Preventing Communicable Illness in the Childcare Setting

WAKE COUNTY Smart Start

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WAKE COUNTY NORTH CAROLINA

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Contents

Introduction

Parents and childcare providers must work together to provide a safe and healthy childcare environment. Children get sick, despite everyone's best efforts. Young children in group care settings get sick more often because:

- their immune systems are immature and do not fight infections as well as an adult.
- they have not been exposed and developed immunity to many common germs that cause illness.
- infectious illnesses can be spread before someone looks or feels sick.

Young children make it easy for germs to spread because they:

- learn and explore their environment with their hands and mouths.
- have not yet learned to control their secretions and excretions.
- have not yet learned good hygiene.

Effective communication between parents and childcare staff is essential to a positive childcare experience and efforts to promote health and prevent illness. Building an open, trusting dialogue and being clear about the roles and responsibilities of both staff and parents can foster a cooperative relationship. This dialogue and mutual responsibility begins at the time of application and registration for service. Parents should be informed about health and safety policies and procedures that the childcare center or home has adopted.

As a childcare director, your responsibility to provide a safe and healthy childcare environment includes:

- educating staff, children and families about the spread, prevention, and control of infectious illnesses.
- training staff on policies and procedures related to universal precautions, personal, and environmental hygiene then monitoring and assuring their adherence to them.
- providing information and resources required for staff and children to practice universal precautions.
- informing parents about the center's health and safety policies.
- monitoring the environment for health and safety hazards and assure identified hazards are corrected.

- appropriately identifying and excluding children and staff with symptoms of infectious illness from the childcare facility.
- appropriately notifying parents and public health authorities when an occurrence of infectious illnesses among children and staff occurs in the childcare setting.
- cooperating with public health authorities in the control of certain infectious illnesses.
- monitoring the immunization status of children and staff to assure that they are age appropriately immunized against vaccine preventable diseases.

Parents' responsibilities to support a safe and healthy childcare environment include:

- ensuring their child(ren) get well-child care and medical attention in the event of an illness.
- informing childcare staff of infectious illnesses that occur in their families or households.
- being informed about and following exclusion policies when children are sick. As a rule, if a child's behavior and/or symptoms require more care than the center can provide in a group setting, the child should stay home. Encourage parents to have a "back-up" source for childcare if exclusion from the group care setting is necessary . Review exclusion policies with parents at the time of registration and post where parents can see them.

This handbook, along with the Model Health and Safety Policies (available from your childcare health consultant) provides information to make your health and safety efforts easier. You can find information about specific infectious diseases, their prevention and control measures, and when appropriate, notification letters for parents. These letters are included so that you can:

- promptly inform families when illness occurs.
- educate them about the causes, symptoms, and ways to prevent the spread of illness among family members.
- enlist their assistance in monitoring their child(ren) for symptoms.

Reportable Communicable Diseases

Communicable diseases can have great impact on the public. Public Health in North Carolina tracks and analyzes information about certain diseases. This allows measures to be put in place to protect the public's health. North Carolina law (G.S. § 130A-135 through 130A-139) requires certain communicable diseases (10A NCAC 41A .0101) be reported to local health departments. Reporting is required by:

- physicians,
- school administrators,
- child care center operators,
- medical facilities,
- operators of restaurants and other food and drink establishments, and
- persons in charge of laboratories.

Reportable diseases in this handbook are identified by .

You must contact Wake County Public Health Communicable Disease Program (919-250-4462) if a person in the childcare center has or suspected of having reportable disease or condition.

Four Ways to Spread Germs

Germs from an infected person, animal, or the environment can spread to a healthy person in a variety of ways. Below are four ways that germs can spread easily in childcare centers.

Respiratory/Airborne

Some germs spread through the air on droplets when someone who is sick coughs, sneezes, speaks, sings, or breathes. Some droplets are large and don't travel far. Others are smaller, stay in the air longer and travel farther. Germs from droplets can enter the body and cause infection when:

- someone breathes in the germs.
- the germs land on the mucous membranes of someone's eyes, nose, or throat.
- someone touches a surface with germs on it then touches their eyes, nose, or mouth.

Infections that spread this way include:

- colds,
- rubella,
- pertussis,
- COVID-19,
- mumps,
- strep throat,
- RSV,
- chickenpox,
- influenza,
- conjunctivitis, and
- fifth disease.

Direct Contact

Some germs are spread by direct, skin to skin contact. Germs found in body fluids like saliva, urine, and drainage from the eyes, nose and open sores can spread this way. Germs can also spread on our hands or on objects in the environment.

Infections that spread this way include:

- chickenpox,
- impetigo,
- ringworm,
- herpes cold sores, and
- conjunctivitis.

Some parasites, like head lice are spread when they crawl from one person to another. They can also spread on objects like clothes, linens, pillows, rugs, and stuffed animals.

Fecal-Oral or Intestinal

Germs in the stool (BM) of an infected person can spread on unwashed hands or by poor hygiene practices to things in the environment like food, toys, sinks faucets, toilets, trash cans, and drinking fountains.

When these contaminated objects or surfaces are touched by others, their hands become contaminated. The germs can then enter the body through hand-to-mouth contact.

Infections spread this way include:

- *Shigella*,
- *Salmonella*,
- hepatitis A,
- *Giardia,* and
- viral illnesses that cause diarrhea and/or vomiting.

Pinworms can also spread this way.

Bloodborne

Germs found in the blood of an infected person can enter the bloodstream of a healthy person. This can happen when:

- there are small breaks in the skin (cuts, scrapes, or rashes).
- blood or body fluids come into contact with the mucous membranes of the mouth, nose, or eyes.

Blood may sometime be found in other body fluids such as vomit, stool or drainage from skin lesions or cuts.

Infections that spread this way include:

- hepatitis B and C, and
- HIV/AIDS.

Universal Precautions

Universal precautions are certain steps you take to prevent the spread of disease. Universal precautions assume everyone's blood and body fluids (nasal or eye drainage, saliva, respiratory secretions, urine, stool (BM), vomit, drainage from open skin lesions, or sores) are potentially infectious (could cause disease). This is important in the childcare setting because:

- exposure to many common infectious diseases occurs before symptoms appear or when there are no symptoms at all.
- young children have not yet learned to control their body fluids.
- young children explore their environment and relate to one another with their hands and mouths.

It is up to childcare staff to assume responsibility for practicing universal precautions and to model and teach children how to prevent disease as they are able to learn.

Four components of universal precautions are included in this manual:

- handwashing,
- use of personal protective equipment (vinyl or latex gloves under most circumstances),
- environmental hygiene and sanitation, and
- appropriate disposal of infectious waste.

Handwashing

Many studies show that the most important factor in reducing the risk of infection in childcare settings is proper handwashing for staff and children. According to the Centers for Disease Control and Prevention, handwashing can prevent about 30% of diarrhea related infections and 20% of respiratory infections (54). All staff must know and practice correct handwashing technique at the recommended times. An assigned or rotating staff member should monitor staff daily for correct and timely handwashing.

How to Wash Hands

1. Wet hands with warm water.
2. Apply liquid soap.
3. Scrub for 15-20 seconds (front and back of hands, wrists, between fingers, and under nails.
4. Rinse, with fingers pointing down.
5. Dry hands with paper towels.
6. Use paper towel to turn water off.
7. Throw towel in trash without contaminating hands.

Handwashing Required!

- **Upon arrival at the childcare center or home**
- **Before and after**
  - ✓ Preparing/handling or serving food or beverages
  - ✓ Eating or feeding children
  - ✓ Using water tables, and other moist /wet materials like playdough or sensory materials
  - ✓ Giving medications
  - ✓ Before and after providing or receiving first-aid
- **After**
  - ✓ Toileting or diaper changing
  - ✓ Contact with any body fluids
  - ✓ Assisting children with toileting or hand washing
  - ✓ Assisting children with tooth brushing
  - ✓ Touching trash cans/lids or other contaminated objects like mouthed toys
  - ✓ "Messy" activities, like sand tables, or outdoor play
  - ✓ Handling animals/pets
  - ✓ Contact with cleaning and sanitizing/disinfecting solutions

When you can't wash

Carry a first aid kit that contains standard first aid supplies, latex or vinyl gloves as well as an alcohol-based hand-sanitizer* for staff use on field trips or the playground, when hand washing isn't possible.

Hand sanitizers do not substitute for hand washing; wash hands with soap and water as soon as soon as you can.

*60-95% alcohol. Follow manufacturer's instructions for use. See CFOC (Caring for our Children) 3.2.2.5. for more information.

Keep handwashing sinks well stocked with soap and paper towels. Keep a supply of hand sanitizer readily available for staff and children to use as appropriate (for example, on the playground, before and after sand and water play). The handwashing procedure should be posted at every handwashing sink.

Personal protective equipment (PPE)

Disposable latex or vinyl gloves are the primary PPE that childcare providers must use. Since it is assumed that all body fluids are potentially infectious, use gloves:

- when providing first-aid.
- for diaper changing if the caregiver has broken skin on their hands.
- when cleaning any body fluids.
- when handling objects that may be contaminated with body fluids (mouthed toys).
- when using cleaning and disinfecting agents to protect from unnecessary exposure to toxic chemicals.

Gloves are for single use only. They must be removed without contaminating the skin.
Wash hands after gloves are removed.

Diaper changing

Diaper changing is a critical activity for childcare providers. Multiple studies have demonstrated that the risk of infectious illnesses in group care settings is highest among infants and toddlers. Infectious diarrhea is a special risk to infants and toddlers in childcare programs. The following diaper change procedure is required as well as displaying the poster/procedure at every diapering table. Compliance with this procedure should be monitored daily.

Diaper Changing Procedure		
1.	**Get organized.**	• Wash hands. • Gather all needed supplies. • Place paper liner (from the child's waist to the child's feet) on diapering surface (optional). • Put on gloves.
2.	**Bring child to diapering area.**	• Place the child on the diapering surface. • Remove the child's clothing and soiled diaper. • Fold diaper inward and place out of child's reach.
3.	**Clean the child.**	• Clean the child's bottom with wipes, front to back, using a fresh wipe each time. • Place soiled wipes on top of dirty diaper.
4.	**Remove soiled diaper.** **Don't forget this step!**	• With gloved hand pick up liner, wipes, and dirty diaper. Holding the material on one gloved hand, pull the glove down over soiled materials. Place materials in second gloved hand and pull the second glove over the first. • Place soiled, gloved materials in a plastic-lined, gravity or step-operated receptacle. • Soiled clothes/cloth diapers are placed, unrinsed, in a sealed plastic bag and sent home with the child. • Wipe hands with a disposable wipe. Wipe the child's hands with a second clean wipe.
5.	**Put a clean diaper on the child.**	• Put on a clean diaper and dress the child. • Do not stand the child on the diapering table. Place the child on the ground to pull up clothes if needed.
6.	**Wash the child's hands.**	• Wash the child's hands (preferably with warm running water and mild soap). • Return the child to the play area.

7.	**Clean, rinse, and disinfect the diapering area.**	• Clean, rinse, and disinfect the contaminated diapering surface.
		  ○ Spray with detergent/soapy water solution and wipe with a paper towel.
		  ○ Rinse with water and wipe dry (recommended).
		  ○ Spray all surfaces, until glistening wet, with a disinfectant. Let solution sit for 2 minutes (or time recommended by manufacturer).
		  ○ Let air dry or wipe dry with a paper towel.

8.	**Wash your hands.**	• Wash your hands.

The North Carolina Child Care Health and Safety Resource Center provides the poster/procedure for stand-up diapering.

Change diapers in designated areas only. These areas are separate from food preparation and serving sites and play areas. The diaper change surface must be waterproof, intact, and include side barriers.

Food, eating and serving utensils, toys, and teaching materials are never permitted on diaper change surfaces.

Label soap, wipes, lotions, cleaning, and disinfecting solutions. Store them off the diaper changing surface and out of reach of children.

Disposal of infectious waste

Disposable items

Separate items that are potentially or visibly contaminated with body fluids from general trash. Dispose of them in separate covered, plastic-lined receptacles. This includes disposable diapers, diaper wipes, and soiled gloves.

Wrap paper towels, bandages and gloves used during care for a bleeding injury in a separate plastic bag before placing in the trash.

Nondisposable items

Wrap nondisposable items contaminated with body fluids (for example. cloth diapers, bedding, and clothing) in a plastic bag to be sent home.

Covering Coughs and Sneezes

Coughs and sneezes can send disease-causing germs into the air where they can:

- be breathed in by others.
- land on surfaces or objects that can be touched by others and spread on hands.

To prevent the spread of germs:

- cover coughs and sneezes with a disposable tissue.
- throw tissue in the trash.
- wash hands before touching anything else.

Coughs and sneezes happen quickly. They often happen when there are no tissues close by. Adults and children should cough into their shoulder or elbow when this happens. Remove secretions on soiled garments with a tissue and change soiled clothing as soon as possible. Anyone touching the

secretions should wash their hands. Use alcohol-based hand sanitizer (at least 60% alcohol) if soap and water are not available.

Environmental hygiene

Many childcare facilities occupy space that was not designed for that purpose. Often the space has been modified. Childcare providers are constantly challenged to creatively manage with "less than ideal" facilities. The following guidelines are important in promoting a healthy childcare environment.

Sinks

Ideally sinks for hand washing are located adjacent to diaper changing and toileting areas. Separate sinks are designated and labeled for food preparation. Caregivers should closely supervise children's toileting, hand washing, and tooth brushing. Model, teach, and monitor children for appropriate toileting, hand washing, and tooth brushing technique. Sinks with attached operable drinking fountains may not be used for handwashing.

Areas of special concern

Dramatic play center

This center, where children may "prepare and eat meals" typically includes toys and utensils that are mouthed, even by older preschoolers. This promotes the spread of infections by the fecal-oral route as well as those spread by respiratory secretions.

Infection prevention

- Limit the number of children at this center at any given time and alternate two sets of toys/utensils.
- Wash mouthed toys and utensils with soap and water and sanitize after each child has used them.
- Older preschoolers can learn to place the toys in a crate, plastic mesh basket or bucket when they have finished playing with them. Place toys in a disinfected sink of soapy water, rinse, then soak in a bleach solution (50-200 ppm) and dry before they are returned to the dramatic play center. Air drying is preferred when feasible. You can also wash toys in a dishwasher.
- Substitute objects and activities that do not encourage mouthing of toys when "outbreaks" of infectious illnesses occur in a class/group. Perhaps offer a "laundry room" or "home workshop" in place of a kitchen until the outbreak subsides.

Dress up clothes

Dress up clothes can contribute to infections that are spread by direct contact.

Infection prevention

- Wash dress up clothes weekly and more frequently if soiled.

- If a child in the center has an infection that is spread by direct contact (ringworm, scabies, head lice, impetigo, cold sores), wash all play clothes and remove them from the play area until the risk of infection has passed.
- Place hats and items that cannot be washed in a sealed plastic bag for 2 to 4 weeks during an outbreak of ringworm, scabies, or lice.

Sleeping

Respiratory infections are spread by droplets in the air and on surfaces.

Infection prevention

- Place cots and cribs at least 18 inches and preferably 3 feet apart unless solid barriers are used.
- Place children in a head-to-toe configuration to reduce airborne spread of infection.
- Cover sleeping mats or cots with an intact, non-absorbent material. Then cover with a tight-fitting sheet or cover. Wash sheets and covers daily for infants and weekly for preschoolers.
- Each child should have their own mat or cot. Store so that there is no direct contact between the sleeping surface and another mat or the floor.
- Wash and disinfect mats or cots when a new child uses them, when they are soiled, or if there is an outbreak of infectious illness in the class.

Pets

In accordance with 15A NCAC 18A (Animal and Vermin Control), classroom pets should be healthy, appropriately immunized, and determined by a veterinarian to be free of parasites and conditions that could negatively affect human health.

Infection prevention

- Clean pet living quarters daily to remove waste.
- Always supervise interaction between children and animals. Instruct children on safe procedures for handling pets.
- Staff and children must wash their hands after contact with pets.
- Do not allow pets in areas where food is prepared or served.
- Make note of children in the group who have allergies to fur bearing animals. Such pets should be moved to another classroom if possible.

Playground

The playground is the most common site of injury to children in childcare settings. Most of these injuries are minor, requiring basic first aid. This, however, is the activity that places childcare providers most at risk of exposure to blood-borne pathogens. It is also a place where many noses are wiped without having access to handwashing facilities.

Infection prevention

- Carry a "mini" first aid kit on the playground. A "fanny pack" is convenient for this purpose. The "fanny pack" must be worn or kept out of the reach of children.

- Put latex gloves, clean absorbent gauze, tissues, and a plastic container of alcohol-based hand sanitizer in the kit.
- For minor bleeding injuries:
    - have older children cover their injury with a gauze dressing or paper towel while you put on gloves.
    - put on gloves before providing first aid to younger children.
- Escort the child inside, where the injury can be examined, washed, and dressed.

Use gloves to wipe noses and alcohol-based hand sanitizer to clean your hands until you have access to handwashing facilities.

Cleaning, sanitizing, and disinfecting

Cleaning, sanitizing, and disinfecting are important in controlling the spread of infectious illnesses in childcare settings. Surfaces must be cleaned to remove dirt and other matter before sanitizing/disinfecting. Sanitizing/disinfecting kills germs on surfaces after they have been cleaned.

Recommended cleaning solution

A mild solution of soap and water, in a labeled spray bottle, is the cleaning solution recommended for childcare settings.

Recommended sanitizing and disinfecting solutions

Sanitizing solutions

Sanitizing solutions contain 50 to 200 parts per million (ppm) chlorine. You can make a sanitizing solution by mixing liquid household chlorine bleach with water(see Bleach Basics).

The amount of bleach you mix with water depends on the concentration (%) of sodium hypochlorite it contains. Read the label on the bleach container carefully to find the concentration (%) and use the following mixing guidelines. Use test strips to check the solution after mixing to make sure you have the proper concentration.

Use sanitizing solution for:

- mouthed toys,
- eating utensils,
- tables, and
- other non-diapering and non-toileting surfaces.

Other sanitizing solutions may be used if approved by your Environmental Health Specialist (sanitation inspector)

Sanitizer Mixing Guidelines (Sources: 188)				
Use	Bleach per gallon of water	Bleach per quart of water	Bleach (free chlorine concentration)	Recommended labeling
5.25 % Sodium Hypochlorite				
Sanitizing strength	1 tablespoon	3/4 teaspoon	50-200 ppm	Sanitizer
6.0% Sodium Hypochlorite				
Sanitizing strength	2 ½ teaspoons	½ teaspoon	50-200 ppm	Sanitizer
8.25% Sodium Hypochlorite				
Sanitizing strength	2 teaspoons	½ teaspoon	50-200 ppm	Sanitizer

To sanitize:

- wash with soap and water to remove dirt and body fluids.
- rinse with clean water (recommended).
- spray with bleach solution. Let the bleach solution sit on the surface for 2 minutes (or time recommended by manufacturer).
- wipe clean or allow to air dry.

Toy sanitizers or dishwashers, which kill germs by using high heat, are also acceptable if approved by your Environmental Health Specialist (sanitation inspector).

Disinfecting solutions

Disinfecting solutions contain 500 to 800 ppm of chlorine. You can make a disinfecting solution by mixing liquid household chlorine bleach (see Bleach Basics) with water. The amount of bleach you mix with water depends on the concentration (%) of sodium hypochlorite it contains. Read the label on the bleach container carefully to find the concentration (%) and use the mixing guidelines below. Use test strips to check the solution after mixing to make sure you have the proper concentration.

Use disinfecting solution for:

- diaper-changing surfaces,
- hand washing sinks, and
- toilets.

Other disinfecting solutions may be used if approved by your Environmental Health Specialist (sanitation inspector).

Disinfectant Mixing Guidelines (Sources: 188)				
Use	Bleach per gallon of water	Bleach per quart of water	Bleach (free chlorine concentration)	Recommended labeling
5.25 % Sodium Hypochlorite				
Disinfecting strength	¼ cup	1 tablespoon	500-800 ppm	Disinfectant
6.0% Sodium Hypochlorite				
Disinfecting strength	3 ½ tablespoons	2 ½ teaspoons	500-800 ppm	Disinfectant
8.25% Sodium Hypochlorite				
Disinfecting strength	2 ½ tablespoons	2 teaspoons	500-800 ppm	Disinfectant

You can choose to use a disinfectant product that is registered with the US Environmental Protection Agency as a hospital grade germicide or disinfectant deemed safe for childcare centers. You must always keep these disinfecting products locked up. You must also keep the manufacturer's Material Safety Data Sheet (MSDS) on file.

To disinfect:

- wash with soap and water to remove dirt and body fluids.
- rinse with clean water (recommended).
- spray with bleach solution. Let the bleach solution sit on the surface for 2 minutes or time recommended by manufacturer.
- wipe with a paper towel or allow the surface to air dry if time permits.

Bleach Basics

- Bleach that contains fragrance or thickeners to prevent splashes is not recommended.
- Chlorine bleach solutions lose their effectiveness over time. Mix a fresh solution daily.
- Always check solutions with test strips after mixing to make sure the concentration is correct for the intended use.
- Store bleach solutions in labeled spray bottles. Keep out of reach of children. They do not have to be locked up if they are stored 5 feet up.
- Bleach solutions don't work as sanitizers/disinfectants unless the surface is clean (free of detergents, food, dirt, body fluids, etc. Always use soap and water cleaning solution and rinse before sanitizing/disinfecting the surface.
- Make sure children are away from the area you are sanitizing/disinfecting before spraying solution.
- Spray the surface with the bleach solution until it is evenly moist and glistening wet.
- Always leave bleach solutions to stand at least 2 minutes before wiping with a paper towel. Allow the surface to air dry (if feasible).
- Do not combine bleach with other cleansers or acids. Toxic fumes may result.

Use the following tables to check environmental hygiene practices for your center or childcare home.

Object	Clean[1]	Sanitize[2]	Disinfect	Frequency	Who is responsible?
Any surface/object that is contaminated by any type of body fluid	X		X	Immediately	
Carpet[3]	X			Vacuum daily. When obviously soiled, use carpet cleaner. Wall-to-wall carpet should be cleaned with an extraction method every 6 months.	
Changing table	X		X	Daily & after each use	
Countertops/tabletops	X	X		Daily and when soiled	
Cribs & cots or mats	X	X		Between children & weekly	
Cubbies[4]	X	X		Between children & weekly	
Doorknobs	X	X		Daily & when soiled	
Dress-up clothes & hats[5]	X			Launder at least weekly	
Drinking fountains	X	X		Daily & when soiled or mouthed	
Floors	X	X		Daily & when soiled	

[1]Cleaned with soap and water solution and disposable paper towels. Wear vinyl or latex gloves to protect skin. Store solution in a labeled, spray bottle and keep out of reach of children. Commercial cleaning solutions must be approved by your Environmental Health Specialist before use.
[2] Sanitized/disinfected with appropriate concentration of bleach and water solution. Wear latex or vinyl gloves to protect skin. Leave solution on the surface for at least 2 minutes or allow to air dry. Store solution in a labeled spray bottle and keep out of reach of children. Mix solution fresh daily and confirm appropriate concentration with test strips.
[3]Don't use carpets in bathroom, toileting area, diaper changing area, or areas used for eating, food preparation or storage.
[4]Clothing belonging to different children should not touch if cubbies are shared.
[5]Bag dress up clothes and hats in sealed plastic bags and remove them from the play area if there is a case of lice, scabies, or ringworm. You can return them to the play area when there are no new cases for 2 weeks.

Object	Clean[1]	Sanitize[2]	Disinfect	Frequency	Who is responsible?
Food preparation and serving surfaces	X	X		Before & after preparing or serving food or drinks	
Hand washing sinks & handles			X	Daily & when soiled; after handwashing for toileting or diaper change and before all other handwashing	
Lids for all waste receptacles	X	X		Daily & when soiled	
Play mats & climbing toys used by infants and toddlers	X	X		Daily & immediately if contaminated with body fluid	
Potty chairs[6]	X		X	Daily & after each use	
Rugs, small[7]	X			Vacuum daily, launder weekly	
Tabletops used for eating	X	X		Before & after food is prepared or served	
Toilet bowls	X		X	Daily & when soiled	
Toilet seats & flushing handles	X		X	Daily & when soiled	
Toys that are mouthed	X	X		Daily & after each use	
Toys that are larger	X	X		Weekly & when soiled	
Toys that are soft	X			Laundered weekly	

[6]The use of potty chairs is discouraged. If they are used, clean them in a separate utility sink after each use. Keep them in the toileting area, never in the play area or food preparation area.
[7]Area rugs that are not well anchored may be a fall hazard.

Immunization

Insuring children are appropriately immunized is an important aspect of preventing infectious illnesses in childcare settings. North Carolina law requires certain immunizations for every child in this state. Each enrolled child must have a completed health assessment and an up-to-date immunization record on file in the childcare setting. You should review children's immunization records at the time of enrollment and periodically each year. If a child's immunizations are not up to date at the time of enrollment, the parent or guardian has 30 days to get their child vaccinated and present documentation of vaccination to you.

Exemptions

- Medical: An exemption is permitted for medical reasons when a physician determines that an immunization is or may be harmful to a child for a specific reason. Valid medical exemptions must be written and signed by a physician (MD) licensed to practice medicine in N.C. Contraindications must correspond as specified in the NC Immunization Rules or approved by the State Health Director.
- Religious: Parents or guardians who have a bona fide religious objection to immunization requirements must place a signed statement on file in the child's permanent record.

Immunizations for children

Childcare facilities should follow NC DHHS immunization requirements and recommendations. Check for updates as requirements and recommendations change.

Immunizations for adults

Although there are no immunization requirements for childcare staff, adults who work with children should review their immunization status with their health care provider. Since some infections can affect the outcome of pregnancy, it is wise for teachers and caregivers of young children to inform their personal physician of the nature of their work and their reproductive plans when considering recommended immunizations.

One or more of the following immunizations may be recommended: flu, measles/mumps/rubella (MMR), hepatitis A, hepatitis B, tetanus/diphtheria/pertussis, chickenpox, and COVID-19.

