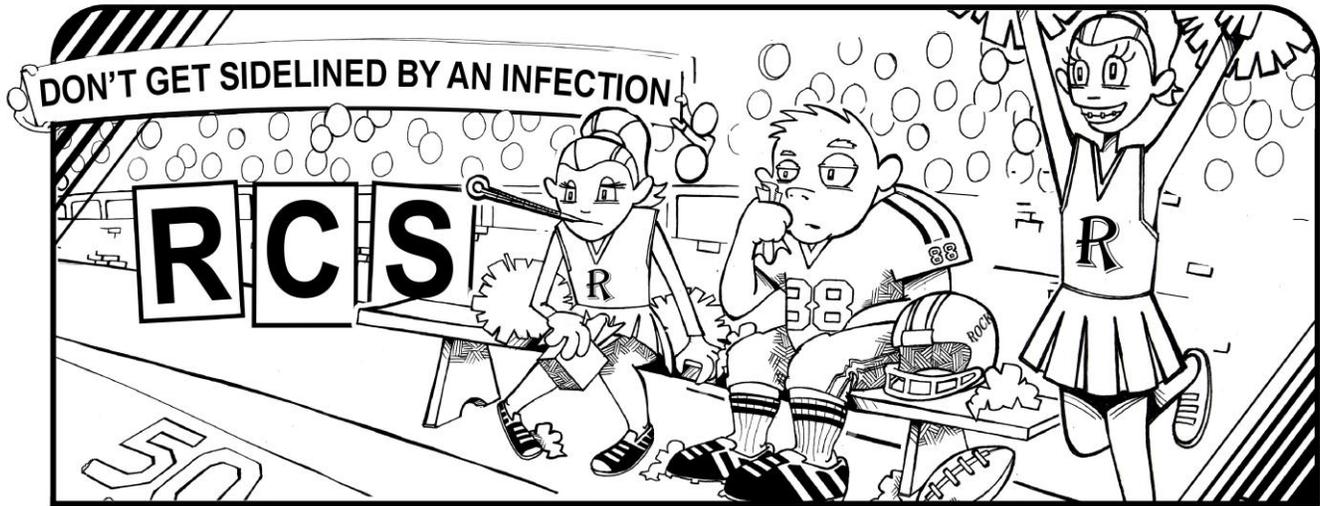


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With a new school year upon us it is important that we work together to keep our children and school healthy. By keeping our children disease-free, we benefit the community as a whole. Additionally, healthy students miss fewer days of school, which results in less stress on the family. The following information covers some of the contagious medical conditions that could affect the school age child.

Cold or flu?



With flu season upon us, it is important that we work together to keep our children and school healthy. By keeping our children flu-free, we benefit the community as a whole. Additionally, healthy students miss fewer days of school, which results in less stress on the family. Following are answers to frequently asked questions about the flu and how to help protect your child.

Your child is sent home from school with a sore throat, cough, and high fever - could it be the flu that's been going around? Or is it just a common cold?

Before you can figure out how to help your child feel better, you need to know what it is that's making him or her sick. Typically, the flu (also known as influenza) has symptoms that make a child feel worse than symptoms associated with a common cold, but it's not always that easy to tell the difference between the two.

Symptoms Checklist

To help determine whether your child's fighting the flu or combating a cold, answer these questions about your child's symptoms.

Flu vs. Colds: A Guide to Symptoms		
Questions to ask concerning...	Flu	Cold
Was your child's onset of illness . . .	sudden	slow
Does your child have a . . .	high fever	no (or mild) fever
Is your child's exhaustion level . . .	severe	mild
Is your child's cough . . .	dry	severe or hacking
Is your child's throat . . .	sore	fine
Is your child's head . . .	achy	headache-free
Is your child's appetite . . .	decreased	normal
Are your child's muscles . . .	achy	fine
Does your child have . . .	chills	no chills

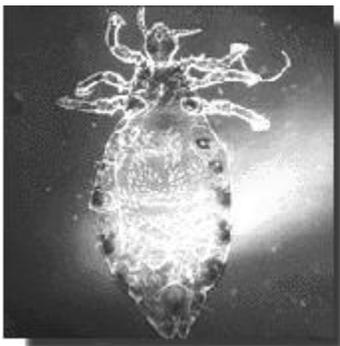
If most of your answers fell into the first category, chances are that your child has the flu. If your answers usually belonged in the second category, it's most likely a cold. But don't be too quick to brush off your child's illness as just another cold. The important thing to remember is that flu symptoms can vary from child to child (and they can change as the illness progresses), so if you suspect the flu, call your child's doctor.

