

MANAGING INFECTIOUS DISEASE IN CHILDCARE SETTINGS

Informational Guidelines
for Directors, Caregivers, and Parents
4th Edition



Department of Health and Social Services
Delaware Division of Public Health
Office of Infectious Disease Epidemiology
Revised 2020



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About this book

This manual is the 4th edition of the *Infectious Diseases in Childcare Settings*. It was developed as a tool to encourage common understanding among caregivers, teachers, families, and healthcare professionals about infectious diseases and to aid with efforts for reducing illnesses, injuries and other health problems in childcare settings. The title has been updated to reflect the true purpose of its content.

This guide explains the importance of health histories and immunizations, ways to prevent and control the spread of communicable diseases, symptoms of common infections seen in childcare settings, how infections are spread, when to seek medical care, inclusion/exclusion criteria, and provides fact sheets and sample letters to give to parents.

The information in this guide is based on current evidence-based literature and the latest recommendations addressing health and safety in childcare settings from the following organizations:

- American Academy of Pediatrics
- American Public Health Association
- Centers for Disease Control and Prevention
- US Department of Health and Human Services


With special thanks to Emily Robinson, BSN, RN, and Jamie Ahlers, BS for their dedication to manual revisions.

The information contained in this manual is not meant to replace the medical advice of pediatricians or other pediatric health professionals. All resource materials, including internet-based web sites, have been updated, but are subject to change.

Please direct questions and concerns regarding the content of this manual to:



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 417 Federal Street
 Dover, Delaware 19901
 888-295-5156



Chapter 1: Introduction

Keeping our Children Healthy

Illnesses caused by infectious diseases occur frequently in young children. Children enrolled in out-of-home childcare settings, such as daycare centers and preschools, are at an increased risk for exposure to many of the most common contagious diseases. Young children enrolled in childcare have not been exposed to many infections and diseases. Often, they have not received all their recommended vaccinations and have no resistance to germs. Infants and toddlers eat and play close together. They are curious and have frequent hand-to-mouth behaviors. In addition, wherever there are children in diapers, the spread of diarrheal diseases may occur as the result of improper diaper changing sanitation or poor handwashing. These sorts of behaviors are also common modes of transmission for a variety of illnesses.

Families in the workforce rely on childcare centers to provide safe, healthy, and caring environments for their children. Over the past several years, the number of children enrolled in out-of-home childcare centers has increased. This has caused larger numbers of children to be exposed to infectious diseases. When children get sick, they can spread infections to other children, childcare providers, and their family members at home. Individuals who are not experiencing symptoms can still spread many infections. In general, solely sending home (excluding) mildly ill children is not an effective way to control the spread of most germs. Research shows that methods to prevent and control infectious diseases in childcare settings are important to reducing the number of child infections and keeping children healthy.

Delaware's early care providers, teachers, families, and health professionals are committed to keeping all children healthy. This manual can help. Inside are 50 disease fact sheets specifically meant for childcare settings. Each one explains ways to recognize and minimize the spread of infectious disease and can help staff determine when children or staff should be excluded or readmitted to childcare facilities. These fact sheets may be copied and distributed to parents and staff.





Chapter 2: Health History & Immunizations

Health History Policy for Children

You need to know the health history and medical emergency information for every child in your care. Each child should also have a current health appraisal on file signed by a licensed healthcare provider. This health appraisal should include a description of any disability or impairment that may affect adaptation to childcare.

When a child enrolls in your childcare facility, you should find out:

- Contact information for parents: names, addresses, work, home and cell phone numbers.
- Two secondary contacts if parents cannot be reached (same contact information as above).
- The child's regular healthcare provider's name, address, and phone numbers.
- The name, address, and phone numbers for the hospital the child's family uses.
- The date of the child's last physical examination.
 - Any child who has not had a well-baby or well-child examination within the past 6 months should be examined within 30 days of entering your facility.
- Any health problems or medical conditions the child has (e.g. allergies, asthma, seizures).
 - These conditions can cause sudden attacks that may require immediate action
 - Ensure you know the specific procedures to manage these medical conditions
 - You should know:
 - What happens to the child during a crisis related to the condition
 - How to prevent a crisis and how to help manage a crisis
 - Whether you need training in a particular emergency procedure

Immunization Policy for Children

The State of Delaware requires you to have written proof of each child's vaccinations. You should verify that each child in your care facility is up to date on vaccinations and has an Immunization Certificate on file at your facility.

Children in childcare facilities are at increased risk for infectious disease because of the extended periods of time they spend in close contact with other children. Several diseases that can cause serious illness for children and adults can be prevented by vaccination. Vaccination is the most effective way to ensure transmission of these diseases do not occur within a childcare facility. Many of these diseases are becoming less common because most people have been vaccinated against them. However, cases still occur, which is why ongoing vaccinations are so important.

- ✚ **Children who are not up to date on their vaccinations should be taken out of childcare (excluded) until they have begun the series of shots needed.**
- ✚ **State law also requires that all children undergo lead screening at 1 year of age. Children with Medicaid must also be screened again at 2 years of age.**

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILDCARE LICENSING**

Family Childcare
Large Family Childcare Home
Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
<input type="checkbox"/> Other _____	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING HEALTHCARE PROVIDER

CODE: X - Within Normal Limits O - See Remarks Below

_____ Scalp, Skin	_____ Heart	_____ Vision	_____ Ear, Nose	_____ Lungs
_____ Hearing	_____ Throat	_____ Abdomen	_____ Blood Pressure	_____ Eyes
_____ Genitalia	_____ Teeth	_____ Extremities	_____ Neck, Glands	_____ Nervous System
_____ Height	_____ Weight			

REMARKS AND RECOMMENDATIONS _____

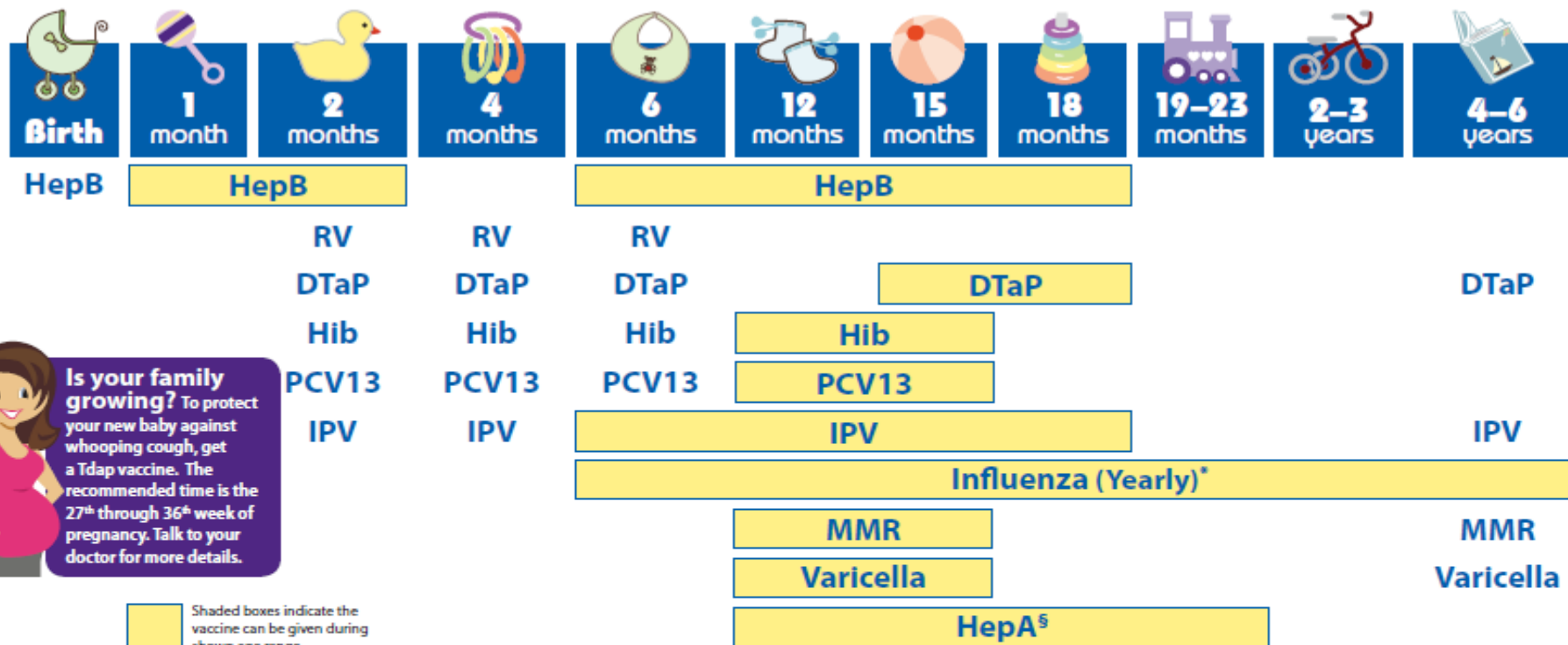
IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/ Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /	/ /	/ /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____ o M.D. o P.N.P. Date: _____

Printed Name: _____ Telephone: _____

2019 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

NOTE:
If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:
* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.
If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

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Health History & Immunization Policy for Childcare Providers

Children, especially those in groups, are more likely to get infectious diseases than adults. However, as a childcare provider, you will be exposed to infectious diseases more frequently than someone who has less contact with children. To protect yourself and the children in your care, you need to know what immunizations you received as a child and whether you had certain childhood diseases. If you are not sure, your healthcare provider can test your blood to determine if you are immune to some of these diseases and can vaccinate you against the ones you are not immune to. In certain situations, boosters may be needed as well

Childcare providers, paid staff and volunteers, shall also have a health appraisal signed by a licensed healthcare provider on file at the facility. This includes a health history, physical examination, immunization status, vision/hearing screening, tuberculosis (TB) screening (see below), and assessment of any health-related limitations or communicable diseases that may impair the caregiver's ability to perform specific job duties.

CDC Recommended Vaccinations for Childcare Providers

IMMUNIZATION	CDC RECCOMENDATION
Hepatitis A (HepA)	Vaccination for all childcare providers who might have contact with immigrant children arriving from countries where Hepatitis A is common. The HepA vaccination is given in 2 or 3 doses.
Hepatitis B (HepB)	Vaccination for childcare providers who do not have documented verification of the completed Hepatitis B vaccination series. The HepB vaccine is given in a series of 3 doses.
Influenza (flu)	Vaccination for all childcare providers every year. Please remember it takes 2 weeks to build immunity after receiving the flu vaccine.
Measles, Mumps, Rubella (MMR)	Vaccination for all childcare providers who were born in or after 1957 who have not received the MMR vaccine, or those who have not had a blood test that shows immunity to measles, mumps, and rubella. The MMR vaccine is given in 2 doses, 4 weeks apart.
Tetanus, Diphtheria, Pertussis (Tdap, Td)	As of 2015, vaccination for all childcare providers in a one-time Tdap dose with a Td booster every 10 years.
Varicella (Chickenpox)	Vaccination for all childcare providers who have not had chickenpox, been vaccinated against chickenpox, or had a blood test that showed immunity to chickenpox. The Varicella vaccine is given in 2 doses, 4 weeks apart.

Tuberculosis (TB) Screening

- Persons who are beginning work as childcare providers should have a TB skin test (TST) to check for infection with the TB virus.
- A TST is not needed for childcare providers who have documentation of a previous positive test result or for those who have been treated active TB in the past.
- The first-time childcare providers are tested for TB they must follow a 2-step method. This means if the first test result is negative, the skin test is repeated 1-3 weeks later.
- Persons who have negative results from their skin tests when they start childcare work should have their skin tests repeated every 2 years while the results are still negative.

ADULT HEALTH APPRAISAL FOR CHILD CARE

PRINT NAME _____ DATE OF BIRTH _____

DATE OF HEALTH EXAMINATION _____

Type of Activity in Child Care (check all applicable):

- Caring for Children
 Adult Member of Household
 Food Preparation
 Driver of Vehicle
 Desk Work
 Facility Maintenance
 Other _____

THIS SECTION IS TO BE COMPLETED BY HEALTH PROFESSIONAL WHO DOES HEALTH APPRAISAL

1. As shown by your physical examination, is this individual physically and emotionally healthy and able to perform the tasks needed to provide adequate care for children?	Yes	No
If no, please explain:		
2. Does this individual have any special medical problems that might interfere with the health of children or might prohibit the individual from providing adequate care for children?	Yes	No
If yes, please explain:		
3. Is this individual free from communicable diseases?	Yes	No
If no, please explain:		
4. This individual has had a tuberculosis (TB) determination conducted within the past 12 months by (check one): A negative skin test or TB risk assessment <input type="checkbox"/> Yes <input type="checkbox"/> No OR A positive skin test followed by one negative x-ray and an asymptomatic history at this health appraisal. <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF BOTH ARE "NO" RESPONSES, PLEASE EXPLAIN AND PROVIDE PLAN FOR FOLLOW-UP:		

PRINT Name of Health Care Professional Licensed to Perform Health Appraisals _____ Telephone Number _____

PRINT Address of Health Care Professional Licensed to Perform Health Appraisals _____

Signature of Health Care Professional Licensed to Perform Health Appraisals _____ Date _____

Things You Need to Know about Immunizations

1. "Why should my child be immunized?"

Children need immunizations (shots) to protect them from dangerous childhood diseases. These diseases can cause serious complications and even death.

2. "What diseases do vaccines prevent?"

- Diphtheria
- *Haemophilus influenzae* type b (Hib disease)
- Hepatitis A (HVA)
- Hepatitis B (HBV)
- Human Papillomavirus (HPV)
- Influenza (flu)
- Measles
- Meningococcal meningitis
- Mumps
- Polio
- Pertussis (Whooping Cough)
- Pneumococcal disease
- Rotavirus
- Rubella (German Measles)
- Tetanus
- Varicella (chickenpox)

3. "How many shots does my child need?"

The following vaccinations are recommended by age two:

- **Chickenpox (varicella) vaccine:** 1 dose at 12-15 months of age.
- **Diphtheria, tetanus, & pertussis (DTaP) vaccine:** 4 doses total. At 2 months, 4 months, 6 months, and 15-18 months of age.
- **Influenza (flu) vaccine:** Every year by the end of October, if possible, starting at 6 months.
- **Haemophilus influenzae type b (Hib) vaccine:** 3-4 doses total. At 2 months, 4 months, 6 months (if needed; depends on brand), and 12-15 months of age.
- **Hepatitis A vaccine:** 2 doses total. At 12-23 months of age and a second dose 6 months following first dose.
- **Hepatitis B vaccine:** 3 doses total. Shortly after birth, at 1-2 months of age, and at 6-18 months of age.
- **Measles, mumps, & rubella (MMR) vaccine:** 1 dose at 12-15 months of age; however, infants 6-11 months old should have one dose of MMR vaccine before traveling abroad.
- **Pneumococcal (PCV13) vaccine:** 4 doses total. At 2 months, 4 months, 6 months, and 12-15 months of age.
- **Polio (IPV) vaccine:** 3 doses total. At 2 months, 4 months, and 6-18 months of age.
- **Rotavirus (RV) vaccine:** 2-3 doses total. At 2 months and 4 months of age (for Rotarix brand); or 2 months, 4 months, and 6 months of age (for RotaTeq brand).

4. "Are the vaccines safe?"

Serious reactions to vaccines are extremely rare but do occur. However, the risks of serious disease from not vaccinating are far greater than the risks of serious reaction to the vaccination. Vaccine Information Statements (VIS) are available at: <http://www.cdc.gov/vaccines/hcp/vis/index.html>

5. "What do I do if my child has a serious reaction?"

If you think your child is experiencing a serious reaction to a vaccine, call your healthcare provider or seek immediate medical attention. Your healthcare provider should file a Vaccine Adverse Event Report (VAER) form. You may also contact the National Vaccine Injury Compensation Program at 1-800-338-2382 for additional information.

6. "Why can't I wait until school to have my child immunized?"

Children under five are especially susceptible to disease because their immune systems have not built up the necessary defenses to fight infection. By immunizing on time (by age 2), you can protect your child from disease and protect others at school or daycare.

7. "Why is a vaccination health record important?"

A vaccination health record helps you and your healthcare provider keep your child's immunizations on schedule. A record should be started at birth when your child receives his/her first vaccination and updated each time your child receives the next scheduled vaccination. This information will help you if you move to a new area or change healthcare providers, or when your child is enrolled in daycare or starts school. Remember to bring this record with you every time your child has a healthcare visit.

8. "Where can I get free vaccines?"

A federal program called Vaccines for Children (VFC) provides free vaccines to eligible children, including those without health insurance coverage, those who are enrolled in Medicaid, American Indians and Alaskan Natives, and those whose health insurance does not cover vaccines.

9. "Where can I get more information?"

You can call the Delaware Public Health Immunization Program at 1-800-282-8672 or the CDC Information Contact Center at 1-800-232-4636 (800-CDC-INFO). Further information regarding vaccines and immunizations can be found at: <http://www.cdc.gov/vaccines/>





Chapter 3: Infection Overview

In a childcare setting, there are numerous opportunities for germs to spread such as close personal contact and poor hygiene of young children. “Germ” is the common term for a large variety of microorganisms (an organism too small to be seen without a microscope) that can grow in or on people. Germs include bacteria, viruses, parasites, and fungi. Infection is the term used to describe a situation in which the germ causes disease, which can sometimes present with or without symptoms.

Infection Spread by Direct Contact with People or Objects

- Infection can spread through direct contact with an infected area of someone’s body.
- It can spread through contact with hands, substances, or surfaces that are contaminated with infectious material (e.g. saliva, wounds, stool from diapers).
- Many objects can absorb, hold, and transport germs for varying lengths of time.
- In childcare settings, the surfaces of floors, activity and food tables, diaper changing tables, doorknobs, restrooms, toys, and fabric objects can have many germs on them if they are not properly cleaned and sanitized.
- Close proximity to respiratory secretions can spread a variety of respiratory germs.
- Examples of infections spread by direct contact include impetigo, lice, and scabies.

Infection Spread by the Respiratory Route (Airborne)

- Airborne transmission usually happens when an infected person coughs or sneezes and releases tiny particles containing germs into the air, which are breathed in by others.
- Particles can also land on surfaces, dry, and be released back into the air attached to dust, which can be breathed in by others.
- These particles may remain suspended in the air for long periods depending on the disease and persons have become infected simply by being in a room after an infected person has left.
- Special ventilation and masks must be used to prevent healthy people from breathing in airborne germs. This makes airborne infections highly contagious.
- Examples of airborne infections include measles, chickenpox, and tuberculosis (TB).

Infection Spread by the Respiratory Route (Droplet)

- Droplet transmission occurs when an infected person coughs or sneezes, releasing droplets containing germs into the air, which are breathed in by others.
- Droplets don’t usually travel far (3-6 feet) and quickly fall to the ground.
- Droplet infections can also spread when an individual touches an object contaminated with respiratory secretions and then touches his or her eyes, nose, or mouth.
- Hands are the most common surfaces that spread respiratory droplets.
- Teaching children to cover their mouths and noses with a tissue or the inside of their elbow when coughing or sneezing helps to limit the spread of these germs.
- It is best to use a disposable tissue to cover a cough or sneeze then wash hands before touching anything else.
- Hand sanitizers should be readily available for use when immediate washing with soap and water is not possible and should be used under adult supervision.

- Examples of infections spread by droplets are influenza (flu), mumps, and roseola.

Infection Spread by the Fecal-Oral Route

- Oral-fecal transmission means the disease is spread by putting something into the mouth that has been contaminated with the stool of an infected person.
- This typically happens when individuals place contaminated fingers or objects into their mouths or consume contaminated food or drinks.
- Infection is often spread by not properly washing hands after bowel movements or changing diapers, or before preparing foods.
- Children in diapers present a high risk for the spread of stomach and digestive infections through contamination of hands or surfaces with stool.
- Examples of infections spread by the fecal-oral route are rotavirus and shigellosis

Infection Spread through Blood, Urine, or Saliva

- Some infections are spread through contact with contaminated blood and bodily fluids. This happens when germs from infected blood and bodily fluids enter the body through mucous membranes, cuts, abrasions, and human bites.
- Saliva and urine often contain viruses long after a child has recovered from an illness.
- Good handwashing and standard precautions can prevent the spread of these viruses.
- Because it is impossible to know who might have a blood borne disease, routine use of standard precautions is important.
- Examples of infections spread through blood include viral hepatitis, Cytomegalovirus (CMV) and Human Immunodeficiency Virus (HIV).
- An example of infections spread through urine is Cytomegalovirus (CMV)
- Examples of infections spread through saliva include Influenza (flu), cold sores, CMV, and strep throat can be spread through saliva.

Standard Precautions

Proper hand washing

Use of personal protective equipment (e.g., disposable gloves, masks, eyewear)

Cough etiquette (coughing/sneezing into a tissue or the inside of an elbow)

Clean and disinfect environmental surfaces using approved cleaners and disinfectants



Chapter 4: Infection Control Measures

Importance of Cleaning and Disinfecting

Cleaning, sanitizing, and disinfecting are three of the most important methods for preventing infectious disease in childcare settings.

- **Good mechanical cleaning** (scrubbing with soap and water) removes germs, dirt, and grime from objects and surfaces.
- **Sanitizing** reduces the number of germs on objects or surfaces to a safe level.
- **Disinfecting** does not remove germs or clean surfaces. Instead, disinfecting uses chemicals to kill germs on objects and surfaces.

Surfaces most likely contaminated are the ones children are routinely in contact with, including toys they put in their mouths, crib rails, food preparation areas, doorknobs, and diaper-changing areas. It is important to routinely clean and disinfect these surfaces.

Disinfection

- Some items and surfaces should be disinfected after cleaning with soap and water.
- Items that can be washed in a dishwasher, or the hot cycle of a washing machine, do not have to be disinfected because these machines use water that is hot enough for a long enough time to kill most germs.
- Commercial products that meet the Environmental Protection Agency's (EPA's) standards for "hospital grade" germicides (solutions that kill germs) may be used for disinfection.
- A homemade solution of household bleach and water is another alternative.
 - Bleach is cheap and easy to obtain.
 - Bleach solution kills most germs and is safe if handled properly.
 - Directions for making a bleach disinfection solution is provided below

Recipe for Bleach Disinfecting Solution

Recipe for Weaker Bleach Solution

*For use in bathrooms, diapering areas, etc.

*For use on toys, eating utensils, etc.

1/4 cup bleach per 1-gallon cool water

1 tablespoon bleach per 1-gallon cool water

OR

1 tablespoon bleach per 1-quart cool water

Note: *Never mix bleach with anything but fresh tap water. Other chemicals may react with bleach, creating and releasing a toxic gas.*

Directions:

- ✚ Add the bleach to the water. A solution of bleach and water loses its strength very quickly and easily so it should be mixed fresh each day to make sure it is effective. Any leftover solution should be discarded at the end of the day.
- ✚ Label all spray bottles of bleach to prevent accidents.
- ✚ Keep the bleach solution you mix each day in a cool place out of direct sunlight and out of the reach of children.

Washing and Disinfecting Bathrooms and other Surfaces

Bathroom surfaces such as faucets, handles, and toilet seats should be washed and disinfected several times a day and whenever obviously soiled. Bleach and water solution, chlorine-containing scouring powders, or other commercial bathroom surface cleaners/disinfectants can be used in these areas.

Surfaces that infants and toddlers are likely to touch or put in their mouths should be washed with soap and water and disinfected at least once daily and whenever visibly soiled. To disinfect these surfaces, soak with disinfectant for at least 10 minutes and then thoroughly wipe with a fresh towel moistened with tap water. Do not to use a toxic cleaner on surfaces likely to be mouthed.

Washing and Disinfecting Diaper Changing Areas

Diaper changing **areas**:

- cannot be located in food preparation areas or used for placement of food or utensils
- should be conveniently located and washable
- should be positioned to allow caregivers the ability to maintain constant sight and proper supervision of children

Diaper changing **tables** should:

- be moisture-proof, nonabsorbent, smooth surfaces that do not trap soil
- be easy to clean and disinfect
- have a raised edge to prevent a child from falling off
- be next to a sink with running water
- be at a convenient height for childcare providers
- be out of reach of children

Diaper changing areas should be cleaned and disinfected after each diaper change as follows:

- Clean the surface with soap and water and rinse with clear water.
- Dry the surface with a paper towel.
- Thoroughly wet the surface with the recommended bleach solution and air dry

Washing Potty Chairs and Toilets

Potty chairs are difficult to keep clean and out of reach of children. Small-size flushable toilets or modified toilet seats and step aids are preferable. If potty chairs are used for toilet training, you should use potty chairs only in the bathroom area and out of reach of toilets or other potty chairs.

After each use of a potty chair, you should:

- Carefully empty the contents into a toilet. Do not splash or touch the toilet water.
- Rinse the potty with water from a sink used only for custodial cleaning. Do not rinse the potty in a sink used for washing hands or a sink used for food preparation.
- Dump the rinse water into the toilet.
- Wash and disinfect the potty chair, the sink, and all exposed surfaces.
- Wash your hands thoroughly.

Washing and Disinfecting Toys

Toy Basics:

- Because children and toddlers frequently put toys in their mouths, whenever possible, they should not share toys.
- Toys consistently used by infants and toddlers should be washed and disinfected between uses by individual children.
- If you cannot wash a toy, it is probably not appropriate for an infant or toddler.
- Children in diapers should only have washable toys.
- Each group of children should have its own toys and toys should not be shared with other groups or classrooms.

Handling dirty toys:

- When an infant or toddler finishes playing with a toy, you should retrieve it from the play area and put it in a bin reserved for dirty toys. This bin should be out of reach of the children.
- Toys can be washed later, at a more convenient time; then transferred to a bin for clean toys and safely reused by other children.

Steps to wash and disinfect hard plastic toys:

- Using warm, soapy water, scrub the toy with a brush to reach into the crevices.
- Rinse the toy in clean water.
- Immerse the toy in a mild bleach solution and allow it to soak for 10-20 minutes.
- Remove the toy from the bleach solution, rinse well and allow to air dry

Dishwasher and washing machine cleaning:

- Hard plastic toys that are washed in a dishwasher and cloth toys washed in the hot water cycle of a washing machine do not require additional disinfection.
- Stuffed toys used by only a single child should be cleaned in a washing machine every week or more frequently if heavily soiled.

Toys and equipment used by older children and not put into their mouths should be cleaned at least weekly and when visibly soiled. A soap and water wash followed by clear water rinsing and air-drying should be adequate. No disinfection is required.

Do not use wading pools, especially for children in diapers.

Water play tables can increase the risk of disease transmission. To prevent this:

- Disinfect the table with bleach solution before filling it with water.
- Disinfect all toys to be used in the table with bleach solution.
- Avoid using sponge toys. They can trap bacteria and are difficult to clean.
- Have all children wash their hands before and after playing in the water table.
- Do not allow children with open sores or wounds to play in the water table.
- Carefully supervise the children to make sure they do not drink the water.

Washing and Disinfecting Clothing

- Do not wash or rinse clothing soiled with fecal matter in the childcare setting.
- You may empty solid stool into the toilet being careful not to splash or touch toilet water with your hands. Put the soiled clothes in a plastic bag and seal the bag to await pick up by the child's parent or guardian at the end of the day.
- Always wash your hands after handling soiled clothing.
- Explain to parents that washing or rinsing soiled diapers and clothing increases the risk of exposure to germs that cause disease. Although receiving soiled clothes is not pleasant, remind parents that this policy protects the health of all children and providers at the facility.

Washing and Disinfecting Linen and Furnishings

- Each item of sleep equipment, including cribs, cots, mattresses, blankets, sheets, etc., should be cleaned and sanitized before being assigned to a specific child.
- Bedding items should be labeled with that child's name and should only be used by that child. Children should not share bed linens.
- Infants' linens should be cleaned and sanitized daily.
- Crib mattresses should be cleaned and sanitized weekly and when soiled or wet.
- Linens from beds of older children should be laundered at least weekly and whenever soiled. However, if a child inadvertently uses another child's bedding, you should change the linen and mattress cover before allowing the assigned child to use it again.

Cleaning up Body Fluids

- Spills of body fluids, including blood, feces, vomit, urine, nasal and eye discharges, and saliva should be cleaned up immediately.
- Wear disposable gloves and be careful not to get any of the fluid you are cleaning in your eyes, nose, mouth, or any open sore.
- Clean and disinfect any surfaces contaminated by body fluids.
- Any material that has been contaminated by bodily fluids should be securely sealed in plastic bag and discarded.
- Discard disposable gloves and wash hands thoroughly after cleaning up any body fluids.

Mops used to clean up body fluids should be:

- Cleaned and rinsed with a disinfecting solution
- Wrung as dry as possible and hung to dry completely

The Diaper Changing Station

- The diaper changing station should be next to a sink with running water so that you can wash your hands without leaving the child unattended.
 - Never leave a child alone unattended on the changing station.
 - If a sink is not within reach of the changing station, wipe your hands with a pre-moistened towelette, return the child to a safe area, and then wash your hands.
- Diapering surfaces should be smooth, non-absorbent, and easy to clean.

- Do not change diapers in areas that come in close contact with children during play, such as furniture or the floor.

Diaper Changing Supplies

- Always keep the diaper changing station stocked with necessary supplies:
 - Disposable changing pads to cover changing surface
 - Fresh diapers
 - Disposable baby wipes or pre-moistened towelettes
 - Child's personal, labeled ointment (if provided by parents)
 - Plastic bags for soiled clothing
 - Disposable gloves (if used)
 - Trash disposal bag

Should Gloves be worn?

- Disposable gloves are not necessary for changing diapers.
- If you choose to wear disposable gloves:
 - make sure you do so consistently in your childcare setting
 - put them on before touching soiled clothing or diapers
 - remove before touching clean diapers or surfaces

What about Rinsing?

- Never wash or rinse diapers or clothing soiled with fecal material in the childcare setting.
 - Rinsing increases the risk of infection (splashing and contamination)
 - All soiled clothing should be bagged and sent home with the child without rinsing
 - You may dump solid feces into a toilet
 - Educate parents about the importance of this procedure to prevent any misunderstandings



Safe and Healthy Diapering to reduce the spread of germs

Keep a hand on the child for safety at all times!



1. PREPARE

- Cover the diaper changing surface with disposable liner.
- If you will use diaper cream, dispense it onto a tissue now.
- Bring your supplies (e.g., clean diaper, wipes, diaper cream, gloves, plastic or waterproof bag for soiled clothing, extra clothes) to the diapering area.



2. CLEAN CHILD

- Place the child on diapering surface and unfasten diaper.
- Clean the child's diaper area with disposable wipes. Always wipe front to back!
- Keep soiled diaper/clothing away from any surfaces that cannot be easily cleaned. Securely bag soiled clothing.



3. REMOVE TRASH

- Place used wipes in the soiled diaper.
- Discard the soiled diaper and wipes in the trash can.
- Remove and discard gloves, if used.



4. REPLACE DIAPER

- Slide a fresh diaper under the child.
- Apply diaper cream, if needed, with a tissue or a freshly gloved finger.
- Fasten the diaper and dress the child.



5. WASH CHILD'S HANDS

- Use soap and water to wash the child's hands thoroughly.
- Return the child to a supervised area.



6. CLEAN UP

- Remove liner from the changing surface and discard in the trash can.
- Wipe up any visible soil with damp paper towels or a baby wipe.
- Wet the **entire surface** with disinfectant; make sure you read and follow the directions on the disinfecting spray, fluid or wipe. Choose disinfectant appropriate for the surface material.



7. WASH YOUR HANDS

- Wash your hands thoroughly with soap and water.



Centers for Disease
Control and Prevention
National Center for Emerging and
Zoonotic Infectious Diseases

Handwashing

The single most effective practice that prevents the spread of germs in the childcare setting is good handwashing. You can stop the spread of germs by washing your hands and teaching children in your care good handwashing practices.

When Children Should Wash their Hands:

- Upon arrival at the childcare facility and before going home
- Immediately before and after eating
- After using the toilet or having their diapers changed
- Before and after using water tables
- After playing on the playground
- After handling pets, pet cages, or other pet objects
- After coughing, sneezing, or wiping nose, or contact with other bodily fluids
- Whenever hands are visibly dirty

When Providers Should Wash their Hands:

- Upon arrival to the childcare facility and before going home
- Immediately before handling food, preparing bottles, or feeding children
- After using the toilet, assisting a child using the toilet, or changing diapers
- After coughing, sneezing, blowing nose or assisting child to wipe nose
- After contact with any body fluids (e.g. nasal drainage, vomit, saliva, feces)
- After handling pets, pet cages, or other pet objects
- Whenever hands are visibly dirty
- After cleaning up a child, bathroom items, or toys
- After removing gloves used for any purpose*
- Before giving or applying medication or ointment to a child or self

* If gloves are used, hands should be washed immediately after gloves are removed. Use of gloves alone will not prevent contamination of hands or spread of germs and should not be considered a substitute for hand washing. Properly dispose of gloves out of reach of children.

How to Wash Your Hands:

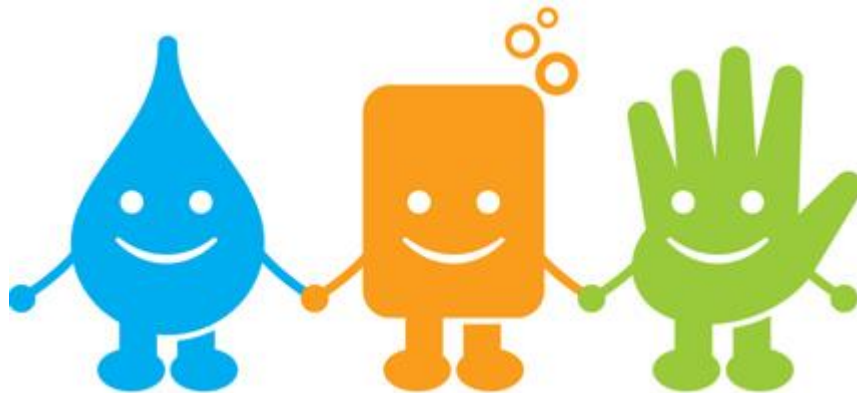
- **Wet** hands with clean, cold or warm running water
- **Apply** liquid soap to hands. Antibacterial soaps may be used but are not required.
- **Lather** hands with the soap by rubbing hands together. Rub the front and back of hands, between fingers, and under nails.
- **Scrub** hands vigorously for at least 20 seconds.
- Humming the song “Happy Birthday” twice is a good way to make sure hands are scrubbed long enough.
- **Rinse** hands thoroughly under clean, running water.
- **Dry** hands with a clean disposable towel or air dry them.
- **Turn off** the faucet using the disposable towel.
- **Discard** the used towel in a trashcan lined with a fluid-resistant (plastic) bag. Trashcans with foot-pedal operated lids are preferable.

Assisting Children with Hand Washing:

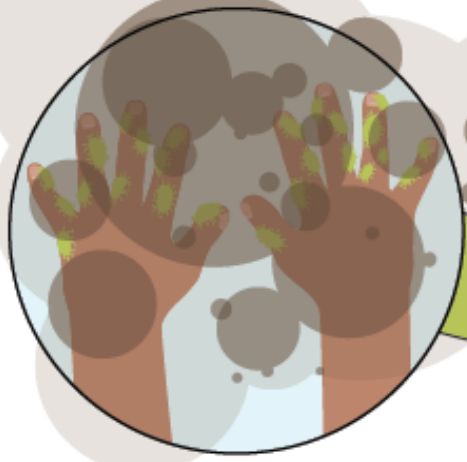
- When assisting a child with handwashing, either hold the child or have the child stand on a safety step at a height at which the child's hands can hang freely under the running water.
- Assist the child in performing the steps listed above and then wash your own hands.

Hand washing when Running Water is Not Available:

- Rubbing hands together under running water is the most important part of washing away infectious germs.
- Pre-moistened wipes and waterless hand sanitizers should not be used as a substitute for washing hands with soap and running water.
- Wipes should only be used to remove residue, such as food, off a baby's face or feces from a baby's bottom during diaper changing. Keep hand sanitizers out of reach of children.
- When running water is unavailable, such as during an outing, wipes or waterless hand sanitizers may be used as a temporary measure until hands can be washed under running water.
- A childcare provider may use a wipe to clean hands while diapering a child who cannot be left alone on a changing table that is not within reach of running water. However, hands should be washed as soon as diapering is completed, and child is removed from the changing table.
- Water basins should not be used as an alternative to running water. If forced to use a water basin as a temporary measure, clean and disinfect the basin between each use. Outbreaks have been linked with sharing wash water and washbasins.



Wash Your Hands!



Dirty!



Wet



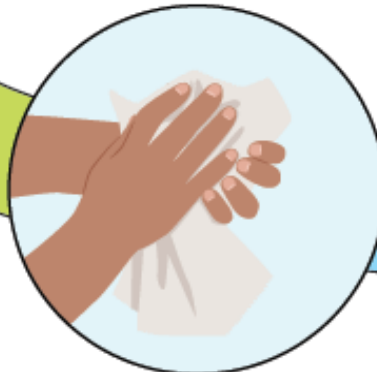
Get Soap



Scrub



Rinse



Dry



Clean!



