



SCHOOL HEALTH TOPICS

Resources for Schools

Summary

The topics in this document were identified by school nurses in the Archdiocese of Washington. The document serves as a resource to schools for sharing information with families and staff on common topics affecting school-aged children. This is not an exhaustive list. It is designed to be a convenient resource for obtaining accurate information on topics that may be used in newsletters, emails, or other communications. Topics are organized by time of year but should be accessed whenever necessary.

Updated in 2024

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Suggested Topics for School Health by month

Fall/Beginning SY	Winter	Spring	Other
Forms (links available-08/2024)	Diarrhea , Vomiting	Allergies	Strep Throat
When Your Child Should Stay Home	Coxsackie	Ringworm	Bedbugs
Lice	Colds	Summer safety <ul style="list-style-type: none"> • Water Safety • Summer Rashes • Tick Bite • At Play 	Asthma
Handwashing	Fifth disease		Scabies
Immunizations	Wellness: Physical/Emotional/Sleep		Meningitis (Viral vs. Bacteria)
Influenza (October)			Whooping Cough (Pertussis)

Fall/Beginning of the School Year

FALL/BEGINNING OF SCHOOL YEAR

Forms

General reminder – Forms must be up-to-date for the current school year.

District of Columbia

Form 4 DC Immunization Acknowledgment

Form 5 DC HPV Immunization Acknowledgment (Rising Grade 6 Students)

DC Oral Health Assessment Form

DC Universal Health Certificate

Maryland

Form 3 MD Immunization Acknowledgment

Other Health Forms

Form 6 Allergy Agreement and Action Plan

Form 8 Student Medication Authorization

Form 9 Inhaled Medication Authorization Form

Form 13 Field Trip Permission Form



Links will be updated in August of 2024 to reflect the up-to-date versions of the forms

FALL/BEGINNING OF SCHOOL YEAR

When Your Child Should Stay Home

[The CDC has guidance on children staying home from school.](#) (updated in 2023)

The American Academy of Pediatrics offers guidance as well. Consider asking the following questions.

1. **Does your child have a fever?** Fevers of 101 F or more are generally a sign of illness, so children should stay home from school.
2. **Is your child well enough to participate in class?** If she seems too run down to get much out of her lessons, keep her home.
3. **Does she have an illness like the [flu](#) or [pink eye](#)?** If you think he or she might, don't let them go back to school until you know they're not contagious anymore.

Resources

Montgomery County Public Schools – [Montgomery County - Health and Human Services - Public Health Services - School Health - When to Keep Your Child Home \(montgomerycountymd.gov\)](#)

Prince Georges County Public Schools [When to Keep Your Child Home From School \(pgcps.org\)](#).

Healthy Children.org [When to Keep Your Child Home Sick from School - HealthyChildren.org](#)

Head Lice

[Centers for Disease Control and Prevention](#)

Head Lice Information for Schools

Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice. Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Both the [American Academy of Pediatrics \(AAP\)](#) and the [National Association of School Nurses \(NASN\)](#) advocate that “no-nit” policies should be discontinued.

Additional information is available regarding the [treatment of headlice](#)

Handwashing

[Handwashing Facts | Clean Hands | CDC](#)

[Life is Better with Clean Hands campaign](#)

[About Hand Hygiene in Schools and Early Care and Education Settings](#)

Handwashing is one of the best ways to protect yourself and your family from getting sick. Learn when and how you should wash your hands to stay healthy.

WASH YOUR HANDS OFTEN TO STAY HEALTHY

FOLLOW FIVE STEPS TO WASH YOUR HANDS THE RIGHT WAY

Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.



Use Hand Sanitizer When You Can't Use Soap and Water

You can use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available. Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based [hand sanitizer](#) that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do **not** get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

Caution! Swallowing alcohol-based hand sanitizers can cause alcohol poisoning if more than a couple of mouthfuls are swallowed. Keep it out of reach of young children and supervise their use.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Printable Posters

- [Know When to Wash Your Hands \(cdc.gov\)](#)

FALL/BEGINNING OF SCHOOL YEAR

Immunizations

[Vaccines for Your Children](#) (CDC)

[Recommended Immunizations for children from Birth through 6 years](#)

[Recommended Immunizations for Children 7-18 years old](#)

Maryland (Preschool Programs & In School) – [2024-2025 School Year Schedule](#)

[Maryland Back-to-School Immunization Requirements](#)

District of Columbia [Back-To-School Requirements \(Updated June 2023\)](#)

[DC Immunization Program](#)



IMMUNIZATION POLICY ACKNOWLEDGMENT

ARCHDIOCESE OF WASHINGTON – CATHOLIC SCHOOLS

To All Parents of Students in Archdiocesan Catholic Schools

It is the policy of the Archdiocese of Washington that all students attending schools in the archdiocese must be fully immunized in accordance with the immunization requirements against contagious diseases published by the local department of health. If your child has a valid medical contraindication to being immunized, and such contraindication is documented by a physician, an exemption may be permitted for the length of time certified as necessary by the child's

FALL/BEGINNING OF SCHOOL YEAR

Influenza

[Centers for Disease Control & Prevention](#) ([Spanish](#))

Influenza (flu) is a contagious respiratory illness caused by [influenza viruses](#). It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with [certain health conditions](#), are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting [vaccinated](#) each year.

Flu Symptoms

Influenza (flu) can cause mild to severe illness, and at times can lead to death. Flu is different from a cold. Flu usually comes on suddenly. People who have flu often feel some or all of these symptoms:

- fever* or feeling feverish/chills
- cough
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (tiredness)
- some people may have vomiting and diarrhea, though this is more common in children than adults.

*It's important to note that not everyone with flu will have a fever.

How Flu Spreads

Most experts believe that flu viruses spread mainly by tiny droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose or possibly their eyes.

[Take time to get a flu vaccine.](#)

- CDC recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses.
- Flu vaccines will not prevent COVID-19, but they will reduce the burden of flu illnesses, hospitalizations and deaths on the health care system and conserve scarce medical resources for the care of people with COVID-19. (Read more about [flu vaccine benefits](#).)
- CDC estimates that last season, fewer than half of Americans got a flu vaccine and at least 410,000 people were hospitalized from flu. Increased vaccination coverage would reduce that burden.
- Most flu vaccines protect against the four flu viruses that research suggests will be most common. (See [Vaccine Virus Selection](#) for this season's vaccine composition.)
- [Children younger than 6 months](#) are at high risk of serious flu illness, but are too young to be vaccinated. People who care for infants should be vaccinated instead.

[Take everyday preventive actions to stop the spread of germs.](#)

- Take everyday preventive actions that are always recommended to reduce the spread of flu.
 - Avoid close contact with people who are sick.
 - If you are sick, limit contact with others as much as possible to keep from infecting them.
- Cover coughs and sneezes.
 - Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- [Wash your hands](#) often with soap and water. If soap and water are not available, use [an alcohol based hand sanitizer](#)
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Clean and disinfect surfaces and objects that may be contaminated with viruses that cause flu.
- See [Everyday Preventative Actions](#) for more information about actions – apart from getting vaccinated and taking medicine – that people and communities can take to help slow the spread of illnesses like influenza (flu).
- For flu, CDC recommends that people stay home for at least 24 hours after their fever is gone except to get medical care or other necessities. Fever should be gone without the need to use a fever-reducing medicine.

- Local government or health departments may recommend additional precautions be taken in your community. Follow those instructions.

Winter

Diarrhea

[Johns Hopkins Medicine](#)

What is diarrhea?