Treatment

If caught within the first 48 hours of the onset of symptoms, your child's flu may respond to an antiviral medicine, which can shorten the course of your child's infection by 1 or 2 days. In the meantime, take care of your child by offering plenty of fluids and extra comfort.

And if your child's doctor says it's not the flu? Ask him or her whether your child should get a flu shot.

Head Lice



Much to many parents' annoyance, the head louse is a tiny, wingless parasitic insect that lives among human hairs and feeds on extremely small amounts of blood drawn from the scalp. Although they may sound gross, lice (the plural of louse) are a very common problem, especially for kids ages 3 years to 12 years (girls more often than boys).

Lice aren't dangerous and they don't spread disease, but they are contagious and can just be downright annoying. Their bites may cause your child's scalp to become itchy and inflamed and persistent scratching may lead to skin irritation and even infection.

Lice eggs (called nits), which look like tiny yellow, tan, or brown dots before they hatch. After hatching, the remaining shell looks white or clear. Lice lay nits on hair shafts close to the skin's surface, where the temperature is perfect for keeping warm until they hatch. Nits look sort of like

dandruff, only they can't be removed by brushing or shaking them off. Unless the infestation is heavy, it's more common to see nits in a child's hair than it is to see live lice crawling on the scalp. Lice eggs hatch within 1 to 2 weeks after they're laid. They become adult lice about 7 days after they hatch. The adult louse is no bigger than a sesame seed and is brownish tan (lice may look darker on people with dark hair). Most lice feed on blood about every 4 to 6 hours, but they can survive up to 3 days off the scalp.

With lice bites come itching and scratching. However, the itching may not always start right away - that depends on how sensitive your child's skin is to the lice. It can sometimes take weeks for kids with lice to start scratching. They may complain, though, of things moving around on or tickling their heads.

You may be able to see the lice or nits by parting your child's hair into small sections and checking for lice and nits on the scalp, behind the ears, and around the nape of the neck (it's rare for them to be found on eyelashes or eyebrows). A magnifying glass and bright light may help. But it can be tough to find a nymph or adult louse - often, there aren't many of them and they're able to move fast.

Call your child's doctor if your child is constantly scratching his or her skin or complains of itches that don't go away, especially on parts of the body that are covered with hair. The doctor should be able to tell you if your child is infested with lice and needs to be treated.

Also be sure to check with your child's school nurse or child-care center director to see if other children have recently been treated for lice. If you discover that your child does, indeed, have lice or nits, contact the staff at your child's school to let them know about it.

Are Lice Contagious?

Lice are highly contagious and can spread quickly from person to person, especially in group settings (schools, child-care centers, slumber parties, sports activities, camps, and even playgrounds).

Though they can't fly or jump, these tiny parasites have specially adapted claws that allow them to crawl and cling firmly to hair. They spread mainly through head-to-head contact, but sharing clothing, bed linens, combs, brushes, and hats can also help pass them along. Children and teens are most prone to catching lice because they tend to have close physical contact with each other and often share personal items.

And you may wonder if Fido or Fluffy may be catching the pests and passing them on to your family. But rest assured that pets **can't** catch head lice and pass them on to people or the other way around.

How Are Lice Treated?

Your child's doctor can recommend a medicated shampoo, cream, or lotion to kill the lice. These may be over-the-counter or prescription medications, depending on what treatments have already been tried. It isn't uncommon for treatments to be unsuccessful because of incorrect use or because the lice may be resistant to the chemical in the shampoo.

It's important to follow the directions exactly because these products are insecticides. Applying these medications too much or too frequently can increase the risk of causing harm. Following the directions on the product label is also important to ensure that the treatment works properly. Your child's doctor may also suggest a special rinse to use on your child's hair that makes it easier to comb out the nits using a fine-tooth comb.