Centers for Disease
Control and Prevention
National Center for Emerging
and Zoonotic Infectious Diseases

www.cdc.gov/handwashing

Food Safety and Sanitation

It is very common for caregivers to be involved in food handling in childcare settings. Improper food preparation, handling, or storage can quickly result in food contamination. If eaten, contaminated food can cause diarrheal diseases and other illnesses. Many know this as food poisoning.

- Researchers have identified over 250 foodborne diseases
- Most of them are caused by bacteria, viruses, and parasites
- Many of them are caused by harmful toxins and chemicals

Young children are a greater risk for complications of foodborne illnesses, which is why food safety and sanitation are so important. Understanding and following a few basic principles can help prevent food spoilage and transmission of foodborne infections.

Guidelines for Preventing Foodborne Illnesses:

- ✚ Do not prepare or serve food if you have diarrhea, unusually loose stools or other gastrointestinal symptoms of illness, infected skin lesions or open cuts.
- ✚ Small, uninfected cuts may be covered with nonporous, latex or nitrile gloves.

Equipment use

- Only use equipment that is approved for food preparation (i.e. glass, plastic, or formica cutting boards that can be disinfected).
- Check childcare licensing regulations if there are questions about equipment.
- Use separate utensils, equipment, and surfaces for foods that need to be cooked (meat, poultry, fish) and those that do not (fruits, vegetables, dairy).
- Disposable, single use utensils or dishes may be used and must be discarded after each use
- If reusable dishes and utensils are used, they must have been washed and sanitized by hand or in a dishwasher prior to use.
- Supervise meal and snack times to make sure children do not share food or utensils.

Food brought from home

- Food brought in from a child's home should not be fed to other children.
- Each individual lunch brought from a child's home should be labeled with his/her name, date, and type of food, and properly stored until ready to be eaten.
- Food brought into the childcare setting to be shared (i.e. to celebrate birthdays, holidays, or special occasions) should be obtained from commercial sources approved and inspected by the local health authority.
- Home-prepared food items should not be shared with other children.
- Raw eggs can be contaminated with harmful bacteria. No foods containing raw eggs should be served, including homemade ice cream made with raw eggs.

Cleaning

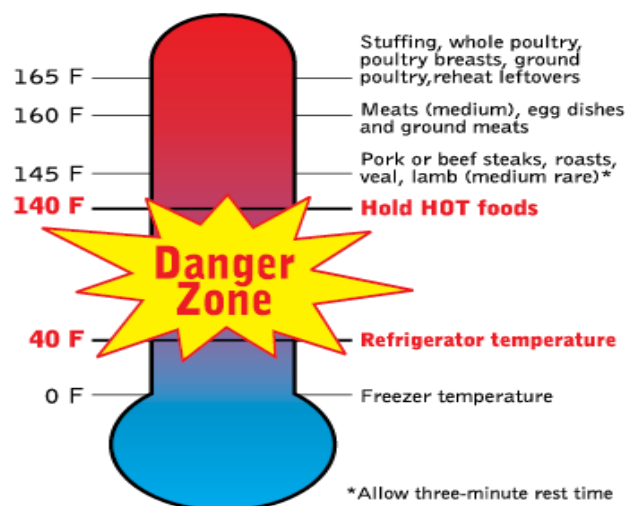
- Clean and sanitize all surfaces used for food handling or storage after each use.
- Clean and sanitize tabletops and highchair trays after each use.
- Clean all utensils and equipment used in food preparation and serving after each use.
- Practice proper handwashing before and after any handling of food.
- Practice proper handwashing between handling different food items to avoid cross-contamination.

Cooking

- Food is safely cooked when the internal temperature is high enough to kill germs that can cause illness.
- The only way to tell if food is safely cooked is to use a food thermometer.
- It is not possible to know that food is safely cooked by checking its color and texture.
- Safe internal food temperatures:
 - 165°F for all poultry, including ground chicken and turkey
 - 165°F for leftovers and casseroles
 - 160°F for ground meats, such as beef and pork
 - 145°F for whole cuts of beef, pork, veal, and lamb (let rest 3 minutes before carving)
 - 145°F for fresh ham
 - 145°F for fin fish or cook until flesh is opaque

Food storage

- Always keep food at safe storage temperatures :
 - Cold foods must be at 40°F or colder
 - Frozen foods must be at 0°F or colder
 - Warm/hot foods must be at 140°F or warmer
 - The range between 40°F and 140°F is considered the **Danger Zone**
- Frozen foods should be thawed in the refrigerator only.
- Remove leftovers from the eating area after each snack or meal
- Leftovers should be refrigerated immediately. Do not let them cool at room temperature.
- Discard food that has dropped on the ground



How to wash, rinse, and disinfect dishes by hand:

Using a 3-Compartment Sink or 3 dishpans:

- Fill one compartment or dishpan with hot water and a dishwashing detergent.
- Fill the second compartment or dishpan with hot tap water.
- Fill the third compartment or dishpan with hot tap water and 1-1/2 tablespoons of liquid chlorine bleach for each gallon of water.
- Scrape dishes, utensils, and dispose of excess food.
- Immerse scraped dish or utensil in first sink compartment or dishpan and wash thoroughly.
- Rinse dish or utensil in second dishpan of clear water.
- Immerse dish or utensil in third dishpan of chlorinated water for at least 1 minute.
- Place dish or utensil in rack to air dry.

Dishwashers are approved to use for cleaning and sanitation of dishes and utensils.

Note: Food preparation and dishwashing sinks should only be used for these activities and should never be used for routine hand washing or diaper changing activities.



Breast Milk and Infectious Disease Exposure

The distinctive properties of breast milk help to reduce the spread of infections via breast milk exposure. In fact, the Centers for Disease Control and Prevention [CDC] notes that breast milk actually helps protect infants from many common childhood viruses. Still, HIV can be transmitted from mother to infant through breast milk. It is for this reason that the CDC and American Academy of Pediatrics [AAP] recommend HIV-infected mothers in the United States not breastfeed their infants in order to reduce the risk for HIV transmission.

Proper labeling of expressed breast milk can help prevent mix-ups.

However, in the event that a child or infant is mistakenly fed expressed breast milk from another infant or child’s mother, it is important to manage the situation with sensitivity and timeliness.

Actions childcare providers should take following a bottle mix-up include:

Inform the mother who expressed the breast milk that her milk was fed to the wrong child and ask her:	Talk with the parents or guardians of the child who was given the wrong bottle, including the following:
When the breast milk was expressed and how it was handled prior to being delivered to the facility	Inform that their child was given another child's bottle of expressed breast milk
If she had cracked or bleeding nipples when the milk was expressed	Inform that the risk of transmission of HIV is very low (see discussion below)
If she would be willing to share information about her recent infectious disease history with the child’s parents or doctor	Provide any information available on when the breast milk was expressed and how it was handled before entering the childcare facility
If she would be willing to share information about current medication use with the child’s parents or doctor	Encourage notification of the child’s pediatrician with any information available

The risk of HIV transmission from expressed breast milk consumed by another child is believed to be low because:

- ✚ In the United States, women who are aware they are HIV positive are advised NOT to breastfeed their infants.
- ✚ Transmission of HIV from a single breast milk exposure has never been documented

Proper Handling and Storage of Breast Milk

Human breast milk is a fresh, living food. In addition to providing infants with nutrients, human breast milk has probiotic, antibacterial, antioxidant, and immune-enhancing properties. Some of these beneficial properties can change with storage. In addition, poor handling and storage methods can cause breast milk to become contaminated with bacteria and other harmful germs. Therefore, it is important to follow approved guidelines for proper handling and storage techniques to maintain breast milk that is high-quality and safe.

Safe storage of expressed breast milk:

- Breast milk should only be stored in food-grade plastic or glass containers with tight fitting lids.
- Do not store breast milk in feeding bottles, plastic bottle liners, or plastic storage bags.
- Do not store breast milk in containers with the #7 recycling symbol because these containers contain BPA.
- Do not store breast milk in the door of a refrigerator or freezer because the temperature changes when the door is opened and closed.
- Breast milk can be safely stored in the refrigerator for up to 4 days.
 - ✚ Per Delaware code, unused breast milk stored in the refrigerator must be discarded after 48 hours.
- Breast milk can be safely stored in the freezer for 6-12 months.
 - ✚ Per Delaware code, breast milk stored in the freezer must be discarded after 3 months.
- All breast milk delivered to the childcare setting must be clearly labeled with the child's name and date. It is also important to include the date the mother expressed it.
- Properly labeling breast milk can help make sure the correct child receives the milk.

Safe thawing of breast milk:

- 3 ways to thaw breast milk:
 - Place it in the refrigerator
 - Swirl (do not shake) it in a bowl of lukewarm to warm water.
 - Swirl it under running lukewarm to warm water.
- Do not thaw breast milk in the microwave:
 - This method can cause hot spots that can burn a child's mouth.
 - This method destroys nutrients.
- Do not thaw breast milk on the stove or in the oven.
- Never re-freeze breast milk once it has been thawed.
- Use breast milk thawed in the refrigerator within 24 hours.
- Use room temperature or warmed breast milk within 2 hours.

Safe feeding of breast milk:

- Breast milk can be served cold, room temperature, or warm.
- Do not add milk or formula to already frozen milk.
- Left over breast milk should be discarded within 1-2 hours after feedings.

Please refer to Delaware Licensing Regulations for additional guidelines.

Animals & Pets in the Childcare Setting

Many childcare providers who care for children in their homes have pets. Pets can be excellent companions for children and provide important opportunities for entertainment and learning.

However, animals can carry germs on their bodies and in their droppings, which can make people sick. Children are especially vulnerable to some of the illnesses spread by animals because of their reduced immunity and tendency to place their hands in their mouths.

Animals that are NOT Permitted in the Childcare Setting:

Reptiles	Examples: turtles, snakes, lizards Carry <i>Salmonella</i> germs and are not appropriate pets for childcare centers.
Amphibians	Examples: frogs, toads, salamanders, newts Can also carry <i>Salmonella</i> germs. No child in a childcare facility should have direct contact with amphibians.
Live poultry	Examples: chicks, ducklings, goslings Are not appropriate pets for childcare centers and should never be present in a childcare facility
Farm animals	Examples: cows, pigs, horses Are not appropriate pets for childcare centers and should never be present in a childcare facility
Ferrets	Children in childcare facilities should not have direct contact with ferrets.

Other animals not recommended in childcare settings:

- Inherently dangerous animals (i.e., lions, tigers, cougars, bears)
- Nonhuman primates (i.e., monkeys, apes)
- Mammals at high risk for transmitting rabies (i.e., bats, raccoons, skunks, foxes)
- Stray animals with unknown health and vaccination history
- Venomous or toxin-producing spiders, insects, reptiles and amphibians

Pets Generally Allowed in Childcare Settings:

- Fish
- Gerbils
- Hamsters
- Some birds
- Guinea pigs
- Domestic-bred rats
- Domestic-bred mice
- Cats
- Rabbits
- Dogs



In order to keep everyone safe from illnesses spread by animals, certain guidelines must be followed in childcare settings:

- Delaware childcare licensing allows pets in childcare settings so long as they meet specific standards:
 - Dogs and cats should have documented proof of rabies vaccination and certificate of veterinary inspection.
 - All pets, whether kept indoors or outdoors, should be in good health, show no evidence of disease, and be friendly toward children.
 - All pets/animals should be kept clean and free of intestinal parasites, fleas, ticks, mites and lice.
- All contact with pets/animals must be strictly supervised.
- Specific areas should be designated for animal contact.
- Animals must not be allowed in areas where food or drinks are prepared.
- Food must not be allowed in animal contact areas.
- Staff should clean and disinfect all areas where pets/animals have been present.
- Animal cages or enclosures may not be cleaned in sinks or other areas used to prepare food or drink.
- All children and staff should wash hands after contact with pets/animals, animal products or feed or animal environments.
- All pet/animal waste should be disposed of immediately.
- Litter boxes should not be accessible to children.
- Parents should be informed of the benefits and potential risks associated with pets/animals in childcare settings.
- Consult with parents to determine special considerations needed for children who are immunocompromised, have allergies or have asthma

Animal Bites

Any child bitten or scratched by a pet or animal is at risk for a bacterial infection. A child's parent should be notified and referred for medical evaluation no matter how minor the injury may appear.

The healthcare provider will want to assure the child has been adequately immunized against tetanus. The child may also require supplemental vaccination to prevent rabies.

Rabies is a fatal but preventable viral disease. It can spread to people and pets if they are bitten or scratched by a rabid animal. In the United States, rabies is mostly found in wild animals like bats, raccoons, skunks, and foxes. The rabies virus infects the central nervous system. If a person does not receive the appropriate medical care after a potential rabies exposure, the virus can cause disease in the brain, ultimately resulting in death.

People usually get rabies from the bite of a rabid animal. It is also possible, but rare, for people to get rabies from non-bite exposures, which can include scratches, abrasions, or open wounds that are exposed to saliva or other potentially infectious material from a rabid animal. Other types of contact, such as petting a rabid animal or contact with the blood, urine or feces of a

rabid animal, are not associated with risk for infection and are not considered to be exposures of concern for rabies. The incubation period may vary based on the location of the exposure site (how far away it is from the brain), the type of rabies virus, and any existing immunity.

The first symptoms of rabies may be very similar to those of the flu including general weakness or discomfort, fever, or headache. These symptoms may last for days. There may be also discomfort or a prickling or itching sensation at the site of the bite, progressing within days to acute symptoms of cerebral dysfunction, anxiety, confusion, and agitation. As the disease progresses, the person may experience delirium, abnormal behavior, hallucinations, hydrophobia (fear of water), and insomnia. The acute period of disease typically ends after 2 to 10 days. Once clinical signs of rabies appear, the disease is nearly always fatal.

What animals can get rabies?

- Only mammals carry rabies.
- Most common among wild animals such as raccoons, bats, skunks and foxes.
- Pets and livestock can get rabies if they are not vaccinated to prevent infection.
- The most common carrier of rabies in Delaware is the **raccoon**.
- Among domestic animals, feral cats are most frequently diagnosed with rabies in Delaware.

Tips for preventing rabies:

- Do not feed, touch or adopt wild animals, stray dogs or cats.
- Teach children not to touch any animal they do not know and to tell an adult immediately if they are bitten by any animal.
- Be sure your pet dogs, cats and ferrets are properly immunized against rabies.
- Keep family pets indoors at night. Never leave a pet outside unattended or let them roam free.
- Do not attract wild animals to your home or yard. Keep your property free of bird seed or other foods that may attract wild animals.
- Feed pets indoors.
- Tightly cap or put away garbage cans.
- Board up any openings to your attic, basement, porch or garage and cap your chimney with screens.
- If a wild animal is on your property, let it wander away. Bring children and pets indoors and alert neighbors who are outside. You may contact a nuisance wildlife control expert who will remove the animal for a fee. These professionals can be found in your telephone directory under pest control.

ALL bites from mammals are required to be promptly reported to:

Delaware Division of Public Health
Office of Infectious Disease Epidemiology
1-888-295-5156



Chapter 5: Health of Childcare Providers

The health all of childcare providers is very important to the success of childcare programs. In order for childcare providers to perform their daily tasks and maintain a safe environment for children, they must be physically and emotionally healthy. Childcare providers should also be protected from job-related injuries and exposure to infectious diseases. Facility administrators should ensure that all childcare providers, volunteers, and substitutes have up-to-date immunizations and health appraisals on file and do not report to work when sick.

Health Appraisals

Individuals who care for children are required to have a health appraisal completed by a health care provider before they begin employment and as directed by their health care provider thereafter.

Documentation of a pre-employment health appraisal must be on file at their facility and should include the following:

- Health history
 - Physical and dental exams
 - Vision and hearing screening
 - Tuberculosis (TB) screening test with follow-up of any positive result
 - Review of occupational health concerns
 - Assessment of health-related job limitations
 - Review and certification of up-to-date immunizations, including
 - Annual influenza (flu) vaccination
 - Tetanus, Diphtheria, & Pertussis (Tdap)
 - Measles, Mumps, & Rubella (MMR)
 - Hepatitis A and Hepatitis B
 - Routine childhood vaccines that were missed
 - Assessment of need for additional vaccines such as pneumococcus, cytomegalovirus (CMV), and chickenpox
- ✚ *Per Delaware law, childcare providers must provide written documentation verifying they are free from active Tuberculosis (TB) and must inform the Delaware Division of Public Health of any reportable communicable diseases.*

Health Limitations of Childcare Providers

- Childcare providers should actively work to reduce their risk of work-related injuries or illness.
- Childcare providers should not report to work when sick.
- If childcare providers miss work due to serious injury, prolonged illness, or experience with infectious disease, they should have a health care provider's release to return to work.

Health Risks for Pregnant Childcare Providers

Many childcare providers become pregnant and deliver babies during their career. Several infectious diseases that are common in childcare settings pose additional risks to pregnant women. Many of these infectious diseases cause no symptoms in children. It is therefore important that all female caregivers of childbearing age talk with their health providers about exposure to these risks and methods to help minimize them.

Diseases that pose additional risk to pregnant employees include:

Chickenpox or Shingles (Varicella): Varicella is highly contagious. It causes an itchy, blister rash, fever, headache, and fatigue. It can cause serious illness in adults. Luckily, in the United States, most individuals were exposed to Varicella during childhood and are immune. There is a vaccination to prevent Varicella; however, it is not safe for women who are already pregnant. If needed, it is best for women to receive the vaccination before they become pregnant. A blood test and history of exposure can help determine an individual's immunity to Varicella. Pregnant women are considered high-risk for severe Varicella, which can be fatal. Exposure to Varicella during pregnancy can also cause birth defects, low birth weight, and death to infants.

Cytomegalovirus (CMV): In the United States, CMV is a common infection. In fact, most individuals have been infected with CMV and simply don't have symptoms. Providers who care for children less than 3 years of age are at increased risk of exposure to CMV. There is no vaccine to prevent CMV infection. Exposure to CMV during pregnancy can cause birth defects and long-term health problems for babies, including hearing and vision loss, seizures, and intellectual disability. Pregnant women can reduce the risk of contracting CMV by decreasing contact with saliva and urine from babies and young children.

Fifth Disease (Parvovirus B19 or Slapped Cheek Disease): Fifth disease is a minor rash illness caused by Parvovirus B19. It is spread through respiratory secretions and blood. Symptoms generally include headache, fever, and a rash on the face or body. It is more common in children. About half of all pregnant women are immune to Parvovirus B19, which usually protects them and their babies. A simple blood test can determine an individual's immunity. There is no vaccine to prevent Parvovirus B19 infection. Exposure to Parvovirus B19 during pregnancy generally causes only mild symptoms in women. Rarely, (less than 5% of the time) it can cause miscarriage or severe anemia in infants. Pregnant women can reduce the risk of contracting Fifth disease by practicing frequent hand hygiene and avoiding contact with individuals who are sick.

Rubella (German or 3-day measles): Rubella is an infection that typically causes mild symptoms including rash, headache, low fever, cough, and runny nose. Rarely, it can cause brain infection and bleeding problems. Between 25-50% of people will have no symptoms. Rubella is spread through respiratory secretions. There is a vaccination to prevent Rubella and all childcare providers are required to provide proof of Rubella vaccination. However, the Rubella vaccine is not safe for pregnant women. They should be vaccinated at least 4 weeks before pregnancy. Because of the vaccine, Rubella was eliminated in the U.S. in 2004. Unfortunately, cases of Rubella infection still occur in unvaccinated individuals. Exposure to Rubella during pregnancy is dangerous for women and their babies. It can cause miscarriage, stillbirths, and Congenital Rubella Syndrome (CRS). CRS causes birth defects including heart and liver problems, deafness, and brain damage. There is no cure for CRS. Pregnant childcare staff should talk with their health care provider in the event of Rubella exposure.



Chapter 6: The Sick Child

Daily Health Check

Childcare providers are excellent resources for assessing the health and well-being of the children they care for. An important way to make sure the health and wellness of all children is regularly assessed is through the Daily Health Check. The Daily Health Check involves interacting with and observing a child.

When a child arrives to the care setting, a Daily Health Check is done by greeting the child and his or her parent/guardian and observing for signs of illness, injury, or change in condition or behavior since the child was last seen at the facility. This should also be done periodically during the day to look for any changes.

Staff should be instructed to observe and document any of the following:

- Changes in behavior or appearance
- Any skin rashes or itchy skin or scalp
- Signs of fever, such as flushed appearance or shivering
- Complaints of pain or not feeling well
- Vomiting, diarrhea or drainage from eye(s)
- When a child or family member has been exposed to an infectious disease.

When to Call Parents

Notify parents and refer for healthcare evaluation if a child presents with:

<i>Indicator</i>	<i>What it looks like</i>
Change in Appetite	Child refuses several feedings in a row or eats poorly
Change in Mood	Child is lethargic or unusually difficult to rouse; child is persistently irritable or has inconsolable crying fits
Cold Symptoms	Interferes with breathing, lasts longer than 2 weeks, or is accompanied by severe coughing
Constipation	Passing fewer than three stools a week; having lumpy or hard stools; straining to have bowel movements
Diarrhea	Loose or watery stools
Dehydration	Child doesn't use the toilet or wet a diaper for 6 hours or longer; child cries without tears or has a dry mouth without saliva. For infants, a sunken anterior fontanel (diamond shaped area at the top of the head) is also a sign of dehydration.
Eye Discharge	One or both eyes are pink, red or draining
Fever	Measured temperature of 100.4° F (38° C) or greater, or feels warm to the touch, or gives a history of feeling feverish
Hearing Trouble	Child doesn't respond normally to sounds
Rash	Any unexplained rash, or rash accompanied by fever, sore throat or diarrhea
Vomiting	Child vomits forcefully after feeds, vomits repeatedly, or also has fever and diarrhea

When to Seek Immediate Medical Treatment

All childcare facility staff should be trained in basic first aid and maintain CPR certification. It is important that all staff are educated on how to access emergency help, how to contact Poison Control (1-800-222-1222) and recognizing emergency situations. Staff should also be aware of how to contact each child’s parent/guardian in the event of a medical emergency.

The following is a list of emergency situations that require immediate medical attention. When in doubt, childcare providers should always call 911.

Bleeding that won’t stop	Lips that look blue, purple, or gray
Vomiting blood	Head injuries
Blood in urine	Unresponsiveness
Bloody diarrhea	Large cuts or burns
Poisoning or suspected poisoning	Sudden lack of energy or inability to move
Severe stiff neck, headache, and fever	Seizures
Difficulty breathing or inability to speak	Increasing or severe pain
Significant dehydration	Multiple children affected by serious illness or injury at the same time

What to Document:

It is important to document details about what happened during an emergency situation. Childcare providers should document the date and time of the emergency, observed symptoms and behaviors, and any actions taken.



Exclusion & Return Criteria

As a childcare provider, you will need a clearly written policy for excluding sick children from your childcare facility. It may be helpful to give each parent and guardian a copy of your “Exclusion for Illness Policy” when each child is enrolled. Explain the policy and answer any questions the parents or guardians have at that time. This can prevent problems later when a child is sick. It is also important to develop a procedure for recording and reporting any illness or injury. In addition to having a clear policy for exclusion of sick children, it is important to have a policy for exclusion of childcare staff who may become ill, and to encourage all childcare staff to stay home when sick. The same exclusion and return criteria apply to all individuals in the childcare setting.

General guidelines for temporarily excluding individuals from childcare facilities:

- Illnesses that make it difficult for children or staff to comfortably participate in activities and care duties
- Illnesses in children that require more care than childcare providers can offer, therefore placing the health and safety of other children at risk
- Respiratory symptoms (cough, runny nose, or sore throat) with fever. Individuals can return once the fever has resolved on its own (no medication)
- Illnesses that pose a risk for transmission to others. Refer to the table on the following page titled “Conditions that Require Exclusion of Children and Staff from Childcare Facilities” for a complete list.

Managing Illness in the Childcare Setting

It is inevitable that children will get sick at some point during their time at your childcare facility. When children must be sent home from the childcare facility (excluded), following a few simple steps can help make the process easier for everyone.

- Notify parents/guardians when a child becomes ill
- Move the ill child to a designated area in the facility so he or she can be separated from other children until pick up. This can help limit the spread of infection
- Make sure a staff member stays with the ill child to continue observing and monitoring the condition
- Explain to parents and guardians all symptoms that were reported by the ill child and observed by staff
- Explain to parents/guardians exclusion and return criteria per your facility’s policy
- Encourage parents/guardians to share all important information with the child’s health care provider
- Document all symptoms and actions taken in the child’s file per your facility’s policy
- Sanitize all toys and items the ill child may have touched and encourage all staff and children to continue practicing good hand hygiene.
- Contact the Delaware Division of Public Health (1-888-295-5156) for any questions related to reportable communicable diseases or for clarification when conflicting opinions on illness management arise among health care providers.

For a complete list of all reportable communicable diseases, please refer to the tables presented on pages 155-159 of this manual

Conditions that Require Exclusion of Children and Staff from Childcare Facilities

<i>Condition</i>	<i>Exclude from Childcare Facility</i>
Abdominal Pain	Exclude when abdominal pain last longer than 2 hours or if intermittent with fever or other symptoms.
Chickenpox	Until all lesions have crusted and are dry (typically 6 days after onset of rash) and no new lesions have emerged for at least 24 hours.
Diarrheal illness	Exclusion required for diapered children when stool is not contained in the diaper. For toilet-trained children if diarrhea causes "accidents," or frequency exceeds 2 or more stools above normal for the child, or stool contains more than a drop of blood or mucus. Children may return once diarrhea resolves. For diarrhea with fever, they can return 48 hours after resolution.
Fever	Exclude individuals older than 2 months for temperature above 101°F <u>with</u> behavior change or other symptoms. Get medical advice when any infant under 4 months has an unexplained fever. Seek urgent medical evaluation for infants under 2 months for temperature above 100.4°F. Medical evaluation is required for individuals to return to the facility.
Head Lice	From the end of the day until after the first treatment. Individuals do not need to be sent home early.
Hepatitis A	One week after onset of illness or jaundice or as directed by Delaware Division of Public Health.
Ill Appearance	Exclude individuals appearing severely ill (e.g. lethargic, persistent crying, unresponsiveness, wheezing, difficulty breathing, fast-spreading rash) until cleared by a medical provider.
Impetigo	From the end of the day until treatment is started, if the lesions can be covered.
Measles	Until 4 days after appearance of rash.
Mouth Sores	Exclude for mouth sores <u>with</u> uncontrolled drooling unless a health care provider determines the child is noninfectious.
Mumps	Until 5 days after onset of parotid gland swelling.
Pertussis	Until individual completes 5 days of antibiotic therapy (21 days if untreated).
Rash	Exclude for rash <u>with</u> fever or behavior changes until it is determined by a health care provider that the cause is not be an infectious disease.
Ringworm	From the end of the day until after the first treatment. Individuals do not need to be sent home early.
Rubella	Until 7 days after appearance of rash.
Scabies	From the end of the day until after the first treatment. Individuals do not need to be sent home early.
Shingles	Only exclude if lesions cannot be covered by clothing or a dressing. If not, exclude until all lesions have crusted and are dry
Skin Sores	Exclude if sores are weeping fluid and cannot be covered by a waterproof dressing.
Strep throat	Exclude any ill child until well appearing and at least 12 hours after starting treatment.
Tuberculosis (TB)	Exclude for Active TB as directed by Delaware Division of Public Health
Vomiting	Exclude for 2 or more episodes of vomiting during the previous 24 hours, unless caused by non-infectious condition (e.g. reflux) and child remains hydrated. Exclude after 1 episode if other symptoms are present or if child has recent history of head injury.



Chapter 7: Oral Health

Tooth Decay (Cavity/Dental Caries)

Tooth decay, also known as a cavity or dental caries, is an infectious disease caused by bacteria that is transferred into the mouth. Tooth decay is one of the most common chronic diseases affecting children in the United States.

By age 2, approximately 10% of children have tooth decay. By age 5, almost 50% of children have at least one cavity. On average, nearly 1 in 5 children aged 5-11 have at least one untreated cavity. If left untreated, cavities can cause pain and infections that may lead to problems with eating, speaking, playing, and learning.

Luckily, cavities are preventable! By implementing a few simple strategies in childcare settings, providers can help prevent tooth decay in children.

Ways to Help Prevent Tooth Decay in Childcare Settings:

- Avoid giving juice to infants
- Limit juice to 4-6 ounces per day in older children
- Offer healthy snacks such as whole fruits
- Avoid sticky snacks and foods with refined sugar (sugar feeds bacteria on teeth)
- Never allow an infant to go to sleep with a bottle
- Never place sugary drinks in a bottle or sippy cup (i.e., soda, juice)
- Never dip a pacifier in juice, soda, or sugary food
- Encourage parents to have children visit the dentist regularly starting when the first tooth comes in
- Add toothbrushing to your facility's program

For more information and to learn about programs and services available for children:

Delaware Division of Public Health,
Bureau of Oral Health and Dental Services
302-744-4554



Tooth loss by Trauma (Avulsion)

Tooth loss by trauma, also known as avulsion, occurs when a permanent tooth is separated from the alveolus (supporting bone). Avulsion is considered one of the few real emergency situations in dentistry. It can happen to children and adults. Initial management of avulsion is critical for successful treatment. If managed correctly, permanent teeth can often be replanted.

First Aid for Tooth Avulsion

- Try to keep the individual calm.
- For children, contact the parent/guardian for emergency dental treatment
- To save a tooth it must be put back in its socket within 2 hours

If able to place tooth back into its socket, follow these steps:

-
- Pick up the tooth by the crown (white part); avoid touching the root
 - Rinse the tooth with cold, running water; do not scrub
 - Place the tooth back into its socket, facing the correct way
 - Press down on the tooth with thumb until the crown is level with the tooth next to it
 - Have the individual bite down on a handkerchief, wad of gauze, or other material to hold it in place until dental treatment is received

If unable to place tooth back into its socket, follow these steps:

-
- Keep the tooth moist; it cannot dry out
 - Transport the tooth in milk (best option) or saliva.
 - Do not place in water.
 - **Milk transport:** place the tooth in a cup of cold milk or small plastic bag with cold milk.
 - **Saliva transport:** for children, have the child spit into a clean container and place the tooth in this saliva for transport. For adults, have the individual place the tooth in his/her mouth between the molars and inside of the cheek.





Chapter 8: Quick Reference Fact Sheets

The following Quick Reference Fact Sheets help to explain ways to recognize and minimize the spread a variety of infectious diseases in childcare settings. They can also help staff determine when to exclude and readmit children to childcare facilities. Copying and distributing these fact sheets to staff and parents is encouraged.





Asthma

Asthma is a chronic disease that affects the lungs. Both adults and children can have asthma. Approximately 1 in every 12 children has asthma, making it the most common chronic condition in children. Asthma causes wheezing, shortness of breath, chest tightness, and coughing at night or in the early morning. Asthma does not come and go. If an individual is diagnosed with asthma, he or she always has the condition. Sometimes, symptoms get worse. This is called an asthma attack. In most cases, the cause of asthma is unknown. There is no known cure for asthma, but medications are available to help control the symptoms.

Asthma attacks occur in the airways that carry air to the lungs. During an attack, the airways inside of the lungs swell up, making it difficult for air to pass into and out of the lungs. In addition, mucous that is naturally produced by the body can clog airways. Symptoms of an asthma attack may include coughing, chest tightness, wheezing, and difficulty breathing.

Asthma attacks can be triggered by many things, such as allergies, environmental irritants, infections of the airway, and exercise. Common asthma triggers include pollen, dust mites, pets, mold, cockroaches, cigarette smoke, air pollution, cleaning products, perfume, viral infections including influenza, colds, and sinus infections, physical exercise, and stress.

It is important that the specific needs of any child diagnosed with asthma be discussed among parents and childcare providers to ensure all needs can be sufficiently met by the facility. Childcare providers must be given clear instructions on how and when to administer all medication as well as the name and telephone number of the child's healthcare provider. Childcare providers should be provided with, and keep on file, an asthma action plan for each child with asthma. An asthma attack action plan lists emergency information, activities or conditions likely to trigger an asthma attack, current medications taken, medications to be administered by the childcare provider, and steps to be followed if the child has an attack.

Remember, asthma can be controlled by:

- Taking all medication exactly as prescribed
- Avoiding known attack triggers

If a child with asthma has an attack:

- Stop the child's activity and, if known, remove whatever is causing allergic reaction or move the child to another location
- Calm the child; give prescribed rescue medication as ordered
- Contact the parents
- *If the child does not improve quickly or experiences any difficulty breathing and the parents are unavailable, call 911.*
- Record the asthma attack in the child's file. Describe the symptoms, how the child acted during the attack, what medicine was given, and what caused the attack, if known.





Bacterial Meningitis

Meningitis is an inflammation of the membranes that cover the brain and spinal cord. The cause of this inflammation is infection with bacteria, viruses, or other germs.

Meningitis caused by a bacterial infection (sometimes called bacterial or spinal meningitis) is one of the most serious types. It can cause permanent brain damage or even death. Bacterial meningitis is most commonly caused by bacteria called *Neisseria meningitidis* (meningococcal meningitis), *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Listeria monocytogenes*, or Group B *Streptococcus*. These bacteria are carried in the upper back part of the throat (called the nasopharynx) of an infected person and are often spread through the air (when the person coughs or sneezes) or by direct contact with secretions from the nasopharynx of the infected person. Some of these bacteria can be spread through food. However, transmission usually occurs only after very close contact with the infected person.

Meningitis caused by *Haemophilus influenzae* serotype b (Hib) can be prevented with the Hib vaccine, which is part of routine childhood immunizations. Therefore, this type of meningitis is very rare.

Some cases of meningococcal meningitis can also be prevented by vaccine. However, this vaccine is not included with routine childhood immunizations and is reserved for high risk groups and children with certain types of compromise to their immune systems.

Symptoms of bacterial meningitis include:

- Sudden onset of fever
- Headache
- Neck pain or stiffness
- Vomiting
- Irritability
- Slowness or inactivity in babies
- Photophobia (increased sensitivity to light)

These symptoms may quickly progress to confusion and decreased level of consciousness (difficulty in being aroused), seizures, and death. **For this reason, if any child displays symptoms of possible meningitis, he or she should receive immediate medical care.**

Children with bacterial meningitis are usually hospitalized. Providers are often told only that the child has meningitis and may not know the exact type.

If a child or adult in your childcare, facility is diagnosed with bacterial meningitis:

To verify the type of meningitis involved, contact Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156. Epidemiology will follow-up and notify you of any special infection control measures for your facility and whether there are any exclusion/return recommendations.





Bed Bugs

Bed bugs are small, parasitic insects that feed on the blood of humans and animals while they sleep. Bed bugs are often found in areas where people sleep, such as bedrooms, hotels, cruise ships, buses, and dorm rooms. They typically feed during the night and then hide in mattresses, furniture, behind wallpaper, or in other crevices during the day.

While they are not known to spread diseases, bed bugs can cause physical discomfort and annoyance. Bed bug bites can be very itchy, making sleep difficult. Scratching can cause skin infections. In addition, some people experience an allergic reaction to bed bug bites, while others have no symptoms at all. Bites from bed bugs typically look like a raised bump with a red dot in the center. They usually appear on areas of skin exposed during sleep, such as arms, hands, neck, and face. Bed bug bites can take several days to appear. When looking for signs of bed bug infestation, it is important to also check for reddish, brown, flat insects in the folds of bed sheets and the mattress and rust-colored blood stains.

Bed bugs are not spread from one person to another and they do not reproduce on humans like lice and scabies. Bed bugs are not an indication of a dirty home. Bed bugs are slow crawlers, excellent at hiding, and can live up to 6 months without feeding. Therefore, they spread easily when people travel by hiding in bags, bedding, clothing, and furniture. Most individuals don't know they are spreading bed bugs when they travel from place to place.

When bed bugs are found in childcare settings, they are most often stowaways that have been transported from a child or staff member's home and do not reflect a problem in the facility. It is important to educate staff about bed bugs and to avoid overreacting if one is found.

Helpful tips for preventing the spread of bed bugs:

- Reduce clutter in the childcare facility
- Limit items that travel between homes and the facility
- Seal cracks, base boards, molding, and any crevice that bed bugs can hide in
- Separate children's coats and backpacks
- Clean lockers and cubbies every few months
- Carefully check nap areas regularly for signs of bed bugs

Helpful tips for handling bed bugs when found in the childcare setting:

- Do not send children home
- Do not throw away belongings, most things can be cleaned
- Bed bug remains should be cleaned with soap and water
- Bedding and clothing should be washed with hot water and dried on high heat
- Furniture, walls, and floors should be vacuumed. Discard vacuum bags and filters in a tightly sealed plastic bag.
- Contact a professional exterminator if the problem is identified within the facility





Biting Incidents

Biting can be a common occurrence in the childcare or school setting. Fortunately, biting doesn't often lead to serious infection or disease transmission. Some concerns with bite injuries are pain, broken skin that can allow bacteria to enter the wound and become infected, and transmission of blood borne diseases.

The hepatitis B virus (HBV), hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV) are three infectious diseases that can be transmitted from a bite. The risk of transmitting these infectious diseases through a bite is very low.

- In the U.S., all infants are vaccinated against HBV.
- The prevalence of HBV carriers among children ages 3-5 is considered low.
- As of 2018, there have been no reported cases of HBV transmission via biting.
- According to the Centers for Disease Control and Prevention [CDC], the only documented cases of HIV transmission via biting involved severe trauma and tissue damage in the presence of blood.
- There have been no cases of HIV transmission via biting in a childcare setting.
- No risk of transmission exists if the skin is not broken.