Diarrhea is when stools (bowel movements) are loose and watery. Your child may also need to go to the bathroom more often. Diarrhea is a common problem. It may last 1 or 2 days and go away on its own. If diarrhea lasts more than 2 days, your child may have a more serious problem.

What causes diarrhea?

Diarrhea may be caused by many things, including:

- Bacterial infection
- Viral infection
- Trouble digesting certain things (food intolerance)
- An immune system response to certain foods (food allergy)
- Parasites that enter the body through food or water
- Reaction to medicines
- An intestinal disease, such as inflammatory bowel disease
- A problem with how the stomach and bowels work (functional bowel disorder), such as irritable bowel syndrome
- Surgery on the stomach or gallbladder

What are the symptoms of diarrhea?

Symptoms can occur a bit differently in each child. They can include:

- Cramping
- Belly (abdominal) pain
- Swelling (bloating)
- Upset stomach (nausea)
- Urgent need to use the bathroom
- Fever
- Bloody stools
- Loss of body fluids (dehydration)
- Incontinence

How is diarrhea treated?

Treatment will depend on your child's symptoms, age, and general health. It will also depend on how severe the condition is.

Dehydration is the major concern with diarrhea. In most cases, treatment includes replacing lost fluids. Antibiotics may be prescribed when bacterial infections are the cause.

Children should drink lots of fluids. This helps replace the lost body fluids. If your child is dehydrated.

When should I call my child's healthcare provider?

Call your child's provider if your child is less than 6 months old or has any of the following symptoms:

Winter

Vomiting

[KidsHealth](#) ([Spanish](#))

Many different things can make kids throw up, including illnesses, motion sickness, stress, and other problems. In most cases, though, vomiting in children is caused by **gastroenteritis**, an infection of the digestive tract.

Gastroenteritis, often called the "stomach flu," usually is caused by common [viruses](#) that we come into contact with every day. Besides causing vomiting, it also can cause nausea, belly pain, and [diarrhea](#).

Gastroenteritis infections usually don't last long and are more disruptive than dangerous. But kids (especially infants) who cannot take in enough fluids and also have diarrhea could become [dehydrated](#). This means that their bodies lose nutrients and water, leading to further illness.

It's important to stay calm — vomiting is frightening to young children (and parents) and exhausting for kids of all ages. Reassuring your child and preventing dehydration are key for a quick recovery. Giving kids the right fluids at the right time (called "oral rehydration") is the best way to help prevent dehydration or treat mild fluid loss.

[HealthyChildren.org](#) ([Spanish](#))

What's the best way to treat vomiting?

In most cases, vomiting will stop without specific medical treatment. The majority of cases are caused by a virus and will get better on their own. You should never use over-the-counter or prescription remedies unless they've been specifically prescribed by your pediatrician for your child and for this particular illness.

Watch for Dehydration

When there is continued vomiting, you need to make certain that dehydration doesn't occur. Dehydration is a term used when the body loses so much water that it can no longer function efficiently. If allowed to reach a severe degree, it can be serious and life-threatening. To prevent this

from happening, make sure your child consumes enough extra fluids to restore what has been lost through throwing up. If she vomits these fluids, notify your pediatrician.

Winter

Coxsackie (Hand, Foot, & Mouth Disease)

[Kids Health](#) ([Spanish](#))

What Are Coxsackievirus Infections?

Coxsackieviruses are part of the enterovirus family of viruses (which also includes polioviruses and hepatitis A virus) that live in the human digestive tract. The viruses can spread from person to person, usually on unwashed hands and surfaces contaminated by feces, where they can live for several days. In most cases, coxsackievirus infections cause mild flu-like symptoms and go away without treatment. But in some cases, they can lead to more serious infections.

What Are the Signs & Symptoms Coxsackievirus Infections?

Coxsackie can produce a wide variety of symptoms. About half of all kids with an infection have no symptoms. Others suddenly get a high fever, headache, and muscle aches, and some also develop a sore throat, abdominal discomfort, or nausea. A child with a coxsackie infection may simply feel hot but have no other symptoms. In most kids, the fever lasts about 3 days, then disappears.

Causes & Transmission [Centers for Disease Control & Prevention](#) ([Spanish](#))



How it spreads

You can get hand, foot, and mouth disease by

- **Contact with respiratory droplets containing virus particles** after a sick person coughs or sneezes
- **Touching an infected person** or making other close contact, like kissing, hugging, or sharing cups or eating utensils
- **Touching an infected person's feces**, such as changing diapers, then touching your eyes, nose, or mouth
- **Touching objects and surfaces** that have the virus on them, like doorknobs or toys, then touching your eyes, nose, or mouth

Rarely, you can also get the viruses by swallowing recreational water, such as water in swimming pools. This can happen if the water is not properly treated with chlorine and becomes contaminated with feces from a person who has hand, foot, and mouth disease.

Winter

Colds

[HealthyChildren.org](https://www.healthychildren.org) ([Spanish](#))

Children and Colds

Your child probably will have more colds, or what are called “upper respiratory infections”, than any other illness. In the first two years of life alone, most children have eight to ten colds. And if there are older school-age children in your house, you may see even more, since colds easily pass from one child to another. That’s the bad news, but there is some good news, too: Most colds go away by themselves and do not lead to anything worse.

How colds spread

Colds are caused by viruses (these are much smaller than bacteria). A sneeze or a cough by someone with a virus can then be breathed in by another person, making them sick. The virus may also go from one person to another, in the following ways:

1. Children or adults with the virus can cough, sneeze, or touch their nose and get some of the virus on their hands.
2. They then touch the hand of a healthy person.
3. The healthy person then touches their own nose, and the virus grows in the healthy person's nose or throat. A cold can then develop.
4. This can happen again and again, with the virus moving from that newly sick child or adult to another person.

How to tell when a child has a cold (signs and symptoms)

Once the virus gets into the body and grows more and more viruses, your child will get some of these symptoms:

- Runny nose (first, a clear liquid coming out; later, a thicker, often colored mucus)
- Sneezing
- Low fever (101–102 degrees Fahrenheit [38.3–38.9 degrees Celsius]), particularly at night
- Not wanting to eat
- Sore throat and, perhaps, difficulty swallowing
- Cough
- Fussiness on-and-off
- Slightly swollen glands

Pus on the tonsils, especially in children three years and older, may mean your child has an infection called strep.

If your child has a typical cold without major problems, the symptoms should go away slowly after seven to ten days.

How to Protect Yourself

Viruses that cause colds can spread from infected people to others through the air and close personal contact. You can also get infected through contact with stool (poop) or respiratory secretions from an infected person. This can happen when you shake hands with someone who has a cold, or touch a surface, like a doorknob, that has respiratory viruses on it, then touch your eyes, mouth, or nose.

You can help reduce your risk of getting a cold:

- Wash your hands often with soap and water. Wash them for 20 seconds, and help young children do the same. If soap and water are not available, use an alcohol-based hand sanitizer. Viruses that cause colds can live on your hands, and regular handwashing can help protect you from getting sick.

- Avoid touching your eyes, nose, and mouth with unwashed hands. Viruses that cause colds can enter your body this way and make you sick.
- Stay away from people who are sick. Sick people can spread viruses that cause the common cold through close contact with others.

How to Protect Others

If you have a cold, you should follow these tips to help prevent spreading it to other people:

- Stay at home while you are sick and keep children out of school or daycare while they are sick.
- Avoid close contact with others, such as hugging, kissing, or shaking hands.
- Move away from people before coughing or sneezing.
- Cough and sneeze into a tissue then throw it away, or cough and sneeze into your upper shirt sleeve, completely covering your mouth and nose.
- Wash your hands after coughing, sneezing, or blowing your nose.
- Disinfect frequently touched surfaces and objects, such as toys, doorknobs, and mobile devices.