Infectious Disease Fact Sheets and Parent Letters

Parent letters for diseases required by NC law to be reported to Wake County Communicable Disease Program are not included in this handbook. Communicable Disease program staff will contact families in the case of reportable diseases, as appropriate, after each case is evaluated.

REPORTABLE

Campylobacter (Campylobacteriosis)

Campylobacter (Campylobacteriosis) is an infection caused by *Campylobacter* bacteria. According to the Centers for Disease Control and Prevention, *Campylobacter* is the most common cause of diarrheal illness in the US.

Symptoms

- Diarrhea (often bloody)
- Nausea and vomiting may occur with diarrhea.
- Fever
- Stomach cramps

Symptoms usually start 2-5 days after infection and last about a week.
Sometimes people with *Campylobacter* have complications like irritable bowel syndrome, temporary paralysis, and arthritis. It occasionally spreads to the bloodstream in people with weakened immune systems and causes a life-threatening infection.

Transmission (how it spreads)

Campylobacter spreads by:

- eating raw or undercooked poultry or eating something that touched it.
- eating meat, seafood, and produce contaminated with *Campylobacter* bacteria.
- drinking untreated water.
- contact with infected animals.

Doctors diagnose *Campylobacter* by laboratory testing stool (poop), body tissue, or fluids.
Most people with *Campylobacter* infection get better on their own. Drinking extra fluids is important while diarrhea lasts. Those who have severe illness or are at risk of severe illness might need antibiotic treatment.

Prevention

- Wash hands thoroughly, especially after using the toilet, while preparing food, and before eating.
- Cook foods to safe internal temperatures (hot enough inside to kill germs that cause food poisoning). Use a food thermometer to measure the inside temperature of cooked meat, poultry and egg dishes.
- Keep raw poultry away from other foods.
- Drink pasteurized milk.
- Don't drink untreated water.
- Pets can carry Campylobacter and other germs that cause illness. Learn how to keep you and your pets healthy.

Control Measures

1. Parents should notify the childcare center if their child has *Campylobacter*.
2. Notify Wake County Communicable Disease Program at 919-250-4462. Communicable Disease Program staff determines exclusion and provides guidance needed to control an outbreak.
3. Contact your Childcare Health Consultant.
4. Notify staff regarding disease transmission, incubation period, and symptoms.
5. Monitor and assure correct handwashing/cleaning/disinfection practices.
6. Monitor staff and children for symptoms as directed. Refer anyone with symptoms to their health care provider for stool testing.

Parent Letter

Wake County Communicable Disease Program will provide guidance, assist in notifying families, and recommend control measures depending on the circumstances in each case.

REPORTABLE Chickenpox (Varicella)

Chickenpox is a rash illness. It is caused by the varicella-zoster virus. It spreads very easily to those who have never had chickenpox or the vaccine. Chickenpox was a very common illness before the vaccine.

Symptoms

Symptoms usually appear between 10 and 21 days after exposure to an infected person (incubation period). They include:

- fever,
- body aches, and
- An itchy skin rash. The rash starts as red bumps that turn into fluid filled blisters. The blisters crust over and become scabs. The rash usually starts on the chest, back, and under the arms. It spreads out to the head, arms, and legs.

Transmission (how it spreads)

The virus that causes chickenpox spreads by:

- direct contact with the rash.
- coughing and sneezing. Droplets spread through the air and others breathe them in.

Chickenpox can spread for 2-3 days before the rash appears until all the blisters have crusted over. Vaccinated people who get chickenpox may not get blisters that crust. They can spread the illness until no new blisters appear for 24 hours.

Serious complications from chickenpox include:

- skin infections caused by bacteria,
- infection or swelling of the brain (encephalitis),
- blood stream infections,
- pneumonia (a lung infection),
- bleeding problems and
- dehydration.

Complications are not common in healthy people. Infants, adolescents, adults, pregnant women, and those with weakened immune systems may be at high risk for complications.

The chickenpox virus stays in the body after recovery. The virus can reactivate later and cause shingles. People who never had chickenpox or the vaccine can get chickenpox from someone who has shingles.

A doctor can advise on treatment options for chickenpox. There are antiviral medications to treat chickenpox. They are usually recommended for those at risk of serious illness. They are most effective when taken early in illness.

Prevention

The chickenpox vaccine is the best way to prevent chickenpox. North Carolina law requires children to have chickenpox vaccine. Children and adults who never had chickenpox or the vaccine should get 2 doses.

Other ways to prevent chickenpox include:

- avoiding close contact with someone sick with chickenpox,
- handwashing,
- disinfecting frequently touched surfaces,
- keeping those who are sick with chickenpox separate from others, and
- covering coughs and sneezes.

Control Measures

1. Parents should notify the childcare center if their child has chickenpox.
2. Notify Wake County Communicable Disease Program at 919-250-4462. Communicable Disease Program staff determines exclusion and provides guidance needed to control an outbreak.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period, and symptoms.
5. Notify families of exposed children.
6. Monitor staff/children. Exclude those with symptoms. Refer them to their healthcare provider for evaluation.
7. Monitor and assure correct handwashing and hygiene practices, covering coughs and sneezes and cleaning, sanitizing and disinfection.
8. Exposed people who have no history of chickenpox, and who are pregnant, immunocompromised, or have not gotten the chickenpox vaccine should consult their healthcare provider immediately.
9. Childcare providers with no known exposure to chickenpox may want to discuss the benefits of receiving the chickenpox (varicella) vaccine before beginning employment in a childcare setting.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

CMV (Cytomegalovirus)

CMV (cytomegalovirus) is a virus that is common among people of all ages. CMV belongs to the herpes virus family. Other members of the herpes virus family include the viruses that cause fever blisters (cold sores), chickenpox, and mononucleosis (mono). CMV stays in the body for life and can reactivate from time to time. Reactivation rarely causes illness unless the person has a weakened immune system.

Symptoms

In most cases, a CMV infection causes no symptoms and people don't know they have been infected. Sometimes an infected person can have:

- fever,
- fatigue,
- sore throat, and
- swollen glands.

Sometimes CMV can cause mononucleosis or hepatitis. People with weakened immune systems can have more serious symptoms.

CMV can pass from mother to baby during pregnancy. Most babies born with CMV infection never have symptoms or health problems. Some babies born with CVM can have health problems at birth (brain, lung, spleen, or growth) or develop health problems later. Hearing loss is the most common long-term problem in babies born with CMV.

Transmission (how it spreads)

CMV spreads in body fluids like saliva, urine, semen, blood, tears, and breast milk. You can get CMV from :

- direct contact with saliva or urine, especially from babies and young children.
- sexual contact.
- blood transfusions and transplanted organs.

CMV can also spread through breastmilk to nursing babies.

Doctors diagnose CMV by testing blood, urine, or saliva.

Prevention

- Avoid contact with urine and saliva.
- Practice universal precautions and other recommended hygiene practices.
- Practice careful handwashing.

Control Measures

1. Parents should notify the childcare center if their child is diagnosed with CMV.
2. No exclusion unless the child has a fever and/or does not feel well enough to participate in activities.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period and symptoms. Female childcare providers of childbearing age should understand how common this virus is. They should practice careful handwashing and universal precautions to protect themselves in the workplace. Those who are pregnant or considering pregnancy as well as those who have weakened immune systems should consult their health care provider.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms.

Parent Letter: CMV

Dear Parent/Guardian,

Someone in your child's classroom has cytomegalovirus (CMV). CMV is common in people of all ages. The virus that causes CMV belongs to the herpes virus family. Other viruses that belong to the herpes virus family are the viruses that cause cold sores, chicken pox and mono (mononucleosis). CMV stays in the body for life and can "reactivate" from time to time. Reactivation rarely causes illness unless the person has a weakened immune system.

CMV spreads in body fluids like saliva, urine, semen, blood, tears, and breast milk. You can get CMV from:

- direct contact with saliva or urine, especially from babies and young children.
- from sexual contact.
- from blood transfusions and transplanted organs.

CMV also spreads through breastmilk to nursing babies.

You should:

1. **Watch your child for symptoms**. In most cases CMV causes no symptoms and people don't know that they have been infected. Sometimes an infected person can have fever, fatigue (tiredness), a sore throat, and swollen glands.
2. **Call your child's doctor if your child has symptoms.** Call your doctor to discuss the possible complications of infection with CMV if you are pregnant, considering pregnancy, or have a weakened immune system.
3. **Call our center if your child has symptoms.**
4. **Keep your child at home if they have a fever or do not feel well enough to take part in activities.**
5. **Prevent the spread of CMV by careful handwashing, especially after contact with urine, diapers, and saliva.** Do not share food, cups, or utensils with your child.

To learn more about CMV, visit cdc.gov/cytomegalovirus/about/. Please call our center if you have questions. Thank you.

Cold Sores (Fever Blisters)

Cold sores, also called fever blisters, are the result of infection with the herpes simplex virus (HSV). It is a very common infection. HSV-1 usually causes cold sores; HSV-2 usually affects the genital area.

Symptoms

Some people don't have any symptoms from infection with HSV-1; others get painful sores on or around their lips. Cold sores often start with tingling, itching, or burning before the sore appears. The sore most often starts as fluid filled blisters. The blisters break open then crust over. Blisters can also appear around the nose, cheeks or inside the mouth. It may take 2-3 weeks for cold sores to heal completely.

Once you have a cold sore, the virus remains in your body. At some time in the future, another cold sore can come back in the same place as before. Sun and wind exposure, stress, fatigue, fever, viral infections, hormonal changes, changes in the immune system, and injury to the skin can cause cold sores to come back.

Transmission (how it spreads)

Cold sores are very contagious. HSV-1 spreads easily when there is skin to skin contact, especially when the blisters leak fluid. HSV-1 also spreads on:

- your hands to other parts of the body and to other people.
- towels, lip balm, utensils, and other personal items when fluid from blisters gets on them and these items are shared.

There is no cure for cold sores; they heal on their own. Prescribed medication (antiviral pills and creams) can help the sores heal more quickly. They can also reduce how often and how long cold sores recur, and how severe recurrence is.

Prevention

- Avoid skin contact and kissing when blisters are present.
- Avoid sharing personal items like towels, lip balm, utensils, etc.
- Wash your hands carefully before touching yourself and others when you have cold sores.

Control Measures

1. Parents should notify the childcare center if their child has a cold sore.
   There is no exclusion for children with cold sores unless they have a fever and/or are too ill to attend and participate in activities (run, play and eat a regular diet).
2. Contact your Childcare Health Consultant.
3. Increase monitoring of and assure adherence to handwashing and hygiene practices.
4. Increase monitoring of and adherence to cleaning, sanitizing, and disinfection guidelines. HSV-1 can survive on surfaces up to 4 hours. Mouthed toys and objects contaminated by children with open sores can be sources of infection to others.
5. Use gloves when contact with blisters is anticipated (wiping a child's mouth, etc.).
6. Monitor staff/children for symptoms.
7. People with herpes sores should avoid newborn infants, people with impaired immune systems, and people with eczema or burns.

COVID-19

Coronavirus disease 2019 or COVID-19 is caused by the SARS CoV-2 virus. It can attack the lungs and respiratory system but can also affect other parts of the body.

COVID-19 can affect people in different ways. For some, illness can be mild. Others can become severely ill. Some children develop a rare, but serious inflammatory response (multisystem inflammatory syndrome or MIS-C). Some adults develop a condition called Long-COVID. They may recover then have symptoms that last or come back or develop new symptoms or health conditions within a few months of their illness.

Symptoms

Symptoms can appear 2-14 days after exposure to the virus. Symptoms can change with new COVID variants and vary depending on the vaccination status of the infected person. Symptoms can include:

- fever,
- chills,
- sore throat,
- fatigue,
- muscle or body aches,
- cough,
- congestion or runny nose,
- headache,
- nausea or vomiting,
- shortness of breath or trouble breathing,
- new loss of taste or smell, and
- diarrhea.

Transmission (how it spreads)

COVID-19 can be spread by anyone who is infected, even when they do not have symptoms. Infected people breath out droplets and particles that contain the virus. The droplets and particles can:

- land on the eyes, nose throat of others.
- be breathed in by others.
- land on surfaces. They can be transferred when someone touches the surface, then touches their eyes, nose, or throat.

The virus spreads quickly and can be very contagious.

There are 2 main types of tests that look for current infection with the COVID-19 virus.
Both tests use specimens from your nose or mouth.

- Laboratory tests, like the PCR test, are the "gold standard" of COVID tests. They are usually done by a healthcare provider. Results may take several days.
- Rapid tests provide results in minutes. Antigen tests are rapid tests that can be taken anywhere. Self-tests or at-home tests are antigen tests. Positive results are accurate. In general, these tests are less likely to detect the virus, especially when no symptoms are present. Because of this, a single negative antigen test cannot rule out infection.

There are several antiviral medicines to treat mild to moderate COVID-19. Doctors prescribe these medications, and they must be started within 5-7 days of when symptoms start.

People who are more likely to get very sick if they get COVID-19 should talk with their doctors about testing and treatment right away if they have symptoms. This includes people who are not vaccinated or up to date on vaccine, older adults, people with certain medical conditions, people with weakened immune systems, and pregnant people.

Prevention

- Talk with your doctor about COVID-19 vaccination. There are different types of COVID-19 vaccines. They protect in different ways, but all help protect against severe illness, hospitalization and death. COVID-19 vaccines are updated to protect against variants of the virus. Vaccines offer the best protection when you stay up to date.
- Practice good hygiene.
    - Cover coughs and sneezes with a tissue. Thow the tissue away after use and wash your hands. No tissue? Cough or sneeze into your elbow.
    - Wash hands with soap and water to remove dirt and germs. This decreases the chance of infection when you touch your eyes, nose, or mouth. No soap and water? Rub hands well with hand sanitizer containing 60% alcohol.
    - Clean/sanitize/disinfect frequently touched surfaces.
- Take steps for cleaner air. Germs that spread through the air spread easily in indoor spaces with poor air flow. You can improve air quality by:
    - increasing air flow (opening windows, doors, and using exhaust fans).
    - using air cleaners.
    - gathering with others outdoors.
- Protect others when you are sick.
    - Stay home and away from others if you have symptoms.
    - You can return to your normal activities when:
        - you are fever-free without the use of fever reducing medicines for at least 24 hours AND
        - your symptoms are better overall for at least 24 hours.
    - Take extra precautions (wearing a mask, physical distancing, and testing) for 5 days after returning to your normal activities.

For the latest guidance on COVID-19 prevention, check the CDC's website.

Control Measures

1. Parents should notify the childcare center if their child has COVID-19.
2. Children and staff with COVID-19 should be excluded until all of the following are true:
   - They are fever free without the use of fever reducing medications for at least 24 hours.
   - Their symptoms are better overall for at least 24 hours.
   - They are able to participate in normal daily activities.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period, and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms. Exclude symptomatic children and staff. They can return to childcare if they test negative.
7. Monitor and assure good handwashing for staff and children.
8. Monitor and assure appropriate cleaning/sanitation/disinfection of surfaces.

Parent Letter: COVID-19

Dear Parent or Guardian:

Someone in your child's classroom has COVID-19. COVID-19 is caused by the SARS CoV-2 virus. It can attack the lungs and respiratory system but can also affect other parts of the body.

COVID-19 can be spread by anyone who is infected—even when they do not have symptoms. Infected people breath out droplets and particles that contain the virus. The droplets and particles can:

- land on the eyes, nose throat of others.
- be breathed in by others.
- land on surfaces. They can be transferred when someone touches the surface, then touches their eyes, nose, or throat.

The virus spreads quickly and can be very contagious.

COVID-19 can affect people in different ways. For some, illness can be mild. Others can become severely ill. Some children develop a serious inflammatory response (multisystem inflammatory syndrome or MIS-C). Some adults develop a condition called long-COVID. They may recover then have symptoms that last or come back or develop new symptoms or health conditions within a few months of their illness.

You should:

1. **Watch your child for symptoms**. Symptoms can appear 2-14 days after exposure to the virus. They can include:
   - fever,
   - chills,
   - sore throat,
   - fatigue,
   - muscle or body aches,
   - cough,
   - congestion or runny nose,
   - headache,
   - nausea or vomiting,
   - shortness of breath or trouble breathing,
   - new loss of taste or smell, and
   - diarrhea.

   Symptoms can change with new COVID variants and vary depending on the vaccination status of the infected person.
2. **Call your child's doctor if they or someone in your family has symptoms,** especially if they are at greater risk of getting very sick from COVID-19. This includes young children, older adults, people with weakened immune systems, people with certain medical conditions, pregnant people, and those who are not up to date on their COVID-19 vaccine (or have not been vaccinated).

   There are several antiviral medicines to treat mild to moderate COVID-19. Doctors prescribe these medications, and they must be started within 5-7 days of when symptoms start.
3. **Call our center if your child has COVID-19** so we can watch for signs of infection in others.

4. **Keep your child home until all of the following are true:**
   - They are fever free without the use of fever reducing medications for at least 24 hours.
   - Their symptoms are better overall for at least 24 hours.
   - They are able to participate in normal daily activities.
5. **Prevent the spread of COVID-19.**
   - Talk with your doctor about COVID-19 vaccination. There are different types of COVID-19 vaccines. They protect in different ways, but all help protect against severe illness, hospitalization and death. COVID-19 vaccines are updated to protect against variants of the virus. Vaccines offer the best protection when you stay up to date
   - Practice good hygiene.
     - Cover coughs and sneezes with a tissue. Throw the tissue away after use and wash your hands. No tissue? Cough or sneeze into your elbow.
     - Wash hands with soap and water to remove dirt and germs. This decreases the chance of infection when you touch your eyes, nose or mouth. No soap and water? Rub hands well with hand sanitizer containing 60% alcohol.
   - Clean/sanitize frequently touched surfaces.
   - Take steps for cleaner air. Germs that spread through the air spread easily in indoor spaces with poor air flow. You can improve air quality by:
     - increasing air flow (opening windows, doors, and using exhaust fans).
     - using air cleaners.
     - gathering with others outdoors.
   - Protect others when you are sick.
     - Stay home and away from others if you have symptoms.
     - You can return to your normal activities when:
       - you are fever free without the use of fever reducing medicines for at least 24 hours **AND**
       - your symptoms are better overall for at least 24 hours.
     - Take extra precautions (wearing a mask, physical distancing, and testing) for 5 days after returning to your normal activities.

You can learn more about COVID-19 by visiting the Centers for Disease Control and Prevention at cdc.gov/covid/about/index.html.

Please call our center if you have questions. Thank you.

Croup

Croup is a common infection in young children that affects breathing. There are several causes of croup. The most common is a virus (human parainfluenza virus).

Symptoms

- Fever
- Cold symptoms like a stuffy or runny nose
- Hoarse voice
- "Barking" cough
- High pitched noise when breathing in

Croup often starts out like a cold. The hoarseness and cough start when the windpipe (trachea) and vocal cords (larynx) become swollen. Symptoms of croup often improve during the day and get worse at night.

Symptoms usually begin 2-7 days after infection with parainfluenza virus. They usually last 3-5 days.

Transmission (how it spreads)

The germs that cause croup spread:

- on droplets through the air when someone who is infected coughs or sneezes.
- by touching objects that have germs on them then touching your eyes, nose, or mouth.
- by close contact like touching or shaking hands.

Consider children with croup contagious for 3 days after the illness begins or until the fever is gone.

Prevention

- Wash hands often. Use soap and water. Scrub 20 seconds before rinsing and drying.
- Cover coughs and sneezes.
- Avoid close contact with people who are sick.
- Stay home when sick. Avoid close contact with others as much as possible.
- Clean and disinfect all mouthed toys and frequently used surfaces daily.
- Keep children from crowding together, especially during naps on floor mats or cots.
- Make sure that your center has good ventilation. Open the windows and have the children play outside as much as possible, even in the winter.

Control Measures

1. Parents should notify the center if their child has croup.
2. Notify staff of disease transmission, incubation period and symptoms.
3. Watch children for symptoms of illness and send them home when appropriate.
4. Send parent letter notifying families of possible exposure.
5. No exclusion unless:
   - there is a cause (fever, difficulty breathing, child looks or acts very ill, wheezing, etc.).
   - the child is not well enough to participate in usual activities.
   - the illness results in a greater need for care than the staff can provide without compromising the health and safety of other children.
6. Contact your childcare health consultant if croup affects a significant number of children and/or staff.
7. Monitor and assure correct handwashing and hygiene practices, covering coughs and sneezes, cleaning, sanitizing and disinfection.

Parent Letter: Croup

Dear Parent or Guardian:

Someone in your child's classroom has croup. Croup is a common infection in childhood. A virus usually causes croup. Croup germs spread:

- on droplets through the air when someone with croup coughs or sneezes.
- by touching objects that have germs on them then touching your eyes, nose, or mouth.
- by close contact like touching or shaking hands.

You should:

1. **Watch your child for symptoms**. Croup often starts out like a cold. Symptoms include:
   - fever,
   - hoarseness,
   - runny nose, and
   - a harsh cough that sounds like barking. Croup infection causes swelling of the vocal cords and windpipe. This causes the cough and hoarseness. It also makes it harder to breathe and makes breathing noisy.

   Symptoms are usually worse at night and generally last 3-5 days.
2. **Call your child's doctor if symptoms develop**. Your child's doctor can tell you how to treat your child's symptoms. Rarely croup can become serious and affect your child's breathing. Get emergency medical care if your child has trouble breathing.
3. **Call our center if your child develops croup symptoms**.
4. **Keep your child at home** if they:
   - have a fever. They can return when fever free for 24 hours without the use of fever reducing medicines.
   - do not feel well enough to take part in childcare activities.
5. **Prevent the spread of croup**.
   - Wash hands often. Use soap and water and scrub for at least 20 seconds.
   - Cover coughs and sneezes.
   - Don't allow your child to share plates, cups, and utensils with others.
   - Avoid close contact with people who are sick.
   - Keep your child up to date on childhood vaccines to prevent more serious upper airway infections.

To learn more about croup visit medlineplus.gov/croup.

REPORTABLE

Crypto (Cryptosporidiosis)

Cryptosporidiosis often called "Crypto", is an infection that causes watery diarrhea. *Cryptosporidium* parasites cause the illness. These parasites live in the gut of an infected person or animal and pass out of the body in their stool (poop). According to the CDC, there can be millions of Crypto parasites in the poop of an infected person or animal (58).

Symptoms

- Watery diarrhea
- Vomiting
- Abdominal cramping
- Fever
- Nausea
- Poor appetite

Symptoms may be mild to moderate. They usually appear 1-2 weeks after infection occurs. Symptoms may come and go for up to 30 days.

Transmission (how it spreads)

Crypto parasites are found in poop. Anything that gets contaminated with poop can spread the parasites. This includes:

- swallowing contaminated drinking water or recreational water (pools, lakes, rivers, fountains),
- eating contaminated food,
- touching contaminated objects like toys, diaper changing tables, diaper pails, faucets,
- touching or cleaning up after an infected animal, and
- oral/anal sexual contact.

Crypto can spread easily among young children who are still learning how to use the toilet and wash their hands. It can also spread among caregivers who change diapers and help children use the toilet.

Healthy people usually get better without treatment. Drinking plenty of fluids is important to reduce the chance of dehydration from diarrhea. People in poor health or with weakened immune systems who have Crypto should talk with their health care provider.

Doctors can diagnose Crypto by testing stool (poop) samples.

Prevention

- Wash hands well with soap and water (after using the toilet, helping a child use the toilet, diaper changing, and before eating or handling food). **Alcohol based hand sanitizer is not effective against Crypto.**
- Follow correct diaper changing procedures.
- Wash children's hands when they arrive at the center, after using the toilet, having diapers changed, and before eating snacks or meals.
- Follow disinfection procedures correctly.
- Staff who change diapers, when possible, should not prepare or serve food.

- Follow childcare center water play and swimming policies.

Control Measures

1. Parents should notify the childcare center if their child has Crypto.
2. Notify Wake County Communicable Disease Program: 919-250-4462. Communicable Disease staff determines exclusion and provides guidance needed to control an outbreak.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period, and symptoms.
5. Monitor staff/children for symptoms. Refer symptomatic children and staff to their healthcare provider for evaluation.
6. Monitor and assure good handwashing for children.
7. Monitor and assure that staff practices good handwashing, disinfection, and diapering procedures.
8. **Bleach is ineffective** in concentrations recommended for childcare settings. Contact your Environmental Health Specialist for an approved disinfectant solution.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

Diarrhea (Infectious)

Diarrhea is when there are more stools (poop) than normal, and the stools are loose, watery, and unformed. Viruses, bacteria, and parasites can cause diarrheal illness that spreads easily and quickly to other people (infectious diarrhea).

Symptoms

Depending on the cause, symptoms can include:

- fever,
- nausea,
- vomiting,
- bloating,
- cramps or pain in the abdomen,
- urgent need to have a bowel movement, and
- blood or mucus in the stool.

Antibiotic use, reaction to medicines, food allergies, trouble digesting certain foods, and diseases of the intestine can cause also diarrhea. Breastfed infants often have frequent, unformed stools. They should see their doctor if there is a significant change in how often they have stools or what the stools look like.

Transmission (how it spreads)

Germs that cause infectious diarrhea can spread when someone does not wash their hands well after using the bathroom. Germs on their hands can be spread to things in the environment like food, toys, sinks, faucets, and toilets. Someone else can become infected with the germs when they touch a contaminated surface, then touch their mouth (fecal-oral route).

People can also get diarrheal illness by:

- eating food or drinking beverages contaminated with germs.
- having close contact with a sick person while caring for them and/or while they are vomiting.
- sharing food or eating from the same utensils at a sick person.

Prevention

Use of universal precautions is key because viruses, bacteria and parasites that cause infectious diarrhea do not always cause symptoms in everyone. Carefully following sanitation guidelines will also help to prevent the spread of these infections**.**

- Wash hands well with soap and water for 15-20 seconds:
  - after using the toilet, changing a diaper, or helping someone use the toilet.
  - before eating; before, during, and after food preparation.

