

What the Experts Say

Allergies or Infection?

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WHY IT IS IMPORTANT

Young children get many colds and infections. Childcare providers are faced with daily decisions on whether a child is too sick to be in care and needs to be excluded from care. Many parents are caught in a conflict between caring for their child's health and missing work. This is particularly difficult for single-parent, low-income families.

WHAT THE EXPERTS SAY

Allergies or Infection

4-200 The common cold is a viral illness that affects persons of all ages, but young children typically get six to nine viral infections a year, mostly in the fall and winter months.^{1,2} Colds are beneficial in young children because they strengthen the immune system and make children more resistant to worse infections. Although simple colds last a week whether they are treated or untreated, the nasal drainage can last for weeks in children. These back-to-back infections can run together and seem like one, prolonged cold.

4-100 Viral infections (colds) cause changes in the color of nasal mucus. The colors are significant.¹ Allergies usually cause itching and clear, watery nasal discharge. If a child has excessive thick, sticky, yellow-green mucus for over ten days, he should see a doctor because head colds and allergies can prime the sinuses and ears, making them inviting to bacteria. Sinus and ear infections usually follow a cold or allergies.

4-400 Treatment usually focuses on relieving symptoms (e.g., cough, nasal congestion). Doctors do not recommend antibiotics for viral infections (colds). Antibiotics only work for secondary bacterial infections (e.g. middle ear infections, sinus infection, Strep throat). Decongestants loosen the mucus and if used alone at bedtime may increase coughing. Doctors may recommend a decongestant/antihistamine combination and cough suppressant at night. Zinc and Echinacea have not been found to work in children according to recent studies.³ For colds, doctors usually recommend¹:

- Using saline nose sprays to keep the mucus thin so it drains and the nasal mucosa moist so it can do a better job.
- Using cool-mist humidifiers in the bedroom.
- Encouraging child to drink fluids to help thin mucus.

Use over-the-counter medications **only** if the child needs some help to control the symptoms (they do not shorten the course of the illness).

Inclusion/Exclusion/Dismissal of Children

4-300

Contrary to what most believe, only a few illnesses require exclusion of sick children from childcare. **The purpose of exclusion is to protect other children and staff.** State childcare regulations are becoming much more specific about what diseases or conditions should result in a child being excluded from child care.⁴ Excluding mildly ill children from childcare is not an effective way to prevent the spread of disease. Exclusion is only used in certain circumstances, such as when the illness is contagious, the child has not already exposed the child care group, the child is waiting to be transported home, or when an included child needs a less stimulating environment than the child's usual care setting. Most ill children will rest in any setting if they are tired.⁴

Programs do not need to exclude children with a low-grade fever who are behaving normally or children with colds who are behaving normally.⁵ Children with colds, as with many illnesses, have either already exposed others before becoming obviously ill. For illnesses such as strep throat, conjunctivitis (pink eye), impetigo, ringworm, lice or scabies, children are not contagious after beginning treatment. Children with common respiratory infections do not need to be excluded unless they are unable to participate comfortably or they require more care than the childcare staff can provide without compromising the health and safety of the other children as determined by the childcare provider.⁴

When it is determined that a child meets the child care program's exclusion criteria, the childcare provider should notify the parent or legal guardian, ask the parent to see their health care provider, and inform the child care program of the advice received upon the child's return. If necessary, the childcare program will follow through with the recommended treatment. If the parents and the childcare staff disagree on the child's ability to participate or the childcare program's ability to provide care for the other children, it is recommended that the childcare provider not be required to accept the child during the time in which the child meets the provider's criteria for exclusion.

WHAT YOU CAN DO

The National Association for the Education of Young Children (NAEYC) recommends that child care providers ensure families recognize their responsibility for taking their sick child to their primary health care provider and for reporting a contagious illness to the provider.⁵ Childcare providers cannot assume parents read all the material they are given. For this reason, childcare providers should review health procedures at enrollment and ask parents to:

- Notify the program when a child is ill, the doctor makes a specific diagnosis (i.e. sinusitis, strep throat), or the child is hospitalized or treated for serious illness.
- Call and discuss whether their child should attend while they have a mild illness.
- Inform the program of any change in emergency numbers immediately.

