

Management of Common Infectious Illnesses



Coxsackie (Hand, Foot, & Mouth Disease)

Coxsackie is most commonly caused by an Enterovirus. It is highly contagious and spreads quickly among young children. It is a lesion rash seen on one, if not all of these areas; hand, foot, and/or mouth. Symptoms include lesions, fever, sore throat, poor appetite, painful swallowing, and swollen glands. These symptoms can lead to dehydration.

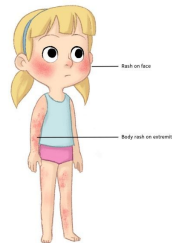
Management includes fever and pain reducing medication such as Tylenol or Motrin, and increasing fluid intake. Parents/guardians will be advised to have students evaluated by a provider for diagnosis and treatment. Documentation should be provided to the health office following evaluation. **Students should stay home until they feel better and are fever free for at least 24 hours. Students will be sent home if unwell and/or symptomatic.**

Practicing **hand hygiene** is a simple yet effective way to prevent infections. Cleaning and disinfecting high touch areas will help to prevent spread of infection as well.

For additional information see links below.

[Hand-Foot-Mouth Disease](#)

[Hand, Foot, and Mouth Disease \(HFMD\)](#)



Fifth Disease (Slap Cheek Syndrome)

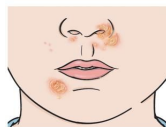
Fifth disease, or Erythema Infectiosum, is caused by Parvovirus B19. It is a viral rash that often begins with bright red cheeks and/or a flat lacy pink rash on the trunk and limbs. Other symptoms may include headache, nausea, and muscle aches. The facial patches are warm, non-tender, have rounded borders that are usually macular (flat, not raised), and usually fade within 4 days. Two days later, the student may develop a lacy reddened rash that begins on the extremities and extends to the face and buttock. This rash will fade in 6 to 14 days.

Management is based on symptoms; Tylenol or Ibuprofen to reduce fever, or antihistamines, such as Benadryl for itching. Adults may experience joint pain, while most will have no symptoms at all. Women in early pregnancy who are exposed are at risk for miscarriage or a baby born with severe anemia, and should follow up with an obstetrician for assessment and guidance. Parents/guardians will be advised to have students evaluated by a provider for diagnosis and treatment. Documentation should be provided to the health office following evaluation. **Exclusion from school is not generally recommended** (students are the most contagious before breaking out in a rash). **Students are not sent home unless a fever is present.**

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For additional information see link below.

[Parvovirus B19 | About Fifth Disease](#)



Impetigo

Impetigo is a skin infection that usually grows around the nose and mouth.

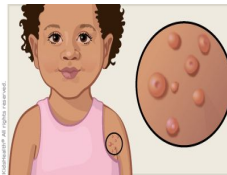
Impetigo is a common and highly contagious skin infection caused by streptococcus or staphylococcus bacteria. It mainly affects infants and children. It usually appears as red sores around the mouth or nose, and can also be found on hands. Sores rupture, ooze for a few days and then form a yellow to honey colored crust.

The most common management of impetigo is the use of the topical prescription antibiotic Mupirocin. Bacitracin or other over the counter antibacterial ointments are not strong enough to treat Impetigo. Parents/guardians will be advised to have students evaluated by a provider for diagnosis and treatment. Documentation should be provided to the health office following evaluation. **Students may return to school once they have started a prescribed antibiotic treatment.** Weepy lesions should be covered with bandages and children should be reminded not to touch or pick at sores to prevent spread. **Students will be sent home from school if sores are weeping and unable to be or remain covered.**

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For additional information see link below.

[Impetigo - Diagnosis and treatment](#)



Molluscum Contagiosum (water wart)

Molluscum Contagiosum is a skin infection caused by the Poxvirus. It is spread from person to person contact or via inanimate objects (linen, towels, toys). Mollusca lesions are small, raised, and pink, pearly white, or skin-colored with a dimple in the center. These lesions can be found anywhere on the body except for the palms of the hands or soles of the feet. Lesions can be itchy or painful, and may take 2-4 years to clear completely.

Because molluscum contagiosum is self-limited in healthy individuals, treatment may be unnecessary. However, treatment for molluscum is usually recommended if lesions are in the genital area. Parents/guardians will be advised to have students evaluated by the provider for diagnosis and treatment. Documentation should be provided to the health office following evaluation. Lesions should remain covered with bandages to prevent

picking and infection, spread of infection to others, and scarring. **Exclusion from school is not recommended.**

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For additional information see link below.

[Day Care Centers and Schools | Molluscum Contagiosum | Pox viruses](#)



Pink Eye, or Conjunctivitis

Pink eye is commonly caused by a bacterial or viral infection, or an allergic reaction. Cold viruses can commonly lead to **viral conjunctivitis** which is seen in both eyes. In this case, it is safe to return to school as long as discharge has subsided. If condition worsens, seek physician guidance. **Bacterial conjunctivitis** usually starts in one eye and spreads to the other, and is **HIGHLY** contagious. Symptoms include swelling, redness or “pink” in the whites of the eye, tearing, discharge or crusting, difficulty opening the eyelid, and a feeling like “something” is in the eye.

Management of pink eye is usually focused on symptom relief. Provider may recommend using artificial tears, cleaning eyelids with a wet cloth, and applying cold or warm compresses several times daily. Most cases of conjunctivitis are usually viral and therefore self-limiting. If bacterial conjunctivitis is diagnosed, often antibiotic eye drops are prescribed. Parents/guardians will be advised to have students evaluated by the provider for diagnosis and treatment. Documentation should be provided to the health office following evaluation. **Students will be sent home (depending on grade level) and can return once antibiotic eye drop treatment has been initiated.** Student should be encouraged to keep hands away from the face.