  According to the CDC, handwashing can prevent 30% of diarrhea-related sicknesses (54).
- Handle, prepare and store food safely.
  - Never eat raw, or undercooked meat or seafood
  - Wash all raw fruits and vegetables before peeling or eating them

    - Refrigerate or freeze perishable, prepared and leftover foods within 2 hours of purchase or use.
- When possible, avoid contact with people who are sick.
- People with diarrhea should not swim. Avoid swallowing water while swimming.

Control Measures

1. Parents should notify the childcare center if their child has diarrhea.
2. Exclude children and staff with diarrhea symptoms when the cause of diarrhea is unknown. Children and staff with symptoms should see their doctor to determine the cause of illness. Exclude staff until their diarrhea ends. Children can return to school when stool can be contained in their diaper, stool frequency is no more than 2 above their normal and they can participate in normal daily activities.
3. Contact your Childcare Health Consultant if there are more than 3 cases of diarrhea in your center.
4. Notify staff of disease transmission, incubation period and symptoms. Assure and increase monitoring of regular and thorough handwashing and hygiene practices
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms (2 or more stools above normal, stools containing blood or mucus, stools not contained in a diaper, fecal accidents by a child who is toilet trained). Anyone with symptoms should be excluded and referred to their health care provider for diagnosis and treatment. Encourage parents and staff to ask their healthcare provider about a stool culture. Those diagnosed with a specific intestinal infection, e.g., rotavirus, shigella, salmonella, giardia, etc. should bring a statement from their health care provider indicating that they are no longer infectious.

Parent Letter: Diarrhea

Dear Parent or Guardian:

One or more people in your child's class have diarrhea. We believe what causes the diarrhea could spread to other children. We are letting you know so you will know what to do if you see signs of illness in your child.

Viruses, bacteria, or parasites can cause diarrhea. These germs can cause an increase in stools (poop) that are watery and unformed. They can also cause symptoms like cramps or pain in the belly, fever, vomiting, bloating, nausea, and blood and mucus in the stool.

You should:

1. **Watch your child for symptoms.**
2. **Call your child's doctor if your child has symptoms.** Your doctor can test your child's stool to learn more about the cause of the diarrhea.
3. **Call our center if your child has symptoms.**
4. **Keep your child at home if they have symptoms.** They should stay home until the diarrhea is gone, they can eat a regular diet, or until your health care provider says they are not contagious.
5. **Prevent the spread of diarrhea by careful handwashing.** Use soap and water, scrub for 15-20 seconds, rinse well and dry. Wash hands:
   - after using the toilet, changing a diaper, helping someone use the toilet.
   - before eating.
   - before, during, and after preparing food.
   - after caring for and cleaning up after pets.
   - whenever hands feel or look dirty.

When we know more about the cause of the diarrhea, we will share that information with you. Thank you for your cooperation. Call our center if you have questions. For more information about diarrhea visit medlineplus.gov/diarrhea.

Thank you.

Ear Infections (Otitis Media)

Ear infections (otitis media) can occur when the eustachian tube (canal that links the middle ear to the throat area) cannot drain fluid from the middle ear and fluid builds up behind the eardrum. Viruses and bacteria in the ear can grow and lead to ear infections when the fluid can't drain. A cold, sore throat, respiratory infection, or a malformed eustachian tube can lead to ear infection.

Symptoms

- Crying more than usual
- Fever (especially in infants and younger children)
- Trouble sleeping or staying asleep
- Pain, especially when laying down
- Loss of balance
- Crankiness
- Tugging or pulling one or both ears
- Fluid draining from ears
- Trouble hearing
- Headache

Things that can increase the chances of ear infections include:

- age. Children have a greater risk of ear infections than adults. Young children between 6 months and 2 years have a greater risk because of the size and shape of their eustachian tubes, and their immune systems are still developing.
- a family history of ear infections.
- spending time in childcare. Children in group settings have more exposure to infections than children who stay home.
- seasonal allergies. High pollen counts may increase the chance of ear infection in people with seasonal allergies. Ear infections are more common in the fall and winter.
- bottle feeding. Babies fed from a bottle, especially when laying down, tend to have more ear infections.
- air quality. Risk of ear infection increases with exposure to secondhand smoke or high levels of air pollution.

Depending on the type of ear infection, treatment can be:

- wait and see (infections can clear up on their own).
- medication for pain and fever.
- antibiotics.
- monitoring children who have infections often.

Sometimes a child's doctor recommends ear tubes. During surgery, the doctor makes a small opening in the eardrum to drain the fluid and relieve pain and pressure. Small tubes put into the opening keep fluid from building up. The tubes fall out on their own within 6-12 months.

Possible long-term problems from ear infections include infections in other parts of the head, hearing loss, and problems with speech and language development.

Prevention

Following universal precautions, cleaning, sanitizing and disinfection guidelines, and careful handwashing limit the spread of germs that cause ear infections.

Control Measures

1. Parents should notify the childcare center if their child has an ear infection.
2. Ear infections are not contagious. Children do not have to stay home unless they have a high fever or cannot participate in center activities because of pain.
3. Tell parents if you see symptoms of an ear infection in a child. The child should go to their doctor to find out if they have an ear infection. Early evaluation and treatment help prevent hearing loss.
4. Follow universal precautions, especially careful, frequent handwashing, and sanitation guidelines.
5. Pick up mouthed toys.
6. Keep cots or baby beds 36 inches apart to limit the spread of colds and other illnesses.
7. Do not feed bottles to infants while they lay on their backs.
8. For children with ear infections:
    - watch for any sign of hearing or speech problems.
    - be sure that children taking antibiotics take the prescribed amount for the prescribed time. This helps prevent antibiotic resistant infections.
    - be careful that children with ear tubes do not get water in their ears.

REPORTABLE *E. coli* Infection

E. coli bacteria live in the intestines of people and animals. Most *E. coli* are harmless and are an important part of healthy human intestines. Some types of *E. coli* cause illness. The information on this page focuses on the types of *E.coli* that cause diarrhea

***Infection by a group of *E.coli* called Shiga toxin producing *E.coli* (STEC) is reportable in North Carolina.** STEC infections can lead to hemolytic uremic syndrome (HUS) in some people, more commonly in children under age 5. HUS can lead to kidney failure, permanent health conditions, and even death. Most people who develop HUS recover with early treatment.

Doctors diagnose *E. coli* infections by lab testing stool (poop) samples. Most people get better on their own. Antibiotics do not help treat this kind of infection. Drinking plenty of fluids is important to prevent dehydration.

Symptoms

Symptoms of *E. coli* infection depend on the bacteria causing the illness. They include:

- diarrhea that can be bloody or watery,
- stomach cramps that can be severe,
- fever in some people, and
- vomiting in some people.

Transmission (how it spreads)

Infection begins after swallowing tiny amounts of infected feces (poop). This can happen when people:

- don't wash their hands or don't wash them well after using the bathroom, helping someone use the bathroom, changing diapers, and contact with infected animals.
- eat contaminated food. Foods at higher risk for containing *E. coli* and other germs that cause diarrhea include:
    - raw or undercooked meat,
    - soft cheeses made from raw milk, and
    - uncooked dough or batter.
- drink contaminated beverages. Raw (unpasteurized) milk and juice as well as untreated water are higher risk for containing *E. coli* and other germs that cause diarrhea.
- touch or cleaning up after infected animals.

Prevention

- Wash hands well:
    - after using the bathroom, helping someone use the bathroom and changing diapers.
    - before, during, and after preparing food.
    - after contact with animals or their environments (farms, petting zoos, fairs, pets).

- Don't eat or drink high risk foods (raw milk, raw apple cider, soft cheeses made from raw milk, raw dough, or batter).
- Cook ground and needle tenderized meat to an internal temperature of at least 160°F/70°C. Cook steaks and roasts to at least 145°F/(62.6°C); allow meat to "rest" for 3 minutes after taking off the stove or grill. Use a food thermometer to check temperature; you can't tell doneness by color.
- Thoroughly wash and sanitize counters, cutting boards, and utensils after preparing raw meat.
- Don't swallow water while swimming or playing in lakes ponds, streams, and pools (including backyard "kiddie" pools).

Control Measures

1. Parents should notify the childcare center if their child has *an E.coli* infection.
2. Notify Wake County Communicable Disease Program, 919-250-4462, if a child has *E.coli* STEC infection. Communicable Disease Program staff determines exclusion, provides guidance, assists in notifying families, and recommends control measures depending on the circumstances.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period, and symptoms. Increase and monitor handwashing and hygiene practices.
5. Monitor staff/children for symptoms. Anyone with symptoms should see their healthcare provider for stool testing.

Parent Letter

Wake County Communicable Disease Program will provide guidance, assist in notifying families, and recommend control measures depending on the circumstances in each case.

REPORTABLE Encephalitis

Encephalitis is inflammation of the brain that results in swelling. Causes of encephalitis include:

- Infection from viruses, bacteria, parasites, and fungi (infectious encephalitis)
- Auto immune conditions where the body's immune responses attack the brain

Sometimes the cause is unknown.

Viruses are the most common cause of infectious encephalitis. Some viruses that can cause encephalitis are herpes simplex virus 1 (fever blisters/cold sores), herpes simplex virus 2 (genital herpes), enteroviruses (gastrointestinal illness), viruses spread by mosquitoes (Zika virus, West Nile virus), ticks (Powassan virus) and other insects.

Symptoms

Encephalitis is very serious and can be life threatening. People with symptoms that suggest encephalitis should get medical care right away.

Symptoms depend on the cause and the area of the brain affected.

- Headache
- Tiredness
- Fever
- Weakness
- Muscle and joint aches

More severe symptoms include:

- muscle weakness,
- confusion, agitation, hallucinations,
- trouble speaking or hearing,
- drowsiness.
- loss of consciousness or coma,
- seizures,
- sensitivity to light/sound, and
- paralysis or loss of sensation in certain areas of the face /body.

Symptoms in young children might include:

- bulging in the soft spot (fontanels) of the skull in infants,
- nausea and vomiting,
- body stiffness,
- Irritability, and
- not waking up for feeding; poor feeding.

Recognizing symptoms and getting early and effective treatment help reduce complications. Most people with encephalitis recover with proper care.

Prevention

- Wash hands well, especially after using the bathroom, helping someone use the bathroom, changing diapers, before eating, before during and after food preparation
- Stay up to date on vaccines. Childhood diseases, like measles, mumps and German measles, used to be common causes of encephalitis. Ask your doctor about required vaccinations if you travel abroad.
- Don't eat or drink after others. Don't share tableware.
- Prevent mosquito bites.
    - Get rid of standing water to stop mosquitoes from breeding. Tip and toss water in pet bowls, planters, birdbaths, buckets, small pools.
    - Use EPA registered insect repellants. Follow directions carefully, especially with young children. Use netting on strollers etc. for infants and younger children. Avoid using products that combine sunscreen and repellant.
    - Only open windows and doors with screens. Use fans and air conditioning to stay cool.
- Prevent tick bites.
    - Check yourself, children, and pets for ticks every day after being outside. Shower right away after coming inside.
    - Use EPA registered insect repellants. Follow directions carefully, especially with young children. Don't use products that combine sunscreen and repellant.
    - Treat pets for ticks.

Control Measures

1. Parents should notify the childcare center if their child is diagnosed with encephalitis.
2. Notify Wake County Communicable Disease Program: 919-250-4462. Communicable Disease Program staff determine exclusion and provide guidance and advice if/when:
    - notification of disease transmission, incubation period, and symptoms is needed.
    - monitoring staff/children for symptoms is needed.
3. Contact your Childcare Health Consultant.
4. Follow cleaning, sanitation, and disinfecting procedures to prevent the spread of germs that can cause encephalitis.
5. Make sure children and adults in your childcare center are up to date on immunizations.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families when needed.

Fifth Disease

Parvovirus B19 causes fifth disease, a mild rash illness. It is more common in children than adults. Slapped cheek disease and erythema infectiosum are other names for fifth disease.

Symptoms

Symptoms of fifth disease usually begin within 14 days of infection. Symptoms include:

- headache,
- fever,
- runny nose,
- upset stomach, and
- rash. A few days after early symptoms, a bright red rash appears on the face, usually on both cheeks. This is more common in children. Several days later, a rash that can be itchy, can appear on the chest, back, buttocks, arms, or soles of feet. The rash usually goes away in 7-10 days but can fade and reappear for a few weeks. Things that change body temperature like sunlight, bathing and exercise can affect this.

Sometimes people develop painful, swollen joints. This is more common in adults. It can last for months but typically only lasts 1-3 weeks. It usually goes away without any long-term problems.

The distinct red "slapped cheeks" look of fifth disease makes diagnosis easier for doctors. There is a blood test that used to diagnose fifth disease in some cases. Treatment usually focuses on symptom relief.

Transmission (how it spreads)

Parvovirus B19 spreads:

- in respiratory secretions (saliva, sputum, and nasal mucus) when an infected person coughs or sneezes.
- in infected blood or blood products.
- from an infected pregnant woman to her baby.

People infected with parvovirus B19 are most contagious early in the illness, before the rash starts. People who have weakened immune systems may be contagious longer.

Fifth disease usually goes away on its own. Healthy children and adults usually recover completely. While uncommon, some people can have complications like severe anemia.
This is more likely in people who have:

- sickle cell or similar kinds of long-term anemia.
- immune systems weakened by leukemia, cancer, organ transplants, or HIV infection.

People who have complications should see their healthcare provider for medical treatment. Pregnant women exposed to fifth disease or thought to have fifth disease should see their healthcare provider right away.

Prevention

- Wash hands often. Use soap and water. Scrub hands for at least 15-20 seconds before rinsing.
- Cover coughs and sneezes. Throw used tissues in the trash and wash hands.
- Avoid touching your eyes, nose, or mouth.
- Avoid being with sick people.
- Stay home when sick.

Control Measures

1. Parents should notify the childcare center if their child has fifth disease.
2. There is no exclusion if children are fever free, feel well enough to attend, and can participate in activities. People are not considered contagious once the rash appears.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period, and symptoms. Assure and intensify monitoring of hand washing, hygiene practices (including disposal of tissues contaminated with blood and mucus), and surface sanitation.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms.
7. Pregnant women and those at risk of complications should discuss their exposure with their healthcare provider.

Parent Letter: Fifth Disease

Dear Parent or Guardian:

Someone at our childcare center has fifth disease. Fifth disease is a mild rash illness caused by a virus (parvovirus B19). Adults and children can get fifth disease, but it is more common in children.

Fifth disease spreads in respiratory secretions (saliva, sputum, and nasal mucus) when someone infected with parvovirus B19 coughs or sneezes. It also spreads in infected blood or blood products and from an infected pregnant woman to her baby.

Fifth disease usually goes away on its own. Healthy children and adults usually recover completely. While uncommon, some people can have complications like severe anemia. Pregnant women, people with weakened immune systems, and people with sickle cell anemia should let their health care provider know if they have an exposure to fifth disease. Their health care provider can talk with them about the risk of infection, complications, and treatment.

You should:

1. **Watch your child for symptoms**. They include headache, fever, runny nose, and upset stomach. A few days after early symptoms, a bright red rash appears on the face, usually on both cheeks. This is more common in children.
   A rash, that can be itchy, can appear several days later on the chest, back, buttocks, arms, or soles of feet. The rash usually goes away in 7-10 days but can fade and come back for a few weeks. Things that change body temperature like sunlight, bathing and exercise can affect this.
   Sometimes people develop painful, swollen joints. This is more common in adults. It can last for months but typically only lasts 1-3 weeks. It usually goes away without any long-term problems.
2. **Call your child's doctor if your child has symptoms.**
3. **Call our center if your child has symptoms**.
4. **Your child can come to school as long as they are fever free, feel well enough to attend, and can take part in activities**. People with fifth disease are most contagious early in the illness, before the rash starts. People are not considered contagious once the rash appears. People who have weakened immune systems may be contagious longer.
5. **Prevent the spread of fifth disease.**
   - Wash hands often. Use soap and water. Scrub hands for at least 15-20 seconds before rinsing.
   - Cover coughs and sneezes. Throw used tissues in the trash and wash hands.
   - Keep your hands away from your eyes, nose, or mouth.
   - Avoid being with sick people.
   - Stay home when sick.

   To learn more about fifth disease, visit the CDC at cdc.gov/parvovirus-b19/about.

Flu (Influenza)

Flu is an illness that affects the lungs and other parts of the respiratory system. A group of influenza viruses cause the flu.

Symptoms

Flu symptoms usually begin 2 days after being exposed to someone who is infected (can range 1-4 days). Symptoms come on suddenly. They can include:

- cough,
- sore throat,
- runny or stuffy nose,
- muscle or body aches,
- headaches,
- fatigue (tiredness), and
- fever or feeling feverish/chills (not everyone has fever).

Some people have vomiting and diarrhea. This is more common in children.

Transmission (how it spreads)

Flu virus spreads through the air on tiny droplets spread through the air when someone who is sick coughs, sneezes, or talks. Others can become infected when they breathe in the droplets. Less often, it spreads by touching something with flu viruses on it then touching your eyes, nose, or mouth.

People with flu can spread the illness from the day before symptoms appear until at least 7 days after symptoms begin. Young children and those with weakened immune systems might be able to spread it longer.

Prevention

- Get influenza vaccine yearly.
- Stay home when sick. If you are sick, avoid close contact with others as much as possible.
- Avoid close contact with people who are sick.
- Cover coughs and sneezes.
- Wash hands often. Use soap and water
- Scrub 20 seconds before rinsing and drying.
- Clean and disinfect surfaces that may have flu viruses on them.

Control Measures

1. Parents should notify the center if their child is diagnosed with the flu.
2. Staff and children should stay home when sick. Staff and children can return when:
   - they are fever free for 24 hours without the use of fever reducing medicines, and
   - feel well enough to participate in childcare activities.
3. Notify staff of disease transmission, incubation period, and symptoms.
4. Send parent letter to notify families of possible exposure.
5. Watch children for symptoms of respiratory illness and send home when appropriate.
6. Contact your Childcare Health Consultant.
7. Monitor and assure correct handwashing, covering coughs and sneezes, and sanitizing /disinfection.
8. Childcare providers may want to discuss benefits of flu vaccine with their healthcare providers.

Parent Letter: Flu

Dear Parent or Guardian:

Someone in our center has the flu. Flu is caused by a group of viruses (influenza viruses) that affect the lungs and other parts of the respiratory system. It spreads when people

- with the flu spread tiny droplets in the air when they cough, sneeze, or speak. Others can become sick when they breathe in the droplets.
- touch something with flu germs on it, then touch their eyes, nose, or mouth. (This happens less often.)

You should:

1. **Watch your child for symptoms**. Symptoms of flu can begin suddenly. They can include:
    - fever or feeling feverish/chills (not everyone has fever),
    - cough,
    - sore throat,
    - runny or stuffy nose,
    - muscle or body aches,
    - headaches, and
    - fatigue (tiredness).

    Some people have vomiting and diarrhea. This is more common in children.
2. **Call your child's doctor if symptoms develop.** There is medicine (flu antiviral drugs) that can help lessen fever and flu symptoms and shorten the time of illness by a day. The medicine is prescribed by a doctor. It works best when started within 2 days of becoming sick with flu symptoms. Make sure your child gets extra rest and fluids.
3. **Call our center if your child develops symptoms**.
4. **Keep your child at home** until they:
    - Are fever free for 24 hours (without the use of fever reducing medicines) and
    - Feel well enough to take part in childcare activities.
5. **Prevent the spread of flu.**

    Yearly flu shots are the best prevention against flu. You should:
    - Avoid close contact with people who are sick. If you are sick, avoid close contact with others as much as possible.
    - Wash hands often. Use soap and water. Scrub for 20 seconds before rinsing and drying.
    - Keep your hands away from your eyes, nose and mouth. Hands can easily spread germs.
    - Clean and disinfect surfaces that may have flu germs on them.

To learn more about the flu, visit the Center for Disease Control and Prevention website cdc.gov/flu.

Giardia (Giardiasis)

Giardiasis is an infection of the intestines. A tiny parasite, *Giardia,* causes the infection. *Giardia* lives in the intestines of infected people and animals and passes out of the body in their stool (poop). Anything that touches *Giardia* infected stool can become contaminated. *Giardia* can be found in soil, water, or food. Most people become infected by contaminated water.

Symptoms

Symptoms of *Giardia* infection usually begin 1-2 weeks after becoming infected and can last from 2-6 weeks. They include:

- diarrhea,
- foul-smelling, greasy stool,
- stomach cramps or pain,
- gas,
- nausea or upset stomach, and
- dehydration.

Less common symptoms are fever, itchy skin, hives, joint, and eye swelling. *Giardia* infection can cause weight loss and keep the body from absorbing some of the nutrients it needs. Some people with *Giardia* infection have no symptoms. They can still spread *Giardia* to others. Symptoms may last longer in people who have weakened immune systems.

Transmission (how it spreads)

Giardia become wrapped in cysts (hard shells) before they leave the intestines. This lets *Giardia* live outside the intestines for months. People and animals become infected when they accidentally swallow the cysts in contaminated water and food. The cysts dissolve in the intestine and release the *Giardia*.

Giardia can also spread:

- on your hands to your mouth from surfaces contaminated with infected stool (like changing tables, diaper pails and toys).
- by having close contact with someone who has *Giardia* infection.
- by exposure to stool during sex.
- by contact with infected animals and their environments.
- when traveling to areas with poor sanitation.

A doctor diagnoses *Giardia* infection by lab testing stool (poop) samples. It may take several samples collected over a few days to make the diagnosis. A doctor prescribes medications to treat Giardia infection. It is important to prevent dehydration by drinking plenty of fluids while sick.

Prevention

- Wash hands often and well with soap and water. Be sure to wash:
    - after using the bathroom, helping someone use the bathroom and changing diapers.
    - before eating and preparing food.
    - after gardening, landscaping, and working with/playing in soil (even when using gloves).
- Don't drink untreated water or use ice made from it.
- Don't swallow water from pools, lakes, rivers, and other places you swim.
- Wash raw fruits and vegetables with safe, uncontaminated water.
- People at risk of infection during sexual activity should use barriers like condoms and dental dams.

Control Measures

1. Parents should notify the childcare center if their child has *Giardia*.
2. Exclude staff and children sick with *Giardia* until they are free from diarrhea for 24 hours.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period, and symptoms. Assure and intensify monitoring of handwashing, hygiene practices, and surface sanitation.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms.

Parent Letter: *Giardia* (Giardiasis)

Dear Parent or Guardian:

Someone in our center has giardiasis. Giardiasis is an infection caused by a germ called *Giardia*. *Giardia* lives in the intestines of infected people and animals and cause diarrhea. *Giardia* passes out of the body in the diarrhea.

Anything that touches *Giardia* infected poop can become contaminated. People and animals get infected when they accidentally swallow the *Giardia* in contaminated water and food. *Giardia* can also spread:

- on your hands to your mouth from surfaces contaminated with infected stool (like changing tables, diaper pails, and toys).
- by having close contact with someone who has *Giardia* infection.
- by exposure to stool during sex.
- by contact with infected animals and their environments.
- when traveling to areas with poor sanitation.

You should:

1. **Watch your child for symptoms**. Symptoms usually begin 1-2 weeks after infection and last from 2-6 weeks. Watch for diarrhea, stomach cramps or pain, nausea or upset stomach, gas, and greasy foul-smelling poop. Loss of appetite and weight loss may also occur. Some people don't have any symptoms.
2. **Call your child's doctor if your child has symptoms**. Your child's doctor can find out if they have *Giardia* by testing their poop. The doctor may prescribe medicine to treat the infection. You should call your healthcare provider if other members of your family have symptoms.
3. **Call our center if your child has symptoms**.
4. **Keep your child at home until they are free from diarrhea for 24 hours**.
5. **Prevent the spread of *Giardia***
    - Wash hands often and well with soap and water. Be sure to wash:
        - after using the bathroom, helping someone use the bathroom and changing diapers.
        - before eating and preparing food.
        - after gardening, landscaping, and working with/playing in soil (even when using gloves).
    - Don't drink untreated water or use ice made from it.
    - Don't swallow water from pools, lakes, rivers, and other places you swim.
    - Wash raw fruits and vegetables with safe, uncontaminated water.
    - People at risk of infection during sex should use barriers like condoms and dental dams.

Call our center if you have questions. To learn more about *Giardia* infection visit the CDC at. cdc.gov/giardia/about/. Thank you.

Hand, Foot, and Mouth Disease

Hand, foot, and mouth disease is a common illness in infants and young children under 5 years old. Different viruses cause hand, foot, and mouth disease. It is generally a mild illness and spreads easily. It is common in childcare settings and schools.

It is not the same as foot and mouth (or hoof and mouth) disease. Foot and mouth disease is a disease of farm animals. People cannot give hand, foot, and mouth disease to animals and animals cannot give foot and mouth disease to people.

Symptoms

Some people infected with hand, foot and mouth disease do not have symptoms. Others may have some or all of these symptoms:

- fever,
- eating or drinking less,
- sore throat,
- painful mouth sores that blister,
- feeling unwell, and
- skin rash (flat red spots, sometimes with blisters that form scabs) on the hands and feet. The rash can also appear on the knees, elbows, buttocks, or genital area.

Symptoms usually begin 3-6 days after infection with the virus and last from 7-10 days. Usually, people are most contagious during the first week they are sick. The virus can also spread to others if there are no symptoms and sometimes for days or weeks after symptoms go away.

Transmission (how it spreads)

The viruses that cause hand, foot, and mouth disease spread:

- in respiratory droplets (like saliva, drool, mucus from the nose) when a sick person coughs or sneezes.
- during close contact like touching, kissing, hugging, and sharing cups or eating utensils.
- by touching an infected person's feces (poop), like when changing diapers, then touching your eyes, nose, or mouth.
- by touching surfaces contaminated with the viruses, then touching your eyes, nose, or mouth.

Most people with hand, foot and mouth disease get better on their own. Treatment is usually symptom relief and drinking enough liquid to prevent dehydration.

Prevention

- Wash hands well. Be sure to wash hands:
    - after changing diapers,

    - after using the bathroom, or helping someone use the bathroom,
    - after blowing your nose or wiping a child's nose,
    - after coughing or sneezing, and
    - before and after caring for someone who is sick
- Help children wash their hands.
- Clean and disinfect frequently touched surfaces like doorknobs, toys, etc.
- Keep your hands away from your eyes, nose, and mouth.
- Avoid close contact with people who are sick.