There is no vaccine to protect you against the common cold.

How to Feel Better

There is no cure for a cold. To feel better, you should get lots of rest and drink plenty of fluids. Over-the-counter medicines may help ease symptoms but will not make your cold go away any faster. Always read the label and use medications as directed. Talk to your doctor before giving your child nonprescription cold medicines, since some medicines contain ingredients that are not recommended for children. Learn more about symptom relief of upper respiratory infections, including colds.

Antibiotics will not help you recover from a cold caused by a respiratory virus. They do not work against viruses, and they may make it harder for your body to fight future bacterial infections if you take them unnecessarily.

Parvovirus and Fifth Disease

[Center for Disease Control & Prevention](#)

Fifth disease is a mild rash illness caused by parvovirus B19. It is more common in children than adults. A person usually gets sick with fifth disease within 14 days after getting infected with parvovirus B19. This disease, also called erythema infectiosum, got its name because it was fifth in a list of historical classifications of common skin rash illnesses in children.

Signs & Symptoms

The symptoms of fifth disease are usually mild and may include

- fever
- runny nose
- headache
- rash

You can get a rash on your face and body. You may get a red rash on your face called “slapped cheek” rash. This rash is the most recognized feature of fifth disease. It is more common in children than adults. Some people may get a second rash a few days later on their chest, back, buttocks, or arms and legs. The rash may be itchy, especially on the soles of the feet. It can vary in intensity and usually goes away in seven to 10 days, but it can come and go for several weeks. As it starts to go away, it may look lacy.

Prevention

There is no vaccine or medicine that can prevent parvovirus B19 infection. You can reduce your chance of being infected or infecting others by

- washing your hands often, for at least 20 seconds, with soap and water
- covering your mouth and nose when you cough or sneeze
- not touching your eyes, nose, or mouth
- avoiding close contact with people who are sick
- staying home when you are sick

Once you get the rash, you are probably not contagious. So, it is usually safe for you to go back to work or for your child to return to school or a child care center. Healthcare providers who are pregnant should know about potential risks to their baby and discuss this with their doctor. All healthcare providers and patients should follow strict infection control practices to prevent parvovirus B19 from spreading. For information about handwashing, see [CDC's Clean Hands Save Lives!](#)

Treatment

Fifth disease is usually mild and will go away on its own. Children and adults who are otherwise healthy usually recover completely. Treatment usually involves relieving symptoms, such as fever, itching, and joint pain and swelling. People who have complications from fifth disease should see their healthcare provider for medical treatment.

[HealthyChildren.org](#) ([Spanish](#))

How do I know if my child has fifth disease?

Fifth disease starts off like many other viral infections, so it can be hard to know for sure if your child has it. Your doctor will look at the rash and may do blood tests to check for antibodies to the virus.

The rash is the best clue. A bright red rash that first appears is what is known as the “slapped cheek” rash. Sometimes another rash that looks lacy appears a few days later. The second rash often starts on the trunk and spreads to the arms, legs, and even the soles of the feet. It may be itchy but usually goes away after about a week. Even after a child is better, the rash can reappear weeks or months later when your child is hot (during exercise, bathing, etc.).

How does fifth disease spread?

Fifth disease spreads from person to person through respiratory droplets. Symptoms usually show up 4 to 14 days after being exposed to the virus, with the slapped-cheek rash showing up about 4 to 21 days after your child gets infected.

A child is most contagious before the rash appears and is not contagious after the rash appears. Once a person has fifth disease, they usually cannot get it again.

Good hand hygiene is the best way to prevent the spread of fifth disease in school, child care, and at home. Remind children to throw away used tissues and make sure that surfaces and objects that children touch are cleaned and sanitized regularly.

When can my child go back to school or child care?

When you see a rash, your child is no longer contagious. Fifth disease is often mild and goes away with some rest and recovery at home. Your doctor may suggest acetaminophen for fever, aches, or pain.

Winter

Wellness Topics

[HealthyChildren.org](https://www.healthychildren.org) ([Spanish](#))

Physical Activity

Pediatricians continue to be disturbed by the trends they're seeing in the levels of physical activity of children, which appear to be headed in the wrong direction. One survey concluded that less than 25% of children in grades 4 through 12 participate in 20 minutes of vigorous activity or 30 minutes of any physical activity per day. Particularly with weight management as a goal, those numbers aren't good enough.

Not only will regular physical activity help your child lose weight and maintain that weight loss, but it has many other benefits. For example, if your child exercises regularly, he'll have

- Stronger bones and joints
- Greater muscle strength
- A decrease in body fat
- Improved flexibility
- A healthier cardiovascular system (thus reducing his risk of developing heart disease and high blood pressure)
- A reduced likelihood of developing diabetes
- More energy
- A greater ability to handle stress
- Improvements in self-confidence and self-esteem
- Greater social acceptance by physically active peers
- Opportunities to make new friends
- Better concentration at school

Getting Started

You should have a clear picture of your child’s activity level—and whether he needs to change course. Is he watching too much TV? Is he spending too little time playing outdoors after school or on weekends?

As a parent, you need to help your overweight child get moving. To repeat, he should be doing some physical activity every day. In fact, it should become as routine a part of his life as brushing his teeth and sleeping.

So where should you begin? How much time does your child need to spend being active and how intense does this activity need to be?

The answers to these questions may be different for your child than it is for another boy or girl. If your overweight youngster has been completely sedentary, with no PE classes at school, no outdoor play, no extracurricular physical activities, and hours of TV watching every day, his starting point should be different than that of a fairly active youngster. There are plenty of activities that he can choose from, and he should begin to slowly and gradually pick up the pace.

Let’s say that your child decides to try getting his physical activity by taking walks or hikes with an older sibling through a nearby park. If he is really out of shape or if he has trouble imagining doing any walking at all, encourage him to set a goal of walking for only 1 minute at a time (“Can you walk for just 60 seconds?”). Once he realizes that 1 minute is an attainable target, have him increase his walking sessions progressively, to 2 minutes each time, then 3 minutes, and so on, until he’s walking for 30 minutes or more. If your youngster is already in better shape, he may want to start with a 15-minute walk and then increase it in 5-minute increments to 20 minutes, 25 minutes, and beyond. The ultimate goal is to have him spend an hour being active each day.

To most of us, a minute or two of walking doesn’t sound like much. In fact, many adolescents and adults think that exercise doesn’t really count unless it’s intense and even hurts (as the cliché goes, “No pain, no gain”). But for a child trying to lose weight, every little bit of activity helps, whether it’s a short walk to the school bus stop or a climb up a flight of stairs at school. Ultimately, once your child gets into better shape, you can encourage him to increase the duration and intensity of his activity, but the most important thing is that he just get moving and do it regularly.

Emotional Well-being

Help your child cope with their feelings and emotions and learn how to understand their behavior.

What is anxiety?

Anxiety is a normal response to stressful experiences and situations in your world. Some worry can be helpful but too much can start to get in the way.

