



Should my child
go to
school today?

As parents, we are frequently concerned about when to keep our children home, or send them to school, after an illness or when symptoms of an illness may be observed.

In general:

- If the child has a fever of 100° or more, the child should stay home for 24 hours after the temperature returns to normal.
- If the child has vomited or had diarrhea, the child should stay home until 24 hours after the last episode.
- If the child has any rash that may be disease related, or you do not know the cause, check with your family physician before sending the child to school.
- If your child is ill, please call the school to report the illness.

If you have any questions regarding the above information on your child's illness, please call your school nurse or your family physician.

COMMON CONCERNS PARENTS HAVE ABOUT HEALTH OF THEIR SCHOOL-AGE CHILD.

<u>DISEASE</u>	<u>SYMPTOMS</u>	<u>INCUBATION PERIOD</u>	<u>SCHOOL ACTION AND COMMENT ON COMMUNICABILITY</u>	<u>SOURCE OF INFECTION AND MODE OF TRANSMISSION</u>
<u>COMMON COLD</u>	Acute upper respiratory signs, including watery eyes, sneezing, running nose; general feeling of illness.	12 hours to 3 days.	1. No restriction unless ill. 2. Communicable 24 hours before onset and for 5 – 8 days after nasal involvement.	Virus spread directly through coughing, sneezing and explosive manner of speech in which droplets are cast; indirectly through articles freshly soiled by discharges of infected person.
<u>INFLUENZA</u>	Chills, body ache, fever, sore throat, followed by cough, runny nose and possibly stomach ache.	24 – 72 hours	1. Exclude from school until clinically well, usually 2 – 7 days.	Virus spread directly through coughing, sneezing and contact with nose or throat discharge of patient. Possibly airborne.
<u>STREP THROAT</u>	Fever, sore throat, headache, nausea, vomiting; (If associated with rash it is called Scarlet Fever or Scarlatina).	1 – 3 days	1. Exclude until throat culture report is received. 2. If positive for strep, exclude from school until 24 hours after antibiotic treatment is started and until clinically well. 3. Communicable until 24 hours after treatment is started.	Bacteria spread directly from nose and throat discharge of infected persons.
<u>COLD SORES</u> (Herpes Simplex)	Vesicles usually on lips but may occur anywhere on skin or in mucous membranes; maybe confused with Impetigo.	2 – 12 days	1. No restriction. 2. May be communicable as long as seven weeks after lesion appear.	Virus is transmitted by direct contact with infected persons secretions, a majority of whom have no signs or symptoms of an infection.
<u>MONONUCLEOSIS</u>	Early symptoms may include fever, severe sore throat, chills, swollen lymph glands (neck), headache, loss of appetite.	Probably 2 – 6 weeks	1. Restrict according to doctor's orders. 2. Period of communicability unknown.	Virus spread by respiratory route; kissing may facilitate spread among young adults.

COMMON CONCERNS PARENTS HAVE ABOUT HEALTH OF THEIR SCHOOL-AGE CHILD.

<u>DISEASE</u>	<u>SYMPTOMS</u>	<u>INCUBATION PERIOD</u>	<u>SCHOOL ACTION AND COMMENT ON COMMUNICABILITY</u>	<u>SOURCE OF INFECTION AND MODE OF TRANSMISSION</u>
<u>CHICKENPOX</u>	Slight fever, general feeling of illness, rash resembling water blister appearing after 3-4 days; scabs appear later.	2-3 weeks, usually 13-17 days. Observe for 3 weeks.	1. Exclude from school until vesicles are dry and crusted; usually 6 – 10 days after the rash appears. 2. Contagious 1-2 days before eruption and not more than 6 days after last crop of vesicles. Blisters should have dried into scabs – usually about 6 days.	Virus spread directly from person through discharge from the nose and mouth; also by discharges from the skin and mucous membranes of infected person; readily communicable; one attack usually confers immunity; children on immunosuppressive drugs at high risk.
<u>REYE'S SYNDROME</u>	Sudden onset of violent vomiting, mental confusion, extreme sleepiness; very fatigued; twitching or jerking movements; hostility; coma	1 – 7 days following viral infection (cold, flu, chickenpox)	1. If one or more symptoms appear, call physician immediately. 2. Go to emergency room of hospital. 3. Do not give aspirin or aspirin substitutes. 4. Exclude from school until clinically well.	Usually follows viral infection; it is not contagious; cause is unknown; no prevention; requires immediate attention at onset of symptoms; most common in young children.
<u>PINK EYE</u> (CONJUNCTIVITIS)	Redness and watery conjunctiva; thick discharge may seal eyelids during the night. Eye irritation such as itching, burning eyes, swollen eyelids, sensitive to light.	24-72 hours – bacterial or viral	1. Refer for medical diagnosis and treatment. 2. Communicability until infection passes or treatment begins. 3. Exclude from school until verification of diagnosis and treatment.	Most are viral in etiology; some bacterial; may be spread through hand-eye-nose contact.
<u>IMPETIGO</u>	Blisters, pustules rapidly covered with honey-colored crusts; may be confused with cold sores.	1-6 days, occasionally longer	1. Exclude from school until verification or treatment or until lesions are dry. 2. Contagious until lesions are healed or can be covered with bandage. 3. Or, until child has been treated with an antibiotic for 24 hours.	Bacteria spread by direct contact with persons or with articles freshly soiled with discharges from nose or throat of patient; airborne transmission also occurs; usually caused by Group A BetaStreptococcus.