It's also a good idea to use a fine-tooth comb on your child's hair after regular shampooing every 3 to 4 days for 2 weeks. Wetting the hair beforehand is recommended because it temporarily immobilizes the lice and they become easier to comb out.

Here are some simple steps you can take to help get rid of the lice and their eggs, and help prevent a lice reinfestation:

- Wash all bed linens and clothing that's been recently worn by anyone in your home who's infested in very hot water (130 degrees Fahrenheit, or 54.4 degrees Celsius) then put them in the hot cycle of the dryer for at least 20 minutes.
- Dry clean any clothing that isn't machine washable.
- Have bed linens, clothing, and stuffed animals and plush toys that can't be washed dry-cleaned. Or, put them in airtight bags for 2 weeks.
- Vacuum carpets and any upholstered furniture (in your home or car).
- Soak hair-care items like combs, barrettes, hair ties or bands, headbands, and brushes in rubbing alcohol or medicated shampoo for 1 hour. You can also wash them in hot water or just throw them away.

Because lice are easily passed from person to person in the same house, other infested family members will also need treatment to prevent the lice from coming back.

Meningitis

Meningitis is an inflammation of the **meninges**, the membranes that cover the brain and spinal cord. The inflammation is usually caused by bacteria or viruses (viral meningitis is also called **aseptic meningitis**). Less common causes include fungi, protozoa, and other parasites. Sometimes certain medications, cancers, or other diseases can inflame the meninges, although such noninfectious cases of meningitis are much rarer.

Many of the bacteria or viruses that can cause meningitis are fairly common and are more often associated with other everyday illnesses. Sometimes, however, they spread to the meninges from an infection in another part of the body. The infection can start anywhere, including in the skin, gastrointestinal tract, or urinary system, but the most common source is the respiratory tract. From there the microorganisms can enter the bloodstream, travel through the body, and enter the central nervous system. In some cases of bacterial meningitis, the bacteria spread directly to the meninges from a severe nearby infection, such as a serious ear infection (otitis media) or nasal sinus infection (sinusitis). Bacteria may also enter the central nervous system after severe head trauma or head surgery.

Bacterial meningitis is less common than viral meningitis but is usually much more serious and can be life-threatening if not treated promptly.

Viral meningitis is relatively common and far less serious than bacterial meningitis. It often remains undiagnosed because its symptoms are similar to those of the common flu. The frequency of viral meningitis increases slightly in the summer and fall months because people are more often exposed to common viral agents during those seasons.

Bacterial meningitis occurs in people of all ages but is more common in the very young and the elderly. Teenagers and college students are also slightly more at risk for the disease because of time spent in close contact with many of their peers. Viral meningitis occurs in people of all ages, although it is more common in children.

The long-term outlook for children who develop meningitis varies greatly and depends on a child's age, the microorganism causing the infection, any other complications, and the treatment the child receives. The

complications of bacterial meningitis can be severe and include neurological problems such as hearing loss, visual impairment, seizures, and learning disabilities. The heart, kidneys, and adrenal glands may also be affected. Although some children develop long-lasting neurological problems from bacterial meningitis, most who receive prompt diagnosis and treatment recover fully.

The majority of cases of viral meningitis resolve with no complications.

Contagiousness

Most cases of meningitis result from infections that are contagious. The infectious agents usually spread from person to person in tiny drops of fluid from the throat and nose of someone who is infected. (This could be a person with either meningitis or, more likely, the common infection caused by that germ.) The drops may become airborne when the person coughs, laughs, talks, or sneezes. They then can infect others when people breathe them in or touch the drops and then touch their own noses or mouths.

Sharing food, drinking glasses, eating utensils, tissues, or towels may all transmit the infections as well. Some infectious organisms can spread through a person's stool, and someone who comes in contact with the stool - such as a child in day care - may contract the infection.

The infections most often spread between people who are in close contact, such as those who live together or people who are exposed by kissing or sharing eating utensils. Casual contact at school or work with someone who has one of these infections usually will not transmit the infectious agent.

