

## Common Childhood Illnesses

We can only give you a brief introduction to some common health problems that children often experience when they start going to nursery and school. Please ask a member of staff about any health concerns you may have regarding your children at the nursery.

**If there is an outbreak of any infectious illness there will be information posted on the Parent's Noticeboard within the Nursery.**

### Basic management of any acute infection:

- Do not attend nursery or school
- Inform Nursery or School so that they can alert other parents
- Keep child comfortable, warm and well hydrated
- Use tepid sponging, change of clothes and appropriate medicine to keep child's temperature normal.
- Follow guidelines for specific infectious illness
- Contact GP if you are concerned
- Avoid re-infection or cross infections by keeping basic hygiene standards high.
  - Wash hands.
  - Take care to remove and wash infected clothing, towels, sheets immediately
  - Clean sinks, toilets and door handles frequently.



### Chickenpox

Chickenpox is caused by a virus called the varicella-zoster virus (varicella is the medical name for chickenpox).

Chickenpox is a mild, but highly infectious disease that most children catch at some point. It is most common to catch the disease between March and May. It takes 10-21 days for the symptoms to show after you have come into contact with the virus. This is called the 'incubation period'. Chickenpox spreads in tiny droplets of saliva and nasal mucus, by sneezes and coughs from an infected person. The virus is already in these droplets, which is why it spreads so fast.

Chickenpox is most common in children who are between 2-8 years of age, although you can develop chickenpox at any age. You are infectious from about two days before the rash appears until roughly five days after. Therefore, you, or your child, should stay at home until all of the blisters have fully crusted over, and this usually happens 5-7 days after the first blister appears.

**It is best to stay home until the last blister has burst and crusted over.**

**Very important !**



**Please keep infected or potentially infected children away from elderly, immuno-suppressed or pregnant people. These people are vulnerable to 'shingles' caused by the virus herpes zoster, and should contact their GP immediately if they contract the virus.**

# Conjunctivitis

Conjunctivitis is most commonly caused by infection. Almost any germ, whether a bacterium or a virus, may be responsible. The common cold may cause conjunctivitis, spreading from your mouth and nose to your eyes. Conjunctivitis caused by the common cold is very infectious and can spread rapidly between people.

The most common cause of allergic conjunctivitis is hypersensitivity to pollen (hay fever). The pollen irritates the eye and can cause the conjunctiva to swell. Occasionally this can lead to extreme swelling and bulging of the eye membrane.

Symptoms may include:

- Reddening of the affected eye - this happens as a result of the irritation and widening of the tiny blood vessels in your conjunctiva,
- watering eyes - the conjunctiva contains thousands of cells that produce mucus and tiny glands that produce tears. Irritation causes these to become overactive, so they water and leak mucus,
- scratchy, gritty feeling in the eyes,
- swollen eyelids,
- sticky feeling - it may be hard to open your eyes in the mornings,
- slight soreness

Although not all 'sticky eyes' fit with the clinical definition of conjunctivitis Nurseries are advised by NHS Grampian to follow the Guidelines for Exclusion for conjunctivitis. If a child has sticky eyes they should be examined by their GP resulting in either:

1. The GP considering medication is not required – Accordingly the child should stay away from Nursery until the symptoms have settled.

2. The GP prescribing an antibiotic. The child may return after 24 hours of treatment.



**It is best to stay home until symptoms settle or treated with topical antibiotic for 24 hours.**

# Diarrhoea and Vomiting

Symptoms can range from slightly watery stools and a brief upset tummy, to longer-term extremely watery stools and cramp.

Common symptoms include:

- Crampy tummy pains
- Nausea or vomiting
- Fever
- Headache
- Loss of appetite



Many organisms can cause diarrhoea (with or without vomiting). However viruses commonly circulate in the community and can cause acute onset diarrhoeal illnesses. Although diarrhoeal illnesses caused by viruses are usually short lived unfortunately individuals may continue to excrete the virus in their respiratory secretions for at least 48 hours after the symptoms settle and they are well.

The NHS Grampian guidelines advise that children who have an acute onset diarrhoeal illness lasting for more than a couple of days should be seen by their GP and a sample of stool tested for a bacterial infection.

It is unusual for a child to develop an acute onset vomiting illness that is not infectious. Accordingly any child with an acute onset vomiting illness will be sent home and excluded from Nursery.