Control Measures

1. Parents should notify the childcare center if their child has hand, foot, and mouth disease.
2. Children do not need to be excluded unless they have a fever or are too ill to attend and participate in activities. Children who have discomfort or difficulty eating and drinking due to blisters in the mouth should stay at home until they can tolerate a regular diet.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period and symptoms. Assure and intensify monitoring of hand washing, hygiene practices, sanitation, and disinfection.
5. Send parent letter to families of exposed children.
   Monitor staff/children for symptoms.

Parent Letter: Hand, Foot, and Mouth Disease

Dear Parent or Guardian:

Someone in your child's classroom has "hand, foot and mouth" disease. Different viruses cause hand, foot, and mouth disease. It is generally a mild illness. It is common among young children. It is not the same as foot and mouth disease. Foot and mouth disease is a disease of farm animals. People cannot give hand, foot, and mouth disease to animals. Animals cannot give foot and mouth disease to people.

People with hand, foot, and mouth disease may have none, some, or all of these symptoms:

- fever,
- sore throat,
- painful mouth sores that blister,
- feeling unwell,
- eating or drinking less, and
- skin rash (sometimes with blisters that form scabs) on hands and feet. The rash can also appear on the knees, elbows, buttocks, or genital area.

Symptoms usually start 3-6 days after infection and last from 7-10 days.

The viruses that cause hand, foot, and mouth disease spread:

- in respiratory droplets (like saliva, drool, and mucus from the nose) when a sick person coughs or sneezes,
- during close contact like touching, kissing, hugging, and sharing cups or eating utensils,
- by touching an infected person's feces (poop), like when changing diapers, then touching your eyes, nose, or mouth, and
- by touching surfaces contaminated with the viruses, then touching your eyes, nose, or mouth.

People with hand foot and mouth disease are more likely to spread the virus during the first week they are sick. The virus can also spread when there are no symptoms.

You should:

1. **Watch your child for symptoms**.
2. **Call your child's doctor if they have symptoms.**
3. **Call our center if your child has symptoms.**
4. **Keep your child at home until they are fever free, can take part in daily center activities and feel well enough to eat and drink.** Children often don't want to eat or drink anything because of painful sores in the mouth. Offer your child soft, bland foods (yogurt, sherbet, rice) and plenty of fluids.
5. **Prevent the spread of hand, foot, and mouth disease by**:
    - Washing hands well:
        - before and after preparing food and eating,

    - after using the bathroom, or helping someone use the bathroom,
    - after changing diapers,
    - after coughing or sneezing, and
    - before and after caring for someone who is sick.
- Help children wash their hands.
- Clean and disinfect surfaces touched often like doorknobs, toys, etc.
- Keep your hands away from your eyes, nose, and mouth.
- Avoid close contact with people who are sick.

You can learn more about hand, foot, and mouth disease by visiting the Centers for Disease Control and Prevention at cdc.gov/hand-foot-mouth. Call our center if you have questions.

Thank you.

Head Lice

Head lice are tiny bugs that can live on your scalp and hair. They have 6 legs with hooks on the end. They use their legs to hang on to the hair shaft near the scalp (mostly around and behind your ears and near the neckline at the back of your head). Less often, lice and nits (eggs) live on your eyelashes and eyebrows.

Head lice bite your scalp and feed on small amounts of blood several times a day. They can only live a day or so off your body. Head lice do not spread disease.

Head lice have 3 forms.

- Nits (eggs). Female head lice lay nits on the hair shaft near the scalp. Nits are oval shaped and hard to see. Sometimes they can look the same color as the hair. People often confuse them with dandruff, hair spray drops, or scabs. Nits are glued to the hair shaft and usually hatch in 8 to 10 days. The shell is left behind when the lice hatch. Nits and their shells can be hard to remove. Eggs don't live long away from the body.
- Nymph. Nymphs are immature lice that hatch from the nit. They look like adult lice only smaller. They mature into adults 9-12 days from hatching from the nit. Nymphs can only live for several hours without feeding on blood.
- Adult. Adult head lice are about the size of a sesame seed. They are tan to grayish white. Adults can live about 30 days on someone's head. Females are usually larger than males and can lay about 6 eggs a day. Newly hatched lice grow into adults and begin laying eggs in 2 weeks.

Symptoms

- Itching. Chemicals in head lice saliva cause an allergic reaction to their bites. Check for lice if you see children continue to scratch their heads.
- Feeling like something is moving in your hair.
- Trouble sleeping. Lice are more active in the dark.
- Sores from scratching. The sores can get infected by bacteria normally found on the skin.

Adult lice are small, avoid light, and move quickly. This makes it hard to diagnose a head lice infestation. A magnifying glass and natural light may make it easier to see lice and nits. Finding a live nymph or adult louse is a sign of infestation. You should ask your healthcare provider if you are not sure.

There are over-the-counter and prescription shampoos, creams, and lotions to treat head lice. Some kill the lice, and some kill the nits. Sometimes you need to repeat the treatment. It depends on the medicine used and if there are still live lice after the treatment. Ask your doctor or pharmacist about which treatment to use, especially if you are pregnant, nursing, have allergies or asthma, or the

treatment is for a young child. Check household members and other close contacts. Treat those with signs of infestation at the same time.

The following can be combined with treatment to help get rid of head lice:

- Wash bedding, hats, scarves, clothing, towels etc. used by the infested person in the 2 days before they started treatment. Wash and dry using hot water and hot air cycles. Dry clean things that cannot be washed or seal them in a plastic bag for 2 weeks.
- Vacuum floors and furniture to remove hairs from the infested person that might have living nits attached.

Transmission (how it spreads)

Head lice spread easily. They move by crawling. They do not hop or fly. They spread most often by head-to-head contact with someone who has head lice. Spread by contact with clothing (hats, scarves, coats) and personal care items (combs, brushes, or towels) is less common.

Anyone can get head lice. Personal hygiene, cleanliness at home or in school has nothing to do with head lice. Head lice are common among children in pre-school, elementary school children, and household members of infested children. This is because they often have head-to-head contact during play.

Prevention

- Teach children to avoid head-to-head contact during play and other activities.
- Teach children to avoid sharing clothes, items that you put on your head, (barrettes, ribbons, hats) and personal care items likes combs, brushes, and towels.
- Consider another choice besides dress-up clothes if lice are a regular problem.
- Store children's coats and clothing so that they do not touch.

Control Measures

1. Parents should notify the childcare center if their child has head lice.
2. Exclude anyone with lice/nits until first treatment is complete.
3. Wash (or send home for laundering) all clothing and bedding of those infested. These should be washed in HOT water and dried in a HOT dryer (or ironed).
4. Send combs, brushes, and other personal care items home. Instruct parents to wash them with hot soapy water and rinse thoroughly.
5. Contact your Childcare Health Consultant
6. Notify staff of head lice infestation and symptoms to watch for.
7. Examine all staff and children for lice/nits. When checking for lice, use gloves or hand washing between each person.

Continued on next page

Control Measures continued

8. Ensure regular and thorough handwashing.
9. Send parent letter to families of exposed children.
10. Wash dress-up clothes and hats using hot wash and dry cycles. Dry clean or store items that cannot be washed in a tied plastic bag until there are no new cases for three weeks.
11. Vacuum all rugs, mattresses, upholstered furniture. Vacuum van/vehicles if used to transport children to the center. Discard and replace vacuum cleaner bags.
12. Recheck all children and staff daily for the next two weeks as nits may hatch during this time. You may need to repeat these procedures.

Parent Letter: Head Lice (Someone in your child's class)

Dear Parent or Guardian:

Someone in your child's class has head lice. Head lice are tiny bugs that live on people's scalp and hair. They are a common problem in pre-school and school age children. They are not a sign of unclean people, homes, or schools. They do not cause disease.

Head lice spread most often by head-to-head contact with someone who has them. Spread by contact with clothing (hats, scarves, coats) and personal care items (combs, brushes, or towels) is less common. Head lice move by crawling, they do not hop or fly.

You should:

1. **Watch your child for signs of head lice.** Signs of head lice include:
   - seeing lice or nits. Female head lice lay their eggs (nits) on the hair shaft. Nits are oval shaped and hard to see. Sometimes they can look the same color as the hair. People often confuse them with dandruff, hair spray drops, or scabs. Adult head lice are about the size of a sesame seed. They are tan to grayish white. They avoid light and move quickly. A magnifying glass and natural light may make it easier to see lice and nits. Finding a live nymph or adult louse is a sign of infestation. Ask your child's doctor if you are not sure.
   - itching. This is an allergic reaction to head lice bites. Check your child if they are scratching their head.
   - feeling like something is moving in your hair.
   - trouble sleeping. Lice are more active in the dark.
   - sores from scratching. Sores made by scratching can get infected with bacteria normally found on the skin.
2. **Call your child's doctor if they have head lice**. Ask what treatment they recommend**.** This is important when the treatment is for a young child or if the person with head lice is pregnant, nursing, and has allergies or asthma. There are over-the-counter and prescription shampoos, creams, and lotions to treat head lice. It is important to **follow the directions that come with the recommended treatment.**
3. **Check others in your home if your child has head lice.** Household members with lice should be treated at the same time.
4. **Call our center if your child has head lice.**
5. **Keep your child at home until treatment has been completed.** Check your child for lice or nits every day for the next 2 weeks. You may need repeat the treatment. It depends on the medicine used and if there are still live lice after the treatment. If you are not sure, ask your doctor. **Follow the directions that come with the recommended treatment.**
6. **Wash bed linens, towels and clothing used by your child/household members who have head lice in the 2 days before treatment**. Use HOT water and HOT dry cycles. Dry clean items that cannot be washed.

7. **Put non-washable items like stuffed bed toys and pillows in the dryer on a HOT air cycle for 20 minutes**. You can also put items that cannot be washed into a tightly sealed plastic bag for 3 weeks.
8. **Wash all combs and brushes in hot soapy water and rinse completely**.
9. **Vacuum rugs, cars, and upholstered furniture**. Put the vacuum bag (outside) in the trash after vacuuming.
10. **Prevent the spread of head lice.**
    - Teach children to avoid head-to-head contact during play and other activities.
    - Teach children to avoid sharing clothes, items that you put on your head, (barrettes, ribbons, hats) and personal care items likes combs, brushes, and towels.

Learn more about head lice by visiting the Centers for Disease Control and Prevention at cdc.gov/lice/about/head-lice.html.

Call our center if you have questions. Thank you.

Parent Letter: Head Lice (Your child)

Dear Parent or Guardian:

Your child has head lice. Head lice are tiny bugs that live on people's scalp and hair. They are a common problem in pre-school and school age children. They are not a sign of unclean people, homes, or schools. They do not cause disease.

Head lice spread most often by head-to-head contact with someone who has them. Spread by contact with clothing (hats, scarves, coats) and personal care items (combs, brushes, or towels) is less common. Head lice move by crawling, they do not hop or fly.

You should:

1. **Call your child's doctor or your pharmacist to find out what treatment they recommend.** This is important when the treatment is for a young child or if the person with head lice is pregnant, nursing, and has allergies or asthma. There are over-the-counter and prescription shampoos, creams, and lotions to treat head lice. It is important to **follow the directions that come with the recommended treatment.**
2. **Check others in your home for head lice.** Household members with lice should be treated at the same time. Signs of head lice include:
   - seeing lice or nits. Female head lice lay their eggs (nits) on the hair shaft. Nits are oval shaped and hard to see. Sometimes they can look the same color as the hair. People often confuse them with dandruff, hair spray drops, or scabs. Adult head lice are about the size of a sesame seed. They are tan to grayish white. They avoid light and move quickly. A magnifying glass and natural light may make it easier to see lice and nits. Finding a live nymph or adult louse is a sign of infestation. Ask your doctor if you are not sure.
   - itching. This is an allergic reaction to head lice bites.
   - feeling like something is moving in your hair.
   - trouble sleeping. Lice are more active in the dark.
   - sores from scratching. Sores made by scratching can get infected with bacteria normally found on the skin.
3. **Keep your child at home until treatment has been completed.** Check your child for lice or nits every day for the next 2 weeks. You may need to repeat the treatment. It depends on the medicine used and if there are still live lice after the treatment. If you are not sure, ask your doctor. **Follow the directions that come with the recommended treatment.**
4. **Wash bed linens, towels and clothing used by your child/household members who have head lice in the 2 days before treatment**. Use HOT water and dry in a HOT drier. Dry clean these items that cannot be washed.
5. **Put non-washable items like stuffed bed toys and pillows in the dryer on a HOT air cycle for 20 minutes.** You can also put items that cannot be washed into a tightly sealed plastic bag for 3 weeks.
6. **Wash all combs and brushes in hot soapy water and rinse completely**.

7. **Vacuum rugs, cars, and upholstered furniture**. Put the vacuum bag (outside) in the trash after vacuuming.
8. **Prevent the spread of head lice.**
    - Teach children to avoid head-to-head contact during play and other activities.
    - Teach children to avoid sharing clothes, items that you put on your head, (barrettes, ribbons, hats) and personal care items likes combs, brushes, and towels.

Learn more about head lice by visiting the Centers for Disease Control and Prevention at cdc.gov/lice/about/head-lice.html.

Call our center if you have questions. Thank you.

REPORTABLE Hepatitis A

Hepatitis is inflammation (swelling) of the liver. Inflammation and damage keep the liver from working fully to prevent infections, filter the blood, and process nutrients. Heavy alcohol use, toxins, some medications, and some medical conditions cause hepatitis. Some viruses cause hepatitis as well; hepatitis A is one of the most common in the US.

Symptoms

Not everyone with hepatitis A infection has symptoms. Adults are more likely than children to have symptoms. Symptoms usually appear 2-7 weeks after infection and can include:

- fatigue,
- loss of appetite,
- diarrhea,
- jaundice (yellowing of the skin and whites of the eyes),
- nausea and vomiting,
- joint pain, and
- dark urine or light-colored stools.

Symptoms usually last only a couple of months. Some people are sick for up to 6 months.

Long term complications (liver failure and death) from hepatitis A infection are rare. They typically occur in older people and people with serious medical conditions like chronic liver disease.

Transmission (how it spreads)

Hepatitis A virus can spread up to 2 weeks before symptoms appear. It is very infectious; a very small amount of the virus causes infection. The virus is found in the blood and stool of an infected person. It spreads when a healthy person ingests the virus, usually by:

- eating contaminated food or drink, and/or
- during close, personal contact (sexual activity, caring for someone who is ill, sharing drugs with others).

A blood test can show if someone has recent infection with hepatitis A virus. Treatment includes rest, good nutrition, rest, and fluids. People with severe symptoms need hospital care.

Prevention

- Vaccination is the best way to prevent hepatitis A infection.
- A dose of vaccine can prevent hepatitis A if given within 2 weeks of exposure. In some cases, doctors use hepatitis A immune globulin to provide short term protection following exposure to hepatitis A as well.
- Practice good handwashing especially after using the bathroom, changing diapers, helping someone use the bathroom, caring for someone who is sick, and before, during, and after food preparation.

- Take precautions when traveling to areas of the world where hepatitis A is common.

Control Measures

1. Parents should notify the childcare center if their child is diagnosed with hepatitis A.
2. Notify Wake County Communicable Disease Program if someone in your center has hepatitis A: 919-250-4462. Communicable Disease Program Staff determines exclusion and provides guidance needed to control an outbreak.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period and symptoms.
5. Monitor staff/children for symptoms. Exclude anyone with symptoms and to their healthcare provider for evaluation.
6. Monitor and assure good handwashing.
7. Monitor and assure good surface disinfection.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

REPORTABLE Hepatitis B

Hepatitis is inflammation (swelling) of the liver. Inflammation and damage keep the liver from working fully to prevent infections, filter the blood, and process nutrients. Heavy alcohol use, toxins, some medications, and some medical conditions cause hepatitis. Viruses often cause hepatitis; the hepatitis B virus is one of the most common in the US.

Symptoms

Some people with hepatitis B have no symptoms. Others have symptoms like:

- fever,
- joint and muscle pain,
- abdominal pain,
- loss of appetite,
- fatigue,
- dark urine,
- nausea,
- vomiting,
- light or clay-colored stools, and
- jaundice (the skin and whites of the eyes become yellow).

Symptoms can appear any time between 8 weeks to 5 months after exposure (average 90 days). Illness ranges from acute (short term) illness with no or mild symptoms to chronic (long term) illness. Most people infected with hepatitis B clear the virus from their bodies.

People who are unable to clear the virus after 6 months have chronic infection. People with chronic infection have greater risk of liver damage, cirrhosis, liver cancer and even death.
Younger people with hepatitis B infection are more likely to develop chronic infection. Ninety percent (90%) of infected infants develop chronic infection compared to about 5% of adults (57).

Doctors use blood tests to diagnose hepatitis B. People at risk of hepatitis B infection should be tested.

There is no cure for hepatitis B. There are medications that can control or stop the virus from damaging the liver.

Transmission (how it spreads)

Hepatitis B virus spreads through infected blood or other body fluids. It can enter the body of someone not infected or vaccinated:

- during birth (mother to child),
- during sex with a partner who has hepatitis B,
- when sharing needles, syringes, or drug equipment,
- when sharing personal care items like razors, toothbrushes, and glucose monitors with someone who has hepatitis B,
- from direct contact with blood or open sores of someone with hepatitis B, and
- from needlesticks and other contaminated sharp objects in the workplace.

The risk of exposure to hepatitis B in the childcare setting is greatest from managing accidents and illness. Exposure can occur when giving first aid to a person with a cut, scrape or bite and handling body fluids that may contain blood (vomit, diarrhea, drainage from skin sores).
Use of universal precautions and personal protective equipment reduce risk.

Prevention

- Vaccination. North Carolina law requires that children have hepatitis B vaccine.
    - Monitor children's vaccine records regularly to make sure children are up to date on their vaccines
    - Offer hepatitis B vaccine to staff at risk of workplace exposure to blood or potentially infectious body fluids.

  Timely treatment (hepatitis B vaccine and in some cases hepatitis B immune globulin) can prevent hepatitis B infection and chronic hepatitis B for those exposed to infected blood and body fluids.
- Exposure control plan. OSHA regulations require employers have, and train employees in, a workplace exposure control plan to lessen or remove employee risk of exposure to blood borne pathogens. This includes practicing universal precautions, measures to control exposure, and a reporting plan.
- Universal Precautions.

Control Measures

1. Parents are not required to notify the childcare center if their child is diagnosed with hepatitis B.
2. Notify Wake County Communicable Disease Program if someone in your center has hepatitis B: 919-250-4462. WCHHS determines exclusion and provides guidance needed to control an outbreak.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period and symptoms.
5. Monitor staff/children for symptoms.
6. Monitor and assure use of universal precautions and use of PPE
7. Monitor and assure regular and thorough handwashing.
8. Monitor and assure surface disinfection, especially surfaces contaminated with blood.
9. Assess immunization records to assure children and staff are up to date on hepatitis B vaccine.

Parent Letter

Wake County Communicable Disease Program staff will provide guidance and assistance in notifying families. They will also recommend control measures depending on the circumstances in each case.

REPORTABLE Hepatitis C

Hepatitis is inflammation (swelling) of the liver. Inflammation and damage keep the liver from working fully to prevent infections, filter the blood, and process nutrients. Heavy alcohol use, toxins, some medications, and some medical conditions cause hepatitis. Viruses often cause hepatitis; the hepatitis C virus is one of the most common in the US. It is a major cause for liver transplants in the US.

Symptoms

- Yellow skin or eyes (jaundice)
- Fatigue
- Loss of appetite
- Throwing up
- Upset stomach
- Joint pain
- Fever
- Dark urine
- Stomach pain

Hepatitis C does not cause symptoms in everyone. Symptoms, if present, usually occur within 2-12 weeks of exposure to the virus. Hepatitis C can cause acute (short term) illness. Some people clear the virus from their bodies. Most people infected with hepatitis C develop chronic (long term) illness. People with chronic infection have greater risk of liver damage, cirrhosis, liver cancer and even death.

Transmission (how it spreads)

Hepatitis C spreads by contact with blood of an infected person. This can happen from:

- sharing needles and drug injection equipment (how most people become infected),
- use of non-sterile instruments for body piercing and tattoos,
- sex with an infected person,
- mother to infant during birth,
- health care exposures,
- sharing personal care items (toothbrushes, razors, glucose monitors, nail clippers, etc.) with an infected person, and
- blood transfusions and organ transplants. This is rare since screening the blood supply for hepatitis C began in 1992.

The risk of exposure to hepatitis C in the childcare setting is greatest from managing accidents and illness. Exposure can occur when giving first aid to a person with a cut, scrape or bite and handling body fluids that may contain blood (vomit, diarrhea, drainage from skin sores). Use of universal precautions and personal protective equipment reduce the risk.

There is a treatment for hepatitis C, usually pills taken for 8-12 weeks. Most people with hepatitis C can be cured.

Doctors use a blood test to diagnose hepatitis C. People at risk of hepatitis C infection should get tested regularly. This includes people who completed treatment or cleared the virus on their own because you can get hepatitis C more than once.

Prevention

- There is no vaccine to prevent hepatitis C**.**
- Exposure control plan. OSHA regulations require employers have, and train employees in, a workplace exposure control plan. The plan describes how to lessen or remove employee risk of exposure to blood borne pathogens. This includes practicing universal precautions, ways to control exposure, and a reporting plan.
- Universal Precautions.

Control Measures

1. Parents are not required to notify the childcare center if their child is diagnosed with hepatitis C.
2. Notify Wake County Communicable Disease Program if someone in your center has hepatitis C: 919-250-4462. Communicable Disease Program staff determines exclusion and provides guidance needed to control an outbreak.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period, and symptoms.
5. Monitor staff/children for symptoms.
6. Monitor and assure use of universal precautions and use of PPE.
7. Monitor and assure regular and thorough handwashing.
8. Monitor and assure surface disinfection, especially surfaces contaminated with blood.

Parent Letter

Wake County Communicable Disease Program staff will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

REPORTABLE

HIB (*H. influenzae*, Type B Disease)

Haemophilus influenzae (H. influenzae) is a group of bacteria. There are 6 types of *H. influenzae* as well as some that are "nontypable". These bacteria can cause infection in different parts of the body.

H. influenzae type B (Hib) infections can be mild, like an ear infection. "Invasive " HIB disease occurs when Hib germs travel to places in the body that are normally free from germs (like the lining of the brain and spinal cord and bloodstream). Invasive Hib disease is serious and can result in illness like:

- epiglottitis (severe swelling of the throat),
- cellulitis (skin infection),
- meningitis (swelling of the lining of the brain and spinal cord),
- infectious arthritis (swelling of the joints),
- pneumonia (lung infection), and
- septicemia (blood stream infection).

Symptoms

Symptoms of *H. influenzae* infection depend on the part of the body affected.

- Meningitis: fever, headache, stiff neck, nausea (with or without vomiting) sensitivity to light, confusion. Babies may be irritable, vomit, eat poorly, have abnormal reflexes, appear slow or inactive.
- Pneumonia: fever, chills, cough, trouble breathing or shortness of breath, sweating, chest pain, headache, muscle aches/pain, and being very tired.
- Bloodstream infection: fever and chills, being very tired, belly pain, nausea (with or without vomiting), diarrhea, anxiety, trouble breathing or shortness of breath, and confusion.

Experts don't know the length of time between infection and when symptoms appear. It can be as little as a few days.

Doctors typically use laboratory tests on blood and spinal fluid to diagnose *H. influenzae* infection. Treatment is usually with antibiotics.

Transmission (how it spreads)

H. influenzae bacteria can be found in the nose and throat and usually don't cause a problem. People with the bacteria, who are not sick, can spread them to others. Infection can result when the bacteria move to other parts of the body.

- Coughing and sneezing. *H. influenzae* bacteria, including Hib, spread on respiratory droplets when an infected person coughs or sneezes. Others become infected when they breathe in the droplets.
- Close and lengthy contact. *H. influenzae* can also spread during close and lengthy contact with someone who has *H. influenzae* disease.

Prevention

- Vaccine. North Carolina law requires children get Hib vaccine. People under age 5 are at the greatest risk of disease and complications. People with certain medical conditions are also at risk and should get Hib vaccine.
- Regular and thorough handwashing.
- Cover coughs and sneezes with a tissue. Wash hands after using and throwing away used tissues.
- Stay away from people who are sick.

People can get *H. influenzae* infection more than once. In some cases, close contacts of someone with *H. influenzae* get treatment with antibiotics to prevent illness.

Control Measures

1. Parents should notify the childcare center if their child has Hib.
2. Notify Wake County Communicable Disease Program if someone in your center has Hib: 919-250-4462.
3. Exclude as soon as infection is suspected until cleared by a health care professional.
4. Contact your Childcare Health Consultant.
5. Notify staff of disease transmission, incubation period, and symptoms.
6. Monitor staff/children for symptoms.
7. Ongoing monitoring of immunization records.
8. Monitor and assure handwashing for staff and children.
9. Monitor and assure coughs and sneezes are covered with disposable tissue.
10. Monitor and assure sanitation and disinfection.

Parent Letter

Wake County Communicable Disease Program staff will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

REPORTABLE HIV/AIDS

The human immunodeficiency virus causes HIV. The virus attacks the body's immune system and makes it harder to fight infection. Untreated, HIV can lead to AIDS (acquired immunodeficiency syndrome).

People with AIDS have badly damaged immune systems. They suffer increasing numbers of severe illnesses called opportunistic infections. Once someone gets HIV, they have it for life. There are effective treatments to help keep people with HIV healthy and help prevent the development of AIDS.

Symptoms

Some people do not feel sick right away or at all. Some people have flu-like symptoms within 2-4 weeks after infection. Symptoms may last a few days or a few weeks and can include:

- fever,
- night sweats,
- mouth ulcers,
- chills,
- muscle aches,
- fatigue,
- rash,
- sore throat, and
- swollen lymph nodes.

These can be symptoms of other illnesses too. Testing is the only way to know for sure if someone has HIV.