Anxiety warning signs

Kids may show anxiety in lots of different ways including with their body, feelings, thoughts and behaviors. You may notice the following warning signs:

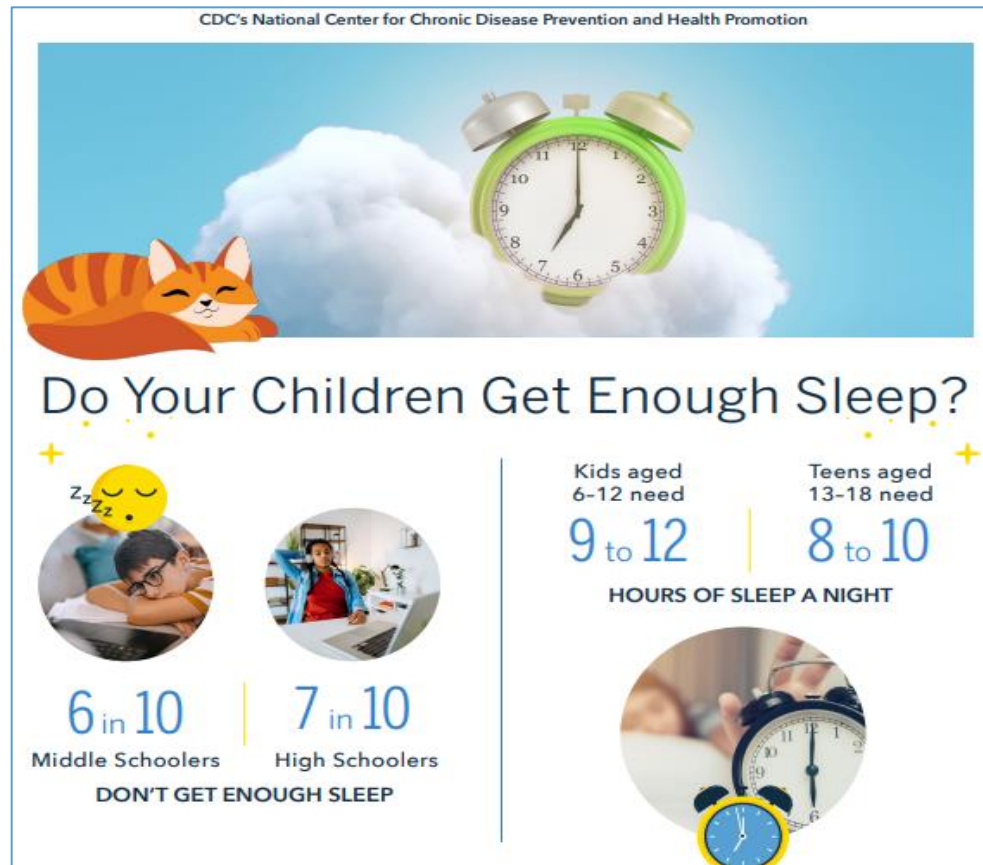
- Changes in breathing or heart rate, shaking, crying, headaches
- Increased worry thoughts such as:
 - I keep thinking about_____.
 - Is something bad going to happen?
- Reassurance seeking
 - Am I going to be okay?
- Changes in mood with increased:
 - Fear or panic
 - Frustration or irritability
 - Sadness
- Increased behavior problems
- Decreased attention and focus
- Trouble sleeping alone
- Social worries around negative judgment
 - Turning off camera for video meetings
- School refusal

What do I do if I'm worried about my child's stress levels?

For some strategies you can try at home, check out the Children's National article "[Helping Kids Manage Stress and Anxiety.](#)" If you are worried about how your child is feeling or behaving, you should seek help and support from your pediatrician.

Sleep

Children and adolescents who do not get enough sleep have a higher risk for many health and behavior problems. Learn how much sleep students need and how many are not getting it.



Promoting Better Sleep

Sleep is increasingly recognized as a component of good health. Getting enough sleep can help children prevent obesity, type 2 diabetes, attention and behavior problems, poor mental health, and injuries. Children aged 6 to 12 need 9 to 12 hours of sleep a night. Teens aged 13 to 18 need 8 to 10 hours of sleep a night.



CDC works to increase parents' awareness about their children's need for good sleep and how they can help their children get enough—for example, by setting the same bed and wake-up times each day, including on the weekends, and by modeling good sleep behaviors.

Spring

Allergies

[Center for Disease Control & Prevention](#)

FARE- [FoodAllergy.org](#)

[Keeping Students Safe and Included - FoodAllergy.org](#)

Food Allergies

Food allergies are a growing food safety and public health concern that affect an estimated 8% of children in the United States.¹ That's 1 in 13 children, or about 2 students per classroom. A *food allergy* occurs when the body has a specific and reproducible immune response to certain foods.² The body's immune response can be severe and life threatening, such as anaphylaxis. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful.

There is no cure for food allergies. Strict avoidance of the food allergen is the only way to prevent a reaction. However, because it is not always easy or possible to avoid certain foods, staff in schools, [out-of-school time](#), and early care and education programs (ECE) should develop plans for preventing an allergic reaction and responding to a food allergy emergency, including anaphylaxis. Early and quick recognition and treatment can prevent serious health problems or death.

Eight foods or food groups account for most serious allergic reactions in the United States: milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts, and tree nuts.²

The symptoms and severity of allergic reactions to food can be different between individuals and can also be different for one person over time. Anaphylaxis is a sudden and severe allergic reaction that may cause death.³ Not all allergic reactions will develop

into anaphylaxis and more than 40% (2 in 5) of children with food allergies in the United States have been treated in the emergency department.

Non-Food Allergies

[AAP Allergy Tips](#) ([Spanish](#))



Your child's allergy treatment should start with your pediatrician, who may refer you to a pediatric allergy specialist for additional evaluations and treatments.

Here are 7 tips on how to treat your child's allergies:

- Allergies can feel like a cold, and symptoms can include runny nose, stuffy nose, itchy nose and/or eyes, and sneezing. Some children may also have headaches and/or fatigue. Allergy symptoms can get in the way of school, fun and family time. Ask your pediatrician about medications to manage allergies. **Here are common treatments:**
 - **Antihistamines:** Taken by mouth, they can help with itchy watery eyes, runny nose and sneezing, as well as itchy skin and hives. Some types cause drowsiness.
 - **Nasal Corticosteroids:** Highly effective for allergy symptom control and widely used to stop chronic symptoms. Safe to use in children over long periods of time. Must be used daily for maximal effectiveness.

- Knowing what your child is allergic to can be an important step in finding the right treatment. **Allergy testing should be performed to determine whether your child is allergic to any environmental allergens.** Nasal allergy symptoms can be caused by a variety of environmental allergens including indoor allergens such as dust mites, pets, and pests as well as outdoor allergens such as pollens. Molds, which can be found indoors and outdoors, can also trigger nasal allergy symptoms.
- An important step in managing allergy symptoms is avoidance of the allergens that trigger the symptoms. If your child is [allergic to pets](#), the addition of pets to your family would not be recommended. If your child has allergy symptoms and is allergic to a pet that lives in your home, the only way to have a significant impact on your child's exposure to pet allergens is to find the pet a new home.
- If your child is allergic to pests in the home, professional extermination, sealing holes and cracks that serve as entry points for pests, storing foods in plastic containers with lids and meticulous cleanup of food remains can help to eliminate pests and reduce allergen levels.
- [Dust mites](#) congregate where moisture is retained, and food for them (human skin scales) is plentiful. They are especially numerous in bedding, upholstered furniture, and rugs. Padded furnishings such as mattresses, box springs, and pillows should be encased in allergen-proof, zip-up covers, which are available through catalogs and specialized retailers. Wash linens weekly and other bedding, such as blankets, every 1 to 2 weeks in hot water. (The minimum temperature to kill mites is 130 degrees Fahrenheit. If you set your water heater higher than 120 degrees, the recommended temperature to avoid accidental scald burns, take care if young children are present in the home.)
- If your child is allergic to outdoor allergens, it can be helpful to use air conditioners when possible. Showering or bathing at the end of the day to remove allergens from body surfaces and hair can also be helpful. For patients with grass pollen allergy, remaining indoors when grass is mowed and avoiding playing in fields of tall grass may be helpful during grass pollen season. Children with allergies to molds should avoid playing in piles of dead leaves in the fall. Pets tracking in and out of the house can also bring pollen and mold indoors.
- Ask your pediatrician about [allergy immunotherapy](#). Immunotherapy, or allergy shots, may be recommended to reduce your child's allergy symptoms. Allergy shots are prescribed only for patients with confirmed allergy. If allergen avoidance and medications are not successful, allergy shots for treatment of respiratory allergies to pollens, dust mites, cat and dog dander, and molds can help decrease the need for daily medication.