**It is best to stay home until 48 hours after symptoms have settled.**

## Ear infections

Inner ear infections are often caused by the common cold, which spreads through the tube that connects your ears and nose (the Eustachian tube). They can also be caused by common childhood illnesses such as measles.

The signs and symptoms of acute otitis media (middle ear infection) may range from very mild to severe:

- The fluid in the middle ear may push on the eardrum, causing ear pain. An older child may complain of an earache, but a younger child may tug at the ear or simply act irritable and cry more than usual.
- Lying down, chewing, and sucking can also cause painful pressure changes in the middle ear, so a child may eat less than normal or have trouble sleeping.
- If the pressure from the fluid buildup is high enough, it can cause the eardrum to rupture, resulting in drainage of fluid from the ear. This releases the pressure behind the eardrum, usually bringing relief from the pain.

Fluid buildup in the middle ear also blocks sound, which can lead to temporary hearing difficulties . A child may:

- not respond to soft sounds
- turn up the television or radio
- talk louder
- appear to be inattentive at school

Other symptoms of acute otitis media can include:

- fever
- nausea
- vomiting
- dizziness

**It is best to stay home until symptoms subside.**



## Hand, foot and mouth disease

This illness is caused by the Coxsackie Virus and usually presents with sudden onset of sore throat, fever and greyish lesions on the mouth, fingers, palms and soles of feet and occasionally the genitals.

The incubation period is 3-6days and the symptoms usually last a few days, up to 1 week.

Treatment is general management of infectious illness.

**It is best to stay home until child is well enough to attend nursery.**



# Head Lice

Always be open if your child or someone you know has been infested with Head lice.

We want children to know that Head lice infestation is a normal part of school life. There is no shame and there should be no secrets.

Remember, as adults how we handle these situations paints your child's view of the world.

A more detailed information sheet is available in Nursery.

## Facts about Head lice

Head lice are small 6 legged wingless insects that live in the hair close to the scalp where it is warm and easy for them to feed. They are pin-headed size when they hatch, less than match-headsize when fully grown and difficult to see in the hair. The eggs are glued individually to hairs near the scalp. Unhatched eggs are dull in colour and hard to see, but after the lice have hatched the empty egg sacs –called nits- are white and easier to see. Many people mistake the empty egg sacs or nits for head lice when they are actually evidence of a previous infestation of head lice..

Head lice infestation is common. Anyone with hair can get them, but children, tend to get them more as they put their heads together often.

## Detection

Head lice cannot be prevented but regular checking and brushing of hair ensure that any present in the hair are detected and can be treated.

The best method of detection is wet combing.  
Children's hair should be checked weekly during hair washing.



**Wet combing: You will need, shampoo, conditioner, normal comb and fine tooth comb.**

## Treatment

There are two methods of treatment: Insecticide or Bug Busting

Discuss with Doctor, Nurse or Pharmacist.

All children receive free treatment and the Pharmacist can advise on best method for your child.

Always tell the Nursery Staff if your child has been in contact with anyone infested with Head Lice.

# Influenza

Influenza, commonly known as "the flu," is a highly contagious viral infection of the respiratory tract. Although the flu affects both sexes and all age groups, kids tend to get it more often than adults. The illness even has its own season — from November to April, with most cases occurring between late December and early March. The flu is often confused with the common cold, but flu symptoms are usually more severe than the typical sneezing and stuffiness of a cold.

Symptoms of the flu may include:

- fever
- chills
- headache
- muscle aches
- dizziness
- loss of appetite
- tiredness
- cough
- sore throat
- runny nose
- nausea or vomiting
- weakness
- ear pain
- diarrhoea



Spread by virus-infected droplets that are coughed or sneezed into the air, the flu is contagious. People infected with the flu are contagious from a day before they feel sick until their symptoms have resolved (usually about 1 week for adults, but can be up to 2 weeks for young kids).

# Impetigo

Impetigo is a highly contagious bacterial infection of the skin, most common in children, normally occurring between the ages of two and four. The rash typically appears 4-10 days after you have been infected with the bacteria. Small blisters develop at first. You may not see the blisters as they usually burst to leave scabby patches on the skin. Sometimes only one or two patches develop. They often look like moist, golden crusts stuck on to the skin. An area of redness (inflammation) may develop under each patch. Sometimes affected skin is just red and inflamed - especially if the 'crust' is picked or scratched off.