Transmission (how it spreads)

HIV spreads when infected body fluids (blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk):

- enter the bloodstream (like from a needle or syringe).
- come into contact with:
    - a mucus membrane (eyes, nose, mouth, sex organs, rectum), or
    - skin that has rashes, cuts, sores, or abrasions (scrapes)

HIV also can spread from mother to child during pregnancy, birth, or breastfeeding.

HIV does not usually spread through urine, stool, vomit, saliva, mucus, sweat or tears. There are times when these body fluids can contain blood. The risk of transmission exists if these fluids contain HIV infected blood and come into contact with mucus membranes or non-intact skin.

Prevention

- Universal precautions
- Safer sex
- Treatment to prevent transmission
- Not injecting drugs; not sharing needles, syringes, or drug injection equipment

Control Measures

1. Universal precautions. **This is important as there is no requirement for parents to inform care providers of their child's HIV status.**
2. Notify Wake County Communicable Disease Program if someone in your center has HIV: 919-250-4462.
3. Exposure control plan. Contact your Childcare Health Consultant for help developing an exposure control plan for your childcare center. There should also be a plan that protects staff and children whose immune system is compromised (for whatever reason).
4. Exclusion: None. If the local health director determines there is a significant risk of transmission, the health director notifies the parents/guardian that the child must be placed in an alternate childcare setting that eliminates significant risk of transmission. 10A NCAC 41A .0202
5. An HIV positive child's physician and parents must make decisions regarding childcare placement. There must be guarantees of strict confidentiality when those outside the immediate family have information about a child's HIV status. Children with known HIV infection should have a care plan in place to ensure that they receive safe and appropriate care and have protection from unintended breaches of confidentiality.

Impetigo

Impetigo (also called infantigo) is a skin infection. It is common among pre-school and school age children.

Group A *Streptococcus* (Group A strep) and *Staphylococcus aureus* (commonly found on the skin) are two bacteria that usually cause impetigo. Infection starts when the bacteria enter the body through breaks in the skin (cuts, scrapes, rashes, bites, irritated skin from a runny nose). It can also occur when there are no breaks in the skin.

A doctor can usually tell by looking at the rash if it is impetigo. Sometimes they test fluid from the blisters. Doctors treat impetigo with antibiotic:

- ointment for small areas of infected skin.
- pills or liquid for larger areas of infected skin or when ointment isn't working.

Complications from impetigo are rare. Sometimes people develop kidney problems and rheumatic fever (a disease that can affect the heart, joints, brain, and skin) after infection with impetigo.

Symptoms

Impetigo can develop anywhere on the body. It is more common on exposed skin (hands, mouth, arms, and legs). Impetigo starts with small round, red itchy blisters. The blisters break open and leak a clear fluid or pus. Then a honey-colored crust or scab forms that heals without making a scar.

Transmission (how it spreads)

Impetigo spreads by:

- touching the sores/fluid from the sores,
- touching things that have come into contact with infected skin (clothes, towels, bed linens), and
- scratching the infected skin then scratching another part of the body.

Prevention

Impetigo spreads very easily. To help prevent the spread of impetigo:

- keep skin clean,
- wash cuts and scrapes well with soap and water, and
- wash hands carefully.

During treatment:

- cover open, infected areas with gauze and tape or a loose bandage.
- keep fingernails clean and cut short to prevent scratching that could worsen infection.

Control Measures

1. Parents should notify the childcare center if their child has impetigo.
2. Exclude children and staff with impetigo until they have been on antibiotic treatment for 24 hours. Keep sores covered while in the group setting.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms. Refer anyone with symptoms to their health care provider for diagnosis and treatment.
7. Intensify and assure thorough handwashing as well as surface cleaning and disinfection.
8. Wash and sanitize mouthed toys after each use. Other toys should be washed and sanitized daily.
9. Wash contaminated laundry daily.

Parent Letter: Impetigo

Dear Parent or Guardian:

Someone in your child's classroom has impetigo. Impetigo is a skin infection that is common in pre-school and school age children.

Impetigo (also called infantigo) is caused by bacteria that are commonly found on the skin. The bacteria group A *Streptococcus* (group A strep), and *Staphylococcus aureus* can cause infection when they enter the body through breaks in the skin (cuts, scrapes, rashes, or bites). A runny nose can also cause breaks in skin that allow impetigo bacteria to cause infection.

Impetigo spreads easily by:

- touching the sores/fluid from the sores,
- touching things that have come into contact with infected skin (towels, clothes, bed linens), and
- scratching the infected skin, then scratching other parts of the body.

You should:

1. **Watch your child for symptoms.** Impetigo begins with small itchy blisters. The blisters break open and leak clear fluid or pus. Then a honey-colored crust or scab forms. Impetigo can develop anywhere on the body. It is more common on exposed skin (hands, mouth, arms, and legs). It can also develop in the diaper area in young children.
2. **Call your child's doctor if they develop symptoms.** Doctors treat impetigo with antibiotic ointment, pills, or liquid.
3. **Call our center if your child has symptoms.**
4. **Keep your child at home.** Your child can come back to preschool when they have been on treatment 24 hours. Keep the infected area covered with gauze and tape or a loose bandage until it is healed.
5. **Prevent the spread of impetigo.**
   - Keep skin clean.
   - Wash hands carefully.
   - Wash cuts and scrapes well with soap and water.
   - Keep skin injuries (cuts, scrapes, bug, bites), eczema, and skin rashes clean and covered.
   - During treatment:
     - cover open, infected areas with gauze and tape or a loose bandage, and
     - keep fingernails clean and cut short to prevent scratching that could lead to worse infection.

Learn more about impetigo by visiting the Centers for Disease Control and Prevention at www.cdc.gov/group-a-strep/about/impetigo.html. Call our center if you have questions. Thank you.

REPORTABLE Measles (Rubeola)

The virus that causes measles spreads very easily. Measles can be dangerous, especially for babies and young children. It can lead to hospitalization and serious health problems like pneumonia, encephalitis (swelling of the brain), complications during pregnancy (miscarriage, premature birth), and even death.

Symptoms

Measles symptoms usually begin 7-14 days after infection with the virus. They include

- high fever,
- cough,
- runny nose, and
- red, watery eyes (conjunctivitis).

White spots may appear in the mouth 2-3 days later. A rash appears 3-5 days after symptoms begin.

- The rash starts as flat red spots on the face at the hair line.
- Small, raised bumps may develop on the flat spots. The spots may join together as they spread down the neck to the rest of the body.
- A fever of more than 104°F may spike when the rash appears.

There is no treatment for measles. Medical care focuses on symptom relief and taking care of complications.

Transmission (how it spreads)

Measles virus spreads through the air on droplets during coughing and sneezing and on contaminated surfaces. People become infected by breathing contaminated air and/or touching contaminated surface then touching their eyes, nose, or mouth.

The measles virus can live in the air for up to 2 hours. Measles spreads so easily that if 1 person has it, 9 out of 10 unprotected people around them will become infected (28). People with measles can spread the virus from 4 days before through 4 days after the rash appears.

Prevention

Anyone who is not protected against measles is at risk of infection. The best protection is vaccination! Measles outbreaks continue to occur in the US despite the availability of measles vaccine. This is because:

- There are communities that have large groups of unvaccinated people among whom measles easily spreads and
- Measles outbreaks also occur in countries where Americans often travel so more cases are brought into the US.

North Carolina law requires children to have measles vaccine.

Control Measures

1. Parents should notify the childcare center if their child has measles.
2. Notify Wake County Communicable Disease Program: 919-250-4462. Communicable Disease Program staff determines exclusion and provides guidance needed to control an outbreak.
3. Contact your Childcare Health Consultant to review immunization records.
4. Notify staff of disease transmission, incubation period and symptoms. Monitor staff/children for symptoms.
5. Intensify monitoring of and assure regular and thorough handwashing and hygiene practices.
6. Monitor and assure appropriate environmental cleaning, sanitation and disinfection practices.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

REPORTABLE Meningitis-Bacterial

Meningitis-Viral Non-reportable

Meningitis is inflammation (swelling) of the covering of the brain and spinal cord. Some bacteria, viruses, fungi, parasites, and amoebae can cause meningitis. Information in this section focuses on meningitis caused by viruses and bacteria.

Meningitis can be serious. **People with symptoms of meningitis should see a doctor right away.** Only a doctor can determine the cause of meningitis and the best treatment.

Bacterial Meningitis

Bacterial meningitis is a very serious illness. Most people with bacterial meningitis recover but can have permanent disabilities like brain damage, learning disabilities and hearing loss. Some bacteria that can cause meningitis are associated with sepsis—a body's extreme response to infection that can quickly lead to tissue damage, organ failure and death.

Symptoms

Sudden symptoms include:

- headache,
- fever, and
- stiff neck.

Other symptoms include:

- nausea,
- vomiting,
- eyes being more sensitive to light, and
- confusion.

Newborns and babies may:

- be slow, inactive,
- be irritable,
- vomit,
- not eat well,
- have a bulging soft spot (fontanel) on their head, and
- have abnormal reflexes.

Transmission (how it spreads)

Different bacteria can cause meningitis. The way it spreads depends on the type of bacteria. Most are spread from one person to another. Some are spread through contact with saliva and discharge from the nose, like when coughing, kissing, sharing eating utensils and drinking glasses, or personal items like toothbrushes. Other bacteria that can cause meningitis spread in feces (poop).

Some people can have disease causing bacteria in or on their bodies. They do not get sick themselves (carriers) but can spread the bacteria to others.

Early diagnosis and treatment are very important. Lab tests on blood and the fluid around the spinal cord let doctors know which bacteria cause bacterial meningitis. They can then treat it with the right antibiotic. Doctors or the health department may recommend antibiotic treatment for people who were in close contact to or household contacts of someone with bacterial meningitis. It depends on the bacteria causing the illness and the risk of illness to those exposed. People exposed to anyone diagnosed with bacterial meningitis should check with their doctor to see if they need antibiotic treatment.

Viral Meningitis

Viral meningitis is the most common form of meningitis. Anyone can get viral meningitis. Children under age 5 and people with weakened immune systems are at greater risk. Severe disease is more likely in babies under 1 month old and those with weakened immune systems.

Symptoms

More common in babies are:

- fever,
- irritability,
- poor eating,
- sleepiness or trouble waking up from sleep, and
- lack of energy (lethargy).

More common in children and adults are:

- fever,
- headache,
- stiff neck,
- sleepiness or trouble waking up from sleep,
- eyes being more sensitive to light,
- nausea,
- irritability,
- vomiting,
- lack of appetite, and
- lack of energy (lethargy).

Transmission (how it spreads)

The way viral meningitis spreads depends on the virus that causes it. Some of the viruses that cause meningitis are present in saliva, mucus, and feces (poop). They can be spread by direct contact with an infected person or contact with an infected object or surface.

Doctors diagnose viral meningitis by lab tests done on secretions from the nose or throat, blood, feces (poop), or fluid from around the spinal cord. Most people recover from viral meningitis on their

own. A doctor may prescribe antiviral medicines in some cases. Sometimes people need hospital care if they are at risk for or get severe disease.

Preventing meningitis

- Practice good hygiene and health habits.
    - Wash hands with soap and water often, especially after using the bathroom, changing diapers, or helping others use the bathroom. Use hand sanitizer when soap and water are not available.
    - Avoid close contact with people who are sick.
    - Cover coughs and sneezes with tissues. Use your sleeve or elbow if you don't have a tissue.
    - Avoid sharing drinking glasses, eating utensils, or personal items like toothbrushes.
- Stay up to date on vaccines. Vaccines protect against some of the viruses and bacteria that can cause meningitis. North Carolina law requires children have pneumococcal conjugate vaccine (PCV).
- Clean and disinfect frequently touched surfaces.
- Handle, store, and prepare foods safely. Pregnant women should prevent *Listeria* infections by avoiding certain foods.
- Pregnant women should ask their doctor about group B *Streptococcus* testing. This helps prevent mothers who may be infected from passing the bacteria to their newborns during delivery.

Control Measures

1. Parents should notify the child care center if their child is diagnosed with meningitis.
2. Notify Wake County Communicable Disease Program if someone in your center has bacterial meningitis: 919-250-4462. The Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.
3. Exclude children and staff suspected of meningitis until they are cleared to return by a healthcare professional.
4. Contact your Childcare Health Consultant.
5. Notify staff of disease transmission, incubation period and symptoms.
6. Monitor staff/children for symptoms.
7. Monitor and intensify handwashing and other hygiene practices.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

Mono (Mononucleosis)

Mononucleosis is also called mono, infectious mononucleosis, glandular fever, and "the kissing disease". Several different viruses can cause mono; the most common cause is the Epstein Barr virus. Anyone can get mono. It is more common among teens and young adults.

Symptoms

Symptoms usually start four to six weeks after infection. They may not appear at the same time and may come on slowly. Symptoms include:

- extreme tiredness,
- fever,
- sore throat,
- head and body aches,
- swollen glands in the neck and armpits,
- swollen liver, swollen spleen, or both (less common), and
- rash.

Doctors can usually diagnose mono by the symptoms. Lab tests may be done when there is a need to know the specific cause of illness. Symptoms are generally mild in children and more severe in teens and adults.

People with mono should get plenty of rest and drink fluids to stay hydrated. Doctors may recommend over the counter medications for pain and fever. Antibiotics are not used to treat mono since it is caused by viruses.

Mono can cause the spleen to enlarge. Doctors advise against intense exercise and contact sports until fully recovered to avoid a ruptured spleen.

Transmission (how it spreads)

The viruses that cause mono usually spread through body fluids, especially saliva. People with mono can spread the viruses when sharing lip balm, eating utensils, drinking glasses, and when kissing. It can also spread in saliva when sharing toothbrushes, mouthed toys, cups, and bottles.

Prevention

- Wash hands often with soap and water.
- Avoid being around someone sick with mono.
- Clean and sanitize mouthed toys.
- Don't kiss someone who is sick with mono.
- Don't share toothbrushes, eating utensils, cups, or other personal care items

Control Measures

1. Parents should notify the center if their child has mono.
2. Exclusion is not required unless recommended by a healthcare provider, the child has a fever or does not feel well enough to participate in regular activities.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms.
7. Monitor and assure good handwashing at all times.
8. Clean and sanitize mouthed toys before they are shared.
9. Avoid kissing children on the mouth.

Parent Letter: Mono (Mononucleosis)

Dear Parent or Guardian:

Someone in your child's classroom has mononucleosis (also called mono or the kissing disease). Different viruses cause mono. Anyone can get mono however it is more common in teens and adults.

People with mono may have these symptoms:

- extreme tiredness,
- fever,
- sore throat,
- head and body aches,
- swollen glands in the neck and armpits,
- swollen liver, swollen spleen, or both (less common), and
- rash.

Symptoms usually start 4 to 6 weeks after being exposed to the virus. They may not appear at the same time and come on slowly. Symptoms are usually mild in children and tend to be more severe in adolescents and young adults.

The viruses that cause mono usually spread through body fluids, especially saliva. People with mono can spread the viruses when kissing, and sharing:

- lip balm,
- eating utensils, drinking glasses and cups,
- toothbrushes,
- mouthed toys, and
- bottles.

Mono is not treated with antibiotics because it is caused by viruses. People with mono should get plenty of rest and drink fluids to stay hydrated. Doctors may recommend over the counter medications for pain and fever. They also recommend against exercise and contact sports until fully recovered to protect the spleen.

You should:

1. **Watch your child for symptoms**.
2. **Call your child's doctor if they have symptoms.**
3. **Call our center if your child has symptoms.**
4. **Follow the advice your child's doctor gives about returning to childcare.** Your child should be fever free and feel well enough to take part in daily center activities.
5. **Prevent the spread of mono.**
   - Wash hands often with soap and water.
   - Avoid being around someone sick with mono.
   - Don't kiss someone who is sick with mono.
   - Don't share toothbrushes, eating utensils, cups, or other personal care items.
   - Make sure children don't share bottles, cups, or mouthed toys.

You can learn more about mono by visiting the Centers for Disease Control and Prevention at www.cdc.gov/epstein-barr/about/mononucleosis.html. Please call our center if you have questions. Thank you.

MRSA (Methicillin Resistant *Staphylococcus aureus*)

Staphylococcus aureus (staph) is a kind of bacteria. About 1/3 of the population has staph bacteria in their nose or on their skin (122). Staph usually doesn't cause any problems unless it enters the body through a break in the skin. Most people have minor skin problems when that happens.

MRSA is an antibiotic-resistant staph. It does not respond to treatment by several antibiotics. This makes it harder to treat the infections they cause. It allows them to spread and sometimes become life threatening. MRSA can be found in healthcare settings and in the community (where you live, work, go to school, etc.) This information focuses on MRSA in the community.

Symptoms

Symptoms depend on the affected part of the body. MRSA may appear on the skin as a bump or infected area that is:

- painful,
- red,
- swollen,
- like a pimple or spider bite,
- full of pus, drainage, and
- warm to the touch.

Fever is also a symptom of MRSA.

Doctors can tell if a skin infection is staph or MRSA. They test for MRSA with fluid samples from the nose, wound, urine or blood. Early medical care can lessen the chance of serious infection.

Transmission (how it spreads)

MRSA germs spread by skin-to-skin contact with someone who has MRSA and contact with surfaces that have been in contact with someone's infection. MRSA spreads easily when people are close together (schools, childcare settings, dorms, locker rooms, prisons, military barracks etc.) and share equipment.

Prevention

- Don't pick or pop sores. Keep an eye on skin problems. See your doctor if they become infected or you have a fever.
- Wash hands often with soap and water or use alcohol-based hand rub especially after touching a wound, changing a bandage, and handling dirty clothes
- Keep your body clean, especially after exercise.
- Keep cuts, scrapes, and wounds clean and covered until they are healed.

- Don’t share personal care items like razors, towels, and clothing/uniforms.

Doctors may, in some cases, treat MRSA infection with prescribed soaps and washes that help remove MRSA germs from the skin. This helps keep the germs from spreading to others.

Control Measures

1. Parents should notify the childcare center if their child has MRSA.
2. Children with MRSA can attend childcare unless they:
   - have been told not to by a doctor,
   - cannot keep their wound covered,
   - cannot participate in daily activities and/or have a fever, and
   - maintain good personal hygiene like handwashing.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms.
7. Intensify monitoring of and assure hand washing and hygiene practices.
8. Assure routine surface cleaning and sanitizing/disinfection.

Parent Letter: MRSA

Dear Parent or Guardian:

Someone in your child's classroom has MRSA (methicillin resistant *Staphylococcus aureus*). "Staph" is bacteria found on the skin and in the nose of about 1/3 of the population. Staph germs usually don't cause a problem unless they enter the body through a break in the skin. Most people have only minor problems when that happens.

MRSA is a kind of staph that resists treatment by some antibiotics. That makes it harder to treat the infections they cause and allows the germs to spread. There are other antibiotics that can still stop MRSA infection. Early treatment is important to lessen the chance the infection will become severe.

Symptoms of MRSA depend on the part of the body that is affected.
Skin infections with MRSA may appear on the skin as a bump or infected area that is:

- painful,
- like a pimple or spider bite,
- red,
- warm to the touch,
- swollen, and
- full of pus, drainage

Fever is also a symptom of MRSA.

MRSA germs spread by skin-to-skin contact with someone who has MRSA and contact with surfaces that have been in contact with someone's infection. MRSA spreads easily when people are close together (schools, childcare settings, dorms, locker rooms, prisons, military barracks etc.) and share equipment.

You should:

1. **Watch your child for symptoms.**
2. **Take your child to the doctor if they have symptoms.**
3. **Call our center if your child has symptoms.**
4. **Children with MRSA can attend school unless:**
   - their doctor recommends they stay home.
   - they are not able to take part in normal daily center activities.
   - they have a fever (must be fever 24 hours without fever reducing medicine).
   - they can't follow routine handwashing and hygiene practices.
   - their sores cannot stay covered with a clean, dry bandage.
5. **Prevent MRSA and its spread.**
   - Keep an eye on skin problems. Don't pick or pop sores. See your doctor if they become infected or you have a fever.
   - Wash hands often with soap and water or use alcohol-based hand rub especially after touching a wound, changing a bandage, and handling dirty clothes.
   - Keep your body clean, especially after exercise.
   - Keep cuts, scrapes, and wounds clean and covered until they are healed.
   - Don't share personal care items like razors, towels, and clothing/uniforms.

You can learn more about MRSA by visiting the Centers for Disease Control and Prevention at www.cdc.gov/mrsa/about/. Please call our center if you have questions. Thank you.

REPORTABLE Mumps

Mumps is an illness caused by the mumps virus. It used to be common among infants, children, and young adults. Mumps does not occur as often because of routine MMR (measles, mumps and rubella vaccine) vaccination.

Symptoms

Mumps symptoms usually start anywhere from 12 to 25 days after infection. The illness begins with:

- fever,
- headaches,
- tiredness,
- loss of appetite, and
- muscle aches

These symptoms are followed by puffy cheeks and a tender swollen jaw caused by swelling of salivary glands (the glands that make spit, found in front of and below your ear). Some people have mild illness and symptoms go away in a couple of weeks. Others have no symptoms.

Doctors diagnose mumps by lab tests done on fluid from your nose and throat blood or urine. Treatment usually focuses on symptom relief (over the counter medicine for pain, ice/heat packs for swollen cheeks, rest, and drinking plenty of fluids). Doctors don't prescribe antibiotics because they don't work on viruses.

Transmission (how it spreads)

The virus that causes mumps spreads through saliva and respiratory droplets from the nose, mouth and throat. This can happen while:

- sharing things that have saliva on them (cups, water bottles, eating utensils, mouthed toys),
- coughing, sneezing, and talking, and
- having close contact (playing sports, dancing, kissing, etc.).

People with mumps can spread the virus a few days before their salivary glands start to swell. They can still spread the virus for up to 5 days after the swelling starts.

Sometimes mumps causes complications (mainly in adults) like:

- deafness, and
- inflammation of the testicles, ovaries and/or breast tissue, pancreas, brain and covering of the brain and spinal cord.

Prevention

- Vaccination with MMR (measles, mumps and rubella) or MMRV (measles, mumps, rubella and varicella) vaccine is the best way to prevent mumps. North Carolina law requires children to have mumps vaccine.

- Stay home when sick. People with mumps should avoid close contact with others during the time they are able to spread the virus.
- Stay away from sick people.
- Cover coughs and sneezes.
- Wash hands often.
- Don't share cups, glasses, and personal care items like toothbrushes.
- Clean and sanitize/disinfect surfaces.

Control Measures

1. Parents should notify the childcare center if their child has mumps.
2. Notify Wake County Communicable Disease Program (919-250-4462) if someone in your center has mumps. Communicable Disease Program staff will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.
3. Exclude:
   - anyone with symptoms. Refer them to their doctor.
   - anyone with mumps for 5 days after the beginning of swelling.
   - non-immunized children/staff for 26 days after parotid swelling first appeared in the last case.
4. Contact your Childcare Health Consultant. Review immunization records for children and staff.
5. Notify staff of disease transmission, incubation period and symptoms.
6. Monitor staff/children for symptoms.
7. Monitor and assure good handwashing and cover coughs and sneezes.
8. Clean and sanitize mouthed toys.
9. Clean and sanitize/disinfect surfaces.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

Pink Eye (Conjunctivitis)

Pink eye is a common eye condition. It occurs when the clear layer of tissue that covers the white of the eye and lines the eyelids (conjunctiva) becomes swollen or inflamed. Viruses, bacteria, allergens, and other things that can irritate the eye (chemicals, dust, smoke, contact lenses, a loose eyelash, etc.) can cause pink eye. Pink eye can also occur with other infections like colds or ear infections. The information on this page focuses on pink eye caused by viruses and bacteria.

Symptoms

Conjunctivitis is called pink eye because the white part of the eye turns red or pink. Symptoms include:

- swelling of the eyelids or layer of tissue that lines the white of the eye,
- watery, teary eyes,
- itching, burning irritation,
- wanting to rub the eye,
- discharge (mucus or pus), and
- crusting of eyelids or lashes.

Transmission (how it spreads)

Pink eye caused by viruses and bacteria spreads very easily. This can be from:

- close personal contact, like touching or shaking hands,
- contact with droplets spread through the air by coughing or sneezing, and
- rubbing your eyes with unwashed hands after touching surfaces with germs on them.

Most cases of pink eye caused by viruses clear up in 1-2 weeks without treatment. Sometimes it can take 2-3 weeks to clear up. Doctors can treat serious viral pink eye with antiviral medicines.

Pink eye caused by bacteria usually clears up in 2-5 days without treatment but may take up to 2 weeks. Doctors may use antibiotics to treat bacterial pink eye.

Prevention

- Wash hands often with soap and water, especially after touching someone with pink eye or their personal items.
- Avoid rubbing or touching your eyes with unwashed hands.
- Avoid sharing personal care items like makeup, makeup brushes, eye drops, contact lenses and storage cases, eyeglasses, towels, and bedding.

Control Measures

1. Parents should notify the childcare center if their child has pink eye.
2. Exclude children if they have a fever or are not able to participate in normal daily activities.
3. Contact your Childcare Health Consultant.
4. Notify staff of pink eye transmission, incubation period and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff and children for symptoms. Refer staff and children to their healthcare provider or assessment.
7. Monitor and assure regular and thorough handwashing, especially before and after touching the eyes, nose, and mouth.
8. Assure sanitation of objects that touch the hands or faces (tables, doorknobs, toys, etc.)

Parent Letter: Pink eye

Dear Parent or Guardian:

Someone in your child's classroom has pink eye. Pink eye is a very common eye condition. It is called pink eye because the white part of the eye turns red or pink. This happens when the clear layer of tissue that covers the white of the eye and lines the eyelids (conjunctiva) becomes swollen or inflamed.

Different things cause pink eye. Viruses, bacteria and allergens are most often the cause. Sometimes it follows another illness like a cold or ear infection.

People with pink eye want to rub their eyes and have:

- swelling of the eyelids,
- watery, teary eyes,
- itching, burning irritation,
- discharge (mucus or pus), and
- crusty eyelids or lashes.