Each childcare facility should have policies and procedures in place for communicating with parents and handling confidentiality in the event of a biting incident.

When a biting in the childcare setting, the following should be considered:

- Determine the severity of the bite (e.g. skin breakage, open wound, puncture wound).
- Provide immediate first aid to the bite wound.
- Inform parents of both children of the biting incident.
- If the skin was broken, encourage the parents to consult with their primary health care provider. The names of the children should be kept confidential. However, in the event that relevant health/medical information is known for either child involved in the incident, parental consent to release information to the other parent must be obtained.
- Document the incident as established by policy.
- Parents and childcare providers should address the biting behaviors so measures can be taken to prevent further incidents.
- A child who is HBV, HCV, or HIV positive and who continues to bite should be assessed by a team of medical experts to determine whether he or she can safely remain in the childcare or school setting.

Reasons for consulting with a health care provider include:

- Human bites may cause local infection that may need to be treated.
- The provider will need to confirm that the bitten child is current with tetanus, diphtheria, & pertussis (Tdap) immunization.
- Although transmission of HBV, HCV, and HIV are very low, the provider can determine the need for any follow-up blood work.





Campylobacter Infections

Campylobacter is a bacterium found in many birds and mammals that causes infections in the intestines. *Campylobacter* infection is one of the most common causes of diarrhea-illness in the United States. Symptoms of Campylobacteriosis are diarrhea that is often bloody, cramping, abdominal pain, nausea, vomiting, and fever. Symptoms usually begin within 2-5 days of exposure to the bacteria and last for about 1 week. Some infected persons do not have any symptoms. In individuals with compromised immune systems, *Campylobacter* can spread to the bloodstream and cause a serious life-threatening infection.

How campylobacter infection is spread:

- Eating undercooked or raw poultry
- Eating foods contaminated with feces of infected animals
- Drinking contaminated water
- Consumption of unpasteurized milk
- Contact with feces from infected farm animals, birds, or pets
- Human transmission through the fecal-oral route, especially in young children with diarrhea

Although outbreaks in childcare settings are rare, it is important to practice prevention.

To prevent Campylobacter infections in your facility:

- Practice good hand hygiene before and after preparing food, before eating, after using the toilet and changing diapers, after coughing, sneezing, or blowing your nose, before and after caring for someone who is ill or treating a wound, after touching pets, their food or feces, and after touching garbage
- Ensure proper storage, separation, and handling of food
- Cook all poultry to a minimum internal temperature of 165° F
- Perform thorough surface disinfection in all food/eating and toileting/ diapering areas
- Exclude infected staff who handle food
- Do not drink untreated water or unpasteurized milk

Exclusion/ Return Criteria for Campylobacter infections:

- Exclusion is required for diapered children when stool is not contained in the diaper.
- For toilet-trained children, exclude if diarrhea causes "accidents," or frequency exceeds 2 or more stools above normal for the child, or stool contains blood or mucus.
- Children may return once diarrhea resolves. For diarrhea with fever, they can return 48 hours after resolution.

Although *Campylobacter* may be present in the feces for a few weeks after diarrhea has ceased, transmission is believed less likely than during the diarrheal phase.

This infection is reportable. If you become aware that a child or adult in your facility has developed *Campylobacter* notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Chickenpox

Chickenpox is a very contagious disease caused by the varicella zoster virus. Most children in the United States experience chickenpox before they are school-aged. A vaccine against chickenpox is available. Although chickenpox is not a serious disease for most children, those whose immune systems are impaired (i.e., newborns and persons who are on chemotherapy for cancer, have AIDS, or take steroids like cortisone or prednisone) may experience severe disease, or even death. Chickenpox can also cause severe health problems in pregnant women and their babies, including stillbirths or birth defects, and can be spread to babies during childbirth. Occasionally chickenpox can cause serious, life-threatening, illnesses such as encephalitis or pneumonia, especially in adults.

Chickenpox usually begins as an itchy rash of small red bumps on the scalp that spreads to the stomach or back before spreading to the face. However, this pattern can vary from person to person. Chickenpox is spread by the airborne route when a non-immune person is exposed to respiratory secretions (i.e., those produced by coughing or sneezing), or directly from fluid from the open pox lesions of an infected person. The disease is so contagious in its early stages that an exposed person who is not immune to the virus has a 70% to 80% chance of contracting the disease. An infected person may show no symptoms at the beginning of the disease or may have mild symptoms that might be mistaken for a common cold.

After infection, the virus stays in the body for life. Although people cannot get chickenpox twice, this same virus can activate in the body and cause “shingles,” or herpes zoster. This usually happens in adults. An adult with shingles can spread the virus to another adult or child who has not had chickenpox and the susceptible person can then develop chickenpox. However, persons who had chickenpox previously and are exposed outside childcare are unlikely to bring the infection to childcare unless they become ill.

If an adult or child develops chickenpox in the childcare setting:

Temporarily exclude the sick child or adult from the center until all lesions have crusted or scabbed (typically 6 days after onset of rash) and no new lesions have appeared for at least 24 hours. Notify all staff members and parents that a case of chickenpox has occurred. Urge anyone who has an impaired immune system or who might be pregnant to consult his or her healthcare provider. Contact the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156 for further information and to report the case.

If a case of shingles occurs in the childcare setting:

The infected person should cover any lesions. If that is not possible, the person should be excluded from the childcare setting until the lesions crust over.

Note: Children who have received the chickenpox vaccine may experience mild symptoms lasting a few days. However, the exclusion guidelines outlined above should still be enforced.





Common Colds

Upper respiratory infections, also known as colds, are caused by many different types of viruses (germs that are smaller than bacteria). Most children will experience 8-10 colds by the time they reach age 2. In settings with multiple children, the number of colds a child experiences can be even higher because colds spread easily. Usual cold symptoms can include sore throat, runny nose, cough, watery eyes, sneezing, fussiness, and low-grade fever.

Colds are spread through the respiratory route (droplet), when an infected person coughs or sneezes and another person inhales droplets containing the viruses. Colds can also be spread when an individual touches an object contaminated with respiratory secretions and then touches his or her eyes, nose, or mouth.

To prevent the spread of colds:

- Make sure that all children and adults use good handwashing practices.
- Clean and disinfect all common surfaces and toys daily. See section on “Cleaning and Disinfection.”
- Make sure the childcare facility is well ventilated, either by opening windows or doors or by using a ventilation system to periodically exchange the air inside the childcare facility.
- Teach children to cough or sneeze into their elbows or a tissue.
- Discard used tissues right away.

There is no cure for colds. Antibiotics are used to treat infections caused by bacteria, not viruses like the cold. Most colds resolve on their own with rest and good hydration. In some situations, children should be referred to a health care provider for medical evaluation of a cold.

Children should be referred to see a healthcare provider if they have:

- Temperature higher than 100.4° F
- Symptoms lasting more than 10 days
- Symptoms that are not relieved by over-the-counter medications

Excluding children with mild respiratory infections, including colds, is generally not recommended if the child can participate comfortably and does not require a level of care that would jeopardize the health and safety of other children. Such exclusion is of little benefit since viruses are likely to be spread even before symptoms have appeared.





Coronavirus (COVID-19)

COVID-19 is caused by infection with a coronavirus (called SARS-CoV-2). COVID-19 is thought to spread mainly through close contact from person to person via respiratory droplets produced when an infected person coughs, sneezes or talks. People who are infected but do not show symptoms can also spread the virus to others.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Symptoms include but are not limited to fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and/or diarrhea. Babies under one year old may experience poor appetite or poor feeding.

Most children with COVID-19 have mild symptoms or have no symptoms at all. However, some children can get severely ill from COVID-19. They might require hospitalization, intensive care, or a ventilator to help them breathe. In rare cases, they might die. Babies under one year old and children with certain underlying conditions may be more likely to have severe illness from COVID-19.

Children, regardless of age, with the following underlying medical conditions might also be at increased risk of severe illness compared to other children:

- Asthma or chronic lung disease
- Diabetes
- Genetic, neurologic, or metabolic conditions
- Heart disease since birth
- Immunosuppression (weakened immune system due to certain medical conditions or being on medications that weaken the immune system)
- Medical complexity (children with multiple chronic conditions that affect many parts of the body who are often dependent on technology and other significant supports for daily life)
- Obesity

To prevent the spread of COVID-19 centers should:

- Adjust group sizes
- Incorporate screening protocols and questions
- Enhance cleaning and sanitizing requirements
- Require face covering for any child 2 years and older
- Practice social distancing and safety requirements
- Stay at least 6 feet (about 2 arms' length) from other people.
- Exclude staff and students who are exposed to an individual with COVID-19 for the length of the incubation period

Note: Due to the pandemic, guidance and recommendations are continuously changing. It is recommended you visit the websites below for most up-to-date guidelines or call the Division of Public Health, Office of Infectious Disease Epidemiology if you become aware that a child or adult in your facility has developed COVID-19 or you require immediate assistance.

1-888-295-5156.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

<https://coronavirus.delaware.gov/>



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



Cryptosporidiosis

Cryptosporidiosis is an intestinal infection caused by the *Cryptosporidium* parasite. It is most known for causing non-bloody, watery diarrhea. Symptoms usually include watery diarrhea, abdominal cramping, fever, nausea, vomiting, dehydration, and weight loss. Symptoms can last anywhere from 1-3 weeks in normal individuals. Healthy people who contract cryptosporidiosis almost always get better without any specific treatment. In individuals who are immunocompromised, such as those with HIV infection, symptoms may last longer and can be more severe and even life-threatening.

The *Cryptosporidium* parasite is shed through the stool of infected people. It is spread through the fecal-oral route. This means the disease is spread by putting something in the mouth that has been contaminated with the stool of an infected person. Because the cryptosporidium parasite is resistant to chlorine, it is most commonly spread through contaminated swimming pools, fountains, and recreational water tables. It can also be spread by placing contaminated fingers into the mouth, eating raw or undercooked meat that has been contaminated with the parasite, or drinking untreated water such as in a lake.

Cryptosporidium is hard to kill. It is resistant to many disinfectants like bleach and ammonia and is tolerant of hot and cold. The Centers for Disease Control [CDC] recommends washing with soap and water and using a 3% concentration of hydrogen peroxide for disinfection during an outbreak of cryptosporidiosis in the childcare setting.

To prevent the spread of Cryptosporidiosis:

- Ensure all children and adults in the facility use good handwashing practices.
- *Children* should wash their hands upon arrival, after using the toilet or having a diaper changed, and before eating or water play.
- *Adults* should wash their hands after using the toilet or helping a child use the toilet, after changing a diaper, and before preparing, serving, or eating food.
- Ensure proper storage and cooking of food.
- Where staffing permits, staff who change diapers should not prepare or serve food.
- Ensure children wear clothing over diapers to reduce the chance for diarrheal leakage.
- Disinfect toys, bathrooms, and food preparation surfaces daily and when visibly soiled.
- Exclude infected staff who handle food.
- Do not permit children with diarrhea to participate in water play activities.

Exclusion/ Return Criteria for Cryptosporidiosis:

- Exclusion is required for any child with diarrhea.
- Children can usually return when the diarrhea resolves.
- The Division of Public Health may require exclusion to control an outbreak and may require a negative stool culture for return.

This infection is reportable. If you become aware that a child or adult in your facility has developed Cryptosporidiosis notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Cytomegalovirus (CMV)

Cytomegalovirus (CMV) is a common viral infection. According to the Centers for Disease Control and Prevention [CDC], by age 5, just about 1 in 3 children are already infected with CMV. By age 40, more than half of adults are infected. Once an individual is infected with CMV, the virus will remain in the body for life. Individuals can be infected with other strains of the virus as well. Most people infected with CMV don't have any symptoms. If symptoms are present, they usually include sore throat, fever, and fatigue. In some cases, CMV can cause mononucleosis or hepatitis. Individuals with weakened immune systems are at high risk for severe illness if infected with CMV.

Exposure to CMV during pregnancy:

Childcare providers who are, or may become pregnant should be carefully counseled about the potential risks to a developing fetus due to exposure to CMV. CMV infection during pregnancy can cause birth defects and long-term health problems for babies, including hearing and vision loss, seizures, and intellectual disability. Pregnant women and women of childbearing age can reduce the risk of contracting CMV by decreasing contact with saliva and urine from babies and young children. If possible, pregnant women should take care of children over the age of 3.

How CMV is spread:

- Direct contact with bodily fluids including blood, urine, and saliva, especially from young children (under age 3).
- From mother to baby before, during, and after birth.
- Breast feeding.
- Blood transfusions and organ transplants.
- Kissing and sexual contact.

Note: Contact with children that does not involve exposure to saliva or urine poses no risk to a mother or childcare provider and should not be avoided out of fear of potential infection with CMV.

To prevent the spread of CMV:

- Ensure all children and adults in the facility use good handwashing practices.
- Pregnant women and women of childbearing age should discuss additional ways to reduce their risk of contracting CMV with their health care provider.

CMV is very common in childcare settings. Children with CMV infection should not be excluded because it offers no benefit and will not reduce disease transmission. Instead, quality hand hygiene practices should be followed.





Diarrheal Disease

Diarrhea is defined as frequent, loose or watery stools. Diarrhea can be caused by a variety of germs, including bacteria, viruses, and parasites. Diarrhea can also be caused by non-infectious processes including food allergies, dietary changes, drinking too much fruit juice, problems with food absorption in the intestines, and the use of some medicines such as antibiotics. Children with diarrhea may have additional symptoms including nausea, vomiting, cramps, headache, or fever.

Diarrhea is spread through the oral-fecal route. This means the disease is spread by putting something in the mouth that has been contaminated with the stool of an infected person. This typically happens when individuals place contaminated fingers into their mouth. Diarrhea can also be spread through contact with raw or undercooked poultry, drinking water that is contaminated with feces (i.e. swimming pools), eating food contaminated with feces, and contact with animals. Children in diapers and childcare providers who change their diapers have an increased risk of diarrheal diseases.

To prevent diarrheal diseases from spreading in the childcare setting:

- Recommend all infants receive the rotavirus vaccine
- Ensure all children and adults in the facility use good handwashing practices.
- *Children* should wash their hands upon arrival, after using the toilet or having a diaper changed, and before eating.
- *Adults* should wash their hands after using the toilet or helping a child use the toilet, after changing a diaper, and before preparing, serving, or eating food.
- Where staffing permits, staff who change diapers should not prepare or serve food.
- Ensure proper storage and cooking of food.
- Exclude infected staff who prepare food.
- Use disposable table liners on changing tables and disinfect tables after each use.
- Use diapers with waterproof outer covers that can contain liquid stool or urine, or use plastic pants and make sure children always wear clothing over diapers.
- Disinfect toys, bathrooms, and food preparation surfaces daily and when visibly soiled.

Exclusion/ Return Criteria for *Campylobacter* infections:

- Exclusion is required for diapered children when stool is not contained in the diaper.
- For toilet-trained children, exclude if diarrhea causes "accidents," or frequency exceeds 2 or more stools above normal for the child, or stool contains blood or mucus.
- Children may typically return once diarrhea resolves, or as directed by the Division of Public Health. For diarrhea with fever, they can return 48 hours after resolution.

If you learn that a child in your care has diarrhea due to *Shigella*, *Campylobacter*, *Salmonella*, *Giardia*, *Cryptosporidium*, Hepatitis A, or *Escherichia (E). coli*, notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156. A health care provider should see any child with prolonged, severe diarrhea or diarrhea with fever, or a known exposure to someone with infectious diarrhea.





Diphtheria

Diphtheria is an infection of the throat caused by the bacterium *Corynebacterium diphtheriae*. Diphtheria causes a thick covering in the nose and throat that can make it hard to breathe. Symptoms usually start like a common cold with a sore throat, runny nose, fever, and swollen glands in the neck, but can progress and become life threatening. Diphtheria can spread to the bloodstream and damage the heart, kidneys, and nerves. It can cause paralysis and even death. According to the Centers for Disease Control and Prevention [CDC], even with treatment, 1 in 10 people who are infected with diphtheria die.

Diphtheria is spread from person to person through the respiratory route (droplet) and through direct contact with respiratory secretions.

Here are some examples of how Diphtheria can be spread:

- When an infected person coughs or sneezes, bacteria are released into the air and can be breathed in by others. This is one way to spread diphtheria.
- Contact with objects or surfaces (toys, doorknobs, tables) that have been contaminated with the bacteria from an infected person is another common way diphtheria is spread.
- Rarely, touching open sores of an infected person can spread the illness

Because almost all children are vaccinated, diphtheria is now extremely rare in the United States. However, some children are not adequately vaccinated, and cases still can occur.

The best way to prevent diphtheria is to get vaccinated.

- There are 4 vaccines that can prevent diphtheria (DTaP, Tdap, DT, and Td).
- Childcare providers should review the immunization records of all children upon admission and periodically thereafter.
- Any child whose immunizations are incomplete or not up-to-date should be referred to the health department or the child's physician for proper immunization.

Exclude an infected child as directed by the Division of Public Health. Negative cultures are required before the child can return.

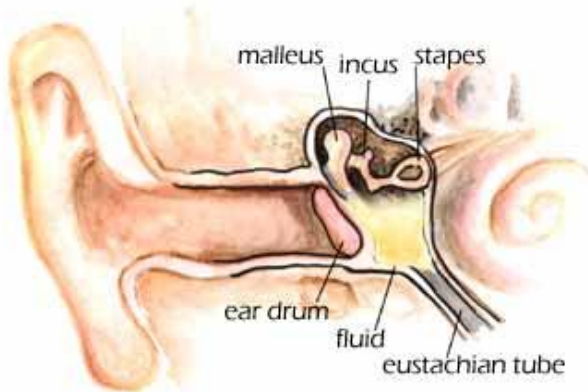
Upon notification by a parent or healthcare worker that a child who attends the childcare setting has been diagnosed with diphtheria, immediately contact the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156 for instructions on preventive measures to be taken.





Ear Infections (Otitis Media)

Two types of ear infections are ones that occur in the middle ear and ones that occur in the outer ear. A middle ear infection is called otitis media and an outer ear infection is called swimmer's ear. Most ear infections in young children occur in the middle ear, which is the space behind the eardrum. A middle ear infection, or otitis media, occurs when mucous that contains bacteria gets trapped in the middle ear space. This typically happens during or after an upper respiratory infection, such as a cold. Otitis media is common in children under the age of 3 but can happen in older children too. Symptoms are caused by inflammation of the middle ear, often with fluid building up behind the eardrum. Otitis media can be painful, causing children to cry persistently, tug at the ear, have a fever, and be irritable. These symptoms may sometimes be accompanied by diarrhea, nausea, and vomiting.



Cross section of the middle ear showing middle ear fluid

Otitis media is not contagious; it is a complication of upper respiratory infections. Upper respiratory infections are contagious and can easily spread in childcare settings. This is one reason why young children are prone to otitis media.

Otitis media is often treated with antibiotics and pain-reducing oral medications or ear drops. Some children with chronic infections may require an operation to insert a tube to drain the fluid from the ear.

A child with otitis media does not need to be excluded from the childcare setting unless he or she is too ill to participate in normal activities or needs more care than the provider can give without compromising the care given to the other children.

To help prevent upper respiratory infections, which may lead to otitis media:

- Encourage immunizations, which help reduce infections caused by certain bacteria.
- Ensure all children and adults use good hand washing practices.
- Teach children to cough or sneeze into their elbows or a tissue.
- Discard used tissues right away.
- Clean and disinfect all common surfaces and toys daily.





E. coli O157:H7

Most *Escherichia coli* (*E. coli*) bacteria are normal inhabitants of the digestive tracts of healthy humans and animals. Most strains of *E. coli* are harmless and actually play an important role in maintaining healthy intestines. Some strains of *E. coli* cause illness. One strain, *E. coli* O157:H7 causes one of the most serious digestive tract infections in the United States. *E. coli* O157:H7 is also the most common cause of acute kidney failure in children.

Symptoms of *E. coli* O157:H7 can be different for each person but usually include diarrhea (often bloody), severe stomach cramps, and vomiting. Sometimes, individuals can have a low-grade fever as well. In most mild cases of *E. coli* O157:H7 individuals get better in 5-7 days. In some cases, infection may result in a complication known as hemolytic uremic syndrome (HUS) in which there is breakdown of red blood cells and kidney failure. This complication requires hospitalization and can be life-threatening. It usually takes several weeks to recover from HUS. It is important to note that unlike many bacterial illnesses, *E. coli* is not treated with antibiotics. In fact, antibiotics can increase the risk for HUS.

E. coli O157:H7 is spread through the oral-fecal route (contact with feces of an infected person or animal). This typically happens when individuals place contaminated fingers into their mouths or eat or drink contaminated food or beverages.

Examples of how *E. coli* O157:H7 can be spread:

- Eating undercooked meat (especially ground beef).
- Eating contaminated foods such as fresh produce that has not been thoroughly washed.
- Drinking unpasteurized milk or apple juice/cider or contaminated water.
- Contact with human feces such as with diaper changing.

To prevent the spread of *E. coli* O157:H7 in your childcare facility:

- Ensure all children and adults use good hand washing practices.
- *Children* should wash their hands upon arrival, after using the toilet or having a diaper changed, and before eating.
- *Adults* should wash their hands after using the toilet or helping a child use the toilet, after changing a diaper, and before preparing, serving, or eating food.
- Cook all meats thoroughly. Cook beef to a minimum internal temperature of 160° F
- Where staffing permits, staff who change diapers should not prepare or serve food.
- Perform thorough surface disinfection in all food/eating and toileting/ diapering areas.
- Do not drink untreated water or unpasteurized milk or juice.
- Request that parents take any child with bloody diarrhea to a physician for evaluation

Exclude infected individuals from childcare until two stools have tested negative for *E. coli* O157:H7 or as directed by the Division of Public Health.

This infection is reportable. If you become aware that a child or adult in your facility has developed *E. coli* O157:H7 notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Fifth Disease

Fifth disease, also called Erythema Infectiosum or "slapped cheek disease," is an infection caused by parvovirus B19. Symptoms usually begin with a headache, fever, muscle aches, and tiredness. After about 4-14 days, a red rash appears on the cheeks that resembles "slapped-cheeks." This is often followed by a lacy-rash on the trunk, arms, and legs. Symptoms can be different for people depending on their age and overall health. Parvovirus B19 is more common in children than adults. Some infected individuals have no symptoms.



Image of the "slapped cheek" rash common in fifth disease

Most people who get fifth disease experience a mild rash-illness and recover without any serious consequences. However, children with sickle cell anemia, certain blood disorders, or a weakened immune system may become seriously ill when infected with parvovirus B19. Exposure to Parvovirus B19 during pregnancy generally causes only mild symptoms in women. Rarely, (less than 5% of the time) it can cause miscarriage or severe anemia in infants. Pregnant women can reduce the risk of contracting Fifth disease by practicing frequent hand hygiene and avoiding contact with individuals who are sick.

How fifth disease is spread:

Fifth disease is believed to be spread through direct contact or by breathing in respiratory secretions from an infected person. The period of infectiousness is before the onset of the rash. Once the rash appears, a person is no longer contagious. **Therefore, a child who has been diagnosed with fifth disease does not need to be excluded from childcare.**

If an outbreak of fifth disease occurs in the childcare setting:

- Notify all parents. Pregnant women and parents of children who have an impaired immune system, sickle cell anemia, or other blood disorders may want to consult their physicians.
- Make sure that all children and adults use good handwashing techniques.





Foodborne Illness

It is very common for caregivers to be involved in food handling in childcare settings. Improper food preparation, handling, or storage can quickly result in food contamination. If eaten, contaminated food can cause diarrheal diseases and other illnesses. Many know this as food poisoning.

- Researchers have identified over 250 foodborne diseases
- Most of them are caused by bacteria, viruses, and parasites
- Many of them are caused by harmful toxins and chemicals

Young children are a greater risk for complications of foodborne illnesses, which is why food safety is so important. Understanding and following a few basic principles can help prevent food spoilage and transmission of foodborne infections in the childcare setting.

Guidelines for Preventing Foodborne Illnesses:

- ✚ Do not prepare or serve food if you have diarrhea, unusually loose stools or other gastrointestinal symptoms of illness, infected skin lesions or open cuts.
- ✚ Small, uninfected cuts may be covered with nonporous, latex or nitrile gloves.

Equipment use

- Only use equipment that is approved for food preparation (i.e. glass, plastic, or Formica cutting boards that can be disinfected).
- Check childcare licensing regulations if in question about equipment.
- Use separate utensils, equipment, and surfaces for foods that need to be cooked (meat, poultry, fish) and those that do not (fruits, vegetables, dairy).
- Disposable, single use utensils or dishes may be used and must be discarded after each use
- If reusable dishes and utensils are used, they must have been washed and sanitized by hand or in a dishwasher prior to use.
- Supervise meal and snack times to make sure children do not share food or utensils.

Food brought from home

- Food brought in from a child's home should not be fed to other children.
- Each individual lunch brought from a child's home should be labeled with his/her name, date, and type of food, and properly stored until ready to be eaten.
- Food brought into the childcare setting to be shared (i.e. to celebrate birthdays , holidays, or special occasions) should be obtained from commercial sources approved and inspected by the local health authority.
- Home-prepared food items should not be shared with other children.
- Raw eggs can be contaminated with harmful bacteria. No foods containing raw eggs should be served, including homemade ice cream made with raw eggs.
- Only accept expressed breast milk that is fresh and properly labeled with the child's name. It should be used during the current shift and should not be stored overnight. NEVER feed a child breast milk unless it is labeled with his or her name.

Cleaning

- Clean and sanitize all surfaces used for food handling or storage after each use.

- Clean and sanitize tabletops and highchair trays after each use.
- Clean all utensils and equipment used in food preparation and serving after each use.
- Practice proper handwashing before and after any handling of food.
- Practice proper handwashing between handling different food items to avoid cross-contamination.

Cooking

- Food is safely cooked when the internal temperature is high enough to kill germs that can cause illness.
- The only way to tell if food is safely cooked is to use a food thermometer.
- It is not possible to know that food is safely cooked by checking its color and texture.
- Safe internal food temperatures:
 - 165°F for all poultry, including ground chicken and turkey
 - 165°F for leftovers and casseroles
 - 160°F for ground meats, such as beef and pork
 - 145°F for whole cuts of beef, pork, veal, and lamb (let rest 3 minutes before carving)
 - 145°F for fresh ham
 - 145°F for fin fish or cook until flesh is opaque

Food storage

- Keep food at safe storage temperatures at all times:
 - Cold foods must be at 40°F or colder
 - Frozen foods must be at 0°F or colder
 - Warm/hot foods must be at 140°F or warmer
 - The range between 40°F and 140°F is considered the **Danger Zone**
- Frozen foods should be thawed in the refrigerator only.
- Remove leftovers from the eating area after each snack or meal
- Leftovers should be refrigerated immediately. Do not let them cool at room temperature.
- Discard food that has dropped on the ground





Giardiasis Disease

Giardiasis is a diarrheal illness caused by the parasite *Giardia* (also called *Giardia intestinalis* or *Giardia lamblia*, or *Giardia duodenalis*). Giardiasis is the most common diarrheal illness caused by a parasite. Many children infected with *Giardia* have no symptoms. When symptoms do occur, they include greasy diarrhea, gas, abdominal cramps, fatigue, nausea, vomiting, dehydration, and weight loss. These symptoms can last for weeks to months. Individuals are most contagious when they have diarrhea. *Giardia* can be spread easily in the child's home and parents and siblings may become infected.

Giardia is spread through the oral-fecal route. This means the disease is spread by putting something in the mouth that has been contaminated with the stool of an infected person. This typically happens when individuals place contaminated fingers into their mouths or eat or drink contaminated food or beverages. Infection is often spread by not properly washing hands after bowel movements, after changing diapers, or before preparing foods. Because the *Giardia* parasite is resistant to chlorine, it is most commonly spread through contaminated drinking water, swimming pools, fountains, and recreational water tables.

To prevent the spread of giardiasis in the childcare setting:

- Ensure all children and adults in the facility use good handwashing practices.
- *Children* should wash their hands upon arrival, after using the toilet or having a diaper changed, and before eating or water play.
- *Adults* should wash their hands after using the toilet or helping a child use the toilet, after changing a diaper, and before preparing, serving, or eating food.
- Ensure proper storage and cooking of food.
- Where staffing permits, staff who change diapers should not prepare or serve food.
- Ensure children wear clothing over diapers to reduce the chance for diarrheal leakage.
- Disinfect toys, bathrooms, and food preparation surfaces daily and when visibly soiled.
- Exclude infected staff who handle food.
- Do not permit children with diarrhea to participate in water play activities.

Exclusion/ Return Criteria for Giardiasis:

- Exclusion is required for diapered children when stool is not contained in the diaper.
- For toilet-trained children, exclude if diarrhea causes "accidents," or frequency exceeds 2 or more stools above normal for the child, or stool contains blood or mucus.
- Children may typically return once diarrhea resolves, or as directed by the Division of Public Health. For diarrhea with fever, they can return 48 hours after resolution.
- The Division of Public Health may require exclusion to control an outbreak.

This infection is reportable. If you become aware that a child or adult in your facility has developed Giardiasis notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Haemophilus influenzae Type b (Hib)

Haemophilus influenzae (Hib) is a bacterium that causes a variety of infections in humans, including ear infections and blood infections. Symptoms of infection with Hib depend on the site of infection and can include fever, irritability, cough, vomiting, joint swelling, facial swelling and discoloration, stiff neck, and difficulty breathing. Complications from Hib infections can include meningitis (inflammation in the tissues that cover the brain and spinal cord), intellectual disability, epiglottitis (inflammation in the windpipe that can make it difficult to breathe), pneumonia, and even death. Treatment of Hib infections usually includes antibiotics. Preventative antibiotics are used when an unimmunized or under-immunized individual is exposed to Hib.

Hib is spread through the respiratory route (droplet), when an infected person coughs or sneezes and another person inhales droplets containing the virus. Hib can also be spread when an individual touches an object contaminated with respiratory secretions or saliva and then touches his or her eyes, nose, or mouth.

How to prevent the spread of Hib in the childcare setting:

- Vaccination is the most effective way to prevent Hib.
- Children should receive 3-4 doses total of the Hib vaccine beginning at 2 months of age with the next doses at 4 months, 6 months (if needed; dependent on brand type), and 12-15 months of age.
- Ensure all children and adults in the facility use good handwashing practices. This is especially important after using the toilet or changing a diaper.
- Disinfect toys, bathrooms, and surfaces daily and when visibly soiled.
- Teach children to cough or sneeze into their elbows or a tissue.
- Discard used tissues right away.

Exclusion/ Return Criteria for Hib infection:

- Exclude any child diagnosed with an Hib infection.
- Children may return once cleared by a health professional.

This infection is reportable. If you become aware that a child or adult in your facility has developed a *Haemophilus influenzae* (Hib) infection notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



Hand-Foot-and-Mouth Disease (Coxsackie A)

Hand-foot-and-mouth disease is a childhood illness caused by viruses that belong to a group called Enterovirus genus. Coxsackievirus A16 is the virus most known for causing hand-foot-and-mouth disease. Hand-foot-and-mouth disease is most common in children under the age of 5; however, it can be seen in older children and adults too.

In most people, hand-foot-and-mouth disease causes mild symptoms or no symptoms at all. Mild symptoms include fever, sore throat, cough, decreased appetite, and general feeling of being unwell. In others, infection may result in painful blisters in the mouth, on the gums and tongue, on the palms and fingers of the hand, or on the soles of the feet. The fluid in these blisters contains the virus, and symptoms may last for 7 to 10 days. The infection usually goes away without any serious complications. In rare cases, hand-foot-and-mouth disease can cause more serious complications such as viral meningitis, swelling on the brain, or temporary loss of fingernails or toenails.

How hand-foot-and-mouth disease is spread:

- Respiratory route: contact with droplets that form when individuals cough or sneeze. This usually occurs when droplets land on the eyes, nose, or mouths of others, or if they land on the hands of others and then get rubbed into the eyes, nose, or mouth.
- Contact with blister fluid: direct contact or contact with contaminated objects.
- Oral-fecal route: putting something in the mouth that has been contaminated with the stool of an infected person. This typically happens when individuals place contaminated fingers into their mouths.

To prevent the spread of hand-foot-and-mouth disease in the childcare setting:

- Ensure all children and adults in the facility use good handwashing practices. This is especially important after using the toilet or changing a diaper.
- Disinfect toys, bathrooms, and surfaces daily and when visibly soiled.
- Teach children to cough or sneeze into their elbows or a tissue.
- Discard used tissues right away.
- Avoid hugging, kissing, or sharing cups/eating utensils with infected individuals.

Although individuals are most contagious while they are experiencing symptoms, hand-foot-and-mouth disease can be spread for weeks after symptoms have disappeared. Therefore, individuals infected with hand-foot-and-mouth disease do not need to be excluded from childcare settings. Exclusion will not prevent transmission.

A child with hand-foot-and-mouth disease does not need to be excluded from the childcare setting unless he or she is too ill to participate in normal activities or needs more care than the provider can give without compromising the care given to the other children.





Head Lice (Pediculosis Capitis)

Head lice (Pediculosis Capitis) are tiny insects that live primarily on the scalp of humans. Head lice can also be found on eyebrows or eye lashes. They should not be confused with body lice, pubic lice, or fleas. See the chart below for information about these insects. Infestation with head lice is not related to cleanliness of individuals or their environments.

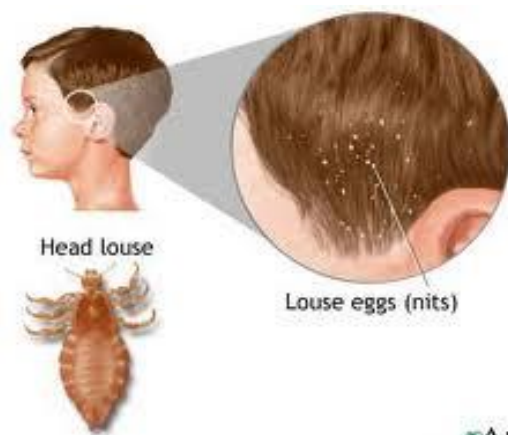
Although small, adult head lice can be seen with the naked eye. Because head lice move quickly, it is often difficult to see them. Therefore, it is sometimes helpful to use a hand lens or magnifying glass to inspect for head lice. Head lice feed by sucking human blood. The rash caused by their feeding activities is often more noticeable than the insects themselves. Head lice attach their eggs at the base of a hair shaft. These eggs, or nits, appear as tiny white or dark ovals and are especially noticeable on the back of the neck and around the ears. Adult head lice cannot survive for more than 48 hours apart from the human host.

The primary symptom of head lice is itching. This occurs where head lice feed. Frequently, children with head lice experience scalp itching behind the ears and at the nape of the neck. Sometimes, children can feel head lice move around the scalp. Head lice are most active at night. This can lead to irritability and trouble with sleep. Scratching may cause open sores that can become infected.

Body Lice: Parasitic insects that live on the clothing and bedding of infested persons. Body lice only move to the body to feed. They do not infest the scalp. Treatment consists of improved hygiene and clean clothing.

Pubic Lice (crabs): Insects that infest the pubic area. They can also be found on eyebrows, eyelashes, beards, mustaches, chests, & armpits. Pubic lice are known to spread diseases. Treatment consists of prescription and over the counter medications.

Fleas: Insects found on dogs, cats, and other pets. Fleas are considered vectors because they carry and spread disease.



Mature head louse and louse eggs

ADAM

How head lice are spread:

Head lice are primarily spread through direct head-to-head contact. Such contact can be common among children during play at school, home, sports activities, playgrounds, camps and slumber parties. Sharing personal items such as hats, brushes, combs, and linens or laying on pillows or other furniture of an infected person may play a role in their spread between children, but this is less common. Head lice have feet designed for holding onto human hair. They have trouble attaching to smooth, slippery surfaces like plastic and metal. Also, lice eggs, or nits, must remain very close to the scalp to stay warm and hatch.

Treatment for head lice:

Children with head lice should be treated with a medicated shampoo, rinse, or lotion developed specifically for head lice, called pediculicides. Treatments containing permethrin (an insecticide) have a high residual activity and are usually effective in killing nits as well as adult lice. These treatments are very powerful insecticides and must be used as directed.

Nits can be removed using a fine-toothed comb. A pet flea comb may work best. Some commercial products may make removing nits easier. Commercial preparations to remove nits should be used according to the manufacturer's recommendations to assure that the residual activity of the insecticide is not affected. However, the need to remove nits or egg capsules is controversial and research is unclear how effective this method is at eliminating a head lice infestation. Nits found more than 1/4 inch from the scalp probably have already hatched or are not going to hatch.

To prevent the spread of head lice when a case occurs in the childcare setting:

- On the same day, screen all children in the classroom or group for adult lice or nits.
- Screen siblings in other classrooms for adult lice or nits as well.
- Do not use the same comb on multiple children. This can spread the lice.
- Children found to be infested should be excluded and treated.
- Educate parents regarding the importance of following through with the same recommendations at home and notifying the facility if head lice have been found on any member of the household.
- Head lice cannot survive off of a human host for more than a few days. It is not recommended to spend a lot of time or money on house cleaning activities. If any live lice have fallen off a human host, supplemental measures to prevent reinfestation include:
 - Washing clothes, hats, scarves, and bedding in very hot water (at least 130°F).
 - Vacuuming carpets and upholstered furniture.
 - Soaking combs and hairbrushes in hot water (130°F) for 5-10 minutes.