Spring

Ringworm

[Center for Disease Control & Prevention- Ring Worm and Fungal Nail Infections](#)



Ringworm is a common skin infection that is caused by a fungus. It’s called “ringworm” because it can cause a circular rash (shaped like a ring) that is usually red and itchy. Anyone can get ringworm. The fungi that cause this infection can live on skin, surfaces, and on household items such as clothing, towels, and bedding.

Ringworm goes by many names. The medical terms are “tinea” or “dermatophytosis.” Other names for ringworm are based on its location on the body – for example, ringworm on the feet is also called “athlete’s foot.” [Learn more](#) about the treatment options.

The different types of ringworm are usually named for the location of the infection on the body.

Areas of the body that can be affected by ringworm include:

- Feet (tinea pedis, commonly called “athlete’s foot”)
- Groin, inner thighs, or buttocks (tinea cruris, commonly called “jock itch”)
- Scalp (tinea capitis)
- Beard (tinea barbae)
- Hands (tinea manuum)
- Toenails or fingernails (tinea unguium, also called “onychomycosis”)
- Other parts of the body such as arms or legs (tinea corporis)

Spring

Summer Safety

Water Safety

[HealthyChildren.org](https://www.healthychildren.org) (Spanish)

[Swimming Pool Safety - HealthyChildren.org](https://www.healthychildren.org)



Swimming is a fantastic form of exercise and a major component of many spring break trips and summer break fun. But parents should remember that swimming also comes with risk. Follow these tips from the American Academy of Pediatrics to protecting children from drowning.

Pool Safety

- Never leave children alone in or near the pool or spa, even for a moment; close supervision by a responsible adult is the best way to prevent drowning in children.
- Whenever children under age 5 are in or around water, an adult – preferably one who knows how to swim and perform CPR – should be within arm's length, providing "touch supervision."
- Install a fence at least 4 feet high around all four sides of the pool. The fence should not have openings or protrusions that a young child could use to get over, under, or through.

- Make sure pool gates open out from the pool, and self-close and self-latch at a height children can't reach. Consider alarms on the gate to alert you when someone opens the gate. Consider surface wave or underwater alarms as an added layer of protection.
- The safest fence is one that surrounds all 4 sides of the pool and completely separates the pool from the house and yard. If the house serves as the fourth side of the fence, install an alarm on the exit door to the yard and the pool. For additional protection, install window guards on windows facing the pool. Drowning victims have also used pet doors to gain access to pools. Keep all of your barriers and alarms in good repair with fresh batteries.
- Keep rescue equipment (a shepherd's hook – a long pole with a hook on the end — and life preserver) and a portable telephone near the pool. Choose a shepherd's hook and other rescue equipment made of fiberglass or other materials that do not conduct electricity.
- Avoid inflatable swimming aids such as "floaties." They are not a substitute for approved life jackets and can give children and parents a false sense of security.
- Children over age 1 may be at a lower risk of drowning if they have had some formal swimming instruction. However, there is no evidence that swimming lessons or water survival skills courses can prevent drowning in babies younger than 1 year of age.
- The decision to enroll a child over age one in swimming lessons should be made by the parent based on the child's developmental readiness and exposure to water, but swim programs should never be seen as "drown proofing" a child of any age.
- Avoid entrapment: Suction from pool and spa drains can trap a swimmer underwater. Do not use a pool or spa if there are broken or missing drain covers. Ask your pool operator if your pool or spa's drains are compliant with the Pool and Spa Safety Act. If you have a swimming pool or spa, ask your pool service representative to update your drains and other suction fitting with anti-entrapment drain covers and other devices or systems. See PoolSafely.gov for more information on the Virginia Graeme Baker Pool and Spa Safety Act.
- If a child is missing, look for him or her in the pool or spa first.
- Share safety instructions with family, friends and neighbors.

Boating Safety

- Children should wear life jackets at all times when on boats, docks or near bodies of water.
- Make sure the life jacket is the right size for your child. The jacket should not be loose and should always be worn as instructed with all straps belted.
- Blow-up water wings, toys, rafts and air mattresses should not be used as life jackets or personal flotation devices. Adults should wear life jackets for their own protection, and to set a good example.
- Adolescents and adults should be warned of the dangers of boating even as a passenger when under the influence of alcohol, drugs, and even some prescription medications.
- Children follow your example, whenever you are on a boat – everyone, kids and adults should wear a life jacket.

Open Water Swimming Safety

- Never swim alone. Even good swimmers need buddies!
- A lifeguard (or another adult who knows about water rescue) needs to be watching children whenever they are in or near the water. Younger children should be closely supervised while in or near the water – use "touch supervision," keeping no more than an arm's length away.
- Make sure your child knows never to dive into water except when permitted by an adult who knows the depth of the water and who has checked for underwater objects.
- Never let your child swim in canals or any fast-moving water.
- Ocean swimming should only be allowed when a lifeguard is on duty.
- Teach children about rip currents. If you are caught in a rip current, swim parallel to shore until you escape the current, and then swim back to shore.
- Be aware that pools and beaches in other countries may not have lifeguards, and pools may have unsafe drain systems. Supervise children closely.
- At the beach, stay within the designated swimming area and ideally within the visibility of a lifeguard

- Be aware of rip currents. If you should get caught in one, don't try to swim against it. Swim parallel to shore until clear of the current.
- Seek shelter in case of storm. Get out of the water. Get off the beach in case of lightning.

Additional Information & Resources:

- [Drowning Prevention: Information for Parents](#)
- Swimming Pool Safety
- Pool Safety (from the U.S. Consumer Product Safety Commission)

Summer Safety (continued)

12 Common Summertime Skin Rashes in Children



Sunny days and starlit evenings spent playing, splashing, and exploring can leave kids with more than warm summertime memories. Balmy weather also can lead to itchy, irritated skin.

Check out the list from the American Academy of Pediatrics (AAP) on the links below to see how you can help prevent, identify, and soothe these common summertime skin rashes.

[American Academy of Pediatrics](#) ([Spanish](#))

Tick Bite

[HealthyChildren.org](https://www.healthychildren.org)

Definition

- A tick (small brown bug) is attached to the skin
- A tick was removed from the skin

Symptoms of a Tick Bite

- A tick bite does not cause pain or itch. So, ticks may not be noticed for a few days.
- After feeding on blood, ticks get swollen and easier to see.
- Ticks fall off on their own after sucking blood for 3 to 6 days.
- After the tick comes off, a little red bump may be seen.

- The red bump or spot is the body's response to the tick's saliva (spit).
- While it's sucking blood, some of its spit gets mixed in.

Causes of Tick Bites

- The wood tick (dog tick) is the size of an apple seed. After feeding, it can double or triple in size. Sometimes, it can pass on Rocky Mountain spotted fever or Colorado tick fever.
- The deer tick is the size of a poppy seed. After a feeding, it can triple in size. Sometimes, it can pass on Lyme disease.