Young children are more susceptible to respiratory infections because they have had little previous exposure, are less likely to practice infection control than adults, and have constant physical contact with objects around them. This greatly increases the spread of respiratory illnesses. To slow the spread of respiratory diseases, NAEYC recommends⁵:

- Wash hands frequently.
- Avoid sharing foods.
- Wash and sanitize any mouthed toys and frequently used surfaces (tables).
- Use disposable cups when possible.
- Air out the rooms daily, even in winter.
- Allow children to play outdoors as often as possible.

Teach children to use a tissue to cover a cough or sneeze and immediately wash hands.

- Teach children to cough and sneeze toward the floor or their shoulder if they are unable to reach a tissue or cover with their hand.
- Wipe runny noses and eyes promptly and wash hands.
- Dispose of tissues in step-cans with a plastic liner and teach children to drop tissues into the can.

RESOURCES

Minimum Licensing Requirements for Child Care Centers, Arkansas Department of Health and Human Services:

www.arkansas.gov/childcare/Center2-06rev.pdf

REFERENCES

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2. Sherman N. Health A to Z: Is it Allergies or Sinus? Available at: <http://www.healthatoz.com/healthatoz/Atoz/common/standard/transform.jsp?requestURI=/healthatoz/Atoz/dc/caz/inf/bact/alert04242002.jsp>. Accessed 08/23, 2007.
3. Simasek M, Blandino DA. Treatment of the common cold. *American Family Physician*. 2007;75:515-520.
4. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health & Safety in Child Care. Exclusion and Inclusion of Ill Children from Child Care Facilities and Care of Ill Children in Child Care: Standards from Caring for Children, Second Edition. Elk Grove, IL: National Resource Center for Health and Safety in Child Care and Early Education; 2003.
5. Aronson SS, ed. *Healthy Young Children: A Manual for Programs*. 4th ed. Washington, DC: National Association for the Education of Young Children; 2002.

*Quick Reference***ALLERGIES OR INFECTION?
01-A8****Parent Messages**

- Young children may have 6 to 9 colds a year.
- Infection control is the best prevention.
- Colds and allergies can set up sinus and ear infections.
- When children have excessive yellow or green mucous longer than 10 days, they should see a doctor for appropriate treatment.

Parent Skills

- Recognizes the need to take child with excessive colored mucous to the doctor.
- Informs the child's teacher about the diagnosis and treatment.
- Follows through with recommended treatment.

*Parent Tip***ALLERGIES OR INFECTION?**

Dear Parents,

Have you been worried about my runny nose? If it is caused by allergies, I will have itching and clear, watery mucous. If it is caused by colds, I may have yellow or green mucous. Colds and allergies can set up sinus or ear infections. If I have a lot of thick, sticky, yellow-green mucous longer than 10 days, take me to a doctor.

- If it is a sinus or ear infection, I may need an antibiotic.
- If it is a cold, I may need a saline nose spray and a cool-mist humidifier in my room.
- If it is allergies, the doctor can help you treat my symptoms.

I can go to school with allergies or infection, but you can help me feel better by getting me the right treatment. Tell my teacher what the doctor said so she can help too. When I feel better, I learn better.

Thanks,
Your Child

¿INFECCIÓN O ALERGIAS?

Queridos Padres,

¿Han estado ustedes preocupados por mi nariz con mocos? Si esto es causado por alergias, yo tender rasquiña y moco claro y aguado. Si es causado por fiebres. Yo puedo tener mocos verdes o amarillos. Fiebres y alergias pueden producir infecciones del oído y sinusitis. Si yo tengo mucho moco grueso, pegajoso, amarillo verdoso por mas de diez días, llévenme al doctor.

- Si esto es una infección de oídos o sinusitis