Exclusion/ Return Criteria for head lice:

- Any child with suspected head lice should be excluded from the childcare setting at the end of the day. If head lice are confirmed, the child should start treatment before returning. Children do not need to be sent home early.





Hepatitis A

Hepatitis A is a vaccine-preventable infection of the liver caused by the hepatitis A virus (HAV). It is generally self-limiting and does not cause chronic infection. Children younger than 6 years old typically have few or no symptoms. Adults and older children are more likely to have symptoms of the illness, which include fever, loss of appetite, nausea, abdominal pain, tiredness, dark urine, joint pain, jaundice (yellowing of skin and whites of eyes). Symptoms usually resolve within 2 months. Infected individuals are most contagious 2 weeks *before* symptoms begin. A person with no symptoms is still infectious to others. Once a person has hepatitis A, he or she builds immunity against future infections.

Hepatitis A is spread through the oral-fecal route. This means the disease is spread by putting something into the mouth that has been contaminated with the stool of an infected person. This typically happens when individuals place contaminated fingers into their mouths or consume contaminated food or drinks. Infection is often spread by not properly washing hands after bowel movements or changing diapers, or before preparing foods.

Outbreaks of hepatitis A in childcare settings have been recognized since the 1970s. Some outbreaks have been associated with snacks and foods that were prepared at home and served at childcare facilities. Because infection among children is usually mild or they show no symptoms, and people are infectious before they develop symptoms, outbreaks are often only recognized when adult contacts (usually parents) become ill. Poor hygienic practices among staff who change diapers and also prepare food contribute to the spread of hepatitis A. Children in diapers are likely to spread the diseases because of contact with contaminated feces. Outbreaks rarely occur in childcare settings serving only toilet-trained children.

How to prevent the spread of hepatitis A in the childcare setting:

- Vaccination is the most effective way to prevent hepatitis A.
- Routinely check the immunization status of all children and certify they complete the 2-dose hepatitis A vaccination series.
- Ensure all children and adults in the facility use good handwashing practices. This is especially important after using the toilet or changing a diaper.
- Educate staff and parents on post exposure prophylaxis (PEP), which can be administered within 2 weeks after exposure to hepatitis A to prevent the infection from spreading to others.

Exclusion/ Return Criteria for hepatitis A:

- Any child with hepatitis A infection should be excluded from the childcare setting until 1 week after onset of symptoms or as directed by the Division of Public Health.

This infection is reportable. If you become aware that a child or adult in your facility has developed hepatitis A notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Hepatitis B

Hepatitis B is a vaccine-preventable infection of the liver caused by the hepatitis B virus (HBV). The hepatitis B virus is completely different than the hepatitis A virus. Many young children have no symptoms. When children do have symptoms, they are similar to those for hepatitis A. These include fever, loss of appetite, nausea, abdominal pain, dark urine, light colored stools, joint pain, jaundice (yellowing of skin and whites of eyes), and tiredness. However, HBV is a much more serious infection. Some individuals fully recover from a hepatitis B infections, but others develop a chronic infection that lasts the rest of their lives. Approximately 90% of infants infected with hepatitis B develop chronic infection. This can lead to liver cirrhosis, liver cancer, and even premature death.

Hepatitis B is spread through contact with blood and bodily fluids of infected individuals. The hepatitis B virus can remain alive outside of the body for 7 or more days.

Examples of how hepatitis B is spread:

- Sharing contaminated needles during intravenous (IV) drug abuse.
- Needle sticks.
- Contact with open sores of an infected person or surfaces contaminated with blood.
- Sexual contact.
- From infected mothers to newborn infants through blood exposure at birth.
- Sharing razors or toothbrushes with an infected person.
- Biting incidents (although rare).

How to prevent the spread of hepatitis B in the childcare setting:

- Vaccination is the most effective way to prevent hepatitis B.
- Certify that all children and staff complete the 3-dose hepatitis B vaccination series.
- Do not allow children to share pacifiers or toothbrushes.
- Cover all open cuts, sores, or wounds.
- Observe children for aggressive behavior, such as biting.
- Follow Standard Precautions when handling any blood or bodily fluids:
 - Use of good hand hygiene.
 - Use of personal protective equipment (e.g. disposable gloves, masks, eyewear).
 - Clean and disinfect contaminated environmental surfaces using approved cleaners such as soap and water, and disinfectants such as bleach solution.

Exclusion/ Return Criteria for hepatitis B:

- Exclusion is required for any child who has a bleeding problem, weeping sores that cannot be covered, scratching or biting behaviors, or is unable to participate and requires more care than can be provided by caregivers without compromising the safety of others.
- Readmit when these symptoms resolve.

This infection is reportable. If you become aware that a child or adult in your facility has developed hepatitis B notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Herpes Simplex (Cold Sores)

The herpes simplex virus (HSV) is a highly contagious viral infection that is categorized into two types: HSV type 1 and HSV type 2. HSV type 1 is the usual cause of painful blisters on the lips and mouth called cold sores. HSV type 2 typically causes genital sores. Individuals often become infected with HSV type 1 in early childhood and it remains in their body for life. Many people have no symptoms.

When symptoms of HSV type 1 do occur, they are typically worse during the first infection. During this time, symptoms may include fever, irritability, swollen lymph nodes, and painful, fluid-filled blisters (cold sores) on the lips, gum lines, or in the mouth. The cold sores weep clear fluid, may bleed, and are often slow to scab over. After the first infection, symptoms are usually limited to cold sores that form in clusters on the lips. These usually form scabs and heal within a few days.

How herpes simplex virus is spread:

- HSV type 1 is spread by direct contact with cold sores or saliva of an infected person.
- In the childcare setting, HSV type 1 can be easily spread through contact with saliva that is on a toy or surface that an infant or toddler has mouthed.
- In families, HSV type 1 can be easily spread through kissing or by sharing food or drinks.
- It is also possible to spread HSV type 1 to areas of the body by scratching after touching an open cold sore.

There is no cure for HSV, but several steps can be taken to prevent its spread.

To prevent the spread of herpes simplex virus in the childcare setting:

- Ensure all children and adults in the facility use good handwashing practices.
- Do not allow children to share toys that can be put in their mouths. The virus may be present even though sores are absent or not noticeable.
- After a child has mouthed a toy, remove it from the play area and put it in a bin for toys to be disinfected at the end of the day.
- Do not kiss or nuzzle children on the lips or hands.
- Do not allow staff or children to share food or drinks.
- Do not touch cold sores.
- Use disposable gloves if applying medicated ointment to the cold sore.

Only exclude a child with open blisters or mouth sores if the child is a biter, drools uncontrollably, is unable to participate, or requires more care than can be provided by caregivers without compromising their ability to safely care for the remaining children.





Human Immunodeficiency Virus (HIV)

HIV is a viral illness caused by the human immunodeficiency virus. HIV illness weakens an individual's immune system by attacking important cells within the body that are needed to fight off infection. These special cells are called CD-4 cells or T cells. When the number of healthy CD-4 cells in the body gets too low, individuals become vulnerable to other infectious diseases such as the common cold, flu, and urinary infections. These are called opportunistic infections. In later stages of HIV, an individual's immune system becomes severely weakened and the disease progresses to what is known as AIDS (acquired immune deficiency syndrome). There is no cure for HIV and there is no vaccine to protect against HIV infection.

Children with HIV often have no symptoms. After several years of having HIV, children may begin to experience symptoms. Early symptoms of HIV infection in children include failure to grow or gain weight, chronic diarrhea without a specific cause, enlarged liver and spleen, swollen lymph glands, chronic thrush (yeast infections) and Candida (yeast) skin infections, pneumonia, and other bacterial, viral, fungal, and parasitic infections that healthy children do not usually get.

HIV is only spread through contact with the following body fluids of an infected person: blood, semen, pre-seminal fluid, vaginal and rectal fluids, and breast milk.

Contact with these fluids must be made with a mucous membrane (inside of mouth, penis, vagina, and rectum), damaged tissue (such as a cut or wound), or injected into the blood stream (through a needle or some sort of puncture wound) in order for infection to spread.

HIV is not spread through air or water. It is not spread through sweat, tears, or saliva. Pets and insects do not spread HIV. HIV cannot be spread by sharing food, drinks, or toilets.

How HIV is most commonly spread:

- Sharing contaminated needles for intravenous (IV) drug abuse.
- Vaginal or anal sexual intercourse.

Less common ways HIV may be spread:

- Mother to baby during pregnancy, birth, or through breastfeeding.
- Exposure to infected blood through a blood transfusion.
- Needle sticks by healthcare workers.
- Oral sex or open mouth kissing when sores/bleeding gums are present.
- Human bites.
- Eating food that was pre-chewed by an infected person.
- Contact between infected blood/bodily fluids and a mucous membrane or area of broken skin in a healthy individual.

The spread of HIV infection among children in childcare settings is unlikely and no such case has ever been reported. It is still important to know how to lower the risk of HIV transmission in the childcare setting.

How to help prevent the spread of HIV in the childcare setting:

Regular use of *Standard Precautions* is important for preventing any blood borne illness such as HIV.

- Ensure all children and adults use good handwashing practices.
- Ensure all adults use good diapering practices.
- Wear disposable gloves when changing a diaper soiled with bloody stools.
- Wash skin on which breast milk has spilled with soap and water immediately.
- Do not allow children to share toothbrushes.
- Clean up blood and bodily fluid spills immediately. Make sure to wear disposable gloves.
- Clean and disinfect any surface contaminated with blood or body fluids using approved cleaners such as soap and water, and disinfectants such as bleach solution.
- Cover all open cuts, sores, or wounds.
- If a childcare provider has open sores, cuts, or other abrasions on the hands, wear gloves when changing diapers or cleaning up blood spills.

Exclusion/ Return Criteria for HIV:

- Children infected with HIV **do not** require exclusion from childcare facilities unless they have a bleeding problem, weeping sores that cannot be covered, scratching or biting behaviors, or are unable to participate and require more care than can be provided by caregivers without compromising the safety of others.
- Because of their weakened immune systems, children with HIV may need to be excluded during outbreaks of other infectious diseases such as cryptosporidiosis or fifth disease. This can help protect from infections that can cause severe complications.
- Readmit when the child is able to participate and all skin lesions are dry or able to be covered. If exclusion was for protection during an infectious disease outbreak, readmit after the risk of exposure has ended. If exclusion was due to risk for transmission to others (i.e. biting behaviors), the child may be readmitted when his or her health care provider determines it is safe for return.

Special considerations when caring for children with HIV:

- Ensure all children receive all immunizations according to schedule. This will help prevent opportunistic infections in those diagnosed with HIV.
- Parents and guardians DO NOT have to notify childcare providers if their child has HIV.
- HIV status is a confidential matter between families and their health care providers.
- Caregivers should always use Standard Precautions with handling blood or bodily fluids of children. This protects against the spread of any infectious disease, including HIV.
- If parents or guardians do share the HIV status of their child with caregivers, the information must remain private.
- HIV is a reportable communicable disease that must be reported by physicians and other health care providers. Childcare providers are requested and authorized to report per Delaware law.





Impetigo

Impetigo is a contagious bacterial skin infection that is common in infants and children. It is caused by group A *Streptococci* or *Staphylococcus aureus*. Impetigo causes a blistering rash that typically affects the mouth, nose, hands, and feet. The sores can spread to other areas of the body as well. When the blisters open, they produce a thick, golden-yellow discharge that dries, crusts, and adheres to the skin. Mild itching and soreness are typically associated with this rash.

Impetigo is spread from person to person through direct contact with the discharge from the lesions. This infection can rapidly spread among persons in close contact, such as children in a childcare facility. Antibiotic medication is used to treat impetigo.



(Wikimedia, 2017)

Impetigo: crusted lesions outside of the mouth

How to prevent the spread of impetigo in the childcare setting:

- Ensure all children and adults use good handwashing practices.
- Clean skin is important. Make sure all cuts and scrapes are washed with soap and water.
- Disinfect toys, bathrooms, and surfaces daily and when visibly soiled.
- If a child has impetigo, wash infected areas with mild soap and running water and cover with gauze if possible.
- Wash the infected child's clothes, linens, and towels at least once a day and never share them with other children.
- If antibiotic ointment is ordered by a physician, use disposable gloves when applying it to affected areas. Wash hands thoroughly afterwards.
- Encourage parents to keep their children's nails trimmed to avoid tissue injury from scratching.

Exclusion/ Return Criteria for impetigo:

- If a child is suspected to have impetigo it is important to wash infected areas and covers sores. If impetigo is confirmed, children should be excluded from the end of the day until treatment has started.
- Readmit after treatment has started.





Influenza (flu)

Influenza (flu) is a respiratory illness caused by influenza viruses. Influenza is highly contagious and can affect individuals of all ages. Influenza is different than a cold and symptoms usually come on quickly. Symptoms include headache, muscle aches, cough, sore throat, stuffy nose, tiredness, abdominal pain, nausea and vomiting. Some individuals also experience a sudden onset of fever.

The influenza virus is usually passed through the respiratory route (droplet), when an infected person coughs or sneezes and another person inhales droplets containing the virus. Influenza can also be spread when an individual touches an object contaminated with respiratory secretions and then touches his or her eyes, nose, or mouth. Although most people are ill for only a few days, influenza can cause serious complications including pneumonia, inflammation of the brain, heart, or muscles, and organ failure. Children and adults die each year from influenza-related complications.

Individuals at high risk for developing influenza-related complications:

- Children under the age of 5 are at high risk.
- Children under the age of 2 are at even higher risk.
- Pregnant women.
- Those with chronic medical conditions including asthma or other lung disease, heart disease, kidney or liver disorders, blood or endocrine disorders (including diabetes), neurological disorders, or weakened immune systems.

How to prevent the spread of influenza in the childcare setting:

- Vaccination is the most effective way to prevent influenza. Yearly influenza vaccination is recommended for all individuals 6 months of age and older.
- Make sure that all children and adults use good handwashing practices.
- Clean and disinfect all common surfaces and toys daily.
- Teach children to cough or sneeze into their elbows or a tissue.
- Discard used tissues right away.
- In large facilities, follow appropriate group separation practices.
- Closely observe all children for symptoms and refer anyone developing symptoms to his or her physician. Notify parents.

Exclusion/Return criteria:

- During flu season, exclude any child with respiratory symptoms (cough, runny nose, sneezing) and fever. Readmit when the child has been fever-free for at least 24 hours without the use of fever-reducing medication. Children are most contagious when they have a fever.

This infection is reportable. If you become aware that a child or adult in your facility has developed influenza notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Injuries in the Childcare Setting

Injuries can be divided into two categories; unintentional and intentional. Unintentional injuries may result from choking, falls, burns, drowning, poisoning, cuts from sharp objects, exposure to environmental hazards such as chemicals, radon, or lead, animal bites, or other “accidents.” Intentional injuries are usually due to bites, fights, abuse, or other aggressive behaviors.

The risk of an injury happening is directly related to the physical environment and children’s behaviors. Young children are prone to preventable injuries due to their curiosity and increasing physical abilities, which do not match their level of comprehension. Often, young children do not sense the danger or understand the cause and effect relationship of their actions. For example, a toddler who fetches his ball after it rolls into the street is only thinking about the ball and not the danger of being hit by a car. It is therefore very important that caregivers establish and maintain safety rules.

Preventing Injuries:

Most injuries that occur in the childcare setting can be prevented by:

- Supervising children carefully.
- Checking the childcare and play areas for, and eliminating, hazards.
- Using safety equipment for children, such as car seats and seat belts, bicycle helmets, and padding, such as for the knees and elbows.
- Understanding stages of childhood development. Children learn by testing their abilities. They should be allowed to participate in activities appropriate for their development even though these activities may result in some minor injuries, such as scrapes and bruises. Children should be prevented from taking part in activities or using equipment that is beyond their abilities and that may result in major injuries such as broken bones.
- Teaching children how to use playground equipment safely.

Preparing for Injuries:

- Injuries require immediate action. The first step is to assess the injury to determine what type of medical attention, if any, is required.
- Everyone working with children should have up-to-date training in first aid and cardiopulmonary resuscitation (CPR).
- At least 1 person with CPR training must be present at the childcare site at all times.

Unintentional Injuries

Children are often injured unintentionally during the normal course of a day. Many of these injuries, such as scrapes and bruises, are minor and only need simple first aid. Other injuries can be serious and require medical attention beyond first aid.

Call 911 if an injured child has any of the following conditions:

- Severe neck or head injury
- Choking
- Severe bleeding
- Shock
- Chemicals in eyes, on skin, or ingested in the mouth
- Near-drowning

Intentional Injuries & Aggressive Behavior

Studies have shown that aggression in children peaks around the age of 17 months. With consistent adult guidance, most young children learn to regulate these behaviors before school age. Still, at times, children may show aggression in the childcare setting. Aggression can be verbal or physical.

Verbal aggression by other children or adults, such as belittling, ridiculing, or taunting a child, can injure a child's self-esteem.

Physical aggression, such as biting, hitting, scratching, and kicking may result in physical injuries. Parents have become greatly concerned about physical injuries that cause bleeding to their child, especially being bitten by another child, because they fear this may expose their child to a risk of infection from HIV, which causes AIDS, or hepatitis B virus, which can lead to liver damage.

To deter aggressive behaviors in the childcare setting:

- Set clear limits for children's behaviors and explain limits to children and their parents.
- Explain to a child showing aggressive behavior how the aggressive actions affect the victim.
- Redirect a child's aggressive behavior by, for example, engaging the child in a sport or activity that interests the child.
- Teach and reinforce coping skills.
- Encourage children to express feelings verbally, in a healthy way.
- Provide acceptable opportunities for children to release anger. Running outside, kicking balls, punching bags, and other physical play allows children to let off steam.





Lyme Disease

Lyme disease is a tickborne illness caused by the bacteria *Borrelia burgdorferi*. It is the most common tick transmitted disease in the United States. Lyme disease is not contagious and is not spread from person to person. Therefore, no exclusion is needed for any child or adult who has Lyme disease.

How Lyme disease is spread:

Lyme disease is spread to humans and animals through the bite of an infected deer tick or western-blacklegged tick. Transmission occurs when a tick remains attached to a human or animal to feed for at least 36 hours. Ticks search for host animals from the tips of grasses and shrubs and transfer to animals or humans that brush against the vegetation. Lyme disease is not transmitted from person to person and there is no evidence that it can be transmitted directly from wild or domestic animals. Campers, hikers, outdoor workers and others who frequent wooded, brushy, or grassy places are commonly exposed to ticks.

Symptoms of Lyme disease:

Within days to weeks following a tick bite, 70-80% of patients will develop a red, slowly expanding, circular, "bull's eye" rash that typically gets as large as 5 cm or greater. This rash is often accompanied by fatigue, fever, headache, stiff neck, muscle aches, and joint pain. Lyme disease usually resolves with treatment. If left untreated, individuals may develop late Lyme disease. Symptoms of late Lyme disease include rash, fever, severe headache, arthritis, nerve pain, swelling on the brain, and facial paralysis.

Treatment and Prevention:

Early stage Lyme disease is treated with oral antibiotics. Late stage disease is treated with more aggressive intravenous (IV) antibiotics. Limiting exposure to ticks reduces the likelihood of infection. When outdoors, avoid grassy or wooded areas and frequently check skin and clothing to detect ticks before they attach. Wear long pants tucked into socks, long sleeves, and hats to limit skin exposure. Use of tick repellents on legs and clothing can help prevent tick attachment. Permethrin may be sprayed on clothing and products containing 20-30% DEET may be used on skin. Mowing grass frequently in yards, play areas, and outside fences also helps to reduce tick populations.

Tick Removal Guidelines:

Grasp the tick with tweezers or forceps as close as possible to the attachment (skin) site, pull upward with firm and steady pressure. Do not twist. If tweezers are not available, use fingers shielded with tissue paper or rubber gloves. Do not handle with bare hands. Be careful not to squeeze, crush, or puncture the body of the tick, which may contain infectious fluids. After removing the tick, thoroughly clean the bite site with rubbing alcohol or soap and water and wash your hands. Ticks may be disposed in the toilet or by placing in rubbing alcohol, a plastic sealed container, or wrapped tightly in tape. It does not need to be saved for testing. It is important that a tick be completely removed as soon as it is discovered. Consult a physician if there is concern about incomplete tick removal. Notify parents that a child had a tick bite.





Measles

Measles is a highly contagious, vaccine preventable disease caused by the measles virus. Symptoms include fever, runny nose, cough, sore throat, and reddened eyes followed by a red-brown blotchy rash. The rash usually starts on the face and spreads down the body, and lasts three or more days. Measles can also cause Koplik spots, which are bluish-white spots found on the inside area of the cheeks. Most children with measles become quite ill. Complications of measles include pneumonia, diarrhea, and ear infections. Occasionally, measles can cause inflammation of the brain, blindness, permanent disability or death. Reported deaths from measles have been higher in children under the age of 5, children with weakened immune systems, and pregnant women.

Measles is very contagious. It is spread through airborne transmission. This usually happens when an infected person coughs or sneezes and releases tiny particles containing the virus into the air, which are breathed in by others. These particles may remain suspended in the air for long periods and persons have become infected simply by being in a room after an infected person has left. Particles can also land on surfaces, dry, and be released back into the air attached to dust. Because measles is spread so easily, it is important that all children and adults who did not have the disease as a child be vaccinated.

Vaccination is the most effective way to prevent measles.

Adults born prior to 1957 are considered immune and do not require vaccination. Children should receive the measles vaccine as part of the MMR (measles, mumps, and rubella) vaccine series beginning at 12 to 15 months and again at 4 to 6 years of age. The 2nd dose of MMR may be given before age 4 as long as it is 28 days after the 1st dose.

If a case of measles occurs in your facility:

- **Exclude any infected person from the facility until 4 days after the rash appears or as directed by the Division of Public Health.**
- Notify parents. Any unimmunized children and adults should be immunized or excluded from the center until the Division of Public Health determines it is safe to return.
- Studies have shown that if an unvaccinated individual receives the measles vaccine within 72 hours of exposure, the vaccine will provide protection.
- Closely observe all children and refer to their physician if symptoms develop.
- Ensure all children and adults follow good handwashing practices.

This infection is reportable. If you become aware that a child or adult in your facility has developed measles notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Mononucleosis

Mononucleosis (mono) is a disease caused by the Epstein - Barr virus (EBV). EBV is believed to be present in saliva and is one of the most common diseases in the world. According to the Centers for Disease Control and Prevention [CDC], most individuals will be infected with EBV at some point in their lives. Once infected, a person will have EBV in their body for life. Usually, the virus will remain dormant, or non-active, but it can reactivate at any time. Typically, EBV causes no symptoms and most people never know they have been infected. Most young children who develop mononucleosis from EBV show no symptoms. Older children and adults, on the other hand, usually have symptoms. These include fever, fatigue, swollen lymph nodes, inflamed throat, enlarged spleen, and swollen liver. The first time a person is infected with EBV he or she can pass the infection to others for weeks, even before symptoms are present.

Mononucleosis is primarily spread from person to person through contact with infected saliva but may also be passed through infected blood and semen.

Examples of how mononucleosis is spread:

- Kissing on the mouth
- Sharing toothbrushes, drinking cups, or eating utensils
- Sharing toys or any other object that has been mouthed
- Sexual contact
- Blood transfusions or organ transplants

How to prevent the spread of mononucleosis in the childcare setting:

- Ensure all children and adults follow good handwashing practices.
- Do not allow children to share eating or drinking utensils, personal items that may be contaminated with saliva, or toys that have been mouthed.
- Properly clean and disinfect toys that have been mouthed after each use.

Exclusion/Return criteria:

- Children with mononucleosis **do not** need to be excluded unless they cannot participate or require more care than staff are able to provide without compromising the safety of other children.
- Children with enlarged spleens must avoid contact sports until it returns to normal.
- Readmit when exclusion criteria are resolved.





Mumps

Mumps is a contagious disease caused by a virus. Approximately one third of infected individuals experience no symptoms. Symptoms usually appear 12-25 days after exposure and include fever, headache, muscle aches, tiredness, and earache. The majority of infected individuals also suffer from swollen salivary glands that cause significant swelling in the neck and jaw area. Most people recover from mumps infection in about 2 weeks but some experience more serious complications. Complications of mumps can include meningitis, inflammation of the brain, pancreas, and joints, inflammation of testicles in males, inflammation of ovaries in females, and deafness.

Mumps is spread through the respiratory route (droplet), when an infected person coughs or sneezes and another person inhales droplets containing the virus. Mumps can also be spread when an individual touches an object contaminated with respiratory secretions or saliva and then touches his or her eyes, nose, or mouth.

Vaccination is the best way to prevent mumps.

Adults born before 1957 are considered immune and do not require vaccination. Children should receive the mumps vaccine as part of the MMR (measles, mumps, and rubella) vaccine series beginning at 12 to 15 months and again at 4 to 6 years of age. The 2nd dose of MMR may be given before age 4 as long as it is 28 days after the 1st dose.

As of 2017, it is recommended that at-risk groups receive a 3rd dose of the MMR vaccine to help prevent mumps infection. All high risk groups will be notified by the Division of Public Health.

If a case of mumps occurs in your childcare facility:

- **Susceptible contacts should be excluded from the facility through the 25th day after exposure.**
- Notify parents.
- Make sure all children and adults follow good handwashing practices.
- In large facilities follow appropriate group separation practices.
- Review the immunization records of all children in the facility to assure they have received their first mumps vaccination. Those not adequately vaccinated should be referred to their physicians.
- Closely observe all children for symptoms and refer anyone developing symptoms to his or her physician.

This infection is reportable. If you become aware that a child or adult in your facility has developed mumps notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Pertussis (Whooping Cough)

Pertussis (whooping cough) is a vaccine-preventable infection of the respiratory tract caused by the bacterium *Bordetella pertussis*. Pertussis begins with cold-like symptoms and progresses to a coughing phase that gradually worsens. Violent coughing spells frequently cause difficulty breathing and end with vomiting. Whooping cough gets its name from the whooping sound the child makes when trying to draw a breath after a coughing spell. Not all children with pertussis make this sound. Fever is not usually associated with pertussis, but if present, it is typically mild. Symptoms of pertussis last for an average of 6-10 weeks. Infants younger than 6 months of age are more prone to complications that may result in hospitalization.

Pertussis is very contagious. It is spread through the respiratory route (droplet), when an infected person coughs or sneezes and another person inhales droplets containing the virus. Infected individuals are most contagious when they have cold-like symptoms through the first 3 weeks of the coughing phase.

Vaccination is the most effective way to prevent pertussis.

Children should receive the pertussis vaccine as part of the 5-dose DTaP (diphtheria, tetanus, and pertussis) vaccine. Children should receive their DTaP vaccines at 2 months, 4 months, 6 months, 15-18 months, and 4-6 years of age. Because vaccination does not provide complete immunity (it wears off over time), a booster vaccine should be received at age 11-12.

All childcare providers should receive a one-time dose of Tdap vaccine to protect themselves and the children in their care from pertussis.

If a case of pertussis occurs in your childcare facility:

- **Contacts should be excluded for 21 days following exposure or until 5 days of antibiotics have been taken if the child or staff member is inadequately immunized and less than seven years old**
- Make sure all children and adults follow good handwashing practices.
- In large facilities follow appropriate group separation.
- Require up-to-date immunization records for all children in your care.
- Carefully monitor all children and staff for coughs. Anyone developing a persistent cough should be referred to his or her health care provider.

This infection is reportable. If you become aware that a child or adult in your facility has developed pertussis notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Pinkeye (Conjunctivitis)

Pinkeye, also called conjunctivitis, is an illness that causes inflammation of the whites of eyes and eye lids. Inflammation, or swelling, causes the whites of the eyes to turn pink. This is how pinkeye got its name. Pinkeye can be caused by bacterial or viral infections, irritants, or allergies. Bacterial and viral pinkeye are most common in childcare settings.

Bacterial: Symptoms include pink or red, itchy eyes with thick green or yellow discharge. Discharge often causes eyes to become crusted over in the morning. May occur with an ear infection. Antibiotics can be used to treat bacterial pinkeye but are not necessary. Bacterial pinkeye usually resolves in 5-6 days on its own. An individual will remain contagious until treatment is started.

Viral: Symptoms include pink, painful, swollen eyes with watery discharge. Cold or flu-like symptoms may be present. Often only one eye is affected, but within a few days it can spread to the other eye. Viral pinkeye resolves on its own over time. Individuals remain contagious as long as they have symptoms.

Irritants: Symptoms can include red watery eyes and mucous discharge. Swimming in chlorinated pools is a common cause of this type of pinkeye. Pinkeye caused by irritants is not contagious.

Allergic: Symptoms include red, itchy, teary eyes. Other allergic symptoms such as sneezing, itchy nose, and scratchy throat may be present. Normally affects both eyes. Allergic pinkeye is due to an allergic response and is not contagious.

The germs that cause conjunctivitis may be present in nasal secretions, as well as in the discharge from the eyes. Persons can become infected when their hands become contaminated with these materials and they rub their eyes. Eyes can also become infected when a person uses contaminated towels or eye makeup.

If a case of pinkeye occurs in the childcare setting:

- Contact the child's parents and ask them to have the child evaluated by a healthcare provider. Eye injuries and foreign bodies in the eye can cause similar symptoms.
- Monitor the other children for signs of developing pinkeye.
- Make sure all children and staff use good handwashing practices including proper use and disposal of paper tissues used for wiping nasal secretions.
- Eliminate any shared articles, such as towels. Use disposable paper towels.
- Disinfect any articles that may have been contaminated.
- Children with pinkeye **do not** need to be excluded unless they cannot participate or require more care than staff are able to provide without compromising the safety of other children.



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Pinworms

Pinworms are tiny parasitic worms that live in the large intestine. The female worms lay their eggs around the anus at night. Symptoms include anal itching, sleeplessness, irritability, and anal irritation due to scratching. Pinworms may also be present without symptoms. Pinworms are common in school-aged children.

Pinworms are spread through the fecal-oral route. This means the disease is spread by putting something into the mouth that has been contaminated with the stool of an infected person. This usually happens when an infected child scratches the anal area and then contaminates food or other objects, which are then eaten or touched by uninfected persons.

Pinworms can float in the air and infection can also be spread by sharing clothing, toys, bedding, and toilets. Pinworms can be spread as long as either worms or eggs are present. Eggs can survive up to two weeks away from a human host.

How to prevent the spread of pinworms in the childcare setting:

- Ensure all children and adults in the facility use good handwashing practices.
- *Children* should wash their hands upon arrival, after using the toilet or having a diaper changed, and before eating.
- *Adults* should wash their hands after using the toilet or helping a child use the toilet, after changing a diaper, and before preparing, serving, or eating food.
- Disinfect toys, bathrooms, and food preparation surfaces daily and when visibly soiled.

If a case of pinworms occurs in the childcare setting:

- If you suspect a child has pinworms, call the parents and ask them to have the child evaluated by a healthcare provider.
- Simultaneous treatment of all children may be necessary.
- Encourage bathing after treatment to help prevent reinfection.
- Do not shake bedding or underwear to avoid spreading pinworm eggs.
- Machine-wash bed linens and hand towels using hot water. Machine dry using a heat setting (not air fluff). The family should do the same at home.
- Vacuum carpeted areas.
- Require that the nails of all children in your care be kept clean and short.
- Discourage nail biting.
- Discourage children from scratching the anal area.
- Children with pinworms **do not** need to be excluded.





Pneumonia

Pneumonia is inflammation of the lungs that is caused by viruses, bacteria, and fungi. Pneumonia is most commonly caused by a virus and is often a secondary infection. This means it is often the result of a nose and throat infection that spread to the lungs. The influenza virus (flu) and respiratory syncytial virus (RSV) are two of the most common virus that cause pneumonia. *Streptococcus pneumoniae* (pneumococcus) is a common bacterium that causes pneumonia. Symptoms of pneumonia can include cough, difficulty breathing, fever, loss of appetite, and tiredness. Globally, pneumonia is the number one cause of infectious death among children under the age of 5.

Pneumonia, or lung inflammation, is not contagious. However, viruses and bacteria that cause pneumonia can often spread easily in the childcare setting. Most commonly, these germs are spread through the respiratory route, when an infected person coughs or sneezes and another person inhales droplets containing the germs, or through direct contact with respiratory secretions.

Vaccination can help prevent some of the most common infections that cause pneumonia. It is important that childcare providers make sure all children are current on immunizations. By the age of 2, children should receive the following vaccinations, which can help prevent pneumonia:

<i>Haemophilus influenzae</i> type b (Hib): 3-4 doses total. At 2 months, 4 months, 6 months (if needed; depends on brand), and 12-15 months of age.
Influenza (flu): Every year by the end of October, if possible, starting at 6 months.
Pertussis: Available as part of the Diphtheria, tetanus, & pertussis (DTaP) vaccine. 4 doses total. At 2 months, 4 months, 6 months, and 15-18 months of age.
<i>Streptococcus pneumoniae</i> (pneumococcal): 4 doses total. At 2 months, 4 months, 6 months, and 12-15 months of age.

If a child or adult in the childcare facility develops pneumonia:

- Make sure that all children and adults use good handwashing practices.
- Clean and disinfect all common surfaces, doorknobs, and toys frequently.
- Teach children to cough or sneeze into their elbows or a tissue.
- Discard used tissues right away.
- In large facilities, follow appropriate group separation practices.

Exclusion/Return criteria:

- Children with pneumonia **do not** need to be excluded unless they cannot participate or require more care than staff are able to provide without compromising the safety of other children.





Respiratory Syncytial Virus (RSV)

Respiratory syncytial virus (RSV) causes the common cold and other acute respiratory tract infections in adults and children. It is one of the most common diseases of early childhood, affecting nearly every child by the age of 2 years. An RSV infection can range from very mild to life threatening or even fatal. Children with heart or lung disease and weak immune systems are at increased risk of developing severe infection and complications.

In most cases, symptoms of RSV infection are mild and cold-like (nasal congestion, runny nose, sneezing, fever, and cough). In young infants, RSV can cause irritability, decreased feeding, lethargy, brief periods of not breathing called apnea, and even cyanosis (blue skin and mucous membranes from lack of oxygen when coughing). RSV can also cause more serious respiratory infections, including bronchiolitis (inflammation and narrowing in the small airways in the lungs) and pneumonia (lung infection). RSV is the most common cause of bronchiolitis and pneumonia in children under the age of 1. Most RSV infections resolve on their own within 1-2 weeks. However, some of the more severe respiratory infections require medical treatment and even hospitalization.

RSV is spread through the respiratory route (droplet), when an infected person coughs or sneezes and another person inhales droplets containing the virus. RSV can also be spread when an individual touches an object contaminated with respiratory secretions and then touches his or her eyes, nose, or mouth. RSV can live on the hands for at least 30 minutes and on other surfaces for several hours. A young child with RSV may be infectious for 1 to 3 weeks after symptoms subside.

The most effective preventive measure against the spread of RSV and other respiratory viral infections is careful and frequent handwashing. Once one child in a group is infected with RSV, it can spread to others quickly. A child is often infectious before symptoms appear.

If a child in the childcare facility develops RSV infection:

- Make sure that all children and adults use good handwashing practices.
- Clean and disinfect all common surfaces and toys daily.
- Teach children to cough or sneeze into their elbows or a tissue.
- Discard used tissues right away.
- In large facilities, follow appropriate group separation practices.

Exclusion/Return criteria:

- Children with RSV **do not** need to be excluded unless they experience difficulty with breathing, cyanosis (blue skin and mucous membranes from lack of oxygen), cannot participate, or require more care than staff are able to provide without compromising the safety of other children.
- Children may return when symptoms resolve.





Ringworm (Tinea)

Ringworm is a common fungal infection of the scalp or skin. It is called ringworm because it causes a circular, ring-like rash. Ringworm can affect almost any area of the body, including fingernails and toenails. The same fungi that infects humans can also infect animals such as dogs and cats and can be spread from pets as well as from infected adults and children. Symptoms and names vary a little depending on the area of the body infected.

Body (tinea corporis or dermatophytosis): Often affects the arms, legs, face, and trunk. Causes round, itchy, red lesions (spots) with raised, scaly edges. Can easily spread to other areas of the body.

Feet (tinea pedis or “athlete’s foot”): Causes red, swollen, flaking, itchy skin between the toes, on the heel, or sole of feet. Most commonly occurs between the pinky toe and the toe next to it.

Scalp (tinea capitis): More common in children than adults. Causes a red, flaking, itchy, round bald spot on the head that can grow and spread causing many spots.

Groin (tinea cruris or “jock itch”): Looks like ringworm on the scalp. Causes red, scaly, itchy, round lesions (spots) on the inner sides of the thighs.



Tinea Capitis:
Ringworm of the scalp



Tinea Corporis:
Ringworm of the body

Ringworm is mildly contagious. It is spread by direct contact with a person or animal infected with the fungus. It can also be spread indirectly through contact with objects such as bedding, towels, combs, brushes, clothing, or surfaces that have been contaminated with the fungus. Individuals remain contagious as long as the fungus is present in skin lesions. Once the fungus is killed the lesions will start to shrink. Treatment for ringworm depends on the area of the body infected and how bad the infection is. Some types of ringworm can be easily treated with over-the-counter (OTC) creams or lotions. Other types, such as ringworm of the scalp, require prescription medications. It is important to be evaluated by a health care provider to determine the right type of treatment.