Lyme Disease

- Over 95% of people who get Lyme disease live in or have traveled to 14 high-risk states. Lyme disease mainly occurs in the Northeast, Mid-Atlantic and upper Midwest. Many states do not have Lyme disease. The CDC reports over 30,000 new cases per year (2015).
- About 80% of Lyme disease starts with a bull's eye rash called erythema migrans. The rash starts at the site of the tick bite. It starts on the average at 7 days. It grows larger quickly, to more than 2 inches (5 cm) wide. It can become as large as 12 inches (30 cm). It lasts 2 or 3 weeks. Treatment of this rash with an antibiotic is advised. This almost always prevents the later stages of Lyme Disease. If Lyme Disease isn't treated, heart, joint and neurologic problems can occur.
- Giving antibiotics after deer tick bites to prevent Lyme Disease depends on the risk. The risk is low with brief attachment. The risk is high if the deer tick was attached for longer than 36 hours. It's also higher if the tick is swollen, not flat. Ask your doctor for advice.
- The risk of Lyme Disease after a deer tick bite is low. Even in high risk areas, only 2% of deer tick bites cause Lyme Disease.

At Play



Warm, sunny days are wonderful. It's great to exercise outside. The sun feels good on your skin. But what feels good can also harm you and your family. Read about why the following safety tips are important for your family.

[HealthyChildren.org](https://www.healthychildren.org) – Featured articles for 'At Play' available in Spanish

Year Round: Other

Strep Throat

[Centers for Disease Control & Prevention](#) ([Spanish](#))

Bacteria Cause Strep Throat

Viruses are the most common cause of a sore throat. However, strep throat is an infection in the throat and tonsils caused by bacteria called group A *Streptococcus* (group A strep).

How You Get Strep Throat

Group A strep live in the nose and throat and can easily spread to other people. It is important to know that some infected people do not have symptoms or seem sick. People who are infected spread the bacteria by coughing or sneezing, which creates small respiratory droplets that contain the bacteria.

People can get sick if they:

- Breathe in those droplets
- Touch something with droplets on it and then touch their mouth or nose
- Drink from the same glass or eat from the same plate as a sick person
- Touch sores on the skin caused by group A strep ([impetigo](#))

Rarely, people can spread group A strep through food that is not handled properly (visit [CDC's food safety page](#)). Experts do not believe pets or household items, like toys, spread these bacteria.

Pain and Fever without a Cough Are Common Signs and Symptoms

In general, strep throat is a mild infection, but it can be very painful. The most common symptoms of strep throat include:

- Sore throat that can start very quickly
- Pain when swallowing
- Fever
- Red and swollen tonsils, sometimes with white patches or streaks of pus
- Tiny, red spots (petechiae — pronounced pi-TEE-kee-eye) on the roof of the mouth (the soft or hard palate)
- Swollen lymph nodes in the front of the neck

Other symptoms may include a headache, stomach pain, nausea, or vomiting — especially in children. Someone with strep throat may also have a rash known as [scarlet fever](#) (also called scarlatina).

The following symptoms suggest a virus is the cause of the illness instead of strep throat:

- Cough
- Runny nose
- Hoarseness (changes in your voice that makes it sound breathy, raspy, or strained)
- Conjunctivitis (also called [pink eye](#))

Other

Bed Bugs

[Center for Disease Control & Prevention](#)

Bed Bugs FAQs

What are bed bugs?

Bed bugs (*Cimex lectularius*) are small, flat, parasitic insects that feed solely on the blood of people and animals while they sleep. Bed bugs are reddish-brown in color, wingless, range from 1mm to 7mm (roughly the size of Lincoln's head on a penny), and can live several months without a blood meal.

Where are bed bugs found?

Bed bugs are found across the globe from North and South America, to Africa, Asia and Europe. Although the presence of bed bugs has traditionally been seen as a problem in developing countries, it has recently been spreading rapidly in parts of the United States, Canada, the United Kingdom, and other parts of Europe. Bed bugs have been found in five-star hotels and resorts and their presence is not determined by the cleanliness of the living conditions where they are found.

Bed bug infestations usually occur around or near the areas where people sleep. These areas include apartments, shelters, rooming houses, hotels, cruise ships, buses, trains, and dorm rooms. They hide during the day in places such as seams of mattresses, box springs, bed frames, headboards, dresser tables, inside cracks or crevices, behind wallpaper, or any other clutter or objects around a bed. Bed bugs have been shown to be able to travel over 100 feet in a night but tend to live within 8 feet of where people sleep.

Do bed bugs spread disease?

Bed bugs are not known to spread disease. Bed bugs can be an annoyance because their presence may cause itching and loss of sleep. Sometimes the itching can lead to excessive scratching that can sometimes increase the chance of a secondary skin infection.

What health risks do bed bugs pose?

A bed bug bite affects each person differently. Bite responses can range from an absence of any physical signs of the bite, to a small bite mark, to a serious allergic reaction. Bed bugs are not considered to be dangerous; however, an allergic reaction to several bites may need medical attention.

What are the signs and symptoms of a bed bug infestation?

One of the easiest ways to identify a bed bug infestation is by the tell-tale bite marks on the face, neck, arms, hands, or any other body parts while sleeping. However, these bite marks may take as long as 14 days to develop in some people so it is important to look for other clues when determining if bed bugs have infested an area. These signs include:

- the bed bugs' exoskeletons after molting,
- bed bugs in the fold of mattresses and sheets,
- rusty-colored blood spots due to their blood-filled fecal material that they excrete on the mattress or nearby furniture, and
- a sweet musty odor.

How do I know if I've been bitten by a bed bug?

It is hard to tell if you've been bitten by a bed bug unless you find bed bugs or signs of infestation. When bed bugs bite, they inject an anesthetic and an anticoagulant that prevents a person from realizing they are being bitten. Most people do not realize they have been bitten until bite marks appear anywhere from one to several days after the initial bite. The bite marks are similar to that of a mosquito or a flea — a slightly swollen and red area that may itch and be irritating. The bite marks may be random or appear in a straight line. Other symptoms of bed bug bites include insomnia, anxiety, and skin problems that arise from profuse scratching of the bites.

Because bed bug bites affect everyone differently, some people may have no reaction and will not develop bite marks or any other visible signs of being bitten. Other people may be allergic to the bed bugs and can react adversely to the bites. These allergic symptoms can include enlarged bite marks, painful swellings at the bite site, and, on rare occasions, anaphylaxis.

How did I get bed bugs?

Bed bugs are experts at hiding. Their slim flat bodies allow them to fit into the smallest of spaces and stay there for long periods of time, even without a blood meal. Bed bugs are usually transported from place to place as people travel. The bed bugs travel in the seams and folds of luggage, overnight bags, folded clothes, bedding, furniture, and anywhere else where they can hide. Most people do not realize they are transporting stow-away bed bugs as they travel from location to location, infecting areas as they travel.

Who is at risk for getting bed bugs?

Everyone is at risk for getting bed bugs when visiting an infected area. However, anyone who travels frequently and shares living and sleeping quarters where other people have previously slept has a higher risk of being bitten and or spreading a bed bug infestation.

How are bed bugs treated and prevented?

Bed bug bites usually do not pose a serious medical threat. The best way to treat a bite is to avoid scratching the area and apply antiseptic creams or lotions and take an antihistamine. Bed bug infestations are commonly treated by insecticide spraying. If you suspect that you have an infestation, contact your landlord or professional pest control company that is experienced with treating bed bugs. The best way to prevent bed bugs is regular inspection for the signs of an infestation.