It is important to remember that just because someone becomes infected with a particular bacterium or virus does not automatically mean that person will get meningitis. In most cases, the microorganism will simply cause a run-of-the-mill respiratory or gastrointestinal infection. In some instances, people may carry one of the germs that can cause meningitis without becoming ill at all. Even though they have no symptoms of disease, they can still spread the germ, however.

Patients with meningitis typically remain contagious while they still have symptoms. People who have bacterial meningitis can be contagious for about 24 hours after they begin taking antibiotics.

Home Treatment

Any child with suspected meningitis should be seen by a doctor.

Seek medical attention immediately if you suspect your child has meningitis or if your child exhibits symptoms such as vomiting, headache, lethargy or confusion, neck stiffness, rash, and fever. Infants who have fever, irritability, poor feeding, and lethargy should be assessed by a doctor right away.

If your child has had contact with someone who has meningitis (for example, in a child-care center or a college dorm), call your child's doctor to determine whether your child should take preventive medication.

Staph Infections

Staph infection is an infection that can be prevented by following some simple guidelines for personal hygiene. Please read this information and teach your child how to protect himself/herself from getting this infection. If you have any questions, please contact your doctor or the school nurse (256-2125).

What is staph infection?

Staph is a medical slang word for *staphylococcus aureus* bacteria. This pesky little bacterium is very common, but when it enters the human body, usually through an open cut or break in the skin, it can cause infection and trouble anywhere in the body. Staph infections tend to be pus-producing.

The most common staph infections are infected hair follicles, usually producing small white-headed pimples. An injury to the follicle caused by shaving or clothes rubbing against the skin can cause an infection to erupt. Some times the infection shows in the form of a boil. Although boils can occur anywhere on the body, they are most frequently found on the face, neck, buttocks, armpits and inner thighs (near the pubic area), where small hairs can usually be irritated. If you get one on the eyelid, it is called a stye.

To help prevent boils, use shaving cream and, if a cut appears, make sure that you keep it clean and dry. Open cuts should always be cleaned properly and covered until healed. Keep clothing from rubbing against infected areas. Usually good hygiene can prevent these most common forms of staph infections. Untreated staph infections can spread to the bloodstream, into the bones or into the lungs. When it spreads to these, the infected joints can swell and permanently stiffen. When it spreads to the lungs pneumonia can occur. When it spreads to the heart, endocarditis can occur causing permanent damage to the heart.

Suspect a staph infection if you see any of these signs:

- Pain or severe swelling around a cut or puncture wound on the skin
- Boils, styes, or small white-headed pimples near or around hair follicles
- Swollen lymph nodes in the neck, armpits or groin area
- Sometimes a resistant ear ache or case of strep throat or persisting pneumonia

It takes between 10 – 14 days to cure the common staph infection. Antibiotics, creams, and analgesics along with bed rest are usually all it takes.

How Staph Infections Spread

Staph can spread through the air, on contaminated surfaces, and from person to person. A child can carry staph bacteria from one area of the body to another on dirty hands and under dirty fingernails. Staph can pass from person to person the same way. So hand washing is the most important way to prevent staph infections.

You can also help prevent staph skin infections by keeping your child's skin clean with a daily bath or shower. If you child has a skin condition such as eczema that makes frequent bathing difficult, speak with your child's doctor for advice.

Keep areas of the skin that have been injured – such as cuts, scrapes, and rashes caused by allergic reactions or poison ivy – clean and covered, and use any other treatments that your doctor suggests.

How to prevent spread of staph infection

You can help prevent your child from developing a staph infection by

- Encouraging regular hand washing
- Keeping the skin clean with a daily bath or shower, especially after any sport practice or game
- Discouraging sharing of towels and personal items (e.g. deodorant, clothing, sports equipment)
- Keeping all wounds clean and covered

Treating Staph Infections

Most localized staph skin infections can be treated by washing the skin with an antibacterial cleanser, applying an antibiotic ointment prescribed by a doctor, and covering the skin with a clean dressing. To keep the infection from spreading, use a towel only once when you clean an area of infected skin, then wash it

Call the doctor whenever your child has an area of red, irritated, or painful skin, especially if you see whitish pus-filled areas or your child has a fever or feels sick. Also, call the doctor if skin infections seem to be passing from one family member to another or if two or more family members have skin infections simultaneously.