If you suspect that a child in your facility has ringworm:

- Notify the parents and ask them to have the child evaluated by a health care provider.
- Early treatment helps limit the spread of ringworm.
- Ensure good handwashing practices among all children and adults. Dry skin thoroughly.
- Prohibit sharing of personal items, such as hair care articles, towels, and clothing.
- Wash bathroom surfaces and toys daily and when visibly soiled.
- Children should not have contact with any pets with ringworm rashes.
- **Exclude a child with ringworm until after treatment has begun.**





Roseola (Human Herpes virus 6)

Roseola is viral infection very common in young children. It is caused most commonly by the human herpes virus 6 (HHV-6), and less commonly by human herpes virus 7 (HHV-7). Roseola is also called Sixth Disease or exanthema subitum. It typically occurs in children 6 months to 24 months of age, with 90% of cases in children under the age of 2 years. There is no specific treatment for Roseola and it usually resolves on its own. Supportive treatments, such as ibuprofen or Tylenol, are often used to help reduce fever.

Symptoms of Roseola:

- The main symptoms of roseola are a high fever (usually above 103°-104° F) that lasts for 3 to 5 days and a non-itchy rash.
- The high fever often ends abruptly and at about the same time a pinkish-red, raised rash appears on the trunk and spreads over the body. The rash blanches (turn white) when you touch it and individual spots may have a lighter "halo" around them. The rash usually lasts 1-2 days.
- Some children feel well even with the fever and rash. Some have no symptoms at all.
- Other children, however, can experience cough and respiratory symptoms, red, swollen eyes, diarrhea, tiredness, irritability, and loss of appetite.
- Approximately 2/3 of infected children experience Nagayama spots, which are soft papules (small bumps) on the inside top of the mouth and in the back of the throat.
- In approximately 15% of young children, the fast-rising fever that comes with roseola can trigger febrile seizures (convulsions caused by high fevers).

Signs of a febrile seizure include:

- Unconsciousness
- 2 to 3 minutes of jerking or twitching in the arms, legs or face
- Loss of bladder or bowel control

Roseola is spread through the respiratory route (droplet), when an infected person coughs or sneezes and another person inhales droplets containing the virus. Roseola can also be spread when an individual touches an object contaminated with respiratory secretions or saliva and then touches his or her eyes, nose, or mouth.

If you suspect that a child in your facility has roseola:

- Notify the parents and ask them to have the child evaluated by a health care provider.
- Make sure that all children and adults use good handwashing practices.
- Clean and disinfect all common surfaces and toys daily.
- Teach children to cough or sneeze into their elbows or a tissue.
- Discard used tissues right away.

Exclusion/Return criteria:

- A child with fever and rash should be excluded from childcare until seen by a health care provider and fever and rash have resolved.





Rotavirus Diarrhea

Rotavirus is a type of virus that causes inflammation in the stomach and intestines called gastroenteritis. Symptoms of gastroenteritis include watery diarrhea, vomiting, and fever. There are many different types of Rotaviruses. Before the Rotavirus vaccines became available in 2006 and 2008, it was the most common cause of gastroenteritis in children. Most children are infected with Rotavirus before the age of 3 years. Rotavirus infections are more common during cooler months. Most children infected with Rotavirus experience typical symptoms of watery diarrhea, vomiting, and fever that last 3-7 days, however, some children have no symptoms. In moderate to severe cases, children may become dehydrated and experience electrolyte imbalances. Children with weak immune systems and other chronic medical conditions are at risk for prolonged diarrhea and even death.

Rotavirus is spread through the oral-fecal route. This means the disease is spread by putting something into the mouth that has been contaminated with the stool of an infected person. This typically happens when individuals place contaminated fingers (or toys/objects) into their mouths or consume contaminated food or drinks. Infection is often spread by not properly washing hands after bowel movements or changing diapers, or before preparing foods. Rotaviruses can live on toys and hard surfaces for weeks to months, making this illness highly contagious. In addition, a child with rotavirus infection may be contagious before the onset of diarrhea and for a few days after the diarrhea has ended. There is no specific treatment for rotavirus diarrhea. The most effective therapy is to encourage ill children to drink plenty of fluids to avoid dehydration.

How to prevent the spread of rotavirus infection in childcare settings:

- Rotavirus is vaccine preventable. Children should be vaccinated by 8 months of age.
- Ensure all children and adults in the facility use good handwashing practices.
- *Children* should wash their hands upon arrival, after using the toilet or having a diaper changed, and before eating or water play.
- *Adults* should wash their hands after using the toilet or helping a child use the toilet, after changing a diaper, and before preparing, serving, or eating food.
- Ensure proper storage and cooking of food.
- Clean toys, bathrooms, and food preparation surfaces daily and when visibly soiled with soap and water. Disinfect with a 5-minute application of bleach solution.
- Exclude infected staff who handle food.

Exclusion/ Return Criteria for Rotavirus:

- Exclusion is required for diapered children when stool is not contained in the diaper.
- For toilet-trained children, exclude if diarrhea causes "accidents," or frequency exceeds 2 or more stools above normal for the child, or stool contains blood or mucus.
- Children may typically return once diarrhea resolves, or as directed by the Division of Public Health. For diarrhea with fever, they can return 48 hours after resolution.
- The Division of Public Health may require exclusion to control an outbreak.
- Parents should contact the child's healthcare provider if their child develops extensive, prolonged diarrhea.



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Rubella (German Measles)

Rubella, also called German measles or three-day measles, is a very contagious disease caused by the rubella virus. Rubella is considered quite rare in the United States because of routine immunizations. Symptoms of rubella include low fever, swollen lymph nodes behind the ears, and a rash that starts on the face, spreads to the torso and then to the arms and legs. Generally, these symptoms are mild and last about 3 days and some individuals have no symptoms. However, exposure to the rubella virus during pregnancy can be very dangerous to the unborn child. Infection with rubella in the first three months of pregnancy can cause serious injury to the fetus, resulting in heart damage, blindness, deafness, mental retardation, miscarriage, or stillbirth. Infants born with rubella are considered contagious for one year.

Rubella is spread through the respiratory route (droplet), when an infected person coughs or sneezes and another person inhales droplets containing the virus. Rubella can also be spread when an individual touches an object contaminated with respiratory secretions or saliva and then touches his or her eyes, nose, or mouth.

Vaccination is the most effective way to prevent rubella

Adults born before 1957 are considered immune and do not require vaccination. All childcare providers should be immune to rubella. People are considered immune only if they have received at least one dose of Rubella vaccine on or after their first birthday or if they have laboratory evidence of rubella immunity. Children should receive the rubella vaccine as part of the MMR (measles, mumps, and rubella) vaccine series beginning at 12 to 15 months and again at 4 to 6 years of age. The 2nd dose of MMR may be given before age 4 as long as it is 28 days after the 1st dose.

If a case of rubella occurs in your childcare facility:

- **Exclude any infected person from the facility for 7 days after the onset of rash or as directed by the Division of Public Health.**
- Review the immunization records of all children in the facility. Those not adequately vaccinated should be referred to their physicians for vaccination or excluded for 21 days after the onset of rash of the last case in the facility.
- Notify all parents. Pregnant women may want to consult their physicians.
- Ensure all children and adults follow good handwashing practices.
- Closely observe all children for symptoms and refer anyone developing symptoms to his or her physician.

This infection is reportable. If you become aware that a child or adult in your facility has developed rubella notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Salmonella

Salmonella is an infection of the intestines caused by *Salmonella* bacteria. It is a common cause of diarrheal illness with the highest incidence in children under the age of 4 years. *Salmonella* bacteria are often found in the digestive tract of a humans and a variety of animals such as poultry (chicks/ducks), reptiles (turtles/snakes) amphibians (frogs/toads), and rodents (mice/hamsters). Symptoms of *Salmonella* infections include fever, stomach cramps, nausea, vomiting, and diarrhea. Symptoms usually last 4-7 days and resolve on their own. In young infants, the elderly, and those with weakened immune systems, *Salmonella* infection can spread to the blood stream and cause death if not treated quickly.

Salmonella is spread through the oral-fecal route. This means the disease is spread by putting something into the mouth that has been contaminated with the stool of an infected person. This typically happens when individuals place contaminated fingers (or toys/objects) into their mouths or consume contaminated food or drinks. Infection is often spread by not properly washing hands after bowel movements or changing diapers, or before preparing foods. *Salmonella* outbreaks in childcare settings are rare and most persons are believed to have acquired their infections from contaminated food. Some foods, such as chicken, come from naturally infected sources. Other foods, such as vegetables or baked goods, are contaminated during processing or from contact with contaminated foods.

How to prevent the spread of *Salmonella* infection in childcare settings:

- Ensure all children and adults in the facility use good handwashing practices.
- *Children* should wash their hands upon arrival, after using the toilet or having a diaper changed, after playing with animals, and before eating or water play.
- *Adults* should wash their hands after using the toilet, helping a child use the toilet, or changing a diaper, after handling animals, and before preparing, serving, or eating food.
- Ensure proper storage and cooking of food. Poultry and eggs must be cooked thoroughly.
- Exclude infected staff who handle food.
- Clean toys, bathrooms, and food preparation surfaces daily and when visibly soiled with soap and water. Disinfect with a 5-minute application of bleach solution or other approved disinfectant according to directions on the label.
- Animals known to carry *Salmonella* are prohibited in the childcare setting.

Exclusion/ Return Criteria for *Salmonella* infection:

- Exclusion is required for diapered children when stool is not contained in the diaper.
- For toilet-trained children, exclude if diarrhea causes "accidents," or frequency exceeds 2 or more stools above normal for the child, or stool contains blood or mucus.
- Children may typically return once diarrhea resolves, or as directed by the Division of Public Health. For diarrhea with fever, they can return 48 hours after resolution.
- The Division of Public Health may require exclusion to control an outbreak.

This infection is reportable. If you become aware that a child or adult in your facility has developed *Salmonella* notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Scabies

Scabies is an infestation of the skin by a tiny mite called *Sarcoptes scabiei*. This mite burrows into the skin, where it lives and lays its eggs, causing a rash of itchy, red bumps. The rash is usually found on the wrists, elbows, between the fingers, armpits, waistline, thighs, abdomen, or genital area. In infants and children under the age of 2 the rash may appear on the head, neck, palms, soles of the feet, or spread throughout the body. A more severe form of scabies, called crusted scabies, can occur in the elderly and individuals with chronic medical illness or weakened immune systems. Scabies infestation is not a reflection of a person's hygiene.



Scabies rash

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Scabies mites can live on the human body for 1-2 months but can only survive off a person for 48-72 hours. Because of this, scabies is spread through prolonged, close personal contact (skin-to-skin) with an infected individual. Scabies can sometimes be spread indirectly through sharing personal items like clothing and towels. Young children who are suspected of having scabies should be seen by a health care provider. Scabies can usually be treated with prescription scabicide (treatments that kill scabies mites) lotions or creams.

If a case of scabies occurs in your childcare facility:

- **Exclude any infected person from the facility until 24 hours after treatment has been completed.**
- Notify any other adults or the parents of children who may have had direct contact with the infected person. Other providers and children and their families may have been infected and may need treatment.
- Observe other children for symptoms of scabies. The rash may take 2-6 weeks to develop in persons who have not had scabies previously. If a person has had scabies previously, it will take only days for the rash to develop.
- Treatment with prescription creams or lotions is necessary to kill scabies mites.
- Clothing and bedding should be washed in hot water and dried on high heat. Before treatment, individuals should wash enough clothing to last for at least 3 days.
- Items that can't be washed and dried need to be placed into plastic bags for at least 4 days.



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Shigellosis

Shigellosis is intestinal infection caused by the *Shigella* group of bacteria. Symptoms range from loose, watery diarrhea only, to severe bloody diarrhea, fever, cramping, nausea, and vomiting. Numerous outbreaks have been reported from childcare settings. Deaths have been reported from this illness and it is one of the more serious infections providers are likely to encounter in the childcare setting. Shigellosis usually resolves on its own in 2-3 days, but sometimes antibiotics are needed.

Shigellosis is spread through the oral-fecal route. This means the disease is spread by putting something into the mouth that has been contaminated with the stool of an infected person. This typically happens when individuals place contaminated fingers (or toys/objects) into their mouths or consume contaminated food or drinks. Infection is often spread by not properly washing hands after bowel movements or changing diapers, or before preparing foods. Children may spread infections acquired in childcare facilities to their parents and siblings at home and whole families may be ill within a matter of days.

If you suspect that a child in your facility has shigellosis:

- Prompt intervention may help prevent the spread to others. Contact the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156 for assistance.
- Ensure all children and adults in the facility use good handwashing practices. Meticulous handwashing is the best way to help prevent the spread of shigellosis.
- Make sure procedures for cleaning and disinfecting toys are being followed; that toys are being cleaned and disinfected between use by children who are likely to put them in their mouths, especially in groups where there have been ill children.
- Notify parents of children in the involved classroom of the illness and ask that they have any child with diarrhea, vomiting, or severe cramping evaluated by a health care provider.
- Educate parents and families on the importance of good hand washing practices.
- In the event of an outbreak, the Division of Public Health, Office of Infectious Disease Epidemiology may recommend a more extensive notification of parents

Exclusion/ Return Criteria for shigellosis:

- Exclude any ill child until treatment is complete and the result of at least one stool culture is negative. In the absence of treatment with antibiotics, two negative cultures should be obtained before readmitting children.
- Other children with diarrhea should be cultured and excluded as well.
- The Division of Public Health may require exclusion to control an outbreak.

This infection is reportable. If you become aware that a child or adult in your facility has developed shigellosis notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.





Strep Throat & Scarlet Fever

Strep throat, also known as streptococcal pharyngitis, is an infection caused by group A *Streptococcus* bacteria. Strep throat is more common in children than in adults. Symptoms of strep throat infections may include severe sore throat, fever, headache, and swollen glands. Children under age 3 don't typically have a sore throat. Instead, their symptoms often include fever, irritability, loss of appetite, and nasal drainage. If not treated, strep infections can lead to scarlet fever, skin, bloodstream and ear infections, pneumonia, and rheumatic fever (a serious disease that can damage heart valves).

Scarlet fever is caused by a toxin produced by strep infections. It is typically a mild disease that causes a characteristically bright red, rough textured rash that feels like sandpaper. This rash is often prominent in the groin area and armpits. Other symptoms are the same as with strep throat.

Strep throat is spread through the respiratory route (droplet), when an infected person coughs or sneezes and another person inhales droplets containing the virus. Strep throat can also be spread when an individual touches an object contaminated with respiratory secretions or saliva and then touches his or her eyes, nose, or mouth. Strep throat is spread easily with close contact and crowding conditions, such as in childcare settings. Antibiotics are used to treat strep throat infections.

How to prevent the spread of strep throat in the childcare facility:

- Make sure that all children and adults use good handwashing practices.
- Clean and disinfect all common surfaces and toys daily.
- Teach children to cough or sneeze into their elbows or a tissue and discard used tissues right away.

If you suspect that a child in your facility has strep throat:

- Notify the parents and ask them to have the child evaluated by a health care provider.
- Closely observe other children for symptoms of strep throat.
- Exclude any ill child until well appearing and at least 12 hours after starting treatment.





Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome, or SIDS, is a term used to describe the sudden, unexplained death of an infant under the age of 1 year. SIDS deaths remain unexplained after thorough case investigation, autopsy, examination of the death scene, and a review of the clinical history. SIDS is the leading cause of death of children one month to one year of age. Most SIDS deaths happen when babies are between 2 months and 4 months of age. In the United States, approximately 3,500 infant deaths are attributed to SIDS each year. Many of these occur in the childcare setting.

The cause of SIDS is unknown. SIDS is not contagious. SIDS is not caused by vomiting, choking, or minor illnesses such as colds or infections. Deaths due to vaccine reactions or child abuse are not classified as SIDS deaths. SIDS affects boys more than girls. Most SIDS deaths occurs in the winter.

The following factors have been linked to an increased risk of SIDS:

- Sleeping on the stomach
- Being around cigarette smoke while in the womb or after birth
- Sleeping in the same bed as their parents (co-sleeping)
- Soft bedding in the crib
- Multiple birth babies
- Having a brother or sister who had SIDS
- Premature birth
- Mothers who smoke or use illicit drugs
- Being born to a teen mother
- Short time period between pregnancies
- Late or lack of prenatal care
- Living in poverty situations

American Academy of Pediatrics Recommendations to Decrease the Risk of SIDS in the Childcare Setting:

- Place babies on their backs to sleep, even for short naps.
- Some medical conditions require infants to sleep on their stomachs. If uncertain about a baby's best sleeping position, consult the baby's parents or request documentation from the child's healthcare provider.
- Always place infants on a firm, flat mattresses in safety-approved cribs.
- Never place children on soft surfaces like beanbags, sheepskins, foam pads, sofa cushions, synthetic-filled adult pillows, or foam pads covered with comforters.
- Keep the crib empty of soft objects, objects that could cause entrapment or suffocation, and loose bedding.
- Ensure babies' heads and faces are not covered during sleep.
- Provide a smoke-free environment for babies in childcare settings; encourage parents who smoke to quit.
- **Avoid letting babies overheat during sleep.** Dress babies in light sleep clothing of no more than 1 extra layer and keep the room at a temperature that is comfortable for an adult.
- Childcare centers should create written safe-sleep policies to help prevent SIDS related deaths and provide education to parents.
- For more information, visit the Consumer Product Safety Commission Web site: <https://www.cpsc.gov/>

If a child in your care is not breathing and is unresponsive: Call 911. Begin cardiopulmonary resuscitation (CPR). Immediately notify the child's parents.

If a child under your care or in your care setting dies:

- Do not disturb the scene of death.
- Contact your emergency childcare backup person to tend to the other children.
- Document the entire sequence of events.
- Prepare to talk with law enforcement officers, a coroner or medical examiner, and licensing and insurance agencies.
- Notify the Delaware Office of Child Care Licensing.
- Notify the parents of the other children in your care of the death.
- You may later need to provide additional information regarding the death.

If the death of a child in your care is attributed to SIDS, seek support and SIDS information from the Division of Public Health, or from local, state, or national SIDS resources.

***For further information or support:
First Candle SIDS Alliance
1-800-221-7437.***



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

4 TIPS

FOR PARENTS AND
CAREGIVERS TO HELP
BABY SLEEP SAFELY



Place your baby on his or her back for all sleep times - naps and at night.



Use a firm sleep surface, such as a mattress in a safety-approved crib.



Keep soft bedding such as blankets, pillows, bumper pads, and soft toys out of baby's sleep area.



Have baby share your room, not your bed.



Tetanus

Tetanus, also called lockjaw, is an infection caused by the bacteria *Clostridium tetani*. *Clostridium tetani* produces a toxin in the body that enters the blood causing a gradual onset of jaw cramping followed by muscle spasms, painful muscle cramping and stiffness, difficulty swallowing, headache, fever, and blood pressure changes. Tetanus can also cause more serious complications like seizures, broken bones, pneumonia, and even death. There are 4 forms of tetanus: generalized, localized, neonatal, and cephalic.

Generalized Tetanus: Most common form. Muscle spasm in the jaw, lockjaw, is the characteristic symptom. Other symptoms include muscle spasms in neck and trunk, seizures, and death in 10-20% of cases.
Localized Tetanus: Unusual form. Causes muscle spasm in the area around the injury. Often occurs in individuals with partial immunity but can spread to generalized tetanus.
Neonatal Tetanus: Type of generalized tetanus that occurs in infants born to non-immunized mothers.
Cephalic Tetanus: Rarest form. Linked with lesions to the head and neck. Causes loss of function to one or more cranial (brain) nerves. Can spread to generalized tetanus.

Tetanus bacteria spores are normal inhabitants of soil and mature into bacteria when they enter the body. Tetanus bacteria usually enter the body through wounds, especially puncture wounds, burns, crush injuries, and wounds contaminated with soil or feces. Tetanus bacteria thrive and multiply quickly in environments without oxygen. Any wound or cut contaminated with soil and not open to the air (such as a puncture wound or even a rose prick) will provide a suitable environment for the bacteria. Tetanus is usually acquired when a person who has not been immunized gets such a wound by stepping on a dirty nail or being cut by a dirty tool. Tetanus is not contagious and cannot be spread from person to person.

Tetanus is completely preventable through vaccination. High rates of immunization have made cases of tetanus very rare in the United States. Children should receive the tetanus vaccine as part of the DTaP (diphtheria, tetanus, and pertussis) vaccine series beginning at 2 months and again at 4 months, 6 months, 15-18 months, and 4-6 years of age. After childhood, adults need a booster injection of Td every 10 years to assure they are protected.

Anyone with a wound injury should consult with a healthcare provider regarding the date of his or her last tetanus booster. Any individual who has not had a booster within the past 10 years should receive a booster dose of the tetanus vaccine and/or other medications to prevent tetanus disease. For some wounds, a person may need a booster if more than five years have passed since the last dose.

This infection is reportable. If you become aware that a child or adult in your facility has developed tetanus notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



Tooth Decay (Early Childhood Caries)

Early childhood caries (formerly known as baby bottle tooth decay) is a leading dental problem for children and is the most common chronic disease of childhood. Early childhood caries, or tooth decay, is the presence of one or more decayed, missing, or filled primary tooth surfaces in a child under the age of 6. Some children are at an increased risk for early childhood caries if they have poor enamel (outer layer of a tooth), increased bacteria in the mouth, and frequently consume sugary foods or drinks.

Early childhood caries is caused by bacteria and sugars from food or liquids building up on a tooth. Over time, these bacteria breakdown the sugars and produce acid. The acid breaks down the enamel of the tooth causing damage and color change (yellow to brown or black). Eventually, holes called cavities begin to form in the tooth. If left untreated, early childhood caries can cause pain in the tooth and gum area, serious mouth infection, trouble with speech, and poor nutrition. An entire tooth can be eaten away by acid.

Bacteria that causes early childhood caries can be spread by sharing items that enter the mouth such as drinking cups, food utensils, or toys that have been mouthed.

Treatment for early childhood caries can be very expensive and may require children to be placed under anesthesia in an operating room. Fluoridated drinking water has helped to improve oral health in children. In addition, there are several steps every parent and childcare provider can take to help prevent early childhood caries.

The American Academy of Pediatric Dentistry has developed the following guidelines for preventing early childhood caries:

- Limit sugary foods and beverages in all children
- Never allow an infant to go to sleep with a bottle
- Never place sugary drinks in a bottle or sippy cup (i.e., soda, juice)
- Never dip a pacifier in juice, soda, or sugary food
- Avoid use of bottles after 12-18 months
- Avoid as-desired breast feeding in infants once the first tooth erupts
- Start twice daily toothbrushing for children using fluoride toothpaste no later than when the first tooth comes in
- Schedule regular dental visits for children starting when the first tooth comes in
- Ask dental providers about fluoride varnish treatments in children at risk for early childhood caries



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



Tuberculosis (TB)

Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. TB infections typically affect the lungs but can be present in other areas of the body such as the brain, spinal cord, and kidneys. Some infected individuals don't have any symptoms. These individuals are said to have latent TB infection (LTBI) because they have the TB germ in the body, but aren't sick. Other individuals experience symptoms including a chronic cough, pain in the chest area, coughing up blood, fever, chills, night sweats, loss of appetite, tiredness, and weight loss. They are said to have active TB because they have the germ in their body and are sick from it. LTBI can progress to active TB disease and individuals with weak immune systems are at a greater risk for developing active TB disease.

Latent TB Infection (LTBI)	Active TB Disease
<ul style="list-style-type: none"> • No symptoms • Feels well • Is not contagious. Cannot spread the illness to others. • Typically has a positive tuberculin skin test (TST) • Will have a normal chest X-ray • Will have a normal sputum (saliva) test • Needs to be treated to prevent progression to active TB disease 	<ul style="list-style-type: none"> • Has symptoms (listed above) • Feels sick • Is contagious and can spread the infection to others • Typically has a positive tuberculin skin test (TST) • May have an abnormal chest X-ray • May have an abnormal sputum (saliva) test • Needs treatment • <i>Infants and children younger than 12 years are usually not contagious.</i>

TB is spread through the airborne route, more frequently by adults. This usually happens when an infected person coughs or sneezes and releases particles containing the TB bacterium into the air, which are breathed in by others. Particles can also land on surfaces, dry, and be released back into the air attached to dust. Because infants and children don't form areas in their lungs with TB secretions and aren't able to cough hard enough to release large numbers of the TB germ into the air, they are not considered contagious even with active TB disease. TB is not spread through handshakes or sharing clothing, drinking cups, or eating utensils.

Although rare, TB has been spread from adults or adolescents to children in childcare settings. The spread of TB from child to child in a childcare setting has not been reported.

Children are more likely than adults to become sick from TB infection and usually get sick faster. Often times, it takes many years for an adult to become ill from a TB infection. It is recommended that children with TB infection are referred to a pediatric specialist for treatment. Children over the age of 2 years can be treated with medication taken once a week for 12 weeks. This can help prevent LTBI from developing into active TB disease. Children with active TB disease can usually be treated with a 6-9 month medication course.

Important information for childcare providers:

As part of their routine pre-employment health assessment, all childcare providers should receive a tuberculin skin test (TST) or TB blood test called Interferon Gamma-Release Assay (IGRA) to check for infection with TB bacteria. This can help ensure prompt treatment if needed and prevent the spread of TB to others. All childcare providers with active TB disease must be excluded.

What to do if exposed to TB:

- Contact a health care provider right away.
- Exposure to TB does not always mean a person will become infected. A tuberculin skin test (TST) or blood test will be needed to determine if a person has TB infection.
- Individuals exposed to TB will not become contagious right away. First, the TB germ must cause infection. Then, the germ must multiply in the body and develop into active TB disease. Only individuals with active TB disease are contagious.
- If exposure to TB does cause infection, medication is available to help prevent LTBI from developing into active TB disease.
- Medication to prevent active TB disease is especially important for TB-infected children younger than five years old, persons infected with the TB germ within the past two years, and TB-infected persons who have a weak immune system because these individuals are more likely to get active TB after infection.

What to do if a child or adult in the childcare setting has active TB disease:

- Any child or adult with active TB should be excluded.
- Any child or adult with active TB disease must be referred to a health care provider for testing and treatment.
- Individuals may return once cleared by a health care provider and the Division of Public Health.
- Children with a positive TST who are not sick (no symptoms) do not need to be excluded.

This infection is reportable. If you become aware that a child or adult in your facility has developed active TB disease notify the Office of Infectious Disease Epidemiology at 1-888-295-5156.

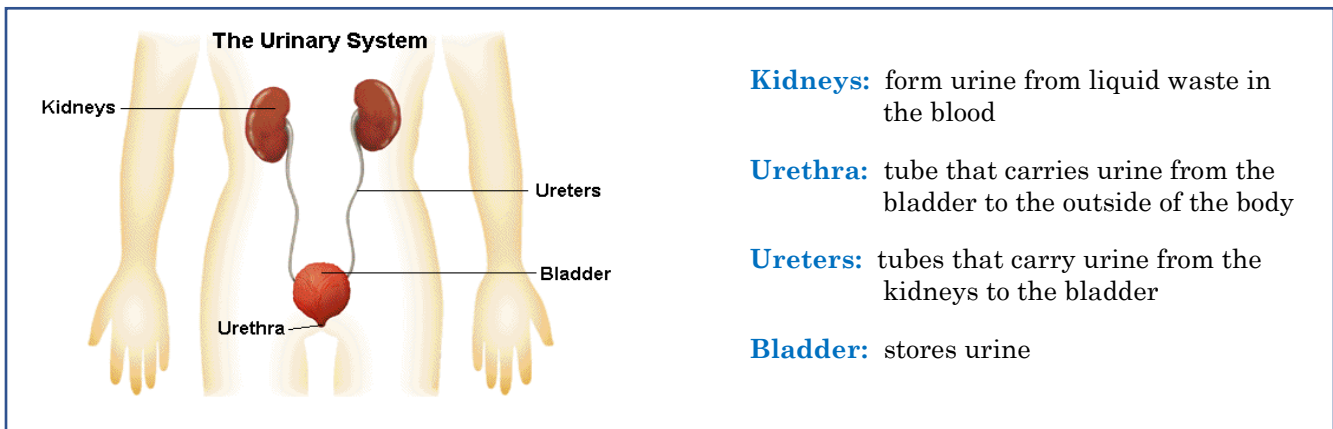




Urinary Tract Infection (UTI)

A urinary tract infection (UTI), commonly known as a bladder infection, is an infection of one or more parts of the urinary system. UTIs are caused by bacteria that attach to the inside lining of the urinary system. UTIs typically occur when bacteria from feces on the skin enters the urinary system through the urethra. UTIs are most common in girls and children with constipation or those who do not completely empty their bladders when voiding. UTIs can also occur when bacteria from the bloodstream enters the kidneys. This is less common. Symptoms of UTIs include painful urination, increased frequency of urination, fever, cloudy urine, and loss of potty training ability.

Urinary System



UTIs are not contagious. Anything that irritates the opening of the urethra can make it easier for infection to occur. In girls, the urethra is much shorter than in boys, so infection from the outside into the bladder occurs more easily. Bathing in soapy water or a bubble bath can be irritating and predispose girls to getting urinary tract infections.

If a child in the childcare facility develops a urinary tract infection:

- Have the child with symptoms of a urinary tract infection evaluated by a healthcare provider. Ignoring urinary tract infections can lead to kidney damage, even if the symptoms seem to go away by themselves.
- Wipe the area around the genitalia from front to back, especially in girls, to avoid spreading fecal bacteria from the rectal into the urinary and vaginal area.
- Dilute the urine by having the child drink fluids frequently. Diluting the urine gives bacteria less food to grow and makes it easier for the body to fight the infection.

Do not exclude ill children unless they are unable to participate comfortably in activities or require a level of care that would jeopardize the health and safety of the other children in your care.





West Nile virus

West Nile virus (WNV) is a disease caused by mosquito bites. This happens when mosquitoes bite infected birds and then bite humans or other animals. WNV is the most common mosquito-borne illness in the United States. Rarely, WNV can be spread from mother to infant during pregnancy, delivery, or breast feeding, or through blood transfusions.

Most individuals infected with WNV don't have any symptoms. About 1 out of 5 infected individuals experience fever, vomiting, diarrhea, headache, body aches, joint pains, and rash. Approximately 1 in 150 infected individuals experience severe illness that affects the central nervous system (brain and spinal cord). Complications from severe illness can include high fever, stiff neck and headache, brain inflammation (encephalitis), tremors, muscle weakness, confusion, vision loss, paralysis, coma, and death. There is no vaccination to prevent WNV but it is believed that once an individual is infected with WNV immunity will be developed.

The symptoms and complications of the WNV can be treated and most people recover fully. Serious illness is more common in the elderly and those with weak immune systems.

The best way to prevent West Nile virus is to prevent mosquito bites. Mosquitoes lay their eggs in standing water. Weeds, tall grass, and bushes provide an outdoor home for the common house mosquito, which is most known to carry WNV. They can enter homes through unscreened windows or doors, or broken screens. Mosquitos are most active from April to October. The following steps can be taken to reduce the likelihood of mosquito bites:



Mosquito Bites are the most common route of transmission for West Nile virus

Control Mosquitos Outdoors:

- Make sure that doors and windows have tight-fitting screens. Repair or replace all screens in your home that have tears or holes.
- Eliminate any standing water that collects on your property.
- Dispose of cans, plastic containers, ceramic pots, tires, or other water-holding containers.
- Make sure roof gutters drain properly. Clean clogged gutters in the spring and fall.
- Clean and chlorinate swimming pools and hot tubs.
- Change the water in birdbaths frequently and drain water from pool covers.
- Turn over plastic wading pools and wheelbarrows when not in use.
- Remind or help neighbors to eliminate breeding sites on their properties.

Protect Yourself and Children from Mosquito Bites:

- If outside when mosquitoes are most active (evening, night, dawn), individuals should wear protective clothing such as long pants, long-sleeved shirts, and socks.
- Clothing, shoes, and other gear can be treated with permethrin; an insecticide that kills or repels mosquitos. Do not apply permethrin to skin.
- Consider the use of an insect repellent containing DEET, Picaridin, or other Environmental Protection Agency (EPA) registered ingredients.
- When used according to the directions, EPA registered insect repellents are safe and effective, even for pregnant or breast feeding women.
- Do not spray insect repellent on skin under clothing.
- Do not use insect repellents on children under the age of 2 months. Do not use insect repellents containing oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD) on children under the age of 3 years.
- Never let children apply their own insect repellent. Adults should spray insect repellent on their hands and then apply to children.

Additional Tips & Information for Parents and Caregivers of Children:

- Mosquitoes that most commonly carry WNV are typically more active during evening, nighttime and dawn hours, so children who attend school during the daytime are at minimal risk for exposure.
- Even though the chances are minimal that a child could become infected with WNV parents or caregivers should contact their health care provider immediately if a child develops symptoms such as high fever with confusion, muscle weakness, severe headache, stiff neck or if his or her eyes become sensitive to light.
- If children take a field trip to an area where there are weeds, tall grass, bushes, or known high mosquito activity, or if the trip is at dusk, during the evening, nighttime or at dawn, students should be advised to wear long pants, long sleeves and socks to minimize the possibility of exposure to mosquitoes.





Yeast Infection (Candidiasis)

A yeast infection, also known as Candidiasis, is a fungal infection caused by various species of yeast (*Candida*), especially *Candida albicans*. These organisms are normally found in the intestines, mucous membranes, and skin of healthy individuals and cause no problems. Certain conditions, such as antibiotic use or excessive moisture, may upset the balance of microbes in the body and allow an overgrowth of yeast. This overgrowth is what leads to infection, called yeast infection. Symptoms of yeast infections are different depending on the area of the body infected. Yeast infections can occur in the mouth or throat (thrush), vagina (vaginal Candidiasis or yeast infection), and bloodstream (invasive Candidiasis). In addition, yeast can worsen diaper rashes by growing on damaged skin. This is usually called *Candida*, or yeast, diaper rash. Thrush and yeast diaper rash are the two forms of yeast infections most common in infants and children.

Typically, yeast infections are self-limiting and resolve with treatment. However, in newborns or individuals with weak immune systems, this yeast can cause more serious or chronic infections.

Oral yeast infection (thrush):

Many infants acquire yeast infections from their mothers during birth or from close contacts with family members, relatives, and friends. These early exposures may result in an oral infection (thrush) that appears as creamy white, curd-like patches on the tongue and inside of the mouth. Thrush can cause pain when swallowing and difficulty swallowing. Children who suck their thumbs or other fingers may occasionally develop yeast infection around their fingernails. Outbreaks of thrush in childcare settings may be the result of increased use of antibiotics rather than newly acquired yeast infections.

In older individuals, use of antibiotics or inhaled steroids may upset the balance of microbes in the mouth, allowing an overgrowth of yeast that will also result in thrush. This is most common in older individuals with weakened immune systems.



Close-up of an oral yeast infection (thrush) on an adult tongue

Yeast diaper rash:

The warm environment of a diaper usually leads to the growth and spread of yeast diaper rash. In yeast diaper rash, infected skin is usually fiery red with lesions that may have a raised red border. The rash may be worse in skin folds. In severe cases, sores or oozing may be present.

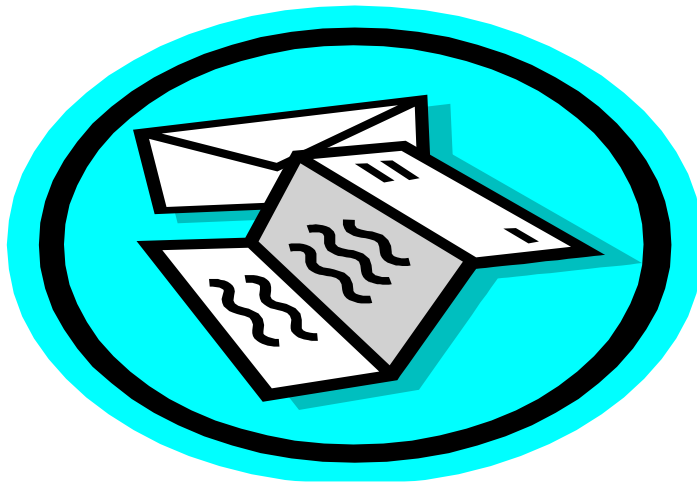
Prevention and treatment of yeast infections:

- Childcare providers should practice good hand washing and disposal of nasal and oral secretions of children with thrush to prevent the spread to others.
- Toys, bottles, and pacifiers should be washed and sanitized after use.
- Sharing of mouthed toys and objects should not be permitted unless properly washed and sanitized.
- Maintaining dry skin is important for the prevention and treatment of yeast diaper rash.
- For children with diaper rash, childcare providers should change the diaper frequently, gently clean the child's skin with water and a mild soap, and pat dry.
- Cornstarch or baby powder should not be used for children with inflamed skin.
- High absorbency disposable diapers may help keep the skin dry.
- Plastic pants that do not allow air to circulate over the diaper area should not be used, although the diapering system should be able to hold urine or liquid stool.
- Oral thrush and yeast diaper rash are usually treated with antifungal medications.
- A corticosteroid cream can be applied to highly inflamed skin lesions on the hands or diaper areas.