Additional Resource:

[HealthyChildren.org](https://www.healthychildren.org) – Bed Bug Bite

Asthma

[Centers for Disease Control & Prevention](#)

Asthma is a leading chronic illness among children and youth in the United States and a leading cause of school absenteeism. Teachers, coaches, day care providers, and educators can help children manage their asthma.

This page provides Centers for Disease Control and Prevention (CDC), government, and nongovernment resources for school personnel planning or maintaining an asthma management program.

[CDC's National Asthma Control Program](#)

CDC's National Asthma Control Program (NACP) is doing important work to help children with asthma. We're supporting initiatives across the country to provide comprehensive asthma control in school settings.

[EXHALE Powerpoint on Strategies for individuals with Asthma breathe easier\[PDF – 760 KB\]](#)

The EXHALE technical package represents a group of strategies, which, based on the best available evidence, can improve asthma control and reduce health care costs. It is intended as a resource to inform decision-making in communities, organizations, and states.

[Know How to Use Your Asthma Inhaler](#)

CDC's National Asthma Control Program created this set of videos to help children with asthma and their families, caregivers, and educators learn how to use an asthma inhaler. The kids in these videos have asthma. Watch them demonstrate the techniques they use to take their medicine. This helps them control their asthma.

[Asthma | Healthy Schools | CDC](#)

This site describes CDC's efforts to increase the number of asthma-friendly schools nationwide. It contains information about CDC programs and resources that deal with asthma among youths and attempt to assess school health policies and programs at the state, district, school, and classroom levels. You'll find the following important resources

- [School Health Index: A Self-Assessment and Planning Guide](#)
This site provides a tool to help schools understand their strengths and weaknesses and to develop an action plan for improving their health policies and programs related to asthma and other health topics.

Additional Resources:

[American Association of School Administrators](#)

This association supports strong school system leadership to improve the lives of children.

- [Asthma Wellness—Keeping Children with Asthma in School and Learning pdf icon](#)[PDF – 611 KB][external icon](#)

[American Lung Association](#)

- [Asthma-Friendly Schools Initiative Toolkit](#)
This toolkit presents a framework and provides the tools for community organizations and schools to ensure that children with asthma are healthy, in school, and ready to learn.
- [Open Airways for Schools](#)
This is an elementary school education program for children with asthma. A key part of the program is the American Lung

Association's (ALA) facilitation of asthma-care partnerships involving school nurses and educational staff as well as physicians, families, and ALA volunteers.

[Athletes and Asthma: The Community Coach's Role](#)

This online course, developed by the Minnesota Department of Health, guides coaches through scenarios that mimic real-life decisions they face during practices and competitive events.

[National Association of School Nurses](#)

This association supports the health and educational success of children and youth by developing and providing leadership to advance school nursing practice by specialized registered nurses.

- Self-Administration of Rescue Inhalers for Asthma in the School Setting

[National Heart, Lung, and Blood Institute](#)

This site provides you information about the National Asthma Education and Prevention Program and about asthma according to target audience.

[U.S. Environmental Protection Agency—Healthy School Environment Resources](#)

This site provides online resources to help facility managers, school administrators, architects, design engineers, school nurses, parents, and teachers address environmental health issues in schools.

Other

Scabies

[HealthyChildren.org](https://www.healthychildren.org)

Definition

- A very itchy rash caused by the scabies mite
- A mite is a tiny, invisible bug that burrows under the skin
- A doctor has told you your child has scabies or
- Your child has had close contact with another person who has it

Symptoms of Scabies

- Widespread little red, bumpy rash that mainly involves the skin folds.
- Intense itching is the main symptom. If it doesn't itch, it's not scabies.
- **Appearance.** The small red bumps are often in short straight or wavy lines. These are the burrows/tunnels of the mite. The bump or water blister is where the mite entered the skin.
- **Location.** Classic scabies is found in skin creases such as finger webs. Hands and wrists are the most common sites. Armpits, groin, scrotum, buttocks, navel, waist, and ankles can be involved.
- The face and neck are usually spared. In infants, the rash can involve the face and scalp.
- The rash usually looks the same on both sides of the body.

Cause of Scabies

- Scabies mite
- Scabies comes from skin-to-skin contact with someone who has scabies.
- After contact, a person will come down with scabies rash in 4 to 6 weeks.
- Itching is the first symptom.
- The rash and itching are the body's allergic reaction to mites in the skin.
- Can occur in anyone and does not mean poor hygiene.
- Scabies mites do not carry any disease.

Prevention of Spread to Others

- Scabies is very contagious and prevention is difficult.
- It's best to treat everyone who has had close contact.

When To Call

Call Doctor or Seek Care Now

- Spreading red area or streak with fever
- Your child looks or acts very sick

Contact Doctor Within 24 Hours

- Spreading red area or streak, but no fever
- You think your child needs to be seen

Contact Doctor During Office Hours

- Your child had close contact with someone with scabies and not treated
- Yellow soft scab that drains pus or gets bigger, not better with antibiotic ointment
- Severe itching not better after 48 hours of steroid cream and allergy medicine
- Rash goes away with treatment and then returns
- After 4 weeks, itch is still present
- You have other questions or concerns

Care Advice

1. What You Should Know About Scabies:

- Scabies are easy to treat. Itching is the problem.
- The itching normally lasts for 2 weeks after the scabies mites are killed.
- Treatment with the anti-scabies cream does not help the itch.
- The itching is an allergic reaction. The body reacts to the dead mites and eggs in the skin. It continues until all the skin containing the dead mites is shed. This usually takes 2 weeks.
- Continuing to have the itch does not mean that the treatment didn't work. It also doesn't mean that it needs to be repeated.
- Here is some care advice that should help.

2. Treating Close Contacts:

- Scabies is easily spread to others. The symptoms don't start for an average of 30 days.
- Therefore, everyone living in the house should be treated before they develop a rash.
- Close contacts only need to be treated once with the scabies cream.

3. Anti-Scabies Medicine (Prescription):

- Scabies is treated with a prescription cream. (Currently, the most common product is Elimate).
- If applied correctly, it's almost 100% effective at curing scabies.

- Apply the cream from the chin to the toes. Cover every square inch of the body. Don't forget the navel, between the toes, under the fingernails and all the creases.
 - Areas that don't seem infected still need to be covered with the cream.
 - Caution: Infants less than 1 year old also need the cream applied to the head. Put it on the scalp, forehead, temples, ears and neck. Avoid putting it around the eyes and mouth.
 - Bedtime is usually the best time to apply it.
 - Eight to 12 hours later give your child a bath with warm water. This will remove the cream.
 - One treatment is usually effective. For severe rashes, repeat the treatment 1 week later.
 - Approved for as young as 2 months old.
- 4. Steroid Cream for Itching:**
- For relief of itching, apply 1% hydrocortisone cream (such as Cortaid). No prescription is needed.
 - Do this 3 times per day to the most itchy spots.
- 5. Allergy Medicine for Itching:**
- For severe itching, an oral allergy medicine (such as Benadryl) should help.
 - Age Over 1 Year: Give Benadryl 4 times per day. No prescription is needed.
 - Age Over 2 Years: Another option is to give cetirizine (such as Zyrtec) each morning. Use Benadryl at bedtime. No prescription is needed.
- 6. Cool Baths for Itching:**
- For flare-ups of itching, give your child a cool or lukewarm bath. Bathe for 10 minutes.
 - Can add baking soda 2 ounces (60 mL) per tub.
 - Avoid all soaps. Reason: Soaps make the itching worse.
- 7. Cut Nails for Itching:**
- Discourage scratching.
 - Cut the fingernails short. Reason: Prevents a skin infection from bacteria.
- 8. Cleaning the House:**
- Live scabies mites are in clothing your child has worn in the last 3 days.
 - Machine wash all your child's sheets, pillowcases, underwear, pajamas, and other recently worn clothing. Use hot water. High dryer temps also kill mites.
 - Put items that can't be washed (such as blankets) into plastic bags. You need to keep them in the bags for 4 days to kill the mites. Scabies cannot live off the human skin for more than 3 days.