You should:

1. **Watch your child for symptoms.**
2. **Call your child's doctor if they or someone in your family has symptoms.** Sometimes pink eye will get better on its own in 1-2 weeks. Doctors may prescribe an antiviral medicine for pink eye caused by a virus. They may prescribe an antibiotic for pink eye caused by bacteria.
3. **Call our center if your child has pink eye** so we can watch for signs of infection in others.
4. **Prevent the spread of pink eye.**
    - Wash hands often with soap and water, especially after touching someone with pinkeye or their personal items.
    - Avoid rubbing or touching your eyes with unwashed hands.
    - Avoid sharing personal care items like makeup, makeup brushes, eye drops, contact lenses and storage cases, eyeglasses, towels, and bedding.

You can learn more about pinkeye by visiting the Centers for Disease Control and Prevention at cdc.gov/conjunctivitis/about/index.html

Please call our center if you have questions. Thank you.

Pinworms

Pinworms are the most common worm infection in the US. They are tiny worms, about the length of a staple. Anyone can get pinworms. Pinworm infections are commonly found in:

- preschool and school age children. Pinworm infections are often found in childcare centers.
- people who live in institutions.
- household members and caretakers of people with pinworm infection.

Symptoms

Some people have no symptoms. Others can have:

- an itchy anal area,
- trouble sleeping because of itching,
- irritability because of lack of sleep,
- irritated or infected skin around the anus (because of scratching), and
- irritation of the vagina in girls (if worm enters the vagina instead of the anus,

Transmission (how it spreads)

Pinworm eggs are tiny and can spread to others when:

- infected people touch or scratch the anal area. The eggs get on their fingers or under their fingernails. People can reinfect themselves and spread the eggs to others by touching food or other objects that someone puts in their mouth. People become infected when they swallow the eggs.
- handling an infected person's clothing, towels, and bedding.
- they get into the air and are breathed in.

Pinworm eggs can survive outside the body in an indoor environment for 2-3 weeks.

Once swallowed, pinworm eggs hatch in the small intestine. Adult worms live in the colon and rectum. Female worms travel to the anus (usually at night when people sleep) and lay their eggs. This causes a strong itch that can disturb sleep. The time from swallowing eggs to the female laying eggs is about one month.

Doctors can tell if someone has pinworms by a "tape test". Adhesive tape can be put against the skin in the anal area. The eggs will stick to the tape. They can be seen by looking at them under a microscope.

Doctors treat pinworm infection with prescribed medicines. Doctors may treat the whole family when one person has pinworms because they can spread so easily. Treatment may be repeated in two weeks.

Prevention

- Wash hands carefully especially:
    - before eating,

    - after using the bathroom,
    - after helping someone use the bathroom,
    - after changing a diaper, and
    - before handling and preparing food.
- Keep fingernails short and clean. Don't bite your nails
- Avoid scratching your bottom
- Change into clean underwear every day.

Control Measures

1. Parents should notify the childcare center if their child has pinworms.
2. No exclusion is required for pinworm infection.
3. Contact your Childcare Health Consultant.
4. Notify staff of pinworm transmission, incubation period and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms. Refer anyone with symptoms to their healthcare provider.
7. Monitor and assure thorough handwashing.
8. Keep nails short and clean.
9. Assure surface cleaning, sanitation, and disinfection.
10. Launder bedding daily if possible until treatment is complete. Avoid shaking bedding to prevent spreading eggs through the air.

Parent Letter: Pinworms

Dear Parent or Guardian:

Someone in your child's classroom has pinworms. Pinworms are the most common worm infection in the US. It is often seen in preschool and school age children.

Pinworms are tiny worms. They are spread when infected people touch or scratch their anal area (bottom). The pinworm eggs get on their fingers or under their fingernails. The eggs can then be spread to food or other objects that someone puts in their mouth. People become infected when they swallow the eggs. Pinworms can also spread when:

- handling an infected person's clothing, towels, and bedding, and
- they get into the air and are breathed in.

Once swallowed, pinworm eggs hatch in the small intestine. Adults live in the colon and rectum. Female worms travel to the anus (usually at night when people sleep) and lay their eggs. The time from swallowing eggs to the female laying eggs is about one month.

Some people with pinworms don't have any symptoms. Others can have:

- an itchy anal area (caused by the female laying her eggs),
- trouble sleeping because of itching,
- irritability (because of lack of sleep),
- irritated or infected skin around the anus (because of scratching, and
- irritation of the vagina in girls (if worm enters the vagina instead of the anus).

You should:

1. **Watch your child for symptoms.**
2. **Call your child's doctor if they or someone in your family has symptoms.** Doctors can tell if someone has pinworms by putting adhesive tape can be put against the skin in the anal area. Pinworm eggs will stick to the tape and can be seen under a microscope. Doctors prescribe medicine to get rid of the pinworms. Doctors may treat the whole family for pinworms because they can spread so easily.
3. **Call our center if your child has pinworms so we can continue to monitor for and prevent the spread of pinworms.**
4. **Prevent the spread of pinworms**:
    - Wash hands carefully, especially before eating, before handling and preparing food, after using the bathroom, changing a diaper and after helping someone use the bathroom
    - Keep fingernails short and clean. Don't bite your nails.
    - Avoid scratching your bottom.
    - Change into clean underwear every day.

You can learn more about pinworms by visiting the Centers for Disease Control and Prevention at www.cdc.gov/pinworm/about/. Please all our center if you have questions. Thank you.

Pneumonia

Pneumonia is an infection in one or both lungs. It causes the air sacs in the lungs to fill up with fluid or pus.

Viruses, bacteria, fungi, and parasites can cause pneumonia. People of any age can get pneumonia but children under age 5 and people over 65 years of age are at increased risk. Risk is greater for the youngest (a one-year-old has greater risk than a 4-year-old). Also at greater risk are people:

- with long-term medical conditions,
- with weakened immune systems,
- who are around sick people,
- who smoke cigarettes, and
- who drink too much alcohol.

Symptoms

Pneumonia symptoms range from mild to severe depending on overall health, age and the cause. Symptoms of pneumonia include:

- fever,
- chills,
- cough, usually with thick mucus made in your lungs (phlegm),
- chest pain when coughing or breathing,
- shortness of breath,
- fatigue,
- nausea, vomiting, or diarrhea, and
- confusion (altered mental status).

Any child (especially infants) with symptoms of breathing difficulty, persistent cough or fever should receive prompt medical evaluation.

Doctors diagnose pneumonia by physical exam, blood tests, chest x-rays and other tests depending on your age and how severe your symptoms are.

Treatment for pneumonia depends on the cause. Doctors treat pneumonia caused by bacteria and some fungi with antibiotics. Antiviral medicines treat pneumonia caused by viruses. Antifungal medicines treat pneumonia caused by fungi.

Transmission (how it spreads)

The spread of pneumonia depends on the type of pneumonia and the germs that cause it. It can be spread when:

- people who are sick with pneumonia cough or sneeze germs into the air and others breath them in, and

- touching a surface or object contaminated with germs that cause pneumonia, then touching your nose or mouth.

Prevention

- Vaccines can prevent some of the illnesses that cause pneumonia (HIB, pneumococcal, pertussis, RSV, COVID-19, flu, measles, chickenpox). North Carolina requires children have HIB, pertussis and pneumococcal conjugate vaccine (PCV) to enter childcare programs.
- Wash hands well and regularly.
- Cough or sneeze into tissues or your elbow or sleeve.
- Clean and sanitize frequently touched surfaces.
- Stop smoking. Avoid secondhand smoke.
- Manage chronic health conditions (like asthma, diabetes, COPD, and heart disease).

Control Measures

1. Parents should notify the childcare center if their child has pneumonia.
2. There is no exclusion for pneumonia unless child has a fever or is too ill to participate in daily center activities.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms.
7. Monitor and assure covering of coughs and sneezes.
8. Monitor and assure handwashing at appropriate times.
9. Monitor and assure surface cleaning and sanitation.

Parent Letter: Pneumonia

Dear Parent or Guardian:

Someone in your child's classroom has pneumonia. Pneumonia is an infection that causes the air sacs in the lung(s) to fill up with fluid. Viruses, bacteria, fungi, and parasites can cause pneumonia. How pneumonia spreads depends on the germ that causes it.

Anyone can get pneumonia. People who are at greater risk are under age 5 and over age 65. People with long-term medical conditions, weakened immune systems, who smoke cigarettes and drink too much alcohol are also at risk.

Symptoms range from mild to severe depending on overall health, age, and the germ causing pneumonia. Symptoms of pneumonia include:

- fever,
- chills,
- cough, usually with thick mucus made in your lungs (phlegm),
- chest pain when coughing or breathing,
- shortness of breath,
- fatigue,
- nausea, vomiting or diarrhea, and
- confusion (altered mental status).

You should:

1. **Watch your child for symptoms.** Children, especially infants, should see a doctor right away if they have trouble breathing, a cough that does not go away, or fever.
2. **Call your child's doctor if they or someone in your family has symptoms.** Doctors diagnose pneumonia by physical exam, chest x-rays, blood, and other tests. Doctors prescribe medicine to treat pneumonia based on the germ that causes it.
3. **Keep your child home if he/she has a fever or does not feel well enough to take part in daily center activities**.
4. **Prevent pneumonia and its spread.**
    - Make sure children and family members are up to date on their vaccines. Vaccines can prevent some of the illnesses that cause pneumonia (HIB, pneumococcal, pertussis, RSV, COVID-19, flu, measles, and chickenpox).
    - Wash hands well and regularly.
    - Cough or sneeze into tissues or your elbow or sleeve.
    - Clean and sanitize frequently touched surfaces.
    - Stop smoking. Avoid secondhand smoke.
    - Manage chronic health conditions (like asthma, diabetes, COPD, heart disease)

You can learn more about pneumonia by visiting the Centers for Disease Control and Prevention at www.cdc.gov/pneumonia/about/index.html. Please call our center if you have questions. Thank you.

REPORTABLE Polio (Poliomyelitis)

Poliovirus causes polio. The polio vaccine eliminated wild poliovirus in the US. Polio still occurs in other parts of the world.

Symptoms

Most people with polio infection do not have any symptoms. About 1 out of 4 infected people can have flu-like symptoms (152) that include:

- sore throat,
- fever,
- tiredness,
- nausea,
- headache, and
- stomach pain.

These symptoms usually go away on their own in 2-5 days.

Polio can be very serious for some people. It can lead to:

- meningitis, an infection that affects the covering of the spinal cord and/or brain.
- paralysis (when you cannot move parts of your body) or weakness in the arms, legs, or both. The paralysis and weakness can last a lifetime. It can become life threatening if it affects the muscles used to breathe.
- post-polio syndrome. Some polio survivors develop post-polio syndrome many (usually 15-40) years after recovering. Post-polio symptoms include muscle weakness, mental and physical fatigue, joint pain, muscle atrophy (muscles waste away), and curving of the spine. These symptoms range from mild to severe. Post-polio syndrome is not contagious and is rarely life threatening.

Transmission (how it spreads)

Polio virus spreads very easily! The polio virus enters the body through the mouth and multiplies in the throat and intestines. You can get polio from:

- contact with feces (poop) of an infected person, and
- droplets from the cough or sneeze of an infected person.

This can happen if:

- you touch your mouth with infected feces or droplets on your hands, and
- a child puts contaminated objects or toys into their mouth, or
- you share food or utensils with an infected person.

People infected with polio can spread the virus to others right before and 2 weeks after symptoms appear. Infected people who have no symptoms can spread the virus to others.

Doctors diagnose polio by physical exam, medical history, testing samples of stool (poop) and body fluids (saliva, blood, urine, and spinal fluid). There is no cure for polio. Treatments focus on managing symptoms.

Prevention

- Vaccine.
    - Children. North Carolina law requires children be vaccinated against polio.
    - Adults. Adults should have vaccine protection against polio too. Talk with your health care provider if you have not had polio vaccine, don't know if you have had polio vaccine or have concerns about polio. International travelers should be sure they are fully vaccinated before they travel.
- Handwashing. In addition to vaccination, wash hands often with soap and water. Alcohol based hand sanitizers do not kill polio virus.

Control Measures

1. Parents should notify the childcare center if any member of their family is diagnosed with polio.
2. Notify Wake County Communicable Disease Program at once if someone in your center or their family has polio: 919-250-4462. Communicable Disease Program staff will provide guidance and help in notifying families as well as recommend control measures depending on the circumstance of each case.
3. Contact your childcare health consultant. Review immunization records with your childcare health consultant
4. Notify staff of disease transmission, incubation period, and symptoms.
5. Monitor and assure handwashing practices.
6. Monitor staff/children for symptoms. Refer anyone with symptoms or household contacts to their health care provider and notify Wake County Communicable Disease Program.
7. Identify exposed children and adults as directed by Wake County Communicable Disease Program. Take precautions to prevent their transfer to other childcare settings.
8. Prohibit exposed food handlers from handling food as directed by Wake County Communicable Disease Program.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

Reye Syndrome

Reye syndrome, also called Reye's syndrome, is a rare but serious condition that causes swelling of the liver and brain. It can occur at any age but usually affects children and teens after a viral infection (most commonly flu or chickenpox).

The exact cause of Reye syndrome is unknown. Use of aspirin during a viral illness has been linked to Reye syndrome. Sometimes other health conditions, like an underlying metabolic disorder, may cause Reye syndrome.

Symptoms

Reye syndrome can develop quickly and without warning. Symptoms usually begin 3-5 days after the start of a viral infection. They include:

- vomiting that doesn't stop,
- unusual sleepiness or sluggishness,
- listlessness,
- personality change (irritable, aggressive, or irrational behavior),
- convulsions or seizures,
- confusion, seeing/hearing things that are not there, and
- loss of consciousness.

People who develop these symptoms soon after viral illness should get emergency medical treatment right away. Quick diagnosis and treatment are critical. Reye syndrome can lead to coma and brain death.

There is no cure for Reye syndrome. Treatment focuses on preventing brain damage. It may include breathing support, IV fluids, and steroids. Some people recover completely; others have varying degrees of brain damage.

Transmission (how it spreads)

Reye syndrome cannot spread to others. Viruses causing illness that can lead to Reye syndrome can spread to others.

Prevention

- Children recovering from chickenpox or flu-like symptoms should never take aspirin. Check the label of any medication to make sure that it does not include aspirin.
- Help prevent the spread of illness caused by viruses
    - Stay up to date on vaccines, especially chickenpox and flu.
    - Practice good hand hygiene (handwashing and appropriate use of alcohol-based hand sanitizer).
    - Cover coughs and sneezes.
    - Stay away from others when sick; avoid being around others who are sick.

- Clean and sanitize/disinfect frequently touched surfaces.

Control Measures

1. Parents should notify the childcare center if their child is diagnosed with Reye syndrome.
2. Children recovering from Reye syndrome can return to childcare when they are fever free and feel well enough to participate in center activities.
3. Contact your Childcare Health Consultant.
4. Notify staff of the diagnosis.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms.
7. Monitor and assure good hand hygiene for staff and children.
8. Monitor and assure staff and children are appropriately covering coughs and sneezes.
9. Monitor and assure sanitation and disinfection of childcare rooms according to the NC Environmental Health Rules to prevent spread of viral illnesses that precede Reye's syndrome.

Parent Letter: Reye Syndrome

Dear Parent or Guardian:

Someone in your child's classroom has Reye syndrome. Reye syndrome is a rare but serious condition. It causes swelling of the liver and brain. It can occur at any age. Reye syndrome usually affects children and teens after a viral infection (most commonly flu or chickenpox). *Reye syndrome cannot be spread to others.* Viruses causing illness that comes before Reye syndrome can spread to others.

The exact cause of Reye syndrome is unknown. Use of aspirin during a viral illness has been linked to Reye syndrome. Sometimes other health conditions, like an underlying metabolic disorder, may cause Reye syndrome.

You should:

1. **Read labels on medicine carefully.** Some medicines may have aspirin [acetylsalicylic acid (ASA)] added. *Do not give your child or teen aspirin if they have chickenpox, the flu, or illness with flu-like symptoms*.
   Flu-like symptoms include:
   - fever/feeling feverish or chills,
   - cough,
   - sore throat,
   - runny or stuffy nose,
   - muscle or body aches,
   - headaches,
   - fatigue (tiredness),
   - vomiting, and
   - diarrhea.
2. **Make sure you and your family are up to date on vaccines, especially flu and chickenpox.**
3. **Prevent the spread of illness caused by viruses.**
   - Practice good handwashing and appropriate use of alcohol-based hand sanitizers.
   - Cover coughs and sneezes.
   - Stay away from others when sick; avoid being around others who are sick.
   - Clean and sanitize frequently touched surfaces.

You can learn more about Reye Syndrome by visiting the Mayo Clinic at mayoclinic.org/diseases-conditions/reyes-syndrome/symptoms-causes/syc-20377255

Please call our center if you have questions. Thank you.

Ringworm

Ringworm is not, as the name suggests, a worm. It is a common skin infection caused by fungi. Ring worm can affect the body, scalp, feet (athlete's foot), groin (jock itch), beard, fingernails, and toenails.

Symptoms

Ringworm infection on the body starts as a small red area of raised spots and pimples. The rash forms a circle with a red raised border and is clear in the middle. The border may be scaly and the rash itchy. Ringworm on the scalp appears as red, swollen, raised, round scaly areas of skin. They can be bald, itchy, and have black dots where the hair has broken off. These areas can grow larger and more can appear if not treated.

Transmission (how it spreads)

Ringworm spreads by:

- skin to skin contact with infected people or animals,
- sharing contaminated objects like brushes, bed sheets, towels, and sports gear, and
- shared contaminated surfaces like public showers or locker room floors.

People who think they might have ringworm should see their doctor. Doctors diagnose ringworm and treat it with antifungal medicines. These medicines come in creams, ointments, lotions, powders, and pills. Some are over-the-counter and some are prescribed. Doctors decide treatment based on where the infection is and how severe it is.

Prevention

You can help prevent ringworm.

- Keep your skin clean and dry.
- Wear shoes that allow air to circulate freely around your feet.
- Wear protective footwear in public showers or locker rooms.
- Don't share personal items, towels, and sports gear with others.
- Change socks and underwear daily.
- Keep fingernails and toenails short and clean.
- Wash your hands with soap and water after contact with pets. Wear gloves when handling a pet with ringworm. Take pets with ringworm to the vet for treatment.

Control Measures

1. Parents should notify the childcare center if their child has ringworm.
2. Staff and children should cover ringworm while in childcare. Cover until ringworm is dry and receding.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms. Refer children with symptoms to their health care provider for evaluation. Exclude staff and children at the end of the day and until treatment is started.
7. Monitor and assure thorough handwashing.
8. Wash linen, toys, and clothing of all children. Vacuum rugs daily.
9. Wash and then remove "dress up" clothes and hats until there are no new infections for 2 weeks.
10. Use a cloth dampened with water to clean bicycle helmets between users.
11. Monitor and assure routine cleaning, sanitizing /disinfecting of surfaces.
12. Teach children not to share personal items like clothes, hairbrushes, and hats.

Parent Letter: Ringworm

Dear Parent or Guardian:

Someone in your child's classroom has ringworm. Ringworm is not a worm. It is a common skin infection caused by fungi. Ring worm can affect the body, scalp, feet (athlete's foot), groin (jock itch), beard, fingernails, and toenails.

Ringworm infection on the body starts as a small red area of raised spots and pimples. The rash forms a circle with a red raised border and is clear in the middle. The border may be scaly and the rash itchy. Ringworm on the scalp appears as red, swollen, raised, round scaly areas of skin. They can be bald, itchy, and have black dots where the hair has broken off. These areas can grow larger and more can appear if not treated.

Ringworm spreads easily by:

- skin to skin contact with infected people and infected animals,
- shared objects like hairbrushes, bed sheets, towels, and sports gear, and
- shared surfaces like public showers or locker room floors.

You should:

1. **Watch your child for symptoms.**
2. **See your healthcare provider if your child or someone in your family has symptoms.** Doctors diagnose ringworm and treat it with antifungal medicines. These medicines come in creams, ointments, lotions, powders, and pills. Some are over the counter, and some are prescribed. Doctors decide which treatment based on where the infection is and how severe it is.
3. **Call our center if your child has ringworm** so we can watch for signs of infection in others.
4. **Keep your child home until treatment has started.** Cover the ringworm while he/she is at the center and until it is dry and going away.
5. **Prevent ringworm infection.**
    - Keep your skin clean and dry. Athletes should shower after playing contact sports.
    - Keep fingernails and toenails short and clean.
    - Don't share personal items, towels, and sports gear with others. Teach children not to share personal items with others.
    - Change underwear and socks daily.
    - Wear shoes that allow air to circulate freely around your feet.
    - Wear protective footwear in public showers or locker rooms.
    - Athletes should keep sports gear clean.
    - Wash your hands with soap and water after contact with pets. Wear gloves when handling a pet with ringworm. Take pets with ringworm to the vet for treatment.

You can learn more about ringworm by visiting the Centers for Disease Control and Prevention at cdc.gov/ringworm/about/. Please call our center if you have questions. Thank you.

REPORTABLE

Rocky Mountain Spotted Fever

The bacteria that causes Rocky Mountain spotted fever spreads by infected ticks. Exposure to infected ticks can occur any time of year. People are likely to have more tick exposures in warmer months (spring through fall). Ticks are more active then and people are outdoors walking pets, hiking, camping, gardening, or hunting. People can get ticks from their own yard or neighborhood.

Symptoms

Symptoms usually develop 2-14 days after a tick bite. They include:

- fever,
- headache,
- nausea or vomiting,
- muscle pain,
- stomach pain,
- not feeling hungry, and
- a rash that usually develops 2-4 days after the fever. The rash can be red splotches or look like pinpoint dots. It can vary over the course of the illness.

Transmission (how it spreads)

Ticks attach to the skin to feed on blood. They become infected when they feed on animals with Rocky Mountain spotted fever. Infected ticks can spread the bacteria when they feed on humans. Rocky Mountain spotted fever does not spread from person to person.

People who get sick after a tick bite should see their doctor. Blood testing helps doctors diagnose Rocky Mountain spotted fever. Treatment is with antibiotics. If doctors suspect Rocky Mountain spotted fever, they should recommend treatment before they get the test results.
Rocky Mountain spotted fever can quickly progress to a serious and life-threatening illness.

Prevention

Visit the Centers for Disease Control and Prevention for information about preventing tick bites at home (www.cdc.gov/ticks/prevention/index.html).

Control Measures

1. Parents should notify the childcare center if their child has Rocky Mountain spotted fever.
2. Notify Wake County Communicable Disease Program if someone in your center has Rocky Mountain spotted fever: 919-250-4462.

Continued on next page

Control Measures continued

3. Children can return to the center when they are fever free and feel well enough to participate in daily activities.
4. If you find a tick on a child, call their parent to remove the tick.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

Roseola

Roseola, also called sixth disease, is a common childhood infection. It usually affects children by age two. Two strains of virus in the family of herpes viruses cause roseola. It occurs year-round but more often in the spring and fall.

Symptoms

Symptoms of roseola usually start 1-2 weeks after exposure to the virus. They include:

- a fever that starts suddenly,
- a rash,
- sore throat,
- upset stomach, and
- a runny nose.

Lymph nodes in the head and neck may become swollen.

The fever can be high (103°F or higher) and last 3-5 days. The rash often appears after fever goes away. It starts on the chest, back and belly and spreads to the neck and arms. The rash can appear as many small spots, or patches. It is not itchy.

Roseola is usually a mild infection. It can cause complications like seizures (from high fever). People with weak immune systems may have more severe illness, or complications like pneumonia or encephalitis (brain inflammation).

Doctors usually diagnose roseola based on symptoms. They sometimes use a blood test to confirm the diagnosis.

Treatment aims to relieve symptoms. Doctors may recommend:

- non-prescription fever reducing medicines, sponge baths, or cool cloths to help manage fever,
- plenty of rest, and
- plenty of fluids.

Doctors sometimes use antiviral medicines to treat roseola in people with weakened immune systems.

Transmission (how it spreads)

The viruses that causes roseola spread by contact with the saliva of an infected person (sharing cup, eating utensils). They also spread in small droplets when an infected person coughs or sneezes and the germs:

- are breathed in by someone who is not sick, and
- land on surfaces, then someone touches their nose or mouth after touching the surface.

Roseola can be spread by close contact with someone who has roseola but has no symptoms. People who have roseola develop immunity and usually cannot get it again.

Prevention

- Stay home when sick.
- Wash hands well with soap and water, especially after using tissues or covering coughs and sneezes.
- Cover coughs and sneezes with a tissue. Throw used tissues in the trash.
- Clean and sanitize/disinfect frequently touched surfaces.

Control Measures

1. Parents should notify the childcare center if their child has roseola.
2. Children with roseola do not need to be excluded from childcare as long as they are fever free 24 hours without the use of fever reducing medication and feel well enough to participate in daily activities.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period, and symptoms.
5. Assure and intensify monitoring of hand washing, covering coughs and sneezes, and surface sanitation.
6. Send parent letter to families of exposed children.
7. Monitor staff/children for symptoms. Refer symptomatic children to their healthcare provider for evaluation.

Parent Letter: Roseola

Dear Parent or Guardian:

Someone in your child's classroom has roseola. Roseola is a common childhood infection. It is usually mild and affects children by age two. Two strains of herpes viruses cause roseola. It occurs year-round but more often in the spring and fall.

You should:

1. **Watch your child for symptoms.**
   - Fever
   - Rash
   - Sore throat
   - Upset stomach
   - Runny nose
   - Lymph nodes in head and neck may become swollen.

   Roseola starts with a sudden fever that lasts 3-5 days and can become high (103°F or higher). A rash often appears after the fever goes away. It starts on the chest, back and belly and spreads to the neck and arms. The rash can appear as many small spots or patches. It is not itchy.
2. **Call your child's doctor if they or someone in your family has symptoms.** Doctors usually diagnose roseola based on symptoms. Doctors may recommend non-prescription fever reducing medicines, sponge baths, or cool cloths to help manage fever
3. **Call our center if your child has roseola so we can watch for signs of infection in others.**
4. **Keep your child home** until they are fever free for 24 hours without the use of fever reducing medicine and feel well enough to take part in daily center activities.
5. **Prevent the spread of roseola.**
   - Stay home when sick.
   - Wash hands well with soap and water, especially after using tissues or covering coughs and sneezes.
   - Cover coughs and sneezes with a tissue. Throw used tissues in trash.
   - Clean and disinfect frequently touched surfaces.