The face is the most common area affected but impetigo can occur on any part of the skin. Patches of impetigo vary in size, but are usually quite small - a centimeter or so to begin with. Smaller 'satellite' patches may develop around an existing patch and spread outwards.

Impetigo will normally resolve without the need for treatment within two to three weeks. Antibiotic creams are normally used to treat the infection, to minimise the risk of the condition spreading.

Impetigo is normally not serious, though it is important to take precautions to avoid spreading it to other people, especially newborn babies. These include carefully washing hands after touching the affected areas of skin and not sharing towels or bed linen.

Most people will no longer be contagious after 48 hours of antibiotic treatment or once their sores have dried up and healed.

**It is best to stay home until 48 hours of antibiotic treatment or once their sores have dried up and healed.**



# Slapped Cheek disease

Slapped cheek syndrome is a virus that only affects humans. It is also known as Erythema Infectiosum or Fifth disease, because it is the fifth most common disease caused by a rash in children. Slapped cheek syndrome is caused by a virus called parvovirus B19.

The symptoms of slapped cheek syndrome can vary from a minor illness, possibly with headache, mild fever and sore throat, to erythema infectiosum, which produces a typical rash that appears on the cheeks, hence its name 'slapped cheek'.

It is thought that 60% of all adults in the UK have been infected with parvovirus B19 at some point. It usually affects people when they are children, between the ages of 4-12 years old. An increase in the number of infections occurs every 3-4 years, usually in schoolchildren.

Once you have had the infection, it is likely you will be immune to the virus.

**It is best to stay home until child well enough to attend nursery or school.**



# Threadworms

Also known as pinworms, they are tiny parasitic worms that hatch eggs in and infect the large intestine of humans. They are the most common type of worm infection in the UK, and they are particularly common in young children, infecting up to half of all children under the age of 10. Threadworms are white and look like a small piece of thread. You may notice them around your child's bottom or in your or your child's stools (poo).

You can treat threadworms yourself with medication available at pharmacies. However, treatment does not kill the eggs hatched by threadworms. Good hygiene is the only way to prevent the eggs from spreading and causing further infection.

See your GP if you think that you or your child has threadworms and:

- You're pregnant or breastfeeding.
- Your child who has threadworms is under the age of two.

## How are threadworms spread?

Threadworms are spread from person-to-person as a result of poor hygiene. If one member of a household is infected, there is a high risk that other members will also be infected. It is therefore necessary to treat the entire household and to practise particularly thorough hygiene for six weeks (this is how long the worms live) to prevent re-infection.

Threadworms can be prevented from occurring by always maintaining good hygiene. Children should wash their hands regularly, particularly after going to the toilet and before mealtimes. Encouraging your children not to scratch the affected area around their anus will help prevent re-infection and help to avoid a skin infection.

As **itching** is worse at night, wearing cotton gloves while sleeping may help.

### **My child has threadworms – should they be allowed to go to Nursery?**

A threadworm infection should be treated as soon as it's identified, but the Health Protection Agency advises that it is not necessary to stay off work or school.

At Nursery we follow good hygiene practices to limit the spread of infection. These will include:

- cleaning toys and equipment
- encouraging children to wash their hands regularly

# Urinary Tract infections

Signs and symptoms of UTIs vary depending on the child's age and on which part of the urinary tract is infected. In younger children and infants, the symptoms may be very general. The child may seem irritable, begin to feed poorly, or vomit. Sometimes the only symptom is a fever that seems to appear for no reason and doesn't go away.

In older kids and adults, symptoms can reveal which part of the urinary tract is infected. In a bladder infection, the child may have:

- pain, burning, stinging sensation when urinating
- an increased urge to urinate or frequent urination (though a very small amount of urine may actually be produced)
- fever (though this is not always present)
- frequent night waking to go to the bathroom
- wetting problems, even though the child is toilet taught
- low back pain or abdominal pain in the area of the bladder (generally below the navel)
- foul-smelling urine that may look cloudy or contain blood

Many of these symptoms are also seen in a kidney infection, but the child often appears more ill and there is more likely to be fever with shaking chills, pain in the side or back, severe fatigue, or vomiting.