



# Childhood Illnesses

- Simple childhood illnesses can be life threatening to baby.

- Signs of sickness

- Face red or pale
- Loss of appetite, vomiting, diarrhea
- Runny nose, cough sore throat
- Fever ❌







# Fever



- Take temperature in arm pit or rectally
- Normal temperature is 98.6 degrees
  - 99.5-100 degrees is considered low grade and not necessarily excludable from child care programs
  - An oral temperature over 101 degrees or rectal temperature of 102 degrees, within the last 24 hours indicates that the child is ill and needs medical attention before attending a child care program.







# How do you lower a fever?

- Dress lightly
- Give plenty of fluids
- Cool sponge bath, high fever may require cool tub bath
- Tylenol, NO ASPIRIN (Reye's syndrome) use proper dose





# Daily Health Check

- There are several signs of Illness that you should check for **DAILY** as children enter child care programs:
  - Rashes, sores, swelling or bruising of skin
  - Changes in the appearance of the eyes
  - Runny nose
  - Flushing of skin
  - Coughing, sneezing
  - A sweaty appearance





# Immunizations- The Key to Preventing Childhood Illnesses



## Immunizations for Babies

A Guide for Parents

These are the vaccinations your baby needs!

At birth	HepB
2 months	HepB <sup>1</sup> + DTaP + PCV + Hib + Polio + RV
4 months	HepB <sup>2</sup> + DTaP + PCV + Hib + Polio + RV
6 months	HepB <sup>3</sup> + DTaP + PCV + Hib <sup>3</sup> + Polio <sup>4</sup> + RV <sup>4</sup> + Influenza <sup>5</sup>
12 months or older	MMR + DTaP + PCV + Hib + Chickenpox + HepA <sup>6</sup> + Influenza <sup>6</sup>

Check with your doctor or nurse to make sure your baby is receiving all vaccinations on schedule. Many times vaccines are combined to reduce the number of injections. Be sure you ask for a record card with the dates of your baby's vaccinations; bring this with you to every visit.

Here's a list of the diseases your baby will be protected against:

**HepB:** hepatitis B, a serious liver disease

**DTaP:** diphtheria, tetanus (lockjaw), and pertussis (whooping cough)

**PCV:** pneumococcal conjugate vaccine protects against a serious blood, lung, and brain infection

**Hib:** *Haemophilus influenzae* type b, a serious brain, throat, and blood infection

**Polio:** polio, a serious paralyzing disease

**RV:** rotavirus infection, a serious diarrheal disease

**Influenza:** a serious lung infection

**MMR:** measles, mumps, and rubella

**HepA:** hepatitis A, a serious liver disease

**Chickenpox:** also called varicella

Footnotes to above chart:

1. This is the age range in which this vaccine should be given.
2. Your baby may not need a dose of Hep B vaccine at age 4 months, depending on the vaccine used. Check with your doctor or nurse.
3. Your baby may not need a dose of Hib vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
4. Your baby may not need a dose of RV vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
5. All children who are 6 months of age or older should be vaccinated against influenza in the fall or winter of each year.
6. Your child will need 2 doses of HepA vaccine, given at least 6 months apart.

# Immunizations- The Key to Preventing Childhood Illnesses

## CALIFORNIA SCHOOL IMMUNIZATION RECORD

*This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.*

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name \_\_\_\_\_ Sex: M  F  Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_

White, not Hispanic  
 Hispanic  
 Black  
 Other: \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)						
DTP/DTaP/DT/Td <small>(Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)</small>						
MMR (Measles, mumps, and rubella)						
HIB (Required only for child care and preschool)						
HEPATITIS B						
VARICELLA (Chickenpox)						
HEPATITIS A (Not required)						

### I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:

Date \_\_\_\_\_  
 Staff Signature \_\_\_\_\_

Record Presented was:

- Yellow California Immunization Record  
 Out-of-state school record  
 Other immunization record

Specify: \_\_\_\_\_

### II. STATUS OF REQUIREMENTS

- A. All Requirements are met.  
 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- B. Currently up-to-date, but more doses are due later. Needs follow-up.  
 Exemption was granted for:

- C. Medical Reasons—Permanent  
 D. Medical Reasons—Temporary  
 E. Personal Beliefs

### III. 7th GRADE ENTRY

- A. All Requirements are met.  
 Name \_\_\_\_\_ Date \_\_\_\_\_
- B. Currently up-to-date, but more doses are due later. Needs follow-up.  
 Name \_\_\_\_\_ Date \_\_\_\_\_

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
<input type="checkbox"/>	PPD-Mantoux				<input type="checkbox"/> Pos	Film date: _____ Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal
<input type="checkbox"/>	Other				<input type="checkbox"/> Neg	
<input type="checkbox"/>	PPD-Mantoux				<input type="checkbox"/> Pos	Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/>	Other				<input type="checkbox"/> Neg	

\*If required for school entry, must be Mantoux unless exceptions granted by local health department.