COMMON CONCERNS PARENTS HAVE ABOUT HEALTH OF THEIR SCHOOL-AGE CHILD.

<u>DISEASE</u>	<u>SYMPTOMS</u>	<u>INCUBATION PERIOD</u>	<u>SCHOOL ACTION AND COMMENT ON COMMUNICABILITY</u>	<u>SOURCE OF INFECTION AND MODE OF TRANSMISSION</u>
<u>RINGWORM</u> (Tinea Corporis)	Ring-shaped or irregular lesion with elevated vesicula or scaly borders; may show central clearing; may become inflamed and crusted. Hard to diagnose in the scalp. Begins as a small scaly patch. Hair may be brittle and break off easily.	Body 4 – 10 days. Scalp 10 – 14 days.	1. Exclude from school until verification of treatment for 24 hours. 2. Communicable as long as infected lesions are present.	Contact with person or animal infected with the fungus or its spores and by contact with contaminated articles.
<u>SCABIES</u>	Itching, scratch marks or burrow marks; common sites are thighs, beltline, wrists, elbows, webs of fingers; scratching may cause secondary infection or rash.	Days to weeks. 2 weeks to 2 months. Symptoms may appear in less than 2 weeks if child had scabies previously.	1. Exclude from school until 24 hours after treatment has begun. 2. Communicable until treated. 3. Family should be examined.	Mite is transferred by direct contact with an infected person and to a limited extent by undergarments or soiled sheets freshly contaminated by an infected person.
<u>LICE</u>	Infestation of the head hair or other hairy parts of the body or of clothing with lice or nits. Scratching causes reddened, rash-like area. Nits-eggs, tiny white, stuck to hair, usually close to scalp at neckline and/or behind ears. Nits may appear dark on light blonde hair. Nits over ¼ inch from the scalp probably are dead or empty.	Variable, eggs hatch in 1 week.	1. Exclude until lice are adequately treated. School staff to re-examine student 7 to 10 days after treatment. 2. Considered communicable until treated. 3. Advise exam of household contacts for nits and lice. 4. The only way to be sure that lice won't come back is to remove all nits. (Use a metal nit comb; check every day for three weeks.)	Louse transmitted primarily by direct contact with infested persons; lice can also be transmitted through combs, brushes, bedding, wearing apparel and upholstered furniture.

COMMON CONCERNS PARENTS HAVE ABOUT HEALTH OF THEIR SCHOOL-AGE CHILD.

<u>DISEASE</u>	<u>SYMPTOMS</u>	<u>INCUBATION PERIOD</u>	<u>SCHOOL ACTION AND COMMENT ON COMMUNICABILITY</u>	<u>SOURCE OF INFECTION AND MODE OF TRANSMISSION</u>
<u>FIFTH DISEASE</u>	Rash, fever or sore throat, slapped face appearance on cheeks. Begins on cheeks and spreads to arms, upper body, buttocks and legs. Rash tends to come and go for days to weeks especially in response to sunlight or heat.	4 – 14 days; usually 12-14 days – no exclusion from school, etc.	Unknown	Person to person, can be epidemic among young children.
<u>HAND, FOOT AND MOUTH DISEASE</u>	Sores toward front of mouth, sides of tongue, inside cheeks and on gums. Most cases will be found on hands, fingers, and soles of the feet. May have low fever 1 – 2 days.	Usually 3 – 5 days.	May return to school when fever is gone. Infected person with no symptoms may be shedding viruses.	Nose and mouth secretions and contact with stool.
<u>RSV</u> (Respiratory Syncytial Virus)	Fever, cough, wheezing , watery eyes, runny nose, and sneezing.	2-8 days (usually 4 – 6 days)	May return to school after fever is normal and child feels well enough to participate in activities.	Virus spread by contaminated hands, etc. Also by airborne droplets from a sneeze or cough.