You can learn more about roseola by visiting the Mayo Clinic at mayoclinic.org/diseases-conditions/roseola/symptoms-causes/syc-20377283#overview. Please call our center if you have questions. Thank you.

Rotavirus

Rotavirus is a viral infection that causes diarrhea. Anyone can get rotavirus, but it is more common in infants and young children. It is commonly seen in families, childcare centers, and hospitals. Children are more likely to get rotavirus in the winter and spring.

Symptoms

Symptoms usually start 2 days after being exposed to the virus.

- Watery diarrhea
- Vomiting
- Fever
- Stomach pain

Diarrhea and vomiting can last 3-8 days. Diarrhea can be severe and lead to dehydration (loss of body fluid). Dehydration is especially dangerous for infants and young children. Symptoms of dehydration include decreased urination, dry mouth, and throat, feeling dizzy when standing up, crying with few or no tears, unusual sleepiness, or fussiness.

Adults with rotavirus tend to have milder symptoms.

Transmission (how it spreads)

People sick with rotavirus shed the virus in their stool (poop). Rotavirus can cause illness in healthy people when they get the virus in their mouth. This can happen when

- Their (unwashed/poorly washed) hands are contaminated with infected poop
- They eat contaminated food
- They touch contaminated surfaces and put their hands into their mouth.

People with the virus are more likely to infect other people when they have symptoms and during the first 3 days after they recover.

Doctors usually diagnose rotavirus by symptoms. There is not a specific treatment for rotavirus. Doctors may recommend medication for symptoms.

People with rotavirus should drink plenty of fluids to prevent dehydration. People with severe dehydration should get emergency medical care.

Prevention

- Stay home when sick. This helps limit the spread of rotavirus infection to others.
- Rotavirus vaccine. Children who get the rotavirus vaccine are less likely to get sick from rotavirus. Future infections with rotavirus are possible even with vaccination or natural infection.
- Handwashing. Thorough handwashing is important to prevent the spread of rotavirus, especially after using the restroom, changing diapers, and helping someone use the bathroom.

Rotavirus can spread from unwashed or poorly washed hands to food. Wash hands carefully, before during and after preparing food and before eating.

- Surface sanitation. Clean, sanitize and disinfect surfaces.

Control Measures

1. Parents should notify the childcare center if their child has rotavirus.
2. Exclude children until:
   - they are free of vomiting and fever for 24 hours.
   - stool is contained by the diaper and toilet trained children have no toileting accidents.
   - stool frequency is no more than 2 above what is normal for that child.
   - they feel well enough to participate in daily activities.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms. Refer those with symptoms to their health care provider for evaluation.
7. Intensify monitoring of and assure thorough handwashing and thorough cleaning and sanitization/disinfection of surfaces.

Parent Letter: Rotavirus

Dear Parent or Guardian:

Someone in your child's classroom has rotavirus. Rotavirus is a viral illness that causes diarrhea. It occurs more often in infants and young children. It is commonly seen in families, childcare centers, and hospitals.

Symptoms of rotavirus usually start a couple of days after being exposed to the virus. They include:

- watery diarrhea
- vomiting,
- stomach pain, and
- fever.

Diarrhea can be severe. Diarrhea and vomiting can last 3-8 days and can lead to dehydration (loss of body fluid). Dehydration is dangerous for infants and young children. Symptoms include decreased urination, dry mouth, and throat, feeling dizzy when standing up, crying with few or no tears, unusual sleepiness, or fussiness. Adults with rotavirus tend to have milder symptoms.

You should:

1. **Watch your child for symptoms**.
2. **Call your healthcare provider if your child or someone in your family has symptoms.** Doctors usually diagnose rotavirus by symptoms. There is no specific treatment. Doctors may recommend medication for symptoms. People with rotavirus should drink plenty of fluids to prevent dehydration. People with severe dehydration should get emergency medical care.
3. **Call our center if your child has rotavirus** so we can watch for symptoms of rotavirus in others.
4. **Keep your child home until they are free of diarrhea, vomiting and fever for 24 hours** and feel well enough to take part in daily center activities.
5. **Prevent the spread of rotavirus.** People sick with rotavirus shed the virus in their stool (poop). Rotavirus can cause illness in healthy people when they get the virus in their mouth. This can happen when unwashed/poorly washed hands are contaminated with infected poop. People can also get rotavirus from eating contaminated food and touching contaminated surfaces, then putting their hands in their mouth.
    - Wash hands often. Thorough handwashing is important especially after using the restroom, changing diapers, and helping someone use the bathroom, before during and after preparing food, and before eating.
    - Stay home when sick. This helps limit the spread of rotavirus infection to others.
    - Vaccinate. Children who get rotavirus vaccine are less likely to get sick with rotavirus infection. Future rotavirus infections are possible even with vaccination or natural infection.
    - Clean and sanitize frequently touched surfaces.

You can learn more about rotavirus by visiting the Centers for Disease Control and Prevention at www.cdc.gov/rotavirus/about/ Please call our center if you have questions.

RSV (Respiratory Syncytial Virus)

Respiratory syncytial (sin-SISH-uhl) virus (RSV) is a common respiratory virus that infects the lungs. It can also affect the nose and throat. RSV usually spreads in fall and winter with other common respiratory illnesses like flu and COVID-19.

RSV can be a very serious illness for babies, young children, and adults 60 and older. RSV can cause more severe infections like:

- bronchiolitis (inflammation of small airways in lungs), and
- pneumonia (lung infection).

According to the Centers for Disease Control and Prevention, RSV is the leading cause of infant hospitalization in the US.

Symptoms

- Runny nose
- Eating or drinking less
- Fever
- Sneezing
- Cough (may progress to difficulty breathing, wheezing)

Symptoms in infants less than 6 months old may include:

- irritability,
- decreased activity,
- eating or drinking less, and
- Pauses in breathing for more than 10 seconds (apnea).

RSV symptoms usually appear 4-6 days after getting infected. They may be mild and like a cold early in the illness then get worse. Children with RSV may or may not have fever.

Most RSV infections go away in a week or two. Doctors may recommend over-the-counter medicines to help with symptoms. Drinking plenty of fluids to prevent dehydration (loss of body fluid) is very important.

Doctors diagnose RSV by symptoms and a physical exam. They may order lab tests on fluid from the nose or other respiratory samples, chest x-rays, blood, and urine tests depending on how severe the illness is. Doctors hospitalize people with severe illness when they need care like extra oxygen, IV fluids, a breathing tube or ventilator (machine that helps people breathe).

People who have trouble breathing, are not drinking enough fluid or who have symptoms that get worse should get emergency medical care.

Transmission (how it spreads)

The virus that causes RSV spreads when:

- someone who is infected coughs or sneezes,
- infected droplets get in your eyes, nose or mouth from coughs or sneezes,
- you have direct contact with the virus, and
- you touch a surface that has the virus on it then touch your face. RSV can survive on hard surfaces (tables, crib rails) for many hours. It lives shorter amounts of time on soft surfaces (tissues, hands).

People with RSV may spread the virus for 3-8 days. They may be contagious a day or 2 before their symptoms show. Infants and people with weakened immune systems can spread the virus for up to 4 weeks.

Prevention

- Vaccines. RSV vaccines can protect both adults and children. RSV immunization is recommended for:
    - pregnant people (during weeks 32-26 weeks of pregnancy),
    - adults ages 75 and older and adults ages 50-74 at higher risk for severe RSV, and
    - babies. Immunization with RSV antibodies offers protection for babies whose mothers were not vaccinated during pregnancy.
- Stay home when sick to lessen the chance of spreading illness to others.
- Cover coughs and sneezes. Use a tissue to cover coughs and sneezes and throw it away. Wash your hands.
- Wash your hands often. Use alcohol-based hand sanitizer when soap and water are not available.
- Clean frequently touched surfaces.

Control Measures

1. Parents and staff should notify the childcare center if they are diagnosed with RSV.
2. You don't need to exclude staff or children with mild respiratory infections unless they have a fever or do not feel well enough to participate in daily center activities. If they have fever, they can return when they are fever free 24 hours without the use of fever reducing medicines.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period, and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms. Refer staff and children with symptoms to their healthcare provider. Staff and children who have difficulty breathing, are not drinking enough fluid or feed poorly should get emergency care.

Continued on next page

Control Measures continued

7. Intensify monitoring of and assure:
   - staff and children are washing hands at appropriate times, and
   - covering coughs and sneezes. Throw used tissues in the trash.
8. Staff is cleaning/sanitizing/disinfecting toys and surfaces at appropriate times.

Parent Letter: RSV

Dear Parent or Guardian:

Someone in your child's classroom has RSV (respiratory syncytial (sin-SISH-uhl) virus). RSV is a common respiratory virus that infects the lungs. It can also affect the nose and throat. RSV usually spreads in fall and winter with other common respiratory illnesses like flu and COVID-19.

RSV can be a very serious illness for babies, young children, and adults 60 and older. It can cause more severe infections like bronchiolitis (inflammation of small airways in lungs) and pneumonia (lung infection).

The virus that causes RSV spreads when:

- someone who is infected coughs or sneezes,
- infected droplets get in your eyes, nose or mouth from coughs or sneezes,
- you have direct contact with the virus,
- you touch a surface that has the virus on it then touch your face. RSV can survive on hard surfaces (tables, crib rails) for many hours. It lives shorter amounts of time on soft surfaces (tissues, hands).

People with RSV may spread the virus for 3-8 days. They may be contagious a day or two before their symptoms show. Infants and people with weakened immune systems can spread the virus for up to 4 weeks.

You should:

1. **Watch your child for RSV symptoms.**
   - Runny nose
   - Eating or drinking less
   - Fever
   - Sneezing
   - Cough. The cough may progress to difficulty breathing/wheezing

   Symptoms in infants less than 6 months old may include:
   - Irritability
   - Decreased activity
   - Eating or drinking less
   - Pauses in breathing for more than 10 seconds (apnea)

   RSV symptoms usually appear 4-6 days after getting infected. They may be mild and like a cold early in the illness then get worse. Children with RSV may or may not have fever.

   People who have trouble breathing, are not drinking enough fluid or who have symptoms that get worse should get emergency medical care.

2. **Call your child's doctor if they or someone in your family has symptoms.** Doctors diagnose RSV by symptoms and a physical exam. They may order lab tests on fluid from the nose or other tests depending on how severe the illness is**.** Drinking plenty of fluids to prevent dehydration (loss of body fluid) is very important.
3. **Call our center if your child has RSV** so we can watch for signs of illness in staff and children.

4. **Keep your child home until they:**
    - are fever free without the use of fever reducing medicines, and
    - feel well enough to participate in daily center activities.
5. **Prevent the spread of RSV.**
    - There are vaccines that help protect babies, pregnant people, and older adults against RSV. Talk with your/your child's healthcare provider about these vaccines.
    - Stay home when sick to lessen the chance of spreading illness to others.
    - Cover coughs and sneezes. Use a tissue to cover coughs and sneezes and throw it away. Wash your hands.
    - Wash your hands often. Use alcohol-based hand sanitizer when soap and water are not available.
    - Clean frequently touched surfaces.

You can learn more about RSV by visiting the Centers for Disease Control and Prevention at cdc.gov/rsv/about/. Please call our center if you have questions. Thank you.

REPORTABLE

Rubella (German Measles)

Rubella (German measles) is caused by a virus. It is not the same virus that causes measles. Rubella is usually a mild illness. It can still cause serious complications like:

- arthritis in women,
- pregnant people to miscarry, their babies to have serious birth defects, or die after birth, and
- bleeding problems and brain infections in rare cases.

Symptoms

Symptoms usually appear about 17 days from the time of infection.
In children a red rash that first appears on the face, then spreads to the rest of the body. The rash lasts about 3 days.

The following symptoms may occur 1-5 days before the rash appears:

- headache,
- low grade fever,
- swollen or enlarged lymph nodes,
- runny nose,
- mild pink eye (when he white of the eye is red and swollen)
- cough, and
- general discomfort.

Symptoms in adults include:

- low grade fever,
- sore throat, and
- a rash that starts on the face, then spreads to the rest of the body. Some adults may have headache, pinkeye, and general discomfort before the rash appears.

Some people with rubella don't have a rash or symptoms.

Transmission (how it spreads)

The rubella virus spreads:

- through the air when someone who is infected coughs and sneezes, and
- by close contact.

People who have rubella are able to spread the virus 7 days before and 7 days after the rash appears. People without symptoms can still spread the virus.

Doctors may diagnose rubella by using a nasal or throat swab for culture. They may order a blood test to see if the sick person is protected against rubella. Pregnant women should have the blood test to see if they are protected.

There are no specific medications to treat rubella. Doctors may recommend fever reducing medications along with plenty of fluids and bed rest. Once people have rubella, they have lifelong immunity.

Prevention

- The best way to prevent rubella is by vaccination. The MMR vaccine protects not only against rubella, but measles and mumps as well. North Carolina law requires that children get rubella vaccine.
  In some adults, immunity from the vaccine wears off over time. Women of childbearing age should review their immunization status with their healthcare provider, especially if they work with young children.
- Stay away from people who are sick. Stay home and away from others when you are sick.
- Cover coughs and sneezes with a tissue. Throw used tissues in the trash. No tissue? Cough or sneeze into your elbow, not your hands.
- Wash hands often with soap and water. Use an alcohol-based hand sanitizer when soap and water are not available.
- Clean frequently touched surfaces.

Control Measures

1. Parents should notify the childcare center if their child or a family member has rubella.
2. Notify Wake County Communicable Disease Program if someone in your center has rubella: 919-250-4462. The Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.
3. Exclusion:
   - Children with rubella should be excluded for 7 days after their rash started. Children and staff who were exposed should be isolated as directed by Wake County Communicable Disease program staff.
   - Unimmunized children should be excluded until cleared by Wake County Communicable Disease Program.
4. Contact your Childcare Health Consultant.
5. Notify staff of disease transmission, incubation period and symptoms. Pregnant staff should notify their healthcare provider of possible exposure.
6. Monitor staff/children for symptoms. Exclude staff and children with symptoms and contact Wake County Communicable Disease Program.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

REPORTABLE

Salmonella (Salmonellosis)

Salmonellosis is infection with *Salmonella* bacteria. These bacteria affect the intestines and cause illness. Some types of *Salmonella* cause illnesses like typhoid fever and paratyphoid fever. Information on this page is focused on salmonellosis.

Symptoms

Most people have:

- diarrhea,
- fever, and
- stomach cramps.

Some people have:

- nausea,
- vomiting, and
- headache.

Symptoms usually start 6 hours to 6 days after infection. They last 4-7 days.

Transmission (how it spreads)

People, birds, and other animals can get infected with *Salmonella* bacteria. They shed the bacteria in their feces (poop). People with *Salmonella* can shed the bacteria for weeks or months after their symptoms go away. *Salmonella* bacteria spread

- when infected feces gets in food and water.
    - Raw meat, poultry, seafood. Meat and poultry can become contaminated with feces during butchering. Feces in contaminated water can affect seafood.
    - Raw/undercooked eggs. *Salmonella* bacteria can be inside and outside the shells of infected chickens.
    - Raw flour/dough. Flour is a raw food product. *Salmonella* and other bacteria can contaminate grain in the field or when it is processed.
    - Unpasteurized dairy products. Milk can get contaminated with *Salmonella* (and other harmful germs) on the farm, even with good farm practices.
    - Fruits and vegetables. Produce can get contaminated with *Salmonella* and other harmful germs in the field, during processing, or in the kitchen.
- when food is not handled properly. *Salmonella* and other bacteria spread easily on unwashed (or poorly washed) hands—especially after using the toilet, changing a diaper, or helping someone use the toilet.
- on infected surfaces. People can become infected when they touch a surface with *Salmonella* on it then touch something that goes in their mouth.
- from infected pets and animals. Animals can have *Salmonella* on their fur, skin, feathers or in their feces.

Most people recover from *Salmonella* infection on their own. *Salmonella* infection can lead to complications like:

- dehydration (loss of body fluid),
- reactive arthritis (causes eye pain, painful urination, and joint pain), and
- *Salmonella* bacteria entering the blood stream and infecting the urinary system, tissues around the brain and spinal cord, lining of the heart or valves, bones, bone marrow, or lining of the blood vessels.

People who are at greater risk of *Salmonella* infection include infants and young children, older adults, people with long term medical conditions, pregnant people, transplant recipients, and people with weakened immune systems. People at greater risk of infection are the same groups of people at greater risk for complications. Antibiotic treatment is usually used only for people with severe illness or people at risk of it.

Prevention

- Wash hands well, especially:
  - before, during and after preparing food,
  - after using the bathroom, changing diapers, or helping someone use the bathroom,
  - handling and cleaning up after pets and animals, and
  - after caring for people who are sick.
- Practice safe food handling.
  - Keep food preparation surfaces and utensils clean.
  - Avoid cross contamination.
  - Cook food to temperatures high enough to kill *Salmonella* and other germs that can cause illness.
  - Refrigerate food quickly to slow the growth of germs that can cause illness.
  - Rinse produce under running water before preparing or eating.
  - Don't use raw (unpasteurized) milk, juices, or cheese and don't eat raw eggs, batter, or dough.

Control Measures

1. Parents should notify the childcare center if their child has *Salmonella.*
2. Notify Wake County Communicable Disease Program if someone in your center has *Salmonella*: 919-250-4462. The Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.
3. Exclude children with diarrhea. Children can return to the center when stools can be contained in the diaper, stool frequency is no more than 2 above their normal, and they feel able to participate in center activities.

Continued on next page

Control Measures continued

Note: Some forms of *Salmonella* infection require negative stool specimens to return. Wake County Communicable Disease program will advise in those cases

4. Contact your Childcare Health Consultant.
5. Notify staff of disease transmission, incubation period, and symptoms.
6. Monitor staff/children for symptoms. Refer staff/children with symptoms to their healthcare provider for evaluation.
7. Monitor, intensify and assure thorough handwashing by staff and children, adherence to diaper changing and toileting procedures, and surface sanitation/disinfection.
8. Animals known to carry *Salmonella* (reptiles, amphibians, poultry, etc.) are not allowed in the childcare setting.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

Scabies

Skin infestation by the human itch mite causes scabies.

Symptoms

People who never had scabies usually have symptoms 3-6 weeks after they get the mite. Symptoms appear in 1-4 days in people who have had scabies before. Symptoms of scabies are intense itching, especially at night and a pimple like skin rash. The itch is your body's reaction (allergy) to the mite.

Common places where the rash occurs are:

- between fingers,
- in the skin folds of the wrist, elbow, knee, or armpit, and
- on the penis, nipples, waist, buttocks, and shoulder blades.

Infants and very young children can have the rash on their head, face, neck, palms, and soles of the feet.

There may also be tiny, raised lines on the skin that are grayish white or skin colored. The female mite causes these when she burrows under the skin.

Crusted scabies (also called Norwegian scabies) is a severe form of scabies. People with crusted scabies have hundreds or even thousands of mites in their skin.

Transmission (how it spreads)

The human itch mite spreads by direct and prolonged skin-to-skin contact. It spreads less often by contact with clothing, bedding or towels used by someone with scabies. Scabies spreads easily in settings where direct contact occurs regularly—like childcare centers, nursing homes, detention centers, and homeless shelters.

Doctors diagnose scabies by symptoms, physical exam, and looking at a skin sample under the microscope. They treat scabies with prescribed creams/lotions that kill the mite. There are different creams/lotions for adults and children. Doctors may prescribe an oral medication as a treatment option.

The rash and itching may last a few days to a week after treatment. Sometimes, people with scabies need to repeat treatment. There are no approved over the counter medicines for scabies treatment. Treatment of scabies includes washing sheets, towels, bedding, and clothing. This gets rid of mites that fall off the skin and prevents getting infested again.

Prevention

When someone has scabies:

- avoid direct skin to skin contact.

- avoid sharing clothing or bedding.
- treat household members and close contacts (even if they don't have symptoms) at the same time as the person with scabies.
- wash all clothing and bedding using hot water and dry on the hot cycle (or dry clean) to kill mites and eggs. Store items that can't be washed or drycleaned in a closed plastic bag for 4 days. Mites that cause scabies usually don't survive if they are away from human skin more than 2-3 days.

Control Measures

1. Parents should notify the childcare center if their child has scabies.
2. Exclude those with scabies. They can return to the center when they have completed treatment, usually the day after.
3. Contact your Childcare Health Consultant.
4. Notify staff of transmission, incubation period and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms. Refer those with symptoms to their healthcare provider for evaluation.
7. Wash (or send home for washing) all clothing and bedding of those infested. Wash clothing and bedding in HOT water and dry in a HOT dryer.
8. Dress up clothes and hats should be washed in HOT water and dried in a HOT dryer. Dry clean items that cannot be laundered or put them in a sealed plastic bag for 4 days.
9. Vacuum all carpet and upholstered furniture. Throw away and replace the vacuum cleaner bag or empty the cannister immediately after use.

Parent Letter: Scabies

Dear Parent or Guardian:

Someone in your child's classroom has scabies. Scabies is a skin condition caused by the human itch mite. The mite spreads by direct and prolonged skin-to-skin contact. It can also spread by contact with clothing, bedding or towels used by someone with scabies. Scabies spreads easily in places where direct contact occurs regularly—like childcare centers, nursing homes, detention centers and homeless shelters.

You should:

1. **Watch your child for symptoms of scabies**. The human itch mite causes intense itching, (especially at night) and a pimplelike skin rash. Common places where the rash occurs are between fingers and in the skin folds of the wrist, elbow, knee, or armpit. It can also occur on the penis, nipples, waist, buttocks, and shoulder blades. Infants and very young children can have the rash on their head, face, neck, palms, and soles of the feet. There may also be tiny, raised lines on the skin that are grayish white or skin colored. The female mite causes these when she burrows under the skin.

   People who never had scabies usually have symptoms 3-6 weeks after they get the mite. Symptoms show in 1-4 days in people who had scabies before.
2. **Call your child's doctor if they or someone in your family has symptoms.** Doctors diagnose scabies by symptoms, a physical exam and looking at a skin sample under a microscope. They prescribe lotions/creams that kill the mites. Sometimes they prescribe medicine taken by mouth. There are no over-the-counter medications that treat scabies. All close contacts/household members should be treated at the same time, even if they don't have symptoms. This is because scabies spreads so easily by direct contact.
3. **Call our center if your child has scabies** so we can watch for symptoms in others.
4. **Keep your child home until** their treatment is complete.
5. **Prevent the spread of scabies.**
   - Avoid direct skin to skin contact.
   - Avoid sharing clothing or bedding.
   - Treat household members and close contacts (even if they don't have symptoms) at the same time as the person with scabies.
   - Wash all clothing and bedding using hot water and dry on the hot cycle (or dry clean) to kill mites and eggs. Store items that can't be washed or drycleaned in a closed plastic bag for 4 days. Mites that cause scabies usually don't survive if they are away from human skin more than 2-3 days.
   - Vacuum all carpet and upholstered furniture. Throw away and replace the vacuum cleaner bag or empty the cannister right away.

You can learn more about scabies by visiting the Centers for Disease Control and Prevention at cdc.gov/scabies/about/index.html. Please call our center if you have questions. Thank you.

REPORTABLE *Shigella* (Shigellosis)

Shigellosis is an infection of the lining of the intestines. *Shigella* bacteria cause the infection. Shigellosis is common in young children. It spreads easily and can cause outbreaks in childcare centers and schools.

Symptoms

- Watery diarrhea that can have blood or mucus in it
- Feeling the need to pass stool (poop) even when your bowels are empty
- Stomach pain or cramps
- Nausea
- Vomiting
- Fever

Symptoms usually start 1 or 2 days after infection and last 5-7 days. Some people have symptoms for as long as 4 weeks.

Transmission (how it spreads)

People with *Shigella* infection shed the bacteria in their stool (poop). *Shigella* bacteria spread on hands, in food, and on other things that people put in their mouth. This can happen:

- when you don't wash your hands or don't wash them well, especially after using the toilet, changing a diaper, or helping someone use the toilet.
- when infected stool gets in/on food. This can happen:
    - when someone who has *Shigella* infection prepares food, and
    - when infected feces contaminates fields and gets on fruits and vegetables during growing and harvesting.
- when someone touches a surface with *Shigella* on it then touches something that goes in their mouth. Changing tables, diaper pails, toys, and bathroom fixtures are examples of surfaces that can get *Shigella* on them.
- by drinking contaminated water or swallowing contaminated river, lake, pool, or other recreational water while swimming.
- during sexual contact with someone who has or recently had diarrhea.

Doctors diagnose shigellosis by physical exam and testing a stool sample for *Shigella* bacteria. Most people with shigellosis get better on their own with rest and plenty of fluids to prevent dehydration. Doctors may prescribe antibiotics when people have severe cases of shigellosis. Rare complications of *Shigella* infection include:

- reactive arthritis (joint pain, eye irritation, and painful urination),
- bloodstream infections,
- seizures,
- hemolytic-uremic syndrome (HUS, a form of kidney failure).

Prevention

- Wash hands thoroughly with soap and water especially:
    - after using the bathroom or cleaning up after someone went to the bathroom,
    - before, during and after preparing food,
    - before and after sexual activity, and
    - after diaper changing. Put used diapers in a covered, lined trash can right away. Clean up after leaky diapers or spills right away. Wash the child's hands and yours right away.
- Avoid swallowing water when swimming in recreational waters (lakes, rivers, pools, splash pads, etc.).
- Rinse produce under running water before preparing or eating.
- Take precautions with food and water when traveling internationally.
- Avoid sex if you or your partner is diagnosed with *Shigella*.
- Stay home when sick to prevent the spread of infection to others.
- Don't prepare or share food with others if you have *Shigella* infection.

