluded but should see a health care provider as soon as possible for further evaluation. A chest X-ray is needed in attempt to rule out active disease
REPORTABLE:	<i>Provider:</i> This disease is reportable to the local or state health department <i>Parents/guardians:</i> Inform your child care provider if your child has this illness

PREVENTION/CONTROL:

1. Practice cough etiquette by coughing into an tissue and disposing of it properly.
2. Frequent, careful hand washing by child care staff, children and household members.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Viral Meningitis

Viral meningitis is an infection of a thin lining covering the brain and spinal cord—the meninges. It is a fairly common disease caused by any one of a number of different viruses. Most cases occur as single isolated events. Viral encephalitis is also an infection of the brain.

CAUSES:	In the United States, most cases are caused by enteroviruses. Arboviruses cause a few cases of encephalitis each year. These viruses, which are carried by mosquitoes, can cause viral meningitis, but more commonly causes encephalitis
SYMPTOMS:	Sudden onset of headache, stiff neck, fever, fatigue, sore throat, rash; diarrhea may occur also
SPREAD:	Enteroviruses are spread by indirect or direct contact with stool or possibly from an infected person’s respiratory secretions. Arboviruses cannot be spread from person-to-person. They are spread by mosquitoes
INCUBATION:	Usually within one week from the time of exposure until symptoms begin, but could be two to 21 days depending on the virus
CONTAGIOUS PERIOD:	For enteroviruses: (through contact with stool) three days after being infected until 10 days after symptoms have resolved, up to several weeks after illness.
EXCLUSION:	Until after fever is gone or diarrhea has stopped and child is able to participate in normal activities

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Dispose of tissues and diapers properly.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
4. Avoid sharing eating utensils and drinking containers.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.



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.

CAUSES:	<i>Candida albicans</i> , a fungus
SYMPTOMS:	<i>Mouth:</i> White, slightly raised patches on the tongue or inside the cheek <i>Diaper area:</i> A smooth, shiny “fire engine” red rash
SPREAD:	By contact with skin lesions, mouth and 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 two to five days from the time a person is exposed until symptoms develop. Yeast infections may also occur while taking antibiotics for another illness
CONTAGIOUS PERIOD:	Contagious while lesions are present
EXCLUSION:	None

PREVENTION/CONTROL:

1. Frequent, careful hand washing by child care staff, children and household members.
2. Minimize contact with secretions and stool of infected persons.
3. Clean bottle nipples and pacifiers daily. Disinfect by boiling or using a commercial dishwasher.
4. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.

For more information, please call the Northern Kentucky Health Department at 859.363.2070.

Reviewed November 2014