Chapter 9: Parent & Guardian Alert Sample Letters





Sample Letter on *Campylobacter*

Dear Parent or Guardian:

___ A child in our center has *Campylobacter*.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea, bloody diarrhea, or diarrhea with fever or vomiting, do not send him/her to the center.
 - If your child develops mild diarrhea, please call us to discuss whether he/she should attend the center.
 - In either case, ask your health care provider to do a stool test for *Campylobacter*. (He/she will probably also want to test any other family member who develops diarrhea.)
 - If the test is positive, keep your child home until diarrhea or illness is over, and your child has received medication.
3. Please keep us informed about how your child is doing, and about any positive tests or prescribed medications.

What is *Campylobacter*? *Campylobacter* is a very small (microscopic) bacterium that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Many people who catch it are only mildly ill. However, some people have severe, bloody diarrhea, fever, stomach cramps, and vomiting. The bacteria can continue to be passed in the stools for several weeks after the illness itself seems over.

How do you catch *Campylobacter*? *Campylobacter* germs live in the intestines and are passed out of the body in the stools. (Remember they are microscopic--you cannot see them). If people do not wash their hands well after going to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and the children's hands. The germs can then be spread to food and drink or to objects, and eventually, to other people's hands and mouths. The germs are then swallowed by the other person or child, multiply in their intestines, and cause an infection.

How do you know you have *Campylobacter*? *Campylobacter* can be diagnosed by a test called a "stool culture". It may take 72 hours or longer to grow the germ from the stool and identify it.

What can you do to stop the spread of this germ? Be sure everyone washes their hands carefully after using the bathroom, changing diapers helping a child use the bathroom. Wash your hands before preparing or eating food. Babies and children need to have their hands washed too at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting a stool culture. This is critical for family or household members who handle or prepare food as a job.

Medication is usually recommended for children and adults with campylobacter in their stools, as it shortens the length of time the bacteria is passed out in the stools, although it does not shorten the duration of the diarrhea. Your health care provider will decide on the best medicine for you or your child.



Carta Modelo sobre *Campylobacter*

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestro centro tiene *Campylobacter*.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES

1. Observe si el/la niño/a o miembros de su familia tienen diarrea o contracciones dolorosas del estómago.
2. Si su niño contrae una diarrea severa, diarrea con sangre o diarrea con fiebre o vómitos, no lo envíe al centro.
 - Si su niño/a contrae una diarrea ligera, por favor llámenos para determinar si puede asistir al centro.
 - En cualquiera de los casos, pida a su proveedor de atención médica que haga una prueba de heces para detectar *Campylobacter*. (Él/ella probablemente ordenará una prueba a otros miembros de la familia que también tengan diarrea).
 - Si la prueba es positiva, mantenga a su niño/a en casa hasta que la diarrea o enfermedad pase y su niño/a haya recibido medicamentos.
3. Por favor manténganos informados de cómo se siente su niño/a y sobre las pruebas positivas o medicamentos recetados.

¿Qué es *campylobacter*? *Campylobacter* es una bacteria muy pequeña (microscópica) que puede infectar los intestinos y las heces. Las personas que contraen esta enfermedad puede que tengan o no tengan diarrea. Muchas personas que la contraen se sienten ligeramente enfermas. Sin embargo, algunas personas tienen diarrea severa, con sangre, contracciones dolorosas del estómago y vómitos. La bacteria puede continuar siendo detectada en las heces por varias semanas después de la resolución de los síntomas.

¿Cómo se adquiere *campylobacter*? Los gérmenes de *Campylobacter* viven en los intestinos y salen del cuerpo en las heces. (Recuerde que son microscópicos, no se les puede ver). Si las personas no se lavan bien las manos después de ir al baño, cambiar pañales, o ayudar a un niños a ir al baño, los gérmenes se quedan en las manos y en las manos de los niños. Los gérmenes pueden luego ser esparcidos en los alimentos, bebidas u objetos, y eventualmente, a las manos y bocas de otras personas. Los gérmenes luego son tragados por otra persona o niño, se multiplican en los intestinos y causan la infección.

¿Cómo sabe que tiene *campylobacter*? *Campylobacter* puede ser diagnosticado por una prueba llamada "cultivo de heces". Puede tomar 72 horas o más para que el germen crezca en las heces y se pueda identificar.

¿Qué puede hacer para evitar que este germen se esparza? Asegúrese que todos se laven las manos cuidadosamente después de ir al baño, cambiar pañales o ayudar a un niños a ir al baño. **Lave** las manos antes de preparar alimentos o comer. Los bebés y niños también necesitan que se les laven las manos.

Si alguien en su familia contrae diarrea, hable con su proveedor de atención médica sobre cómo realizar un cultivo de heces. Esto es crítico para su familia o miembros del hogar que manejan o preparan alimentos como parte de su trabajo.

Usualmente se recomiendan medicamentos para niños y adultos con *Campylobacter* en sus heces, ya que acorta el tiempo en que la bacteria pasa a las heces, aunque no acorta la duración de la diarrea. Su proveedor de atención médica decidirá la mejor medicina para usted o su niños.



Sample Letter on Chickenpox

Dear Parent/Guardian:

___ A child/staff member in our center has chickenpox

___ Your child may have chickenpox.

What is it? Chickenpox is a very contagious infection caused by a virus. It usually begins with a mild fever and an itchy rash. The rash starts as crops of small, red bumps, which become blistery, oozy, and then crust over.

How is it spread? It is spread through exposure to infected fluids from the nose, throat, or skin rash of someone with chickenpox. This can occur either by sharing breathing space or by directly touching the infected fluids. Chickenpox is contagious from two days **before** the rash starts until all the rash is dried and crusted. After exposure, it takes ten days to three weeks before the rash appears.

How is it treated? Chickenpox is generally not a serious disease and there is no specific treatment for it. The symptoms can be treated with plenty of fluids, rest, fever control, and anti-itching medicines and lotions.

ASPIRIN (Salicylate) – containing products should not be used for fever control in children with chickenpox.

This is because there is a possible association between the use of aspirin and a rare, but very serious disease, called Reye's syndrome (vomiting associated with liver problems and coma).

What should you do?

1. Watch your child for the next ten days to three weeks for the chickenpox rash.
2. If your child develops a suspicious rash, do not send him/her to the center. Your health care provider can diagnose chickenpox and give you anti-itching medicine or lotion for your child.
3. If your child develops chickenpox, she/he can return to the center one week after the rash begins, or when all the blisters are dried up and crusted over.
4. If one of your children develops chickenpox, other people in the family who have not had it will probably get it too. Chickenpox is very easily spread.



Carta Modelo sobre Varicela

Estimado Padre, Madre o Custodio:

___ Uno de los niños/miembro del personal de nuestro centro tiene Varicela

___ Su niño/a puede que tenga Varicela.

¿Qué es? La Varicela es una infección muy contagiosa causada por un virus. Usualmente comienza con una fiebre suave y una erupción con picazón. La erupción comienza como una serie de ronchas pequeñas, rojas, que llegan a ponerse como ampollas, que supuran y luego se cubren con una costra.

¿Cómo se esparce? Se esparce a través de la exposición a fluidos infecciosos de la nariz, garganta o erupción de la piel de alguien con varicela. Esto puede ocurrir ya sea por compartir el espacio donde se respira o por tocar directamente los fluidos infecciosos. La Varicela es contagiosa desde dos días antes que la erupción comience hasta que toda la erupción esté seca y con costras. Después de la exposición, toma de diez días a tres semanas hasta que la erupción aparezca.

¿Cómo se trata? Generalmente la Varicela no es una enfermedad seria y no hay tratamiento específico para ella. Los síntomas pueden ser tratados con abundantes líquidos, descanso, control de la fiebre, medicinas y lociones contra la picazón.

PRODUCTOS QUE CONTENGAN ASPIRINA (Salicilato) NO DEBEN USARSE PARA EL CONTROL DE LA FIEBRE EN NIÑOS CON VARICELA. Esto es debido a que hay una asociación posible entre el uso de aspirina y una enfermedad rara, pero muy seria, llamada Síndrome de Reye (vómitos asociados con problemas al hígado y coma).

¿QUÉ DEBE HACER?

1. Observe a su niños por los siguientes diez días a tres semanas por la erupción de la Varicela.
2. Si su niño/a contrae una erupción sospechosa, no lo envíe al centro. Su proveedor de atención médica puede diagnosticar la Varicela y darle a su niños una medicina o loción contra la picazón.
3. Si su niños contrae varicela, puede regresar al centro una semana después que la erupción comience, o cuando todas las ampollas hayan secado y estén con costra.
4. Si uno de sus niños contrae Varicela, otras personas en la familia que no han tenido esta enfermedad pueden contraerla también. La Varicela se propaga muy fácilmente.



Sample letter on Conjunctivitis

Dear Parent or Guardian:

___ A child in our center has conjunctivitis ("pink eye").

___ Your child may have conjunctivitis.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch your child and members of your family for "pink eye".
2. If your child develops pink eye, see your health care provider. Your child may need an eye medication.
3. **DO NOT SEND YOUR CHILD TO THE DAYCARE CENTER** until after the day you start giving the medicine. If your health care provider decides not to prescribe an eye medicine, he/she should give you a note to send into the Day Care Center with your child. In your doctor's note, he/she should explain the diagnosis of the child, and why no medication is needed.
4. Tell us at the Center if your child is being treated for "pink eye".

What is Conjunctivitis? Conjunctivitis is an infection of the eyes, commonly known as "pink eye". It is most often caused by a virus (like colds) but can also be caused by bacteria. The white parts of the eyes become pink or red, the eyes may hurt, feel itchy or scratchy, and they may produce lots of tears and discharge. In the mornings, the discharge (which is pus) may make the eyelids stick together. (Some children and adults have allergies which can cause everything listed above except pus.)

Conjunctivitis is a mild illness. It is not dangerous. Doctors usually prescribe an antibiotic eye medication, just in case it is due to bacteria.

How do you catch conjunctivitis? The discharge from the eye (the pus) is infectious. If children rub their eyes, they get it on their hands. They can then touch someone's eyes or hands or touch an object (toy or table). If other children get discharge on their hands and then touch their own eyes, they can catch it. It can spread easily among small children who touch their eyes, and everything else, and who do not know how (or forget) to wash their hands.

What can you do if your child has conjunctivitis?

1. Keep your child's eyes wiped free of discharge. Use paper tissues, and then throw them away promptly.
2. Always wash your hands after wiping your child's eyes.
3. Teach your child to wash his/her hands after wiping his/her eyes.
4. Ask your health care provider if your child needs to receive eye medicine.
5. Be sure to carefully wash anything that touches your child's eyes (such as washcloths, towels, toy binoculars, and toy cameras).



Carta Modelo sobre Conjuntivitis

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestro centro tiene conjuntivitis (“conjuntivitis catarral”).

___ Su niño/a puede que tenga conjuntivitis.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES:

1. Observe a su niños y miembros de su familia por “conjuntivitis catarral.”
2. Si su niños contrae conjuntivitis catarral, vea a su proveedor de atención médica. Su niño/a puede que necesite un medicamento para los ojos.
3. **NO ENVÍE A SU NIÑO A LA GUARDERÍA** hasta después del día en que comience a darle la medicina. Si su proveedor de atención médica decide no recetar una medicina para los ojos, él o ella debe darle una nota que debe enviar a la Guardería con su niños. En la nota de su médico, él o ella debe explicar el diagnóstico de su niño/a, y por qué no es necesaria la medicina.
4. Díganos en el Centro si su niño/a está siendo tratado por “conjuntivitis catarral.”

¿Qué es Conjuntivitis? Conjuntivitis es una infección de los ojos, comúnmente conocida como “conjuntivitis catarral”. Es mayormente causada por un virus (como de resfriados), pero puede también ser causada por una bacteria. Las partes blancas de los ojos se vuelven rosadas o rojas, duelen los ojos, se siente picazón y pueden producirse muchas lágrimas y una supuración. En las mañanas, la supuración (que es pus) puede que haga que los párpados se peguen. (Algunos niños y adultos tienen alergias que pueden causar todo lo indicado arriba, con la excepción de pus.)

La conjuntivitis es una enfermedad suave. NO es peligrosa. Los médicos usualmente recetan un medicamento antibiótico para los ojos, por si sea debido a bacterias.

¿Cómo se contrae la conjuntivitis? La supuración del ojo (el pus) es infecciosa. Si los niños se soban los ojos, la adquieren en las manos. Ellos pueden luego tocar los ojos o manos de alguien o tocar un objeto (juguete o mesa). Si otros niños adquieren la supuración en las manos y luego se tocan los ojos, pueden adquirir la enfermedad. Ésta se puede propagar fácilmente entre los niños pequeños quienes se tocan los ojos, y todo lo demás, y quienes no saben cómo (o se olvidan) de lavar las manos.

¿Qué debe hacer si su niño tiene conjuntivitis?

1. Mantenga los ojos de su niño/a limpios de supuración. Use papel higiénico, luego bótelos inmediatamente.
2. Lave las manos siempre después de limpiar los ojos de su niño/a.
3. Enseñe a su niño/a a lavarse las manos después de limpiarse los ojos.
4. Pregunte a su proveedor de atención médica si su hijo necesita recibir medicina para los ojos.
5. Asegúrese de lavar cuidadosamente cualquier cosa que se ponga en contacto con los ojos del niño/a (tales como toallitas, toallas, binoculares de juguete y cámaras fotográficas de juguete).



Sample Letter for *E. Coli* O157-H7

Dear Parent or Guardian:

___ A child in our center has *E. coli* O157-H7.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea, diarrhea with blood or mucous, fever, or vomiting, do not send him/her to the center. Take your child to your family physician and ask for a stool test for *E. coli* O157-H7.

The physician will probably want to also do this test on any other person in your family who comes down with diarrhea.

If the test is positive, keep your child home until any serious diarrhea or illness is over and your child has received proper treatment.

3. Please keep us informed about how your child is doing and about any positive tests or treatment.

What is *E. coli* O157-H7? *E. coli* O157-H7 is a very small (microscopic) bacterium that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Of those who become ill, the illness may be mild or severe. Some people have fever, stomach pain, and bloody, mucous stools. The bacteria can continue to be passed in the stools for several weeks after the illness itself seems over.

How do you catch *E. coli* O157-H7? *E. coli* O157-H7 germs live in the intestines and are passed out of the body in the stools. Remember, they are microscopic - you cannot see them. If people do not wash their hands well after having a bowel movement, changing diapers, or helping a child go to the bathroom, the germs stay on their hands and the children's hands. The germs can then spread to food, drink or to objects and eventually to other people's hands and mouths. The germs are then swallowed by the other person, multiply in their intestines, and cause an infection.

How do you know you have *E. coli* O157-H7? *E. coli* O157-H7 can be diagnosed by a test called a "stool culture." It may take 72 hours to grow the germs from the stool and identify it.

What can you do to stop the spread of this germ?

Be sure everyone washes their hands carefully **after** using the bathroom or also helping a baby or child with diapers or toileting and **before** preparing or eating food. Babies and children also need to have their hands washed at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting a stool test. This is critical for family or household members who handle or prepare food as a job.

Your physician may or may not recommend medication.



Carta Modelo sobre *E. Coli* O157-H7

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestro centro tiene *E. coli* O157-H7.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES

1. Observe si su niño o miembros de su familia tienen diarrea o contracciones dolorosas del estómago.
2. Si su niño/a contrae una diarrea severa, diarrea con sangre o mucosidad, fiebre o vómitos, no lo envíe al centro. Lleve a su niños a su médico y pida que se le haga una prueba de heces para detectar *E. coli* O157-H7.

Él/ella probablemente querrá hacer también una prueba a otros miembros de la familia que también tengan diarrea.

Si la prueba es positiva, mantenga a su niño/a en casa hasta que la diarrea o enfermedad pase, y su niño/a haya recibido el tratamiento adecuado.

3. Por favor, manténganos informados de cómo se siente su niño/a y sobre las pruebas positivas o tratamiento.

¿Qué es el *E. coli* O157-H7? El *E. coli* O157-H7 es una bacteria muy pequeña (microscópica) que puede infectar los intestinos y las heces. Las personas que contraen esto, puede que tengan o no tengan vómitos o diarrea. En las personas que se enferman, la enfermedad puede ser suave o severa. Algunas personas tienen fiebre, dolor de estómago, heces con sangre y mucosidad. La bacteria puede continuar pasando a las heces por varias semanas después de que la enfermedad parece haber desaparecido.

¿Cómo se adquiere el *E. coli* O157-H7? Los gérmenes del *E. coli* O157-H7 viven en los intestinos y salen del cuerpo en las heces. (Recuerde que son microscópicos, no se les puede ver). Si las personas no se lavan bien las manos después de ir al baño, cambiar pañales, o ayudar a un niños a ir al baño, los gérmenes se quedan en las manos y en las manos de los niños. Los gérmenes pueden luego ser esparcidos en los alimentos y bebidas u objetos, y eventualmente, a las manos y bocas de otras personas. Los gérmenes luego son tragados por otra persona, se multiplican en los intestinos y causan la infección.

¿Cómo sabe que tiene el *E. coli* O157-H7? El *E. coli* O157-H7 puede ser diagnosticado por una prueba llamada "cultivo de heces". Puede tomar 72 horas o más para que el germen crezca en las heces y pueda ser identificado.

¿Qué puede hacer para evitar que este germen se esparza?

Asegúrese que todos se laven las manos cuidadosamente **después** de ir al baño, o ayudar a un bebé o a un niño/a con los pañales o de llevarlo al baño, y **antes** de preparar alimentos o comer. Los bebés y niños necesitan que se les laven las manos también, en estos momentos.

Si alguien en su familia contrae diarrea, hable con su proveedor de atención médica sobre cómo realizar un cultivo de heces. **Esto es crítico para su familia o miembros del hogar que tratan o preparan alimentos como parte de su trabajo.**

Su médico puede que recomiende o no medicamentos.



Sample Letter on Fifth Disease

Dear Parent or Guardian:

— A child in our center has Fifth Disease.

— Your child may have Fifth Disease.

What is Fifth Disease?

Fifth disease is a benign rash illness of childhood sometimes called erythema infectiosum. A virus called Parvovirus B19 causes the disease. The illness begins with prodromal phase of mild fever with non-specific symptoms of headache, malaise and muscle aches. This lasts for only a few days before the eruption of the characteristic rash. The rash begins as a red, flushed appearance on the cheeks, giving a "slapped cheek" appearance. It then spreads to the trunk and the extremities as a bumpy red rash. As the rash appears the child usually begins to feel better.

The virus can cause stillbirth and fetal hydrops in pregnant women experiencing a primary infection. Please consult your physician if you are pregnant and a child in the childcare facility has fifth disease.

How does a person get Fifth Disease?

The virus is contracted from infected individuals before they show symptoms. The virus is spread by close contact, presumably through respiratory secretions. The virus may also be spread on inanimate objects to susceptible children.

How is Fifth Disease treated?

There is no treatment for fifth disease. Tylenol may be given to reduce fever and muscle aches. Pregnant women should consult their physician for treatment advice.

Exclusion and return.

Children with fifth disease do not need to be excluded from day care, as they are unlikely to be infectious after the rash appears, and the clinical diagnosis is made.



Carta Modelo sobre la Quinta Enfermedad

___ Uno de los niños de nuestro centro tiene la Quinta Enfermedad

___ Su niño/a puede que tenga la Quinta Enfermedad.

¿Qué es la Quinta Enfermedad? La Quinta Enfermedad es una enfermedad de la niñez con erupción benigna, algunas veces llamada eritema infecciosa. La enfermedad es causada por un virus llamado Parvovirus B19. La enfermedad comienza con una fase prodrómica de fiebre moderada con síntomas no específicos de dolor de cabeza, malestar y dolor de músculos. Esto dura solamente unos pocos días antes de la erupción característica. La erupción comienza como una apariencia de mejillas ruborizadas, dando la apariencia de “mejillas abofeteadas”. Luego se esparce al tronco y a las extremidades como una erupción roja abultada. Cuando la erupción aparece, el niño usualmente comienza a sentirse mejor.

El virus puede causar nacimiento sin vida e hidropesía fetal en mujeres embarazadas que experimenten una infección primaria. Por favor consulte con su médico si está embarazada y un niños tiene la quinta enfermedad.

¿Cómo se adquiere la Quinta Enfermedad? El virus se contrae de personas infectadas después que aparecen los síntomas. EL virus se propaga por contacto cercano, presumiblemente a través de las secreciones respiratorias. El virus puede también esparcirse en objetos inanimados a niños que son susceptibles.

¿Cómo se trata la Quinta Enfermedad? No hay tratamiento para la Quinta Enfermedad. Tylenol puede que sea dado para reducir la fiebre y dolor de músculos. Las mujeres embarazadas deben consultar con su médico para recibir consejo para el tratamiento.

Exclusión y retorno al centro. Los niños con la quinta enfermedad no necesitan ser excluidos de la guardería, ya que es improbable que sean infecciosos después de la aparición de la erupción, y el diagnóstico clínico sea realizado.



Sample letter on *Giardia*

Dear Parent or Guardian:

___ A child in our Day Care Center has *Giardia*.

___ Your child may have *Giardia*.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch your child and members of your family for diarrhea, stomach cramps, gas and nausea.
2. If your child develops diarrhea or diarrhea with fever or vomiting, do not send him/her to the center.

Please ask your health care provider to do a stool test for *Giardia*. He/she will probably want to do this test on any other person in your family who comes down with diarrhea.

If the test is positive keep your child home until any serious diarrhea or illness is over and your child has received medication. If the test is negative please keep your child home until the diarrhea stops.

3. Please keep us informed about how your child is doing and about any positive tests or treatment.

What is *Giardia*? *Giardia* is a very small (microscopic) parasite that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Of those who become ill, most are only mildly sick. However, some people have bad smelling diarrhea, gas, stomach cramps, lack of appetite and nausea. It may last a long time and cause weight loss. The infection, whether or not it causes symptoms, can come and go for months if not treated.

How do you catch *Giardia*? *Giardia* germs live in the intestines and are passed out of the body into the stools. Remember, they are microscopic, so you cannot see them. If people do not wash their hands well after going to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and on the children's hands. The germs can then spread to food or drink or to objects and, eventually, to other people's hands and mouths. The germs are then swallowed by the other person or child, multiply in their intestines, and cause an infection. Obviously, it can spread easily among small children who normally get their hands into everything and may not wash their hands well.

How do you know you have it? *Giardia* can be diagnosed by a test called "stool culture for ova and parasites", in which the stool is examined under a microscope. However, because *Giardia* is passed in the stools off and on, several stools taken over several days may need to be examined.

What can you do to stop the spread of this germ? Be sure everyone washes their hands carefully after using the bathroom, or helping a baby or child with diapers or toileting, and before preparing or eating food. Babies and children need to have their hands washed too!

If someone in your family develops diarrhea, talk to your health care provider about getting a stool test. This is critical for family or household members who handle or prepare food as a job.

Medication is recommended for children and adults with *Giardia* in their stools, as it shortens both the length of the illness and the time the germ is found in the stool. Your health care provider will decide the best medicine for you or your child.



Carta Modelo sobre *Giardia*

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestra Guardería tiene *Giardia*.

___ Su niño/a puede que tenga *Giardia*

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES:

1. Observe si su niño/a o miembros de su familia tienen diarrea, contracciones dolorosas del estómago, gases y náuseas.
2. Si su niño/a contrae una diarrea severa, diarrea con fiebre o vómitos, no lo envíe al Centro.

Pida a su proveedor de atención médica que haga una prueba de heces para detectar *Giardia*. Él/ella probablemente querrá hacer esta prueba a otras personas de su familia que también tengan diarrea. Si la prueba es positiva, mantenga a su niño en casa hasta que la diarrea sea o enfermedad pase, y su niños haya recibido medicamentos. Si la prueba es negativa, por favor mantenga a su niños en casa hasta que la diarrea sea controlada.

3. Por favor, manténganos informados de cómo se siente su niño/a y sobre las pruebas positivas o tratamiento.

¿Qué es *Giardia*? *Giardia* es una bacteria muy pequeña (microscópica) que puede infectar los intestinos y las heces. Las personas que contraen esto, puede que tengan o no tengan vómitos o diarrea. De las personas que llegan a enfermarse, la mayoría se sienten ligeramente enfermas. Sin embargo, algunas personas tienen diarrea con mal olor, gases, contracciones dolorosas del estómago, falta de apetito y náuseas. Puede durar un tiempo largo y causar pérdida de peso. La infección, ya sea que cause o no cause síntomas, puede ir y venir por meses si no es tratada.

¿Cómo se adquiere la *Giardia*? Los gérmenes de *giardia* viven en los intestinos y salen del cuerpo en las heces. (Recuerde que son microscópicos, no se les puede ver). Si las personas no se lavan bien las manos después de ir al baño, cambiar pañales, o ayudar a un niño a ir al baño, los gérmenes se quedan en las manos y en las manos de los niños. Los gérmenes pueden luego ser esparcidos en los alimentos y bebidas u objeto y eventualmente, a las manos y bocas de otras personas. Los gérmenes luego son tragados por otra persona o niños, se multiplican en los intestinos, y causan la infección. Obviamente, se puede esparcir fácilmente entre niños pequeños quienes normalmente agarran todo y puede que no se laven bien las manos.

¿Cómo sabe que tiene *Giardia*? *Giardia* puede ser diagnosticada por una prueba llamada "cultivo de heces por huevos y parásitos", en la cual las heces son examinadas bajo microscopio. Sin embargo, debido a que la *giardia* pasa intermitentemente a las heces, varias muestras de heces tomadas durante varios días puede que sean necesarias para ser examinadas.

¿Qué puede hacer para evitar que este germen se propague? Asegúrese que todos se laven las manos cuidadosamente después de ir al baño, o de ayudar a un bebé o niños con los pañales o el baño, y antes de preparar alimentos o comer. ¡Los bebés y niños necesitan que se les laven las manos también!

Si alguien en su familia contrae diarrea, hable con su proveedor de atención médica sobre cómo realizar una prueba de heces. Esto es crítico para su familia o miembros del hogar que tratan o preparan alimentos como parte de su trabajo.

Se recomiendan medicamentos para niños y adultos con *giardia* en sus heces, ya que acorta el tiempo de la enfermedad como el tiempo en que el germen se encuentre en las heces. Su proveedor de atención médica decidirá la mejor medicina para usted o su niños.



Sample letter on Hib Disease

Dear Parent or Guardian:

A child or staff member in our daycare center has a serious infectious illness caused by a bacterium named *Haemophilus influenzae*, type B. A short way of writing the name is Hib. Hib spreads from person-to-person by being in close contact. It is not at all related to the regular "flu".

___ Your child has been in close contact (same classroom or shared activities) with this child/staff person.

___ Your child has not been in close contact with the ill person.

Hib can cause very serious illnesses such as meningitis (infection of the covering of the brain), pneumonia, arthritis, epiglottitis (infection of the upper throat), blood infections, and skin infections, all of which need hospital treatment and intravenous antibiotics. Because these bacteria can spread from child to child in a center, and because it can cause serious illness, we want to make you aware of the fact that your child may have been exposed.

WHAT SHOULD YOU DO?

1. Call your health care provider and tell him or her that your child is at a center where another child has come down with an illness caused by *Haemophilus influenzae*, type B (Hib). Tell him or her whether your child has been in close contact and the center's policy on Hib.
2. Watch your child for signs of illness or a fever. If your child becomes ill, take him/her to your healthcare provider. Watch carefully for a month, but especially carefully in the next week. The center will also be very watchful over the next month. If another child comes down with this illness, we will notify you.



Carta Modelo sobre la Enfermedad de Hib

Estimado Padre, Madre o Custodio:

Uno de los niños de nuestra guardería tiene una enfermedad seria infecciosa causada por una bacteria llamada *Influenza Hemófila*, tipo B. Una manera corta de escribir el nombre es Hib. Hib se propaga por contacto de persona a persona. No tiene ninguna relación con la “gripe” común.

___ Su niños ha estado en contacto (la misma clase o actividades compartidas) con este niños/miembro del personal.

___ Su niño/a no ha estado en contacto con la persona enferma.

Hib puede causar varias enfermedades serias como meningitis (infección de la membrana que cubre el cerebro), neumonía, artritis, epiglotis (infección de la parte superior de la garganta), infecciones de la sangre, e infecciones de la piel, todo lo que necesita tratamiento hospitalario y antibióticos intravenosos. Ya que esta bacteria se puede propagar de niños a niños en el centro y debido a que puede causar una enfermedad seria, queremos que tenga conocimiento del hecho que su niños puede que haya estado expuesto.

¿QUÉ DEBE HACER?

1. Llame a su proveedor de atención médica y comuníquese que su niño/a está en un centro, donde otro niños ha contraído una enfermedad causada por la *Haemophilus influenzae*, tipo B (Hib). Comuníquese si su niños ha estado en contacto y los reglamentos del centro referentes a Hib.
2. Observe a su niño/a por señales de enfermedad o fiebre. Si su niño/a llegara a enfermarse, llévalo a su proveedor de atención médica. Obsérvelo cuidadosamente por un mes, pero especialmente cuidadosamente en la siguiente semana.
El centro también será bien observado en el mes siguiente. Si otro niños contrayera esta enfermedad, se lo comunicaremos.



Sample letter on Hand, Foot and Mouth disease

Dear Parent or Guardian:

___ A child in our center has Hand, Foot, and Mouth disease.

___ Your child may have Hand, Foot and Mouth disease.

What is Hand, Foot, and Mouth Disease? Hand, Foot and Mouth Disease is a viral disease, which usually affects children less than ten years old. The disease usually appears during the summer and fall months. It lasts six to ten days.

What are the symptoms? Symptoms appear four to six days after exposure. They include a sore throat, runny nose, cough, sneezing, ulcers on the tongue, and blisters on the hands, feet or buttocks. A low-grade fever (100-101°F) is common.

How is Hand, Foot, and Mouth Disease diagnosed? A doctor will diagnose the illness at the office visit. Laboratory tests are usually unnecessary.

How is Hand, Foot, and Mouth Disease treated? There is no specific treatment. You may take a non-aspirin pain reliever. Mouth rinses and soothing drinks comfort persons with this disease. Keep blistered areas clean and dry.

Are there any complications? Complications are rare, but meningitis (an infection of the brain's covering.), encephalitis (an infection of the brain) and other secondary infections can occur.

How is Hand, Foot and Mouth Disease spread? Hand, Foot and Mouth Disease is spread from one person to another by direct contact with discharges from the nose and mouth, by feces, or by articles contaminated by either. Feces may spread the virus for a few weeks after the person recovers.

How can Hand, Foot and Mouth Disease be prevented? Reduce person-to-person contact. Wash contaminated articles in hot soapy water. Wash hands immediately after changing diapers, or helping persons with this disease.

Exclusion and return to daycare. Children with diarrhea or blisters should not attend school or day care. Children may return when diarrhea stops and blisters have scabs. The child may return with a slight fever (100°F).



Carta modelo sobre la enfermedad de Manos, Pies y Boca

Estimado Padre, Madre o Custodio:

___ Un niño en nuestro centro tiene la enfermedad de Manos, Pies y Boca.

___ Su niño/a puede que tenga la enfermedad de Manos, Pies y Boca.

¿Qué es la Enfermedad de Manos, Pies y Boca? La Enfermedad de Manos, Pies y Boca es una enfermedad viral que usualmente afecta a los niños menores de diez años de edad. La enfermedad usualmente aparece durante el verano y meses de otoño. Dura entre seis y diez días.

¿Cuales son los síntomas? Los síntomas aparecen entre cuatro a seis días después de la exposición. Incluyen dolor de garganta, nariz que gotea, tos, estornudos, úlceras en la lengua, y ampollas en las manos, pies o nalgas. Una fiebre baja (100-101°F) es común.

¿Cómo se diagnostica la Enfermedad de Manos, Pies y Boca? Un médico diagnosticará la enfermedad en la visita al consultorio. Las pruebas de laboratorio son usualmente innecesarias.

¿Cómo se trata la Enfermedad de Manos, Pies y Boca? No hay tratamiento específico. Puede tomar un calmante para el dolor que no sea aspirina. Enjuagues de la boca y bebidas refrescantes calman a las personas con esta enfermedad. Mantenga limpias y secas las áreas con ampollas.

¿Hay algunas complicaciones? Las complicaciones son raras, pero pueden ocurrir meningitis (una infección de la membrana del cerebro), encefalitis (una infección del cerebro) y otras infecciones secundarias.

¿Cómo se propaga la Enfermedad de Manos, Pies y Boca? La Enfermedad de Manos, Pies y Boca se propaga de una persona a otra por contagio directo con excreciones de la nariz y boca, por las heces, o por artículos contaminados con algunas de ellas. Las heces pueden propagar el virus por unas pocas semanas después que la persona se recupera.

¿Cómo se puede prevenir la Enfermedad de Manos, Pies y Boca? Reduzca el contacto de persona a persona. Lave los artículos contaminados en agua caliente con jabón. Lave las manos inmediatamente después de cambiar pañales o ayudar a las personas con esta enfermedad.

Exclusión y regreso a la guardería. Los niños con diarrea o ampollas no deben asistir a la escuela o guardería. Los niños pueden regresar cuando se haya controlado la diarrea y las ampollas estén con costras. El niño/a puede regresar con una fiebre ligera (100°F).



Sample Letter on Head Lice

Dear Parent or Guardian:

___ A child in our center has head lice.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Check your child's hair for eggs (nits).
2. If you suspect your child has head lice, see your health care provider for diagnosis and treatment.
3. Tell us if your child is diagnosed as having head lice.
4. If head lice are diagnosed, do not send your child to the center until he/she has been treated.

What are head lice and how do you know if your child has them?

Head lice are very small, light-brown insects (less than one-eighth inch long) which live only in people's hair, especially the back of the scalp, above the neck, and behind the ears. They do not jump or fly; they do not live on animals. They live by biting the scalp or skin and drinking blood. The bites cause intense itching. Lice are not dangerous, but they make a person very uncomfortable.

Lice live for 20 to 30 days and lay about six eggs a day. These eggs, called nits, are very small, about the size of a fleck of dandruff, but shaped like teardrops or pears, are pearl gray in color, and are glued onto single strands of hair. Sometimes they can best be seen by looking at a few strands of hair at a time held in natural daylight. The nits are very hard to pull off the hair, not like dandruff which can be brushed easily.

Usually, you will not see the lice, only the eggs. You will need to look carefully. Spend about ten minutes and start with the hair on the back of the head. If you are not sure, ask your health care provider to check your child's head.

How does a person get head lice?

Head lice are very easy to catch, for both children and adults. Having lice is not a sign of not being clean or having a dirty house. The lice can crawl from head to head or from a personal item like a hat or pillow to a head. The eggs or nits may be in combs, brushes, hats, scarves, etc., and they may be passed on and then hatched on the next person. Head lice spread only from person to person; you cannot catch them from grass, trees or animals. If your child does have head lice, your health care provider may want to treat everyone in your family. Regardless, you should check everyone's hair carefully. Anyone else with nits should definitely be treated.

How do you get rid of head lice?

There are several medicines, used as shampoos, available to treat head lice. Kwell Shampoo* and Proderm Lotion* are available by prescription only. Other products such as RID*, REC Shampoo*, XXX*, A-200 Pyrinate* and NIX* are available over-the-counter. Your doctor will tell you which is best.

All of these products must be used carefully, and all safety guidelines must be observed. It is especially important to consult a physician before treating (1) infants, (2) pregnant or nursing women, or (3) anyone with extensive cuts or scratches on the head or neck.

Although all of these products kill lice, none will kill 100 percent of the nits. Nit removal may be time consuming and difficult due to their firm cementing onto the hair. A solution of vinegar and water may help to dissolve the "cement" and make removal easier. There are special, fine-tooth combs to aid in nit removal; a regular comb will not remove them. A daily nit check for the next ten days is advisable; if you see new nits (less than one-fourth inch from the scalp) or newly hatched lice, it may be necessary to repeat the treatment.

Too many treatments can be dangerous; follow your health care provider's instructions.

- Clean all personal items, giving special attention to the following:
- Clothes -- especially coats, sweaters, hats, scarves, pajamas, robes, nightgowns.
- Bedding -- sheets, pillowcases, blankets, pillows.
- Toiletries and Towels -- combs, brushes, curlers, barrettes, etc.
- Furry or cloth toys -- especially those that have been near the child's head or in the child's bed.

Ways to clean personal items:

- Choose one of the following methods for each item to be cleaned:
- Wash in hot water in washing machine, dry as usual.
- Put in HOT dryer for 20 minutes.
- Dry clean.
- Store in sealed plastic bags for 14 days (any eggs present will hatch, but the louse will die for lack of food, (i.e., blood. Any lice will also die). This method is especially good for blankets, pillows, toys and clothing that are hard to wash.
- Boil combs, brushes, curlers, etc., for 10 minutes, or soak in 2% Lysol and water, or a bleach solution (1/4 cup bleach to 1-gallon water) for one hour.

*Brand names are mentioned for identification purposes only and are not an endorsement. Other similar products may also be used.

Careful vacuuming of carpets, floors and furniture is all that is necessary for the rest of the house. Insecticide sprays are not recommended; they can be harmful to people and animals.