Control Measures

1. Parents should notify the childcare center if their child has *Shigella*.
2. Notify Wake County Communicable Disease Program if someone in your center has *Shigella*: 919-250-4462. The Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.
3. Exclude children until they are symptom-free and have two negative stool tests 24 hours apart and 48 hours off antibiotics, or as directed by Communicable Disease Program staff.
4. Contact your Childcare Health Consultant.
5. Notify staff of *Shigella* transmission, incubation period, and symptoms.
6. Monitor staff/children for symptoms. Exclude anyone with symptoms and refer to their healthcare provider for stool testing. If tests are negative, children can return to the center when stools can be contained in the diaper, stool frequency is no more than 2 above their normal, and they feel able to participate in center activities.
7. Monitor, intensify and assure:
    - thorough handwashing by staff and children,
    - adherence to diaper changing and toileting procedures, and
    - surface sanitation/disinfection.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

Shingles

Shingles is a painful rash illness. It is caused by the varicella-zoster virus, the same virus that causes chickenpox.

The varicella zoster virus stays in your body after you recover from chickenpox. The virus doesn't cause any problems, but it can become active again. This can happen when age, stress, or illness weaken your immune system. Shingles occurs when the virus becomes active again.

Symptoms

- A painful, itchy tingly rash on the one side of the body. It can occur on the face. Sometimes people have pain, itching and tingling several days before the rash appears. The rash has blisters that usually scab over in 7-10 days.
- Fever
- Chills
- Headache
- Upset stomach

Transmission (how it spreads)

People with shingles can't spread shingles to other people but can spread the varicella-zoster virus. That can lead to chickenpox infection in people who did not get chickenpox vaccine or who never had chickenpox. They can get the virus by:

- breathing in virus particles from the rash blisters, and
- direct contact with fluid from the rash blisters. Shingles is not spread before the rash appears or after the rash scabs over.

People at greater risk of shingles include:

- those who are older, and
- those who have immune systems that do not work as well because of certain medical conditions or using certain medications.

Some people develop long term nerve pain (post herpetic neuralgia) after having shingles. Less common complications include vision loss (if shingles affects your eyes), hearing or balance problems (if shingles is in or near your ear). Rarely shingles can lead to pneumonia (lung infection), encephalitis (brain inflammation) or death.

There is no cure for shingles. Doctors can prescribe antiviral medicines that help make shingles illness shorter and less severe. These medicines work best when taken as soon as the rash appears.

Prevention

The best way to prevent shingles is vaccination.

- Chickenpox (Varicella) vaccine (2 doses) for children and adults
- Shingles vaccine (2 doses) for older adults and people with certain medical conditions

People with shingles should:

- cover the rash.
- avoid touching or scratching the rash.
- wash hands well and often.
- avoid contact with:
    - pregnant people who never had chickenpox or the chickenpox vaccine,
    - premature of low birthweight babies, and
    - people who have weakened immune systems.

Control Measures

1. Parents should notify the childcare center if their child has shingles.
2. Exclude children and staff with shingles until lesions are dry and scabbed over or they can be covered.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms. Refer those with rashes to their healthcare provider for evaluation.

Parent Letter: Shingles

Dear Parent or Guardian:

Someone in your child's classroom has shingles. Shingles is a painful rash illness. It is caused by the varicella-zoster virus, the same virus that causes chickenpox. The varicella zoster virus spreads by:

- direct contact with fluid from the rash blisters, and
- breathing in virus particles from the rash blisters.

The varicella zoster virus stays in your body after you recover from chickenpox. The virus doesn't cause any problems, but it can become active again. Shingles occurs when the virus becomes active again. This can happen when age, stress, or illness weaken your immune system. People with shingles can't spread shingles to other people. They can spread the varicella-zoster virus. That can lead to chickenpox infection in people who did not get chickenpox vaccine or who never had chickenpox. If they get chickenpox, they can get shingles later in life.

If your child has not had chickenpox or the chickenpox vaccine, you should:

1. **Watch your child for symptoms of chickenpox:** fever, body, aches, and an itchy skin rash. The rash starts as red bumps that turn into fluid filled blisters. The blisters crust over and become scabs. The rash usually starts on the chest, back and under the arms. It spreads out to the head, arms, and legs.
2. **Call your child's doctor if they have symptoms.** Doctors can usually diagnose chickenpox by the rash and symptoms. They will also talk to you about medicine and things you can do to help relieve symptoms.
3. **Call our center if your child has chickenpox.**
4. **Keep your child home if they have chickenpox.** They should stay home until:
    - they are fever-free for 24 hours without the use of fever reducing medication, AND
    - until all lesions have crusted over, AND
    - no new lesions have appeared for 24 hours (usually 6-7 days).

    If your child does not have chickenpox, they can return to childcare if their doctor says the rash is not contagious.
5. **Prevent the spread of chickenpox.** The chickenpox vaccine is the best way to prevent chickenpox. Children and adults who never had chickenpox or the vaccine should get 2 doses. Other ways to prevent chickenpox include:
    - avoiding close contact with someone sick with chickenpox,
    - handwashing,
    - disinfecting frequently touched surfaces,
    - keeping those who are sick with chickenpox separate from others, and
    - covering coughs and sneezes.

You can learn more about chickenpox and shingles by visiting the Centers for Disease Control and Prevention at cdc.gov/chickenpox/and cdc.gov/shingles/about/. Please call our center if you have questions. Thank you.

Skin Rashes

Children (and adults) can be affected by many types of rashes. They can be frustrating for parents, childcare providers, (and health care providers) and uncomfortable for children. Sometimes rashes are minor and irritating, other times they can be serious and need medical attention.

Symptoms

Symptoms of skin rashes include:

- redness,
- spots on the skin,
- scaly skin,
- itchiness,
- swelling,
- bumps,
- blisters, and
- pimples.

Causes

Causes of skin rashes are as varied as the symptoms.

- Allergies
- Medical conditions
- Medications
- Insect bites or stings
- Dermatitis. Dermatitis is a term used to describe skin swelling and irritation. Common types of dermatitis are diaper rash, cradle cap, eczema, and contact dermatitis.
- Viruses. Rash is a symptom of some viral infections. Common examples are fifth disease, roseola, chickenpox, measles, and hand, foot, and mouth disease.
- Bacteria. Infections, like impetigo and scarlet fever, caused by bacteria can result in skin rashes.
- Fungus. Rashes caused by fungal infections include ringworm.

Control Measures

1. Parents should notify the childcare center of their child's rash diagnosis.
2. **Exclude children with undiagnosed rashes and refer them to their healthcare provider for assessment.** Exclude child when needed based on diagnosis, healthcare provider recommendation, or as indicated by control measures for specific illnesses.
3. Follow control measures outlined in this manual for specific diagnosis and when appropriate.
4. Contact your Childcare Health Consultant with any questions about the diagnosis and/or control measures.

Strep Throat

Strep throat is an illness caused by Group A *Streptococcus* bacteria. These bacteria can cause many different infections. Some are generally mild like ear infections, impetigo, and scarlet fever. Others are more serious like cellulitis (infection of the deep layers of the skin) and streptococcal toxic shock syndrome. Others cause long term health issues like rheumatic fever (an inflammatory condition that can affect the heart, joints, brain, and skin) and an inflammatory kidney disease.

Anyone can get strep throat. It is more common in children, most often in children ages 5-15.

Symptoms

Strep throat symptoms usually begin 2-5 days after exposure to the bacteria.

More common

- Fever
- Chills
- Red, sore throat that starts quickly
- White patches on the tonsils
- Tiny red spots on the roof of the mouth
- Swollen, tender neck glands

Less common

- Headache
- Nausea
- Vomiting
- Rash (scarlet fever)
- Stomach pain

Transmission (how it spreads)

Strep throat bacteria spread through the air in respiratory droplets when someone who is infected talks, coughs, and sneezes. Others become infected when they:

- breathe in the droplets,
- touch their mouth or nose after touching something with the droplets on it, and
- share glasses, plates or utensils with someone who is infected. (Glasses, plates, and utensils are safe for others to use after they are washed).

Doctors diagnose strep throat by a physical exam, symptoms, and testing (rapid strep test and throat culture). Antibiotics work against the Group A strep bacteria, speed recovery, and help prevent other infections. It is important to treat strep throat early to prevent complications from developing.

Prevention

General:

- Wash hands often with soap and water.
- Cover coughs and sneezes with a tissue. Dispose of tissue after use and wash hands. No tissue? Cough or sneeze into your elbow.
- Avoid close contact with people who are sick.
- Don't share toothbrushes, glasses, plates or eating utensils with others.

People with strep throat:

- Stay home when sick and at least 24 hours after starting antibiotics.
- Get a new toothbrush after 2-3 days but while still taking antibiotics. This will help prevent getting re-infected with strep throat.
- Keep toothbrush, cups, plates and utensils separate from others in the household unless they have been washed.

Control Measures

1. Parents should notify the childcare center if their child has strep throat.
2. Exclude children with strep throat until 12 hours after antibiotic treatment has started and fever free for 24 hours without the use of fever reducing medication.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period, and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms. Refer those with symptoms to their healthcare provider for evaluation.
7. Encourage parents to assure completion of antibiotic treatment.
8. Monitor and assure:
   - staff and children practice thorough handwashing at appropriate time,
   - staff and children cover coughs and sneezes appropriately, and
   - appropriate sanitation and disinfection of toys, utensils, and surfaces.

Parent Letter: Strep Throat

Dear Parent or Guardian:

Someone in your child's classroom has strep throat. Group A *Streptococcus* bacteria cause strep throat as well as other infections.

Anyone can get strep throat. The germs that cause it spread easily. Strep throat is more common in children, most often in children ages 5-15. Young children (like those in childcare) and people in places where they are close together (like schools) have a greater risk of getting strep throat.

You should:

1. **Watch your child for symptoms**. Strep throat symptoms usually appear 2-5 days after exposure.

   More common
   - Fever
   - Chills
   - Red, sore throat that starts quickly
   - White patches on the tonsils
   - Tiny red spots on the roof of the mouth
   - Swollen, tender neck glands

   Less common
   - Headache
   - Nausea
   - Vomiting
   - Rash (scarlet fever)
   - Stomach pain

2. **Call your child's doctor if they or someone in your family has symptoms.** Doctors diagnose strep throat by a physical exam, symptoms, and testing (rapid strep test and throat culture). They treat strep throat with antibiotics that work against germs, speed recovery, and help prevent other infections. It is important to treat strep throat early to prevent complications (like ear infections, sinus infections, rheumatic fever, and inflammatory kidney disease).
3. **Call our center if your child has strep throat** so we can watch for signs of infection in others.
4. **Keep your child home.** They should take antibiotics for at least 12 hours and be fever free without the use of fever reducing medicines before they return to the center.
5. **Prevent the spread of strep throat.**

   General:
   - Wash hands often with soap and water.
   - Cover coughs and sneezes with a tissue. Dispose of tissue after use and wash hands. No tissue? Cough or sneeze into your elbow.
   - Avoid close contact with people who are sick.
   - Don't share toothbrushes, glasses, plates or eating utensils with others.

People with strep throat:

- Stay home when sick and at least for 24 hours after starting antibiotics.
- Get a new toothbrush after 2-3 days but while still taking antibiotics. This will help prevent getting re-infected with strep throat.
- Keep glasses, plates and utensils separate from the family's unless they have been washed.

You can learn more about strep throat by visiting the Centers for Disease Control and Prevention at cdc.gov/group-a-strep/about/strep-throat.html. Please call our center if you have questions. Thank you.

REPORTABLE TB (Tuberculosis)

Mycobacterium tuberculosis causes most of the active TB disease cases in the US. There are other mycobacteria that can cause active TB disease in people.

TB most often affects the lungs. It can also affect other parts of the body like the brain, kidneys, and spine. It can also affect more than one part of the body.

There are two conditions related to TB:

- Inactive or latent TB infection. When someone has latent TB infection, they have TB germs in their body. Their immune system keeps the TB germs from becoming active (multiplying and causing damage in the body). They do not feel sick and do not have symptoms of active TB disease. *People with latent TB infection cannot spread TB to others*. They can develop active TB disease months or years after infection.
- Active TB disease. This means the immune system cannot keep the TB germs from becoming active. *A person with active TB disease has symptoms and can spread the disease to others*.

Symptoms

Symptoms of active TB disease of the lungs include:

- a bad cough that lasts more than 3 weeks,
- chest pain,
- coughing up blood or sputum (phlegm), from deep inside the lungs,
- fever,
- chills,
- weight loss,
- weakness or fatigue,
- no appetite, and
- sweating at night.

There can be other symptoms when other parts of the body are affected, for example back ache in people with TB of the spine.

Transmission (how it spreads)

People with active TB disease of the lungs or throat spread TB germs on droplets into the air when they cough, sneeze, or speak. Others can get infected when they breathe in the droplets. The germs that cause TB do not spread as easily as germs that cause other illnesses. TB germs spread more easily in indoor places where air does not move. People with active TB disease are most likely to spread it to people like family, friends, co-workers, and/or school mates that they spend time with daily.

Doctors use medical history, a physical exam, TB skin tests, TB blood tests, chest x-rays and sputum tests to diagnose latent TB infection and active TB disease. Doctors prescribe antibiotics that kill TB germs in the body. Treatment can last several months because it takes a long time to kill TB germs. Untreated active TB disease can be fatal.

Prevention

- Latent TB infection. People with latent TB infection can take prescribed antibiotics to greatly reduce the chance that they will develop active TB disease.
- Active TB disease. People with active TB disease can spread TB germs.
  It is very important they take TB medicine exactly as prescribed to kill TB germs and prevent drug resistance. They may need stay separate from others in the hospital or at home. They should cover their mouth with a tissue when they cough or laugh and air out their room often. Their doctors will tell them when it is safe for them go back to work, school or to be around others.

Adults who work in childcare settings are required to have a TB skin test or screening before they begin employment, with follow-up as indicated. Unless children are in a high-risk group, routine testing for TB is not indicated in North Carolina.

Control Measures

1. Parents should notify the childcare center if a doctor diagnoses their child with active TB.
2. Notify Wake County TB Control right away if a child or staff member is diagnosed with TB: 919-250-1228 or 919-250-0309. TB Control staff will identify anyone at risk, recommend precautions and control measures depending on the circumstances in each case, and provide guidance and assistance in notifying families.
3. Exclude children and/or staff until they are no longer contagious, and their healthcare provider/Wake County TB Control says they can return.
4. Contact your Childcare Health Consultant
5. Notify staff of disease transmission, incubation period and symptoms.
6. Monitor staff/children for symptoms.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

Thrush

Thrush (oral candidiasis) is a fungal infection of the mouth and throat. A yeast, *Candida,* causes the infection.

Symptoms

- White patches on inner cheek, tongue, roof of mouth or throat
- Redness or soreness
- Cotton-like feeling in mouth
- Pain when eating or swallowing
- Cracking, redness at the corners of the mouth

Babies with thrush may be fussy, irritable and have trouble feeding.

Transmission (how it spreads)

Candida lives in and on different places of the body (mouth, throat, gut, vagina). Some medications and conditions that weaken the immune system can cause *Candida* to grow out of control and cause infection. Thrush also spreads from infected babies to their mothers during breastfeeding. The infection can pass back and forth between the baby's mouth and the mother's breasts.

People more likely to have thrush are babies, older adults and others with health conditions or taking medication that weakens the immune system.

Doctors diagnose thrush by an exam and by lab testing a sample from the mouth or throat. Treatment is most often an oral antifungal gel applied inside the mouth. Pills or intravenous (IV) medicines treat more severe thrush infections.

Prevention

- Some medications used to treat infection (antibiotics and corticosteroids) can increase the risk of thrush. Use medications exactly as prescribed by your doctor. Rinse your mouth or brush your teeth after you use inhaled corticosteroids.
- Limit the amount of sugar containing foods that you eat. Sugar may encourage the growth of *Candida.*
- Get regular dental care. Brush your teeth at least twice daily and floss daily or as recommended by your dentist.
- People with diabetes should keep good control of their blood sugar.
- Clean pacifiers and nipples used in formula feeding with hot water or a dishwasher.
- Breastfeeding mothers should talk with their doctor if their nipples become red and sore.

Control Measures

1. Parents should notify the childcare center if their child has thrush.
2. Children with thrush can attend childcare as long as they are able to eat a regular diet and feel well enough to participate in daily activities.
3. Contact your Childcare Health Consultant.
4. Notify staff of thrush transmission and symptoms.
5. Sending a parent letter to families of exposed children is at the director's discretion.
6. Monitor staff/children for symptoms. Refer anyone with symptoms to their healthcare provider for evaluation.
7. Keep affected skin areas clean and dry.
8. Monitor, intensify and assure:
    - handwashing at appropriate times for children and staff,
    - washing and sanitizing mouthed toys, bottles, and pacifiers after each use,
    - washing and sanitizing other toys daily, and
    - children are not sharing eating utensils, cups, toothbrushes etc.

Parent Letter

Dear Parent or Guardian:

Someone in your child's classroom has thrush. Thrush (oral candidiasis) is a fungal infection of the mouth and throat. A yeast, *Candida,* causes the infection.

Candida lives in and on different places of the body (mouth, throat, gut, vagina). Some medications and conditions that weaken the immune system can cause *Candida* to grow out of control and cause infection. Thrush also spreads from infected babies to their mothers during breastfeeding. The infection can pass back and forth between the baby's mouth and the mother's breasts.

You should:

1. **Watch your child for symptoms:**
   - white patches on inner cheek, tongue, roof of mouth or throat,
   - redness or soreness,
   - cotton-like feeling in mouth,
   - pain when eating or swallowing, and
   - cracking, redness at the corners of the mouth.

   Babies with thrush may be fussy, irritable and have trouble feeding.
2. **Call your child's doctor if they have symptoms.** Doctors diagnose thrush by an exam and by lab testing a sample from the mouth or throat. Treatment is most often an oral antifungal gel applied inside the mouth. Pills or intravenous (IV) medicines treat more severe thrush infections.
3. **Call our center if your child has thrush** so we can watch for signs of infection in others.
4. **Your child can attend childcare as long as they can eat a regular diet and feel well enough to participate in daily activities.**
5. **Prevent the spread of thrush.** Clean pacifiers and bottle nipples with hot water or a dishwasher. Breastfeeding mothers should talk with their doctor if their nipples become red and sore.

You can learn more about thrush by visiting the Centers for Disease Control and Prevention at cdc.gov/candidiasis/about/index.html. Please call our center if you have questions. Thank you

Upper Respiratory Infections

Respiratory infections affect the parts of your body responsible for breathing (sinuses, throat, lungs, or airways). Anyone can get respiratory infections, but children have them more often.

Upper respiratory infections like colds, sinus infections, laryngitis, and sore throats, affect the sinuses and throat. Lower respiratory infections, like bronchitis, chest infections, and pneumonia, affect the lungs and airways. Lower respiratory infections generally last longer and are more serious. This page focuses on upper respiratory infections.

Symptoms

Viruses and bacteria can cause upper respiratory infections; most are caused by viruses. Symptoms vary based on the germ causing the infection. They can include:

- fever,
- cough,
- sore throat,
- runny nose,
- sneezing,
- red eyes,
- hoarseness, and
- feeling tired or having little energy.

Transmission (how it spreads)

Germs that cause upper respiratory infection spread in different ways. They can spread into the air when someone who is sick coughs or sneezes. Someone who is well can breathe in the germs and become sick. Germs that cause these infections can also be on surfaces. The germs can get into the body and cause illness when someone touches the surface then touches their mouth, nose, or eyes.

Doctors diagnose upper respiratory infections by symptoms and physical examination. They may also run other tests like chest x-rays, nasal, and throat swabs if they are concerned about other infections.

Doctors treat upper respiratory infections caused by bacteria (like strep throat) with antibiotics. Antibiotics are not effective in treating infections caused by viruses. Treatment for upper respiratory infections caused by viruses include rest, drinking fluids, and over the counter pain relievers.

Prevention

- Use a tissue to cover your mouth and nose when you cough or sneeze. Throw used tissues in the trash and wash your hands well. No tissues? Cough or sneeze into your elbow.
- Wash your hands well. According to the Centers for Disease Control and Prevention, handwashing can prevent about 20% of respiratory infections (54).
- Avoid close contact with people who are sick. Stay away from others when you are sick.

- Practice good health habits like eating healthy foods, getting regular exercise, and plenty of sleep.

Control Measures

1. Parents should notify the childcare center if their child has an upper respiratory infection.
2. The viruses responsible for most upper respiratory infections are present for several days before symptoms appear. Excluding those affected does little to limit the spread of the infections. Children and adults with upper respiratory infections do not need be excluded from a childcare setting unless they have a fever or feel too ill to participate in normal daily activities. Infants and young children who are not taking food or fluids well should be evaluated by their health care provider.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period, and symptoms.
5. Send parent letter to families of exposed children.
6. Monitor staff/children for symptoms.
7. Monitor and assure good handwashing practices for children and staff, appropriate covering of coughs and sneezes and surface sanitation/disinfection.

Parent Letter: Upper Respiratory Infection

Dear Parent or Guardian:

Someone in your child's classroom has an upper respiratory infection. Respiratory infections affect the parts of your body responsible for breathing (sinuses, throat, lungs, or airways). Upper respiratory infections like colds, sinus infections, laryngitis, and sore throats, affect the sinuses and throat.

Viruses cause most upper respiratory infections, but bacteria can cause them too. These germs can spread in different ways. They can spread into the air when someone who is sick coughs or sneezes. Someone who is well can breathe in the germs and become sick. Bacteria and viruses can also be on surfaces. They can get into the body and cause illness when someone touches the surface then touches their mouth, nose, or eyes.

You should:

1. **Watch your child for symptoms**. Symptoms of upper respiratory infections vary based on the cause of the infection. They can include:
    - fever,
    - cough,
    - sore throat,
    - runny nose,
    - sneezing,
    - red eyes,
    - hoarseness, and
    - feeling tired or having little energy.
2. **Call your child's doctor if they or someone in your family has symptoms.**
3. **Call our center if your child has an upper respiratory infection** so we can watch for signs of illness in others.
4. **Your child can attend childcare** with an upper respiratory infection as long as they are fever free and can participate in day-to-day center activities.
5. **Prevent the spread of upper respiratory infections.**
    - Use a tissue to cover your mouth and nose when you cough or sneeze. Throw used tissues in the trash and wash your hands well. No tissues? Cough or sneeze into your elbow.
    - Wash your hands well. According to the Centers for Disease Control and Prevention, handwashing can prevent about 20% of respiratory infections.
    - Avoid close contact with people who are sick. Stay away from others when you are sick.
    - Practice good health habits like eating healthy foods, getting regular exercise and plenty of sleep.

Please call our center if you have questions. Thank you.

REPORTABLE

Whooping Cough (Pertussis)

Whooping cough is an illness that spreads very easily. It can be very serious for babies and younger children. The bacterium, *Bordetella pertussis*, causes whooping cough.

Symptoms

Early symptoms of whooping cough are mild. They can last 1-2 weeks and are much like a cold.

- Runny nose
- Sneezing
- Low grade fever (less than 100.4°F)
- Mild cough (not in babies)
- Babies and young children may have apnea (life threatening pauses in breathing) and turn blue or purple (cyanosis).

After a week or 2, people with whooping cough start having coughing fits. The coughing fits occur more often and get worse as the illness continues. They can cause people to:

- make a high pitched "whoop" as they try to breathe in after the coughing fit,
- vomit,
- feel very tired afterward, and
- have a hard time breathing.

Coughing fits can last up to 10 weeks (usually 1-6).

Whooping cough can cause complications in people of all ages. Babies and young children are at greatest risk for serious complications and may need hospitalization. Possible complications include apnea, pneumonia, convulsions, and encephalopathy (disease of the brain).

Doctors diagnose whooping cough by:

- a history of symptoms and possible exposure to someone with whooping cough,
- a physical exam
- blood testing
- lab tests of mucus from the nose and throat, and
- chest x-rays.

Treatment for whooping cough is antibiotics. Early treatment is important to help

- make the illness less serious, before the coughing fits begin, and
- keep whooping cough bacteria from spreading to others.

Transmission (how it spreads)

Coughs and sneezes spread whooping cough bacteria in droplets through the air. Others can get sick when they breathe in infected droplets. Sometimes people get sick when they get the droplets on their hands, then touch their mouth or nose.

Sick people can spread whooping cough from the start of first symptoms and for at least 2 weeks after coughing begins. It can spread when people have mild symptoms and don't know that they have whooping cough. Babies can get whooping cough from siblings, parents and other adult care givers who don't know they have it.

Prevention

- Vaccination. Two vaccines protect against whooping cough:
  - DTaP (diphtheria, tetanus, and acellular pertussis) is for children younger than age 7 and is one of the childhood vaccines required by North Carolina law.
  - Tdap (tetanus, diphtheria, and acellular pertussis) is for older children and adults. It is important to stay up to date on these vaccines since protection (from natural infection or vaccination) lessens over time.
- Antibiotics. The doctor or health department may prescribe antibiotics for exposed people if they:
  - live with the person diagnosed with whooping cough,
  - are at increased risk for serious disease, or
  - will have close contact with someone at risk for serious disease.
- Cough hygiene. Cover coughs and sneezes. Use a tissue to cover coughs and sneezes. Throw used tissues in the trash right away. No tissue? Cough into your upper sleeve or elbow. Coughing or sneezing into your hands spreads germs.
- Handwashing. Wash your hands often. Use soap and water and wash for at least 20 seconds. No soap and water? Use an alcohol-based hand sanitizer.

Control Measures

1. Parents should notify the childcare center if their child has whooping cough.
2. Notify Wake County Communicable Disease Program if someone in your center has whooping cough: 919-250-4462. The Communicable Disease Program determines exclusion, recommends control measures depending on the circumstances in each case, and provides guidance and assistance in notifying families.
3. Contact your Childcare Health Consultant.
4. Notify staff of disease transmission, incubation period and symptoms.
5. Review immunization status of all children and staff.
6. Monitor staff/children for symptoms. Exclude staff/children with symptoms and refer to their healthcare provider for evaluation.
7. Monitor and assure handwashing and covering of coughs and sneezes.

Parent Letter

Wake County Communicable Disease Program will provide guidance and assistance in notifying families and will recommend control measures depending on the circumstances in each case.

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