INFECTIONS

**Varicella  
(Chicken Pox)**

**Begins with fever and rash**

**Blisters appear 10-20 days  
later**

**Don't scratch them**

**Oatmeal bath**



**Can receive vaccine between  
12- 18 months**







INFECTIONS

**Strep Throat**  
(Group A Streptococci Infections)

**Fever**

**Spots on throat**

**Swollen glands**

**Treated with  
antibiotics**

**Contagious for first 24  
hours**







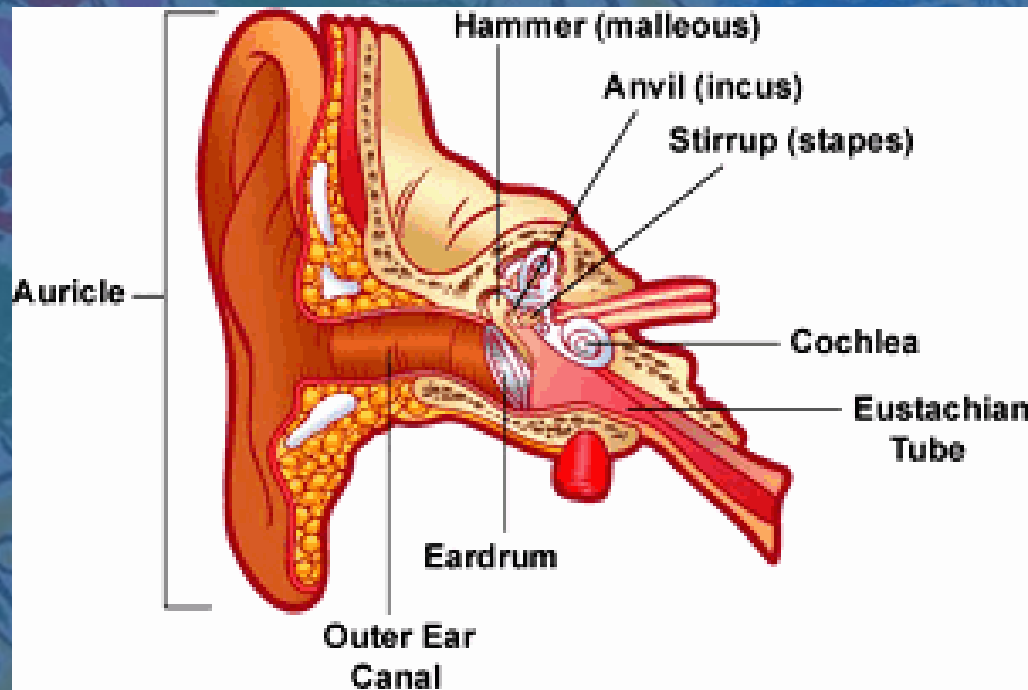
Ear hurts

Can't hear well

Discharge from ear  
if drum is ruptured

Treat with  
antibiotics

Ear tube if  
necessary







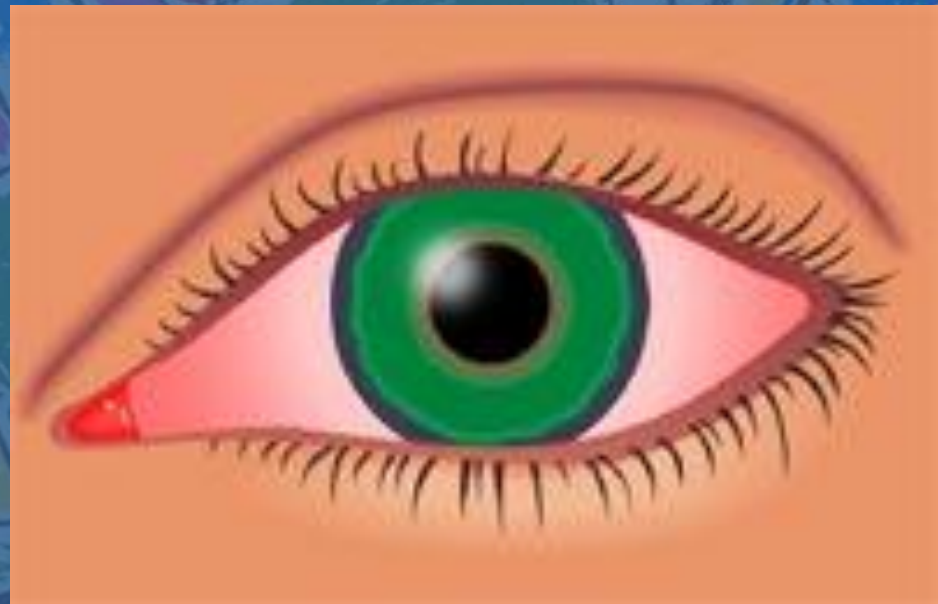
INFECTIONS

**Conjunctivitis  
(Pinkeye)**

Red pus filled  
eye

Very contagious

Treat w/  
Medicated eye  
drops







INFECTIONS

**Rubella**  
**(German Measles)**

**Fever**

**Rash which may cover body**

**Lots of fluids**

**Lasts 14 – 21 days**







INFECTIONS

**Pertussis**  
(Whooping Cough)



**Severe coughing followed by restricted breathing  
(cause “whooping” sound)**

**Cause exhaustion and may be more likely to develop  
pneumonia**

**Get DTP vaccination to prevent**







INFECTIONS

**Roseola Infantum**



Common in children under 2

High fever, slight cough, runny nose  
followed by slight rash

Caused by virus so can be contagious





INFECTIONS

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**Mumps**

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**Swollen salivary glands**

**Swelling of testes**

**Contagious for 10 days or until swelling goes down**

**Keep child as comfortable as possible**

**Can only get it once!**







INFECTIONS

**Head Lice**

**Itchy**

**Get them from touching, combs, hats, chairs – they don't jump**

**Medicated shampoo and washing needed to treat**