When can my child go back to the Center? Your child may go back as soon as the shampoo has been given, you have removed as many nits as possible from your child's hair, and you have cleaned or stored personal items. Keep checking your child's hair for new nits for at least two weeks.



Carta Modelo sobre Piojos en la Cabeza

Estimado Padre o Madre o Custodio:

___ Uno de los niños de nuestro centro tiene piojos en la cabeza.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES

1. Revise el cabello de su niño/a por huevos (liendres).
2. Si sospecha que su niño/a tiene piojos en la cabeza, vea a su proveedor de atención médica para recibir un diagnóstico y tratamiento.
3. Comuníquenos si su niño/a ha sido diagnosticado con tener piojos en la cabeza.
4. Si se diagnostican piojos en la cabeza, no envíe a su hijo al centro hasta que él/ella haya sido tratado.

¿Qué son los piojos de la cabeza y cómo sabe si su hijo los tiene?

Los piojos de la cabeza son muy pequeños, son insectos de color marrón claro (menos de un octavo de pulgada de largo), que sólo viven en el cabello de las personas, especialmente en la parte trasera del cuero cabelludo, encima del cuello y detrás de las orejas. No saltan ni vuelan, no viven en los animales. Viven mordiendo el cuero cabelludo o piel y succionando sangre. Las mordeduras causan una picazón intensa. Los piojos no son peligrosos, pero provocan incomodidad.

Los piojos viven entre 20 y 30 días y colocan aproximadamente seis huevos al día. Estos huevos, llamados liendres, son muy pequeños, aproximadamente del tamaño de una partícula de caspa, pero en forma de lágrimas o peras, son de color gris perlado, y están pegados en hebras del cabello. Algunas veces pueden ser vistos mejor mirando a unas pocas hebras del cabello a la vez sostenidas a la luz natural del día. Estas liendres son difíciles de quitar del cabello (no son como la caspa, la cual se puede cepillar fácilmente).

Usualmente, no se ven los piojos, solamente los huevos. Necesita mirar cuidadosamente. Pase aproximadamente diez minutos y comience con el cabello en la parte trasera de la cabeza. Si no está seguro, pida a su proveedor de atención médica que revise la cabeza de su niños.

¿Cómo adquiere una persona los piojos en la cabeza?

Los piojos en la cabeza son muy fáciles de adquirir, tanto en los niños como en los adultos. El tener piojos no es una señal de no ser limpio o de tener una casa sucia. Los piojos pueden arrastrarse de cabeza a cabeza, o de un objeto personal como de un sombrero o de una almohada a la cabeza. Los huevos o liendres pueden estar en peines, cepillos, sombreros, bufandas, etc. y pueden ser transmitidos y luego incubados en la persona próxima. Los piojos en la cabeza se propagan solamente de persona a persona; no se pueden adquirir del césped, árboles o animales.

Si su niño/a tiene piojos en la cabeza, su proveedor de atención médica puede que quiera tratar a todos en su familia. De todas maneras, debe revisar el cabello de todos cuidadosamente. Cualquier persona con liendres debe ser definitivamente tratada.

¿Cómo se puede deshacer de los piojos en la cabeza?

Hay varias medicinas, usadas como champús, disponibles para tratar a los piojos en la cabeza. El champú Kwell* y la Loción Proderm* están disponibles con receta médica solamente. Otros productos tales como RID*, REC Shampoo*, XXX*, A-200 Pyninate* y NIX* están disponibles sin receta médica. Su médico le dirá cuál es el mejor.

Todos estos productos deben ser usados cuidadosamente, y todas las pautas de seguridad deben ser observadas. Es especialmente importante consultar a un médico antes de tratar a (1) bebés, (2) mujeres embarazadas o que estén amamantando, ó (3) cualquier persona que tenga muchos cortes o rasguños en la cabeza o cuello. Aunque todos estos productos matan a los piojos, ninguno matará en 100 por

ciento a todas las liendres. El eliminar a las liendres puede que tome mucho tiempo y sea una tarea difícil al pegarse firmemente en el cabello. Una solución de vinagre y agua pueden ayudar a disolver la “cementación” y hacer que la eliminación sea más fácil. Hay peines especiales, con dientes muy finos para ayudar a la eliminación de las liendres; un peine común no las eliminará. Una revisión diaria de liendres por los siguientes diez días es lo aconsejable; si se ven nuevas liendres (a menos de un cuarto de pulgada del cuero cabelludo) o nuevos piojos que han sido incubados, puede que sea necesario repetir el tratamiento. Demasiados tratamientos pueden ser peligrosos; siga las instrucciones de su proveedor de atención médica.

- Limpie todos los objetos personales, dando especial atención a lo siguiente:
- Ropas – especialmente abrigos, jerseys, sombreros, bufandas, pijamas, batas, vestidos de dormir.
- Ropa de cama – sábanas, fundas de almohadas, frazadas, almohadas.
- Artículos de Baño y Toallas -- peines, cepillos, ruleros, ganchos para el cabello, etc.
- Juguetes de peluche o de tela – especialmente los que han estado cerca de la cabeza del niños o en la cama del niños.

Maneras de limpiar los artículos personales:

Escoja uno de los siguientes métodos para cada artículo a ser limpiado:

- Lave en agua caliente en la lavadora, seque como lo hace usualmente.
- Ponga la secadora en CALIENTE por 20 minutos.
- Lave en seco.
- Almacene en bolsas de plástico selladas por 14 días (si hay huevos, éstos serán incubados, pero el piojo morirá por falta de alimento (por ejemplo, sangre. Todos los piojos morirán). Este método es especialmente bueno para frazadas, almohadas, juguetes y ropa que sea difícil de lavar
- Hierva los peines, cepillos, ruleros, etc. por 10 minutos, o remójelos en una solución de 2% Lysol y agua, o en una solución de lejía (1/4 taza de lejía en 1 galón de agua) por una hora.

***Nombres de marcas conocidas se mencionan para propósitos de identificación solamente y no son una promoción. Otros productos similares pueden también ser usados.**

El cuidado al aspirar las alfombras, pisos y muebles, es todo lo que es necesario para el resto de la casa. No se recomiendan aerosoles de insecticidas; éstos pueden ser dañinos para las personas y animales.

¿Cuándo puede regresar mi niño al Centro? Su niño/a puede regresar tan pronto como se le haya tratado con el champú, y se hayan eliminado tantas liendres como sea posible del cabello de su niños, y usted haya limpiado o almacenado los artículos personales. Siga revisando el cabello de su niños por nuevas liendres por lo menos dos semanas.



Sample Letter on Hepatitis A

Dear Parent or Guardian:

A child or staff member in our center has been diagnosed with a viral infection called Hepatitis A and your child may have been exposed.

What is Hepatitis A?

Hepatitis A is an infection of the liver caused by a virus. It can cause tiredness, fever, lack of appetite, nausea, and jaundice (yellowing of the skin and whites of the eyes, with darkening of the urine). The illness usually lasts one to two weeks. Young children do not usually become jaundiced. However, they may have a "flu-like" illness or nothing at all.

How do you get Hepatitis A?

The virus lives in the intestines and is passed out of the body in the stools. The virus is microscopic--you cannot see it. If people do not wash their hands well after toileting a child or themselves, or wash the child's hands, the virus can be spread to other people, food, drink, or other things. The germs can then be swallowed by another person, multiply in the intestines, and cause illness two to eight weeks later. If a person is exposed (swallowed some germs), the illness may be prevented by a shot of immune globulin.

How is Hepatitis A diagnosed?

Hepatitis A is diagnosed by a blood test.

What can you do?

1. Be sure everyone in your household washes their hands after going to the toilet, helping a child go to the toilet, or changing a diaper. They must wash the children's hands too. This is the most important thing to do! Hands should also be washed before touching food, eating, or feeding.
2. Your child or your household may need a shot of post exposure prophylaxis (PEP). Immune globulin is available free of charge from the Division of Public Health. Other people in your household need the shot as well. See your health care provider.
3. If anyone in your household develops signs of Hepatitis A, ask your health care provider to do a blood test and report if it is positive.



Carta Modelo sobre Hepatitis A

Estimado Padre, Madre o Custodio:

Uno de los niños o uno de los miembros del personal en nuestro centro ha sido diagnosticado con una infección viral, llamada Hepatitis A, y su niños puede que haya estado expuesto a ella.

¿Qué es?

Hepatitis A es una infección del hígado causada por un virus. Puede causar cansancio, fiebre, falta de apetito, náusea, e ictericia (la piel y el blanco de los ojos se ponen amarillos con un oscurecimiento de la orina). La enfermedad usualmente dura entre una a dos semanas. Los niños pequeños usualmente no se ponen amarillos. Sin embargo, pueden tener una enfermedad que "parece como la gripe", o ningún síntoma.

¿Cómo se adquiere?

El virus vive en los intestinos y se pasa del cuerpo a las heces. El virus es microscópico, no se le puede ver. Si las personas no se lavan bien las manos después de ir al baño o de llevar al baño a un niños, o lavan las manos del niños, el virus puede ser propagado a otras personas, alimentos, bebidas, u otras cosas. Los gérmenes pueden ser tragados por otra persona, multiplicarse en los intestinos, y causar la enfermedad dos a ocho semanas después. Si una persona se expone (quiere decir que traga algunos gérmenes) la enfermedad puede ser prevenida por una inyección de globulina inmune.

¿Cómo se diagnostica?

Hepatitis A se diagnostica con una prueba de la sangre.

¿Qué puede hacer?

1. Asegúrese que todos en su hogar se laven las manos después de ir al baño, después de ayudar a un niños a ir al baño, o después de cambiar un pañal. Deben lavar las manos de los niños también. ¡Esto es lo más importante que se debe hacer! Las manos se deben lavar antes de tocar alimentos, comer, o dar de comer.
2. Su niños o su familia puede que necesite una inyección de globulina inmune. (La globulina inmune está disponible gratis en la División de Salud Pública). Otras personas en su familia necesitan la inyección también. Vea a su proveedor de atención médica.
3. Si alguien en su familia contrae los síntomas de Hepatitis A, pida a su proveedor de atención médica que le haga una prueba de sangre y comuníquenos si es positiva.



Sample letter on Impetigo

Dear Parent or Guardian:

___ A child in our daycare center has Impetigo.

___ Your child may have Impetigo.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Check your child's skin for an impetigo rash.
2. Take your child to your health care provider if you suspect your child has an impetigo rash so that medicine may be prescribed.
3. Tell us if your child was treated for impetigo.
4. If your child has impetigo, he/she may return after taking medicine for 24 hours.

What is Impetigo?

Impetigo is a skin infection common in young children. It is mostly seen on the face and around the mouth, but can occur any place on the skin.

What does Impetigo look like?

The skin is red and may be oozing. There may be small bumps clustered together or larger red areas. These areas may have honey-colored crusts or blisters. It spreads quickly. It is often itchy. Children may scratch the crusts off and cause a little bleeding.

What causes Impetigo?

Impetigo is caused by common skin germs, like strep and staph. These germs usually only cause infection when the skin is injured (scraped, cut, scratched, etc.). It can spread easily among small children who touch everything and, is therefore, very common among this age group.

How is Impetigo diagnosed and treated?

Your health care provider can tell you if your child has impetigo. Usually it is treated with some combination of a special soap, antibiotic ointment, and an oral antibiotic.

The most important thing is to keep the impetigo rash clean and dry. You may want to cover it lightly so the ooze and crusts cannot be spread to other people. Anybody who does touch the rash should wash his/her hands very well.



Carta modelo sobre Impétigo

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestra guardería tiene Impétigo.

___ Su niño/a puede que tenga Impétigo.

POR FAVOR TOMA LAS SIGUIENTES PRECAUCIONES:

1. Revise la piel de su niños por una erupción de impétigo.
2. Lleve a su niño/a a su proveedor de atención médica si sospecha que su niño/a tiene una erupción de impétigo, de tal manera que se le receten medicinas.
3. Comuníquenos si su niño/a fue tratado por impétigo.
4. Si su niño tiene impétigo, él/ella puede regresar al centro después de tomar el medicamento por 24 horas.

¿Qué es Impétigo?

Impétigo es una infección de la piel común en niños pequeños. Se ve mayormente en la cara y alrededor de la boca, pero puede ocurrir en cualquier lugar de la piel.

¿Cómo se manifiesta?

La piel se pone roja y puede supurar. Puede que aparezcan pequeños bultos juntos o áreas rojas más grandes. Estas áreas puede que tengan costras de color miel o ampollas. Se propaga rápidamente. A menudo se produce picazón. Los niños puede que se rasquen las costras y se produzca un poco de sangrado.

¿Que produce el Impétigo?

El Impétigo se produce por gérmenes comunes de la piel (como estreptococo y estafilococo). Estos gérmenes producen usualmente infección cuando la piel está herida (raspada, cortada, rasguñada, etc.). Se puede propagar fácilmente entre niños pequeños quienes tocan todo y es, por consiguiente, muy común entre el grupo de esta edad.

¿Cómo se diagnostica y trata el Impétigo?

Su proveedor de atención médica puede decirle si su niños tiene impétigo. Usualmente se trata con alguna combinación de un jabón especial, crema antibiótica, y un antibiótico oral.

Lo más importante es mantener la erupción de impétigo limpia y seca. Puede que quiera cubrirla suavemente, de tal manera que la supuración y las costras no se propaguen a otras personas. Toda persona que toque la erupción debe lavarse muy bien las manos.



Sample letter on Meningococcal Illness

Dear Parent or Guardian:

A child or staff member in our daycare center has a serious infectious illness caused by bacteria named *Neisseria meningitidis*. These bacteria can spread among children who are in close contact. There is a medicine called Rifampin, which can be taken to reduce the risk of infection in people in close contact with the ill person.

___ Your child has been in close contact (same classroom or shared activities) with this child/staff person.

___ Your child has not been in close contact with the ill person.

WHAT SHOULD YOU DO?

1. Call your doctor or nurse practitioner and tell them your child is at a center where another child/staff person has come down with a meningococcal illness. Tell them whether your child has been in close contact with the ill person.
2. If your child has had close contact, get a prescription of rifampin for your child unless there is a medical reason not to. Rifampin can help eliminate the germ from someone who has been exposed.

If your child has had close contact, he/she should not come back to the daycare center until rifampin has been started.

3. For the next three weeks, watch your child for signs of illness or a fever. If your child becomes ill, take him/her to a doctor immediately, whether or not Rifampin was given, because medicine is not always 100% effective. *N. meningitidis* usually causes meningitis, an infection of the coverings of the brain, which is often fatal if not treated with antibiotics.

The center will be very watchful over the next three weeks and will inform you if anyone else becomes ill.



Carta modelo sobre la Enfermedad del Meningococo (Meningitis)

Estimado Padre, Madre o Custodio :

Uno de los niños o uno de los miembros del personal de nuestra guardería tiene una enfermedad seria infecciosa causada por una bacteria llamada *Neisseria meningitidis*. Esta bacteria se puede propagar entre niños que están en contacto. Hay una medicina llamada Rifampin que se puede tomar para reducir el riesgo de infección en las personas que están en contacto con la persona enferma.

- ___ Su niño/a ha estado en contacto (la misma clase o actividades compartidas) con este niños/miembro del personal.
- ___ Su niño/a no ha estado en contacto con la persona enferma.

QUÉ DEBE HACER?

1. Llame a su proveedor de atención médica y comuníquese que su niños está en un Centro, donde otro niño/ miembro del personal ha contraído la enfermedad del meningococo. Comuníquese si su niño/aha estado en contacto con la persona enferma.
2. Si su niño/a ha tenido contacto, obtenga una receta de rifampin para su niño/a, a menos que haya una razón médica para no hacerlo. Rifampin puede ayudar a eliminar el germen de alguien que ha estado expuesto.

Si su niño/a ha tenido contacto, no debe regresar a la guardería hasta que se haya comenzado con el tratamiento de Rifampin.

3. Por tres semanas, observe a su niño/a por señales de enfermedad o fiebre. Si su niños llegar a enfermarse, llévelo inmediatamente al médico, ya sea que se le haya dado o no se le haya dado Rifampin, porque la medicina no es 100 por ciento efectiva. *N. meningitidis* usualmente produce meningitis, una infección de la membrana del cerebro, que es a menudo fatal si no se trata con antibióticos.

El centro también será bien observado en las próximas tres semanas y le informaremos si alguien más llegara a enfermarse



Sample letter on Pinworm

Dear Parent or Guardian:

— A child in our center has pinworms.

— Your child may have pinworms.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child for pinworms.
2. If you think your child may have pinworms, call your healthcare provider to find out how to test for them.
3. If your child does have pinworms, please tell us at the center.

What are pinworms?

Pinworms are small, white, thread-like worms that live in the large intestine and only infect people. The female worms crawl out through the anus at night and lay eggs around the opening. This can cause intense itching in this area. It does not cause teeth grinding, or bedwetting as some people mistakenly believe. It is not a dangerous disease, just a very irritating one.

Who can get pinworms?

Anyone can. If a child gets them, other family members can catch them.

How do you catch pinworms?

When children scratch their bottoms, the eggs get on their hand and under their fingernails. The children may then touch someone else's mouth, food, or a toy or table. Someone else may get the eggs on his or her hands and eventually swallow it. The egg hatches inside the body. It is very easy to spread pinworms around and to catch them repeatedly.

If you think your child has pinworms, have your family physician examine your child. The physician may order a pinworm test to detect the pinworm eggs, this test is sometimes called the "scotch tape" test. If the test is positive, your child or your entire family may be treated for pinworms.

What do you do about pinworms?

The doctor or nurse will ask you to place sticky tape on your child's bottom first thing in the morning and then look at the tape under the microscope. If there are pinworm eggs on the tape, he/she will give your child a medication, which cures the infection. He/she may also treat your whole family because other people in households are often infected, but are not aware of it.

REMEMBER: Always wash your hands and your child's hands carefully before eating or preparing food and after going to the bathroom.



Carta modelo sobre Oxiuros

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestro centro tiene oxiuros.

___ Su niño/a puede que tenga oxiuros.

POR FAVOR TOMA LAS SIGUIENTES PRECAUCIONES

1. Observe a su niño/a por oxiuros.
2. Si cree que su niños tiene oxiuros, llame a su proveedor de atención médica para que averigüe cómo hacer una prueba.
3. Si su niño/a tiene oxiuros, por favor comuníquese al centro.

¿Que son los oxiuros?

Los oxiuros son gusanos pequeños, blancos, parecen hilos, que viven en el intestino grueso solamente infetcan a las personas. Los gusanos hembras se arrastran a través del ano durante la noche y colocan sus huevos alrededor de la apertura. Esto puede causar una picazón intensa en esta área. No causan chirrido de los dientes, o el orinarse en la cama como algunas personas lo piensan erróneamente. No es una enfermedad peligrosa, sólo una enfermedad irritante.

¿Quién puede adquirir oxiuros?

Cualquiera puede adquirirlos. Si un niño los adquiere, otros miembros de la familia pueden adquirirlos.

¿Cómo puede contraer los oxiuros?

Cuando los niños se rascan sus traseros, los huevos se quedan en las manos y dentro de sus uñas. Los niños pueden luego tocar la boca de alguien, alimentos, o un juguete, o la mesa. Alguien más puede adquirir los huevos en las manos y eventualmente tragárselos. El huevo se incuba dentro del cuerpo. Es muy fácil que los oxiuros se propaguen alrededor y de adquirirlos una y otra vez.

Si usted cree que su niño tiene oxiuros, haga que su médico lo examine. El médico puede ordenar una prueba de oxiuros para detetar los huevos de oxiuros, esta prueba se llama la prueba de "cinta scotch". Si la prueba es positiva, su niños o su familia entera puede que sean tratados por oxiuros.

¿Qué debe hacer con los oxiuros?

El médico o enfermera le pedirá que coloque un pedazo de cinta pegajosa en el trasero de su niño/a como primera cosa en la mañana y luego mirar a la cinta bajo el microscopio. Si hay huevos de oxiuros en la cinta, le recetará a su niños una medicina que cure la infección. Puede que trate a su familia entera debido a que otras personas en el hogar podrían estar también infetcadas, pero no tienen conocimiento de ello.

RECUERDE: Lave siempre las manos y las manos de su niño/a cuidadosamente antes de comer o preparar alimentos y después de ir al baño.



Sample letter on Ringworm

Dear Parent or Guardian:

___ A child in the daycare center has ringworm.

___ Your child may have ringworm.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Check your child for ringworm.
2. Take your child to your health care provider if you think he/she has ringworm.
3. Tell the center if your child has ringworm.

What is ringworm?

Ringworm is a rash caused by a fungus. It is not dangerous, and it can be treated easily. It does spread easily.

What does the rash look like?

On the body, you often see red rings that are slightly raised, itchy and scaly. On the scalp, you may see circles of hair loss. On the feet you may see cracking and peeling between the toes. Another kind causes whitish patches on the face or body.

How do you catch ringworm?

Ringworm is spread by touching the rash on another person or touching scales or broken hairs, which have fallen off the rash.

How do you know if your child has it?

Your health care provider can tell you by looking at the rash. Sometimes other tests are needed.

When can my child return to daycare?

Children can return to the center the same day treatment (usually an ointment or solution) is started.



Carta modelo sobre Tiña

Estimado Padre, Madre o Custodio:

___ Uno de los niños de la Guardería tiene tiña.

___ Su niño/a puede que tenga tiña.

POR FAVOR TOMA LAS SIGUIENTES PRECAUCIONES:

1. Revise a su niño/a por tiña.
2. Lleve a su niños a su proveedor de asistencia médica si cree que tiene tiña.
3. Comunique al centro si su niños tiene tiña.

¿Qué es tiña?

Tiña es una erupción causada por un hongo. No es peligrosa, y puede ser tratada fácilmente. Se propaga fácilmente.

¿A qué se parece la erupción?

En el cuerpo se ven a menudo anillos rojos que son ligeramente abultados, escamosos y que producen picazón y. En el cuero cabelludo se pueden ver círculos de pérdida del cabello. En los pies puede que se vean rajaduras y peladuras entre los dedos. Otro tipo causa manchas de color blanco en la cara o el cuerpo.

¿Cómo adquiere la tiña?

La tiña se propaga al tocar la erupción en otra persona o al tocar las peladuras, o pelos quebradizos que se han caído de la erupción.

¿Cómo sabe si su hijo tiene esta enfermedad?

Su proveedor de atención médica puede decírselo al mirar la erupción. Algunas veces se necesitan otras pruebas.

¿Cuándo puede mi niño regresar a la Guardería?

Los niños pueden regresar al centro el mismo día que se haya empezado con el tratamiento (usualmente una pomada o solución).



Sample Letter on *Salmonella*

Dear Parent or Guardian:

— A child in our center has *Salmonella*.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea or diarrhea with fever or vomiting, do not send him/her to the center.

If your child develops mild diarrhea, please call us to discuss whether he/she should come to the center.

In either case, ask your health care provider to do a stool test for *Salmonella*. He/she will probably want to do this test on any other person in your family who develops diarrhea.

If the test is positive, keep your child home until any serious diarrhea or illness is over.

3. Please keep us informed about how your child is doing and about any positive tests.

What is *Salmonella*?

Salmonella is a very small (microscopic) bacterium that can infect the intestines and stools. People who catch it and become ill may have only mild diarrhea, or may have severe diarrhea, painful stomach cramps, and fever. After swallowing the germs, people usually become sick within six to 72 hours. The diarrhea usually goes away on its own in two to five days. However, the germ can continue to be passed in the stools for several weeks, even after all signs of illness have disappeared.

How do you get *Salmonella*?

Salmonella germs live in the intestines and are passed out of the body into the stools. (Remember, they are microscopic - you cannot see them.) If people do not wash their hands well after going to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and the children's hands. The germs can then be spread to food or drink or to objects, and eventually to other people's hands and mouths. The germs are then swallowed by the other person or child, multiply in their intestines, and cause an infection. Obviously, *Salmonella* can spread among small children who normally get their hands into everything and may not wash their hands well.

How do you know you have *Salmonella*?

Salmonella can be diagnosed by a test called a "stool culture." It may take 72 hours to grow the germ from the stool and identify it.

What can you do to stop the spread of this germ?

Be sure everyone washes their hands carefully **after** using the bathroom or helping a baby or child with diapers or toileting, and **before** preparing or eating food. Babies and children also need to have their hands washed at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting a stool test. This is critical for family or household members who handle or prepare food as a job.

Medication is not usually recommended for this infection, as it does not shorten the illness. Medication can actually lengthen the amount of time the germ is found in the stools.

REMEMBER: The most important prevention is hand washing after going to the bathroom yourself, and washing your hands as well as your child's hands after changing diapers or helping them in the bathroom and before touching food.



Carta Modelo sobre *Salmonela*

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestro centro tiene *Salmonela*.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES

1. Observe a su niños y miembros de su familia por diarrea o contracciones dolorosas del estómago.
2. Si su niño contrae una diarrea severa, diarrea con fiebre o vómitos, no lo envíe al centro.

Si su niño contrae una diarrea suave, por favor llámenos para conversar si puede asistir al centro.

En cualquiera de los casos, pida a su proveedor de atención médica que haga una prueba de heces para *Salmonela*. Él/ella probablemente ordenará esta prueba también a otras personas de la familia que también tengan diarrea.

Si la prueba es positiva, mantenga a su niños en casa hasta que la diarrea o enfermedad pase.

3. Por favor, manténganos informados de cómo se siente su niños, y sobre cualquiera de las pruebas positivas.

¿Qué es la *Salmonela*? La *Salmonela* es una bacteria muy pequeña (microscópica) que puede infectar los intestinos y las heces. Las personas que contraen esto, y llegan a ponerse enfermas, puede que tengan una diarrea suave, o puede que tengan una diarrea severa, contracciones dolorosas del estómago y fiebre. Después de tragar los gérmenes, las personas llegan a enfermarse usualmente dentro de seis a 72 horas. La diarrea desaparece por sí sola dentro de dos a cinco días. Sin embargo, el germen puede continuar pasando en las heces por varias semanas, aún después que todos los signos de la enfermedad hayan desaparecido.

¿Cómo se adquiere la *Salmonela*? Los gérmenes de *salmonela* viven en los intestinos y salen del cuerpo en las heces. (Recuerde que son microscópicos, no se les puede ver). Si las personas no se lavan bien las manos después de ir al baño, cambiar pañales, o ayudar a un niño a ir al baño, los gérmenes se quedan en las manos y en las manos de los niños. Los gérmenes pueden luego ser esparcidos en los alimentos o bebidas u objetos, y eventualmente, a las manos y bocas de otras personas. Los gérmenes luego son tragados por otra persona o niños, se multiplican en los intestinos, y causan la infección. Obviamente, la salmonela puede propagarse entre niños pequeños, que normalmente ponen las manos en todo, y que puede que no se laven bien las manos.

¿Cómo sabe que tiene *Salmonela*? La *salmonela* puede ser diagnosticada por una prueba llamada "cultivo de heces". Puede tomar 72 horas o más para que el germen crezca en las heces y se pueda identificar.

¿Qué puede hacer para detener que este germen se esparza? Asegúrese que todos se laven las manos cuidadosamente **después** de ir al baño, o ayudar a un bebé o niños con los pañales, llevarlo al baño, y **antes** de preparar o comer alimentos. Los bebés y niños necesitan que se les laven las manos también, en estos momentos.

Si alguien en su familia contrae diarrea, hable con su proveedor de atención médica sobre cómo realizar un cultivo de heces. Esto es crítico para su familia o miembros del hogar que tratan o preparan alimentos como parte de su trabajo.

Usualmente no se recomiendan medicamentos para esta infección, ya que no acorta la enfermedad. Los medicamentos pueden realmente alargar el tiempo en que el germen se encuentra en las heces.

RECUERDE: La prevención más importante es lavarse las manos después de ir al baño, y lavar las manos así como las de su niño/a después de cambiar pañales o de ayudarlo a ir al baño y antes de tocar los alimentos.



Sample letter on Scabies

Dear Parent or Guardian:

___ A child in our center has scabies.

___ Your child may have scabies.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch for signs of an itchy rash (usually in lines) over the next two to six weeks.
2. If a rash develops, see your health care provider.
3. Tell us at the center that your child has scabies.

What is scabies?

Scabies is a common skin rash caused by microscopic animals called mites, which are found only on people. The mite digs under the skin and lays eggs, which then hatch. The new mites dig more paths and lay more eggs. The rash appears as red bumps and short wavy lines in the skin (where the mites have dug). It is especially common between fingers and toes, and at the wrist and ankle, but can occur anywhere. The rash itches intensely. Scabies is not dangerous, but it is very annoying.

Who can get scabies?

Anyone can.

How do you get scabies?

You catch it from another person, who has it, or from clothes or bedding used by a person with scabies. The mites cannot jump or fly, but they can crawl. They can live for three days off the body.

If my child has scabies, what should I do?

1. See your health care provider to get medicine to treat the scabies.
2. Wash in hot water all clothes, hats, sheets, pillowcases, blankets, towels, etc. that your child has used. Dry on the hottest setting in the dryer.
3. If there are things that you do not want to wash (pillows, blankets, toys, stuffed animals), put them in tightly closed plastic bags for four days.
4. Thoroughly vacuum all carpets and upholstered furniture. Pesticide sprays are not recommended; they can be harmful to people and animals.

When can my child go back to the day care center if he/she has scabies?

The day after receiving treatment. Sometimes your doctor may want to treat the entire family because scabies can spread so easily.

REMEMBER: Scabies is annoying, but not dangerous.



Carta modelo sobre Sarna

Estimado Padre, Madre o Custodio:

___ Uno de los niños nuestro centro tiene sarna.

___ Su niño/a puede que tenga sarna.

POR FAVOR TOMA LAS SIGUIENTES PRECAUCIONES:

1. Observe señales de una erupción con picazón (usualmente en líneas) en las próximas dos a seis semanas.
2. Si se desarrolla una erupción, vea a su proveedor de atención médica.
3. Comuníquenos en el centro que su niño/a tiene sarna.

¿Qué es sarna?

Sarna es una erupción común de la piel causada por animales microscópicos llamados ácaros que se encuentran solamente en personas. El ácaro excava debajo de la piel y coloca los huevos, que luego incuban. Los nuevos ácaros excavan más caminos y colocan más huevos. La erupción aparece como ronchas rojas y líneas onduladas cortas en la piel (donde los ácaros han excavado). Es especialmente común entre los dedos de la mano y del pie, y en la muñeca y tobillo, pero pueden ocurrir en cualquier parte. La erupción pica intensamente. La sarna no es peligrosa, pero es muy molesta.

¿Quién puede adquirir la sarna?

Cualquier persona puede adquirirla.

¿Cómo se adquiere la sarna?

La puede adquirir de otra persona, que la tiene, o de ropas o de ropa de cama usada por la persona con sarna. Los ácaros no pueden saltar o volar, pero pueden arrastrarse. Pueden vivir por tres días fuera del cuerpo.

Si mi hijo tiene sarna, ¿qué debo hacer?

1. Vea a su proveedor de atención médica para obtener medicinas para tratar la sarna.
2. Lave en agua caliente todas la ropa, sombreros, sábanas, fundas de almohadas, frazadas, toallas, etc. que su hijo haya usado. Seque en la temperatura más caliente de la secadora.
3. Si hay cosas que no quiere lavar (almohadas, frazadas, juguetes, animales de peluche) póngalos en bolsas de plástico selladas por cuatro días.
4. aspire completamente todas las alfombras y muebles tapizados. No se recomiendan los aerosoles pesticidas; pueden ser dañinos a las personas y animales.

¿Cuándo puede mi niño regresar a la guardería si tiene sarna?

El día después que reciba el tratamiento. (Algunas veces su médico puede que quiera tratar a la familia entera debido a que la sarna se propaga muy fácilmente).

RECUERDE: La sarna es molesta, pero no es peligrosa.



Sample Letter on *Shigella*

Dear Parent or Guardian:

— A child in our center has *Shigella*.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea, diarrhea with blood or mucous, fever, or vomiting, do not send him/her to the center.

If your child develops mild diarrhea, please call us to discuss whether he/she should attend the center.

In either case, ask your health care provider to do a stool test for *Shigella*. He/she will probably want to also do this test on any other person in your family who comes down with diarrhea.

If the test is positive, keep your child home until any serious diarrhea or illness is over, and your child has received medication.

3. Please keep us informed about how your child is doing and about any positive tests or treatment.

What is *Shigella*? *Shigella* is a very small (microscopic) bacterium that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Of those who become ill, most are only mildly ill. However, some people have fever, stomach pain, and bloody, mucous stools. The bacteria can continue to be passed in the stools for several weeks after the illness itself seems over.

How do you get *Shigella*? *Shigella* germs live in the intestines and are passed out of the body in the stools. Remember, they are microscopic - you cannot see them. If people do not wash their hands well after doing to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and the children's hands. The germs can then spread to food or drink or to objects and eventually to other people's hands and mouths. The germs are then swallowed by the other person, multiply in their intestines, and cause an infection.

How do you know you have *Shigella*? *Shigella* can be diagnosed by a test called a "stool culture." It may take 72 hours to grow the germs from the stool and identify it.

What can you do to stop the spread of this germ?

Be sure everyone washes their hands carefully **after**, using the bathroom or helping a baby or child with diapers or toileting and **before** preparing or eating food. Babies and children need to have their hands washed, too, at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting a stool test. This is critical for family or household members who handle or prepare food as a job.

Medication is recommended for children and adults with *Shigella* in their stools, as it shortens the length of the illness and the amount of time the germ is found in the stools. Your health care provider will decide on the best medicine for you or your child.

REMEMBER: The most important prevention is hand washing after doing, to the bathroom yourself, and washing your hands as well as your child's hands after changing diapers or helping them in the bathroom.

ADDITIONAL NOTES:

1. Encourage treatment of persons with positive *Shigella* culture.
2. If more than one unrelated *Shigella* case occurs in one daycare center, additional screening of asymptomatic children is necessary.
3. Cultures should not be taken until 48 hours after cessation of antibiotics.



Carta Modelo sobre *Shigela* (Disenteria bacilar)

Estimado Padre, Madre o Custodio:

— Uno de los niños de nuestro centro tiene *Shigela*.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES

1. Observe si su niño o miembros de su familia tiene diarrea o contracciones dolorosas del estómago.
2. Si su niño/a contrae una diarrea severa, diarrea con sangre o mucosidad, fiebre o vómitos, no lo envíe al centro.
Si su niño/a contrae una diarrea suave, por favor llámenos para hablar si es que puede asistir al centro.
En cualquiera de los casos, pida a su proveedor de atención médica que haga una prueba de heces para *Shigela*. Él/ella probablemente ordenará esta prueba también a otras personas de la familia que también tengan diarrea.
Si la prueba es positiva, mantenga a su niños en casa hasta que la diarrea seria o enfermedad pase y su niños haya recibido medicamentos.
3. Por favor, manténganos informados de cómo se siente su niño y sobre cualquiera de las pruebas positivas o tratamiento.

¿Qué es la *Shigela*? La *Shigela* es una bacteria muy pequeña (microscópica) que puede infectar los intestinos y las heces. Las personas que contraen esto, puede que se pongan o no se pongan enfermas o tengan diarrea. De las personas que se llegan poner enfermas, la mayoría se ponen sólo ligeramente enfermas. Sin embargo, algunas personas tienen fiebre, contracciones dolorosas del estómago y heces con sangre y mucosidad. La bacteria puede continuar pasando en las heces por varias semanas, después que la enfermedad parezca que haya terminado.

¿Cómo se adquiere la *Shigela*? Los gérmenes de *Shigela* viven en los intestinos y salen del cuerpo en las heces. (Recuerde que son microscópicos, no se les puede ver). Si las personas no se lavan bien las manos después de ir al baño, cambiar pañales, o ayudar a un niños a ir al baño, los gérmenes se quedan en las manos y en las manos de los niños. Los gérmenes pueden luego ser esparcidos en los alimentos o bebidas u objetos y eventualmente, a las manos y bocas de otras personas. Los gérmenes luego son tragados por otra persona, se multiplican en los intestinos, y causan una infección.

¿Cómo sabe que tiene *Shigela*? La *shigela* puede ser diagnosticada por una prueba llamada "cultivo de heces". Puede tomar 72 horas o más para que los gérmenes crezcan en las heces y se puedan identificar.

¿Qué puede hacer para detener que este germen se esparza?

Asegúrese que todos se laven las manos cuidadosamente **después** de ir al baño, o ayudar a un bebé o niños con los pañales, llevarlo al baño, y **antes** de preparar o comer alimentos. Los bebés y niños necesitan que se les laven las manos también, en estos momentos.

Si alguien en su familia contrae diarrea, hable con su proveedor de atención médica sobre cómo realizar un cultivo de heces. **Esto es crítico para su familia o miembros del hogar que tratan o preparan alimentos como parte de su trabajo.**

Usualmente se recomiendan medicamentos para niños y adultos con *Shigela* en sus heces, ya que acorta el tiempo en que la bacteria pasa a las heces, aunque no acorta la duración de la diarrea. Su proveedor de atención médica decidirá la mejor medicina para usted o su niño

RECUERDE: La prevención más importante es lavándose las manos después de ir al baño, y lavar las manos así como las de su niños después de cambiar pañales o de ayudarlo a ir al baño.

NOTAS ADICIONALES:

1. Aliente el tratamiento de las personas con cultivo positivo de *shigela*.
2. Si más de un caso no relacionado de *shigela* ocurriese en nuestra guardería, se necesitará un examen adicional de niños asintomáticos.