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For additional information see link below.

[Conjunctivitis | Home | Pink Eye](#)



Ringworm

Ringworm is a fungal infection, NOT caused by a worm. It typically appears as a ring area on the arms, legs, scalp, trunk, or buttocks. It is contagious before a rash appears, and is spread by direct person to person, object to person (including, clothing, linens, surfaces, and toys) or animal to person contact. Ringworm is the same fungus that causes “Athlete’s Foot” and “Jock itch”, and is most commonly found in damp areas, such as locker rooms, pool areas, and shower rooms. Participation in contact sports, such as wrestling, put student at higher risk for contracting infection.

Most treatments require anti-fungal creams, and depending on the severity, provider may prescribe an oral antifungal medication. Be mindful that steroid creams can make infection worse. It is also important to avoid sharing objects, towels, hats/helmets, clothing, linens, and shoes. Parents/guardians will be advised to have students evaluated by the provider for diagnosis and treatment. Documentation should be provided to the health office following evaluation. **Exclusion from school is not recommended unless the area cannot be covered (such as the scalp), the student is uncomfortable or the behavior of the student puts others at risk.**

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For additional information see links below.

[Protect Yourself from Itchy Rashes](#)

[Ringworm | Types of Diseases | Fungal Diseases](#)

Scabies



Scabies is an infestation of the skin caused by the human itch mite. It is an itchy, pimple-like rash that affects various areas of the body (between fingers, wrists, elbows, armpits, waist, buttocks, & genitals.) It can be found on the head, neck, face, palms and soles in very young children.

Management includes proper washing of clothing, linen & bedding. All household family members should be treated for scabies. Parents/guardians will be advised to have students evaluated by the provider for diagnosis and treatment. Documentation should be provided to the health office following evaluation. Due to the level of contagiousness, it is **recommended that students return to school AFTER starting topical cream treatment prescribed by a physician.**

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For additional information see links below.

[Scabies Fact Sheet](#)

[Scabies](#)

GastroIntestinal Illnesses

Abdominal pain: A student with abdominal pain that continues for more than two hours or intermittent pain associated with fever or other symptoms should not be in school.

Vomiting: A student who has vomited needs to remain home unless the episode is cleared by the school nurse and deemed non-infectious(ie: student took medication on an empty stomach). Student should not be in school with vomiting associated with fever (above 100 degree F). Student must be symptom free for 24 hours after the last episode of vomiting before they return to school.

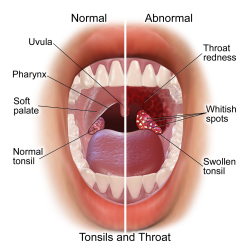
Diarrhea: Diarrhea is defined as an increased number of stools compared with a student's normal pattern, form and/or consistency (watery, bloody, or contain mucus). Student may return to school 24 hours after the last episode of diarrhea. An exception to this is if the healthcare provider has determined it is not infectious. Diarrhea may be caused by antibiotics or a new food a student has eaten.

Norovirus: The illness is usually brief, with symptoms lasting 1-2 days. Noroviruses are very contagious and spread easily from person-to-person. The virus is found in the stool and vomit of infected people. People can become infected in several ways including eating food or drinking liquids that are contaminated by infected food handlers, touching surfaces or objects contaminated with norovirus, and then touching their mouth before handwashing, or having direct contact with another person who is infected and then touching their mouth before handwashing. Norovirus may be associated with low grade fever, chills, headache, nausea, vomiting, diarrhea, and/or abdominal pain for 12-72 hours. Parents/guardians will be advised to have students evaluated by the provider for diagnosis and treatment. Documentation should be provided to the health office following evaluation. **Students must stay home and out of school for 2 full days once all symptoms have resolved.**

Practicing **hand hygiene** is a simple yet effective way to prevent infections. Cleaning and disinfecting high touch areas will help to prevent spread of infection as well. **Handwashing is recommended as alcohol-based hand sanitizers are NOT effective against the norovirus.**

For additional information see link below.

[Norovirus | Home](#)



Strep Throat

Strep throat is a bacterial infection that can make your throat feel sore and scratchy. Strep throat accounts for only a small portion of sore throats.

Students will most often present with one or more of the following symptoms: rapid onset of sore throat, fever, red throat, headache, stomachache, swollen tonsils, and spots in the back of the throat. Treatment requires a course of antibiotic therapy. Parents/guardians will be advised to have students evaluated by the provider for diagnosis and treatment. Documentation should be provided to the health office following evaluation. **Students must stay home until they have been on the antibiotic for a minimum of 24 hours.**

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For additional information see link below.

[Strep Throat \(for Kids\) - Nemours KidsHealth](#)

Croup

Croup refers to an infection of the upper airway, which obstructs breathing and causes a characteristic barking cough. Croup often begins as a typical cold. If there's enough inflammation and coughing, a student will develop a loud barking cough that's further aggravated by crying and coughing, as well as anxiety and agitation, fever, hoarse voice, breathing that may be noisy or labored. (Mayo Clinic)

The majority of students with croup can be treated at home. Treatment is typically based on the severity of symptoms. Parents/guardians will be advised to have students evaluated by the provider for diagnosis and treatment. Documentation should be provided to the health office following evaluation. If students with mild croup are fever free and able to breathe without restrictions, exclusion from school is **NOT** necessary. **Students with a fever, or those who are having frequent, distracting coughing spells, should remain home.**

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For additional information see link below.

[Patient education: Croup in infants and children \(Beyond the Basics\)](#)

See attached link below from the Connecticut Department of Public Health for further useful guidance on common infectious diseases/illnesses.

[Preventing Infectious Diseases in Child Care Settings presentation](#)

Please contact your School Nurse with any questions or concerns.