9. **What to Expect:**

- One treatment with a prescription anti-scabies cream usually helps. This usually kills all the scabies mites and eggs. Make sure you leave it on for 8-12 hours.
- The rash will heal up and go away in 2 weeks. There shouldn't be any new rash after treatment.
- The itching may last up to 4 weeks. Reason: It's an allergic reaction to the dead scabies.

10. **Return to School:**

- Your child can return 24 hours after one treatment with the anti-scabies cream.

11. **Call Your Doctor If:**

- Rash looks infected (draining pus, scabs become larger)
- Itching becomes worse or lasts over 4 weeks
- You think your child needs to be seen
- Your child becomes worse

And remember, contact your doctor if your child develops any of the 'Call Your Doctor' symptoms

Other

Meningitis

[Centers for Disease Control & Prevention](#) – Viral vs. Bacterial

Meningitis is an inflammation (swelling) of the protective membranes covering the brain and spinal cord. A bacterial or viral infection of the fluid surrounding the brain and spinal cord usually causes the swelling. However, injuries, cancer, certain drugs, and other types of infections also can cause meningitis. It is important to know the specific cause of meningitis because the treatment differs depending on the cause.

Additional Resources

[HealthyChildren.org](#) ([Spanish](#))

Prevention

Some types of bacterial meningitis can be prevented with vaccines. Ask your pediatrician about the following vaccines.

[Hib \(Haemophilus influenzae type b\) Vaccine](#)

This vaccine will decrease the chance of children becoming infected with Haemophilus influenzae type b (Hib) bacteria, which was the leading cause of bacterial meningitis among young children before this immunization became available. The vaccine is given by injection to children at two months, four months, and six months, and then again between twelve and fifteen months of age. *(Some combined vaccines may allow your doctor to omit the last injection.)*

[Pneumococcal Vaccine](#)

This vaccine is effective in preventing many serious infections caused by the pneumococcus bacteria, including meningitis as well as bacteremia (*an infection of the bloodstream*) and [pneumonia](#). It is recommended starting at two months of age, with additional doses at four, six, and between twelve and fifteen months of age. Some children who have an increased susceptibility to serious infections (*these high-risk children include those with abnormally functioning immune systems, sickle cell disease, certain kidney problems, and other chronic conditions*) may receive an additional pneumococcal vaccine between ages two and five years.

[Meningococcal Vaccine](#)

There are two kinds of meningococcal vaccines available in the US, but the preferred vaccine for children is called the meningococcal conjugate vaccine (MCV4). Although it can prevent four types of meningococcal disease, it is not routinely recommended for very young children, but rather for young adolescents (*eleven to twelve years of age*), or [teenagers at the time they start high school](#) (*or at fifteen years old*).

Additional Information:

- [Vaccines Your Child Needs](#)
- [Haemophilus Influenzae Type B \(Hib\) Vaccine: What You Need to Know](#)
- [Pneumococcal Conjugate Vaccine: What You Need to Know](#)
- [Meningococcal Vaccines: What You Need to Know](#)

- [Meningococcal Disease: Information for Teens and College Students](#)

Other

Whooping Cough (Pertussis)

[HealthyChildren.org](#) ([Spanish](#))

What is whooping cough?

Pertussis, or whooping cough, is less common in young children than it used to be. Before the vaccine was developed, there were several hundred thousand cases of whooping cough each year in the United States. Now there are approximately 1 million cases a year in the US, but these are mostly in adults and [adolescents](#).

This illness is caused by pertussis bacteria, which attack the lining of the breathing passages (bronchi and bronchioles), producing severe inflammation and narrowing of the airways. Severe coughing is a prominent symptom. If not recognized properly, the bacteria may spread to those in close contact with the infected person, through her respiratory secretions.

Who is at risk?

[Infants](#) under one year of age are at greatest risk of developing severe breathing problems and life-threatening illness from whooping cough. Because the child is short of breath, she inhales deeply and quickly between coughs. These breaths (particularly in older infants) frequently make a "whooping" sound—which is how this illness got its common name. The intense coughing scatters the pertussis bacteria into the air, spreading the disease to other susceptible persons.

Symptoms

Pertussis often acts like a common cold for a week or two. Then the cough gets worse, and the older child may start to have the characteristic "whoop"s. During this phase (which can last two weeks or more), the child often is short of breath and can look bluish around the mouth. She also may tear, drool, and vomit.

Infants with pertussis become exhausted and develop complications such as susceptibility to other infections, [pneumonia](#), and [seizures](#). Pertussis can be fatal in some infants, but the usual course is for recovery to begin after two to four more weeks. The cough may not disappear for months, and may return with subsequent respiratory infections.

When to call the doctor

Pertussis infection starts out acting like a cold. You should consider the possibility of whooping cough if the following conditions are present.

- The child is a very young infant who has not been fully immunized and/or has had exposure to someone with a chronic cough or the disease.
- The child's cough becomes more severe and frequent, or her lips and fingertips become dark or blue.
- She becomes exhausted after coughing episodes, eats poorly, vomits after coughing, and/or looks "sick."

When your child needs hospital care

The majority of infants with whooping cough who are less than six months old, and slightly less than one-half of older babies with the disease, initially are treated in the hospital. This more intensive care can decrease the chances of complications. These complications can include pneumonia, which occurs in slightly less than one fourth of children under one year old who have whooping cough. (If your child is older, she is more likely to be treated only at home.)

While in the hospital, your child may need to have the thick respiratory secretions suctioned. His breathing will be monitored, and he may need to have oxygen administered. For several days, your youngster will be isolated from other patients to keep the infection from spreading to them.

Treatment

Whooping cough is treated with antibiotics, usually for two weeks. These medications are most effective when they are given in the first stage of the illness before coughing spells begin. Although [antibiotics](#) can stop the spread of the whooping cough infection, they cannot prevent or treat the cough itself.

Let your child rest in bed and use a cool-mist vaporizer to help soothe his irritated lungs and breathing passages. A vaporizer also will help loosen secretions in the respiratory tract. Ask your pediatrician for instructions on the best position for your child to help drain those secretions and improve breathing. Also ask your doctor whether antibiotics or vaccine boosters need to be given to others in your household to prevent them from developing the disease.

Prevention

The best way to protect your child against pertussis is with DTaP vaccination (immunizations at two months, four months, and six months of age, and booster shots at twelve to eighteen months and at four or five years of age). See [Recommended Immunization Schedules](#).

Tdap also protects against pertussis. A single dose of Tdap vaccine should be administered to children 7 through 10 years of age who were under immunized with DTaP or who have an incomplete vaccine history.

The American Academy of Pediatrics (AAP) continues to recommend vaccination of adolescents, including pregnant adolescents. [Pregnant women](#) should also receive the vaccine. A single dose should be given to adults who have contact with infants, even if they are older than 65, and for health care workers of any age.

Additional Resource

[Centers for Disease Control & Prevention](#) – Pertussis (Whooping Cough)