Los cultivos no se deben hacer hasta 48 horas después del cese de antibióticos



Sample letter on Strep Throat

Dear Parent or Guardian:

___ A child in the daycare center has strep throat.

___ Your child may have strep throat.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch your child for signs of a sore throat and other signs of strep (headache, fever, stomachache, swollen and tender neck glands).
2. If your child develops a sore throat and any of these other signs, please see your health care provider. Tell your doctor or nurse practitioner that another child in the Center has strep and ask to have your child tested for strep throat.

What is strep throat? Strep throat is a sore throat caused by the streptococcus bacteria. Most sore throats, however, are caused by viruses and are not treated with antibiotics. The strep germs are passed around through nose and mouth secretions.

How do I find out if my child has strep throat? If your child has a sore throat and other signs of strep, your health care provider will do a throat culture or a rapid test. In one to two days you will have the results of the culture. If strep is found, your child will receive treatment.

Why is it important that my child receive treatment? There are three reasons:

1. If not treated, or not treated long enough, your child may continue to spread the infection to other members of your family or to other children in the Center. Treatment reduces spread.
2. Rarely, some children with this illness later develop rheumatic fever (abnormalities of the heart valves and inflammation of the joints); treatment with antibiotics can usually prevent this.
3. Treatment will also prevent other rare, but possibly dangerous, complications.

Who gets strep throat? Anyone can. It is very common in pre-school and school-aged children.

When can my child return to the Daycare Center? After taking medicine for 24 hours.

How can you prevent the spread of strep?

1. Wash your hands and your child's hands after wiping noses and before eating or preparing food.
2. Dishes should be washed carefully in hot soapy water or a dishwasher.
3. Children should not share cups, spoons, etc.
4. Toys that are put in the mouth should not be shared. Sharing of food should be discouraged.



Carta modelo sobre Infección y dolor de la Garganta causada por Estreptococos

Estimado Padre, Madre o Custodio:

- Uno de los niños nuestro centro tiene infección y dolor de la garganta causada por estreptococos
- Su niño puede que tenga infección y dolor de la garganta causada por estreptococos.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES:

1. Observe a su niños por signos de dolor de garganta y otros síntomas causados por estreptococos (dolor de cabeza, fiebre, dolor de estómago, glándulas del cuello hinchadas y delicadas).
2. Si su niños contrae dolor de garganta y cualquiera de estos otros síntomas, por favor vea a su proveedor de atención médica. Comuníquese a su médico o enfermera profesional que otro niños en el centro tiene estreptococos y pida que su niños sea examinado por infección y dolor de la garganta causada por estreptococos.

¿Qué es infección y dolor de la garganta causada por estreptococos? Es una infección y dolor de la garganta causada por la bacteria del estreptococo. (La mayoría de dolores de garganta, sin embargo, son causados por virus y no son tratados con antibióticos). Los gérmenes del estreptococo se pasan de una persona a otra a través de las secreciones de la nariz y boca.

¿Cómo puedo averiguar si mi hijo tiene una infección y dolor de la garganta causada por la bacteria del estreptococo? Si su niño tiene un dolor de garganta y otros síntomas causados por estreptococos, su proveedor de atención médica hará un cultivo de la garganta o una prueba rápida. En uno o dos días tendrá los resultados del cultivo. Si se encuentran estreptococos, su niño recibirá tratamiento.

¿Por qué es importante que mi niño reciba tratamiento? Hay tres razones:

1. Si no se trata, o no se trata por tiempo suficiente, su niño puede continuar propagando la infección a otros miembros de su familia o a otros niños en el centro. El tratamiento reduce la propagación.
2. Muy raramente, algunos niños con esta enfermedad contraen después fiebre reumática (anormalidades de las válvulas del corazón e inflamación de las articulaciones); el tratamiento con antibióticos puede usualmente prevenir esto.
3. El tratamiento también prevendrá otras raras, pero posibles complicaciones peligrosas.

¿Quién adquiere la infección y dolor de la garganta causada por estreptococos? Cualquiera puede adquirirla. Es muy común en los niños de la edad pre-escolar y edad escolar.

¿Cuándo puede mi niño regresar a la guardería? Después de tomar medicina por 24 horas.

¿Cómo puede prevenir la propagación de la infección y dolor de la garganta causada por estreptococos?

1. Lave las manos y las manos de su niño después de limpiar las narices y antes de comer o preparar alimentos.
2. Los platos deben lavarse cuidadosamente en agua caliente con jabón o con detergente para lavar platos.
3. Los niños no deben compartir tazas, cucharas, etc.
4. Los juguetes que se ponen en la boca no deben ser compartidos. Se debe desaprobar el compartir alimentos.



Chapter 10: Infectious Disease Emergencies & Bioterrorism

Infectious disease emergencies happen when a large number of individuals become sick with the same symptoms or when a strange type of illness occurs. It is often difficult to determine if this is an infection outbreak, epidemic, act of bioterrorism, or other environmental issue. Temporarily closing childcare facilities or sheltering in place might be necessary when this happens.

Outbreak: Increase in the number of cases of a disease that occurs suddenly. Examples of outbreaks include influenza and hand-foot-and-mouth disease that occur seasonally each year.

Epidemic: Similar to an outbreak, but is an unusual occurrence of more cases of a disease in a community than expected. The increased frequency of illness is not explained by normal seasonal increases like outbreaks.

Pandemic: Epidemic that spreads world-wide.

Bioterrorism: The intentional release of a biologic agent (living organism such as a germ or poisons from germs) to cause illness. Examples include anthrax, botulism toxin, and ricin.

Bioterrorism

It is very unlikely that children in childcare and school settings will be the subjects of bioterrorism. However, this information is provided to address any questions that may arise.

Children are more vulnerable to a bioterrorist attack because of several factors.

- First, they breathe more times per minute than adults so they are more likely to inhale larger amounts of toxic agents. Also, many toxic agents are heavier than air and float closer to the ground, where children spend much of their time.
- Second, children have increased skin absorption and a higher ratio of skin surface area to body weight than adults. This makes children more vulnerable to biologic agents that act on the skin or enter the body through the skin.
- Third, children have less fluid reserve than adults. This makes them more vulnerable to toxic agents that cause diarrhea or vomiting and they can become dehydrated quickly.
- Fourth, children rely on adults to care for them and often have trouble describing symptoms. This makes accurate and rapid diagnosis more difficult in children.

The symptoms of illnesses caused by bioterrorism agents are similar to symptoms of many infectious diseases. Therefore, it will be hard to know when a bioterrorist attack has occurred.

If a number of children become ill at the same time, notify the Delaware Division of Public Health, Office of Infectious Disease Epidemiology immediately at 1-888-295-5156.

Creating Written Emergency Disaster Plans

In the past, practicing fire drills and having a basic evacuation plan seemed like adequate preparation for an emergency. In relation to recent world events, we are becoming increasingly aware of the need for more in-depth emergency planning. If a natural or man-made disaster occurred, your level of preparation could mean the difference between remaining safe and of being affected by the danger at hand.

Delaware licensing guidelines require each childcare facility to have a written emergency plan for natural and manmade disasters and a policy for sheltering in place. We encourage each program director and family childcare provider to develop such plans to include risks such as fire, flood, earthquake, extreme weather conditions, power failure or utility disruptions, chemical or toxic spills, bomb threats, acts of violence, and terror attacks.

Your plans should include procedures for the following:

- Training staff or helpers about disaster preparedness
- Assigning staff or helpers specific responsibilities during a disaster
- Accounting for all children, staff or helpers
- Safe evacuation and transport
- Sheltering in place when evacuation is not appropriate
- Having necessary emergency supplies, food, and water
- Management of ill children and those with special needs
- Contacting appropriate emergency response activities
- Contacting the parents/guardians of the children

Your emergency plan should be individualized to the needs of the children, staff, or helpers in your facility or family childcare home. Since remaining safe in any emergency is your goal, it is to everyone's advantage to be as prepared as possible.

Please take time to think through how you would respond to various types of emergencies and begin to write your facilities emergency plans. Share your plans with parents and guardians of the children in your care to let them know you are doing all you can to keep their children safe.

If your facility needs help creating an emergency disaster plan the following online resource might be a good place to start:

Emergency Preparedness Manual for Early Childhood Programs
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Head Start

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/emergency-preparedness-manual-early-childhood-programs.pdf>

Emergency Ready-to-go File

Your facility may want to consider creating additional emergency preparedness resources, including a ready-to-go file, including information listed below:

<i>Content</i>	<i>Purpose</i>
Daily sign-in and sign-out sheets	Help identify individuals present in the facility at the time of the emergency
Emergency contacts for children & list of individuals authorized to take children out of the childcare facility	Ensure multiple contact methods are available to reach parents/guardians in the event of an emergency
Medication administration & medical emergency forms	Authorize administration of routine medication or to seek medical treatments when needed
Emergency contact information for each staff member	In the even a staff member becomes ill/injured
List of all children/staff allergies	For emergent care needs
Incident forms or injury logs	To document events/injuries during emergencies
Emergency numbers for fire, rescue, & medical services	To secure help during emergencies

Evacuation, Sheltering in Place, or Lockdown Supplies

In order to provide care for children during evacuation, sheltering in place, or lockdowns, it is important to have the needed equipment and supplies including:

<ul style="list-style-type: none"> • Disposable diapers and pull-ups • Moist towlettes and tissues • Water for drinking (1 gallon per child/2 gallons per adult) • Water for sanitation • Canned/powdered infant formula • Canned/powdered milk • Baby food • Nonperishable food • Manual can opener • Routine child & staff medications • Emergent medications (e.g EpiPens, inhalers) • Disposable plates, cups, and utensils • Toilet paper and paper towels • Personal sanitation items 	<ul style="list-style-type: none"> • Hand sanitizer and cleaners • Blankets • Battery-operated radio • Extra batteries • Flashlights and extra bulbs • First aid supplies • Extra clothing for each child • Cell phone • Whistle for calling for help • Dust and filter masks • Pliers to turn off utilities • Plastic sheets and duct tape to seal off areas • Trash bags • Emergency money
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Chapter 11: Role of the Health Consultant in Childcare and Schools

All childcare and school settings should have access to a health consultant who can provide expert opinion, advice on best practices, and technical assistance for all areas of health and safety. The health consultant is a health professional with expertise in child health and development who works with caregivers and teachers to recognize and promote the health and safety of staff, children, and families.

In Delaware, except in instances when a registered nurse licensed in Delaware is employed by a childcare center to provide health services, all childcare settings must make specific arrangements with a health care provider who will agree to provide consultation on both routine and emergency health care for children.

Health Consultant Qualifications:

The health consultant should be a pediatrician, family health physician, pediatric nurse practitioner, pediatric/community health nurse, or health professional with knowledge and expertise in:

- Child development
- Mental health
- Nutrition
- Health education
- Preventative health
- Oral health
- Environmental health
- Emergency preparedness
- Infectious diseases
- Injury prevention
- Children with special health care needs
- Childcare setting routines
- State-specific regulations
- Local and national resources
- Principles of consultation
- Teaching caregivers
- Working with diverse populations
- Oral and written communication

Health Consultant Roles & Responsibilities:

- Completing program assessments focusing on health, safety, and nutrition needs
- Reviewing health records to identify needs of the children served
- Developing and implementing written health policies
- Maintaining illness and injury records
- Monitoring food safety practices and sanitation procedures
- Educating caregivers and teachers on appropriate health-related issues
- Working with families and health professionals to create health care plans and coordinating care for children with special health needs
- Delegating prescribed care to caregivers and teachers
- Assisting the program in the event of a communicable disease outbreak
- Contributing to the professional development of caregivers and teachers

Why Does a Childcare Program or School Need a Health Consultant?

The health consultant's role is to support childcare programs in meeting regulatory requirements and to work with care providers to promote the health and well-being of all children served.

Health care consultants are important because they can help:

- Prevent infectious diseases in childcare settings
- Prevent injuries in childcare settings
- Promote the health of children and staff in childcare settings

Where Can a Childcare Program or School Find a Health Consultant?

Good places to start when seeking a health consultant:

- Local and state public health agencies
- Health care clinics
- Pediatrician offices and child hospitals
- School nurses
- Nursing organizations like the National Association of Pediatric Nurse Practitioners
 - www.napnap.org
- Family members of enrolled children who are health providers
- Healthy Childcare America Program, <http://www.healthychildcare.org>
- State chapters of the American Academy of Pediatrics, <http://www.aap.org>
- Child Care Aware of America, www.childcareaware.org





Glossary

Acute: Adjective describing an illness that has a sudden onset and is of short duration.

Assessment: An in-depth appraisal conducted to diagnose a condition or determine the importance or value of a procedure.

Bacteria: Plural of bacterium. Organisms that may be responsible for localized or generalized diseases and can survive in and out of the body. They are much larger than viruses and usually can be treated effectively with antibiotics.

Bleach Solution: For sanitizing environment surfaces—use a spray solution of one-quarter (¼) cup of household liquid chlorine bleach (sodium hypochlorite) in one (1) gallon of water, prepared fresh daily.

Body Fluids: Urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

Bronchitis: Most often a bacterial or viral infection that causes swelling of the tubes (bronchi) leading to the lungs.

Caregiver: Used here to indicate the primary staff who works directly with the children in the center and childcare provider in small and large family daycares and in schools.

Carrier: A person who carries within his or her body a specific disease-causing organism, has no symptoms of disease and can spread the disease to others. For example, some children may be carriers of *Giardia* and have no symptoms.

CDC: Abbreviation for the Centers for Disease Control and Prevention.

Center: A facility that provides care and education for any number of children in a non-residential setting and is open on a regular basis (i.e., it is not a drop-in facility).

Chronic: Adjective describing an infection or illness that lasts a long time (months or years).

Clean: To remove dirt and debris (e.g., blood, urine, feces) by scrubbing and washing with a detergent solution and rinsing with water.

Communicable disease: A disease caused by a microorganism (e.g., bacterium, virus, fungus, parasite) that can be transmitted from person to person via an infected body fluid or respiratory spray, with or without an intermediary agent (e.g., louse, mosquito) or environmental object (e.g., table surface). Many communicable diseases are reportable to the local health department.

Compliance: The act of carrying out a recommendation, policy, or procedure.

Contamination: The presence of infectious microorganisms in or on the body, environmental surfaces, articles of clothing, or food or water.

Contraindication: Something (e.g., symptom, condition) that makes a particular treatment or procedure inadvisable.

Croup: Spasms of the airway that cause difficult breathing and a cough sounding like a seal's bark. Various bacteria and viruses can cause croup.

Dermatitis: An inflammation of the skin caused by irritation or infection.

Diphtheria: A serious infection of the nose and throat caused by the bacterium *Corynebacterium diphtheriae*, producing symptoms of sore throat, low fever, chills, and grayish membrane in the throat. The membrane can make swallowing and breathing difficult and may cause suffocation. The bacteria produce a toxin (a type of poisonous substance) that can cause severe and permanent damage to the nervous system and heart. This infection has been eliminated in areas where standard infant immunizations and boosters are performed.

Disinfect: To eliminate virtually all germs from inanimate surfaces with chemicals or physical agents (e.g., Heat).

Enteric: Describes the location of infections affecting the intestines (often with diarrhea) or liver.

EPA: Abbreviation for the US Environmental Protection Agency, established in 1970, which administers federal programs on air and water pollution, solid waste disposal, pesticide regulation, and radiation and noise control.

Epiglottitis: Tissue lid of the voice box. When this organ becomes swollen and inflamed it can block breathing passages. *Haemophilus influenzae* type b commonly causes epiglottitis.

Evaluation: Impressions and recommendations formed after a careful appraisal and study.

Exclusion: Denying admission of an ill child or staff member to a facility.

Excretion: Waste material that is formed and not used by the body (e.g., feces, urine).

Facility: A legal definition of the buildings, grounds, equipment, and people involved in providing childcare of any type.

Febrile: The condition of having an abnormally high body temperature (fever), often as a response to infection.

Fever: An elevation of body temperature. Body temperature can be elevated by overheating caused by over dressing or a hot environment, reactions to medications, and response to infection. For this purpose, measured temperature of 100.4° F (38° C) or greater, is considered a fever. Fever is an indication of the body's response to something, but is neither a disease nor a serious problem itself.

Fungi: Plural of fungus. Plantlike organisms such as yeasts, molds, mildew, and mushrooms that get their nutrition from other living organisms or dead organic matter.

Germ: A small mass of living substance capable of developing into an organism or one of its parts.

Group A streptococcus: Bacterium commonly found in the throat and on the skin that can cause a range of infections, from relatively mild sore throats and skin infections to life-threatening diseases.

Group care setting: A facility where children from more than one family receive care together.

HBV: Abbreviation for hepatitis B virus.

Healthcare professional: Practices medicine by an established licensing body with or without supervision. The most common types of healthcare professionals include physicians, nurse practitioners, and physician assistants.

Health consultant: A physician certified pediatric or family nurse practitioner, registered nurse, or environmental, oral, mental health, nutrition, or other health professional that has pediatric and childcare experience and is knowledgeable in pediatric health practice, childcare, licensing, and community resources. The health consultant provides guidance and assistance to childcare staff on health aspects of the facility.

Hib: Abbreviation for *Haemophilus influenzae* type b.

HIV: Abbreviation for human immunodeficiency virus.

Hygiene: Protective measures taken by individuals to promote health and limit the spread of infectious diseases.

Immune globulin (gamma globulin, immunoglobulin): An antibody preparation made from human plasma. Provides temporary protection against diseases such as hepatitis A. Health officials may wish to give doses of immune globulin to children in childcare when cases of hepatitis appear.

Immunity: The body's ability to fight a particular infection.

Immunizations: Vaccines that are given to children and adults to help them develop protection (antibodies) against specific infections. Vaccines may contain an inactivated or killed agent or a weakened live organism.

Impervious: Not allowing entrance or passage; impenetrable.

Incubation period: Time between exposure to an infectious microorganism and beginning of symptoms.

Infant: A child between the time of birth and age of ambulation (usually between birth & 12 months).

Infection: A condition caused by the multiplication of an infectious agent in the body.

Infectious: Capable of causing an infection.

Infestation: Common usage of this term refers to parasites (e.g. lice, scabies) living on the outside of the body.

Ingestion: The act of taking material (whether food or other substance) into the body through the mouth.

Intradermal: Relating to areas between the layers of the skin (as in intradermal injections).

Jaundice: Yellowish discoloration of the whites of the eyes, skin, and mucous membranes caused by deposition of bile salts in these tissues. It occurs as a symptom of various diseases such as hepatitis that affect the processing of bile.

Lethargy: Unusual sleepiness.

Mantoux intradermal skin test: Involves the intradermal injection of a standardized amount of tuberculin antigen. The reaction to the antigen on the skin can be measured and the result used to assess the likelihood of infection with tuberculosis.

Medications: Any substances that are intended to diagnose, cure, treat, or prevent disease or affect the structure or function of the body of humans or other animals.

MMR: Abbreviation for the vaccine against measles, mumps, and rubella.

Organisms: Living things. Often used as a general term for germs (e.g., bacteria, viruses, fungi, parasites) that can cause disease.

OSHA: Abbreviation for the Occupational Safety and Health Administration of the US Department of Labor, which regulates health and safety in the workplace.

Parasite: An organism that lives on or in another living organism (e.g., tick, louse, mite).

Parent: The child's natural or adoptive mother or father, guardian, or other legally responsible person.

Pesticides: Chemicals used to kill pests, particularly insects.

Poliomyelitis: A disease caused by the polio virus with signs that may include paralysis and meningitis but often only include minor flu-like symptoms. This infection has been almost entirely eliminated in areas where standard infant immunizations and boosters are performed.

RSV: Abbreviation for respiratory syncytial virus

Rhinovirus: A virus that causes the common cold.

Sanitize: To remove filth or soil and small amounts of certain bacteria. For an inanimate surface to be considered sanitary the surface must be clean and the number of germs must be reduced to such a level that disease transmission by that surface is unlikely. This procedure is less rigorous than disinfection and is applicable to a wide variety of routine housekeeping procedures involving, for example, bedding, bathrooms, kitchen countertops, floors, and walls.

Screening: Mass examination of a population group to detect the existence of a particular disease (e.g., diabetes, tuberculosis).

Secretions: Wet materials such as saliva that are produced by cells or glands and have a specific purpose in the body.

Seizure: A sudden attack or convulsion caused by involuntary, uncontrolled bursts of electrical activity in the brain that can result in a wide variety of clinical manifestations including muscle twitches, staring, tongue biting, loss of consciousness, and total body shaking.

Staff: Used here to indicate all personnel employed at the childcare facility or school, including caregivers, teachers, and personnel who do not provide direct care to children (e.g., cooks, drivers, housekeeping).

Standard precautions: Apply to contact with non-intact skin, mucous membranes, blood, all body fluids, and excretions except sweat, whether they contain visible blood or not. The general methods of infection prevention are indicated for all people in the group care setting and designed to reduce the risk of transmission of microorganisms from recognized and unrecognized sources of infection. Standard precautions involve use of barriers against spread of bloodborne disease as in universal precautions as well as cleaning and sanitizing surfaces contaminated by other body fluids. Group care adaptation of standard precautions is as follows:

- Use of nonporous gloves is optional except when blood or blood containing body fluids may be involved.
- Gowns and masks are not required.
- Appropriate barriers include materials such as disposable diaper table paper and disposable towels and surfaces that can be sanitized in-group care settings.

Streptococcus: A common bacterium that can cause sore throat, upper respiratory illnesses, pneumonia, skin rashes, skin infections, arthritis, heart disease (rheumatic fever), and kidney disease (glomerulonephritis).

TB: Abbreviation for tuberculosis.

Toddler: A child between the age of ambulation and toilet learning/training (usually between 13 and 35 months).

Transmission: The passing of an infectious organism or germ from person to person.

Under immunized: A person who has not received the recommended number or types of vaccines for his or her age according to the current national and local immunization schedules.

Universal precautions: Applies to blood and other body fluids containing blood, semen, and vaginal secretions, but not to feces, nasal secretions, sputum, sweat, tears, urine, saliva, and vomitus, unless they contain visible blood or are likely to contain blood. Universal precautions include avoiding injuries caused by sharp instruments or devices and the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear, which can

reduce the risk of exposure of the worker's skin or mucous membranes that could come in contact with materials that may contain bloodborne pathogens while the worker is providing first aid or care.

Virus: A microscopic organism, smaller than a bacterium that may cause disease. Viruses can grow or reproduce only in living cells.



Resources

American Academy of Pediatrics.....	141 Northwest Point Blvd. Elk Grove Village, IL 60007
847-434-4000	
American Public Health Association.....	800 I Street NW Washington DC 20001
202-777-2742	
Childcare Licensing	1825 Falkland Road Wilmington, DE 19805
302-892-5800	
Childcare Licensing.....	821 Silver Lake Blvd Barratt Building, Suite 103 Dover, DE 19904
302-739-5487	
800-822-2236	
Delaware Division of Public Health.....	417 Federal Street Jesse Cooper Building Dover, DE 19901
Office of Infectious Disease Epidemiology	
1-888-295-5156	
Poison Control Center.....	1-800-222-1222

Police

Emergency (All areas).....911

Kent County

Dover Police Department.....302-736-7111

Milford Police Department.....302-422-8081

Smyrna Police Department.....302-653-9217

New Castle County

Newark Police Department.....302-366-7111

New Castle County Police Department.....302-573-2800

Elsmere Police Department.....302-998-1173

Wilmington Police Department.....302-654-5151

Sussex County

Delaware State Police Troop 5, Bridgeville.....302-337-1090

Delaware State Police Troop 4, Georgetown.....302-856-5850

Georgetown Police Department.....302-856-6613

State Service Centers by County:

Kent County

Carroll's Plaza.....1114 South DuPont Highway
302-739-4437 Dover, DE 19901

Milford Riverwalk.....253 NE Front Street
302-424-7200 Milford, DE 19963

Milford Walnut Street Building.....18 N. Walnut Street
302-424-7300 Milford, DE 19963

New Castle County

Appoquinimink State Service Center.....122 Silver Lake Road
302-378-5781 Middletown, DE 19709

Claymont State Service Center.....3301 Green Street
302-798-4093 Claymont, DE 19703

DeLaWarr State Service Center.....500 Rogers Road
302-577-3814 New Castle, DE 19720

Hudson State Service Center.....501 Ogletown Road
302-453-2800 Newark, DE 19711

Herman M. Holloway, Sr. Campus Lewes Bldg.....1901 N. DuPont Highway
302-255-2700 OR 800-372-2022 New Castle, DE

Northeast State Service Center.....1624 Jessup Street
302-552-3530 Wilmington, DE 19802

Porter State Service Center509 West 8th Street
302-777-2830 Wilmington, DE 19801

Robscott Building.....153 Chestnut Hill Road
302-368-6610 Newark, DE 19713

Sussex County

Bridgeville State Service Center.....400 Mill Streets
302-337-8261 Bridgeville, DE 19933

Laurel State Service Center31039 North Poplar Street
302-875-2280 Laurel, DE 19956

Pyle State Service Center.....34314 Pyle Center Road
302-732-9504 Frankford, DE 19945

Shipley State Service Center.....350 Virginia Avenue
302-628-2011 Seaford, DE 19973

Internet Resources

American Academy of Pediatrics

<http://www.aap.org>

American Academy of Pediatrics, Delaware Division

<http://www.deaap.org/>

American Academy of Pediatrics, Healthy Childcare America

<http://www.healthychildren.org>

American Red Cross

<http://www.redcross.org/services/disaster/>

CDC Emergency Preparedness and Response

<https://emergency.cdc.gov/>

Delaware Division of Public Health

<http://www.dhss.delaware.gov/dhss/dph/index.html>

Delaware Emergency Management Agency (DEMA)

<http://www.dema.delaware.gov>

Delaware Office of Childcare Licensing

<http://www.state.de.us/kids/occl/occl.shtml>

Federal Emergency Management Agency (FEMA)

<http://www.fema.gov>

Healthy Childcare America, SIDS Information

<http://www.healthychildcare.org/sids.html>

Office of Childcare Technical Assistance Network

<http://www.childcare.gov/>

Safe to Sleep

<https://safetosleep.nichd.nih.gov/>

US Department of Health & Human Services

<http://www.hhs.gov>

US Department of Homeland Security

<http://www.ready.gov>

Consultation Resources

Children and Families First

- Kent County.....302-674-8384
- New Castle County.....302-658-5177
- Sussex County.....302-856-2388
- Statewide Website: <http://kids.delaware.gov/occl/occl.shtml>

Delaware’s Division of Public Health

Office of Emergency Medical Services for Children.....302-223-1350

Office of Childcare Licensing

- Wilmington Office.....302-892-5800
- Dover Office.....302-739-5487

Kent County Emergency Management.....302-735-2180

New Castle County Office of Emergency Preparedness302-395-2700

Sussex County Emergency Operations Center.....302-855-7801

Protocol for Public Health Agencies to Notify CDC about the Occurrence of Nationally Notifiable Conditions, 2019

Categorized by Notification Timeliness

IMMEDIATELY NOTIFIABLE, EXTREMELY URGENT: Call the CDC Emergency Operations Center (EOC) at 770.488.7100 within 4 hours of a case meeting the notification criteria, followed by submission of an electronic case notification to CDC by the next business day.

ROUTINELY NOTIFIABLE: Submit electronic case notification within the next reporting cycle.

IMMEDIATELY NOTIFIABLE, URGENT: Call the CDC EOC at 770.488.7100 within 24 hours of a case meeting the notification criteria, followed by submission of an electronic case notification in next regularly scheduled electronic transmission.

Approved by CSTE: June 2018
Implemented: January 1, 2019
Updated: November 21, 2018

Condition	Notification Timeliness	Cases Requiring Notification
Anthrax <ul style="list-style-type: none"> - Source of infection not recognized - Recognized BT exposure/potential mass exposure - Serious illness of naturally-occurring anthrax 	Immediately notifiable, extremely urgent	Confirmed and probable cases
Botulism <ul style="list-style-type: none"> - Foodborne (except endemic to Alaska) - Intentional or suspected intentional release - Infant botulism (clusters or outbreaks) - Cases of unknown etiology/not meeting standard notification criteria 	Immediately notifiable, extremely urgent	All cases prior to classification
Plague <ul style="list-style-type: none"> - Suspected intentional release 	Immediately notifiable, extremely urgent	All cases prior to classification
Paralytic poliomyelitis	Immediately notifiable, extremely urgent	Confirmed cases
SARS-associated coronavirus	Immediately notifiable, extremely urgent	All cases prior to classification
Smallpox	Immediately notifiable, extremely urgent	Confirmed and probable cases
Tularemia <ul style="list-style-type: none"> - Suspected intentional release 	Immediately notifiable, extremely urgent	Confirmed, probable, and suspected cases

Condition	Notification Timeliness	Cases Requiring Notification
Viral hemorrhagic fevers ¹ - Suspected intentional	Immediately notifiable, extremely urgent	Confirmed and suspected cases
Anthrax - Naturally-occurring or occupational, responding to treatment	Immediately notifiable, urgent	Confirmed and probable cases
Brucellosis - Multiple cases, temporally/spatially clustered	Immediately notifiable, urgent	Confirmed and probable cases
Diphtheria	Immediately notifiable, urgent	Confirmed cases
Novel influenza A virus infection	Immediately notifiable, urgent	Confirmed cases
Measles	Immediately notifiable, urgent	Confirmed cases
Poliovirus infection, nonparalytic	Immediately notifiable, urgent	Confirmed cases
Rabies, animal - Imported from outside continental US within past 60 days	Immediately notifiable, urgent	Confirmed cases
Rabies, human	Immediately notifiable, urgent	Confirmed cases
Rubella	Immediately notifiable, urgent	Confirmed cases
Viral hemorrhagic fevers ¹ - All cases other than suspected intentional	Immediately notifiable, urgent	Confirmed and suspected cases
Yellow Fever	Routinely notifiable	Confirmed and probable cases
Anaplasmosis	Routinely notifiable	Confirmed and probable cases
Arboviral diseases ²	Routinely notifiable	Confirmed and probable cases
Babesiosis	Routinely notifiable	Confirmed and probable cases
Botulism - Infant, sporadic cases - Wound, sporadic cases	Routinely notifiable	All cases prior to classification
Brucellosis - Cases not temporally/spatially clustered	Routinely notifiable	Confirmed and probable cases
Campylobacteriosis	Routinely notifiable	Confirmed and probable cases
Cancer	Routinely notifiable	Confirmed cases ³
<i>Candida auris</i> , clinical	Routinely notifiable	Confirmed and probable cases
Carbapenemase-producing carbapenem-resistant <i>Enterobacteriaceae</i> (CP-CRE)	Routinely notifiable	Confirmed cases
Chancroid	Routinely notifiable	Confirmed and probable cases
<i>Chlamydia trachomatis</i> infection	Routinely notifiable	Confirmed cases
Coccidioidomycosis	Routinely notifiable	Confirmed cases
Cryptosporidiosis	Routinely notifiable	Confirmed and probable cases
Cyclosporiasis	Routinely notifiable	Confirmed and probable cases
Dengue virus infections ⁴	Routinely notifiable	Confirmed, probable, and suspected cases

Condition	Notification Timeliness	Cases Requiring Notification
Ehrlichiosis	Routinely notifiable	Confirmed and probable cases
<i>Escherichia coli</i> , Shiga toxin-producing (STEC)	Routinely notifiable	Confirmed and probable cases
Foodborne disease outbreaks	Routinely notifiable	Confirmed outbreaks ⁵
Giardiasis	Routinely notifiable	Confirmed and probable cases
Gonorrhea	Routinely notifiable	Confirmed and probable cases
<i>Haemophilus influenzae</i> , invasive disease	Routinely notifiable	All cases prior to classification
Hansen's disease	Routinely notifiable	Confirmed cases
Hantavirus pulmonary syndrome	Routinely notifiable	Confirmed cases
Hemolytic uremic syndrome, post-diarrheal	Routinely notifiable	Confirmed and probable cases
Hepatitis A, acute	Routinely notifiable	Confirmed cases
Hepatitis B, acute	Routinely notifiable	Confirmed cases
Hepatitis B, chronic	Routinely notifiable	Confirmed and probable cases
Hepatitis B, perinatal infection	Routinely notifiable	Confirmed and probable cases
Hepatitis C, acute	Routinely notifiable	Confirmed and probable cases
Hepatitis C, chronic	Routinely notifiable	Confirmed and probable cases
Hepatitis C, perinatal infection	Routinely notifiable	Confirmed cases
HIV infection	Routinely notifiable	Confirmed cases of HIV infection; perinatally exposed infants prior to classification
Influenza-associated mortality, pediatric	Routinely notifiable	Confirmed cases
Invasive pneumococcal disease (IPD)	Routinely notifiable	Confirmed and probable cases
Lead, exposure screening test result	Routinely notifiable	All test results ⁶
Legionellosis	Routinely notifiable	Confirmed and suspected cases
Leptospirosis	Routinely notifiable	Confirmed and probable
Listeriosis	Routinely notifiable	Confirmed and probable cases
Lyme disease	Routinely notifiable	Confirmed, probable, and suspected cases
Malaria	Routinely notifiable	Confirmed and suspected cases
Meningococcal disease (<i>Neisseria meningitidis</i>)	Routinely notifiable	Confirmed and probable
Mumps	Routinely notifiable	Confirmed and probable cases
Pertussis	Routinely notifiable	All cases prior to classification
Pesticide-related illness, acute (non-occupational and occupational)	Routinely notifiable	Definite, probable, possible, and suspicious cases
Plague	Routinely notifiable	All cases prior to classification

Condition	Notification Timeliness	Cases Requiring Notification
- All cases not suspected to be intentional		
Psittacosis	Routinely notifiable	Confirmed and probable cases
Q Fever (acute and chronic)	Routinely notifiable	Confirmed and probable cases
Rabies in an animal - Animal not imported within past 60 days	Routinely notifiable	Confirmed cases
Rickettsiosis, Spotted Fever	Routinely notifiable	Confirmed and probable cases
Rubella, congenital syndrome	Routinely notifiable	Confirmed cases
<i>Salmonella enterica</i> serotypes Paratyphi A, B (tartrate negative) and C (S. Paratyphi infection)		
<i>Salmonella enterica</i> Typhi (S. Typhi) infection	Routinely notifiable	Confirmed and probable cases
Salmonellosis (excluding S. Typhi infection and S. Paratyphi infection)	Routinely notifiable	Confirmed and probable cases
Shigellosis	Routinely notifiable	Confirmed and probable cases
Silicosis	Routinely notifiable	Confirmed cases
<i>Staphylococcus aureus</i> infection - Vancomycin-intermediate (VISA) - Vancomycin-resistant (VRSA)	Routinely notifiable	Confirmed cases
Streptococcal toxic-shock syndrome (STSS)	Routinely notifiable	Confirmed and probable cases
Syphilis	Routinely notifiable	Confirmed and probable cases
Syphilis, congenital	Routinely notifiable	Confirmed and probable cases
Tetanus	Routinely notifiable	All cases prior to classification
Toxic-shock syndrome (non-Streptococcus)	Routinely notifiable	Confirmed and probable cases
Trichinellosis (Trichinosis)	Routinely notifiable	All cases prior to classification
Tuberculosis	Routinely notifiable	Confirmed cases
Tularemia - All cases other than suspected intentional release	Routinely notifiable	Confirmed and probable cases
Varicella	Routinely notifiable	Confirmed and probable cases
<i>Vibrio cholerae</i> infection (cholera)	Routinely notifiable	Confirmed cases
Vibriosis	Routinely notifiable	Confirmed and probable cases
Waterborne disease outbreaks	Routinely notifiable	All outbreaks
Zika virus disease - Zika virus disease, congenital - Zika virus disease, non-congenital	Routinely notifiable	Confirmed and probable cases
Zika virus infection - Zika virus infection, congenital - Zika virus infection, non-congenital	Routinely notifiable	Confirmed and probable cases

¹ Viral hemorrhagic fever diseases: Crimean-Congo, Ebola, Guanarito, Junín (Argentine), Lassa virus, Lujo virus, Machupo (Bolivian), Marburg virus, or Sabia-associated (Brazilian)

² Arboviral diseases: California encephalitis virus disease; California serogroup virus disease, neuroinvasive and non-neuroinvasive (Calif. Serogroup); Chikungunya virus disease; Eastern equine encephalitis virus disease, neuroinvasive and non-neuroinvasive; Jamestown Canyon virus disease, neuroinvasive and non-neuroinvasive; Keystone virus disease; La Crosse virus disease, neuroinvasive and non-neuroinvasive; Powassan virus disease (Powassan), neuroinvasive and non-neuroinvasive; Snowshoe hare virus disease; St. Louis encephalitis virus disease, neuroinvasive and non-neuroinvasive; Trivittatus virus disease; Western equine encephalitis virus disease, neuroinvasive and non-neuroinvasive; West Nile virus disease, neuroinvasive and non-neuroinvasive

³ Notification for all confirmed cases of cancers should be made at least annually

⁴ Dengue virus infections include: dengue, severe dengue, and dengue-like illness

⁵ Outbreaks are defined by state and local health departments, all situations deemed by a local or state health department to be an outbreak are notifiable

⁶ Notification for lead exposure screening results should be submitted quarterly for children and twice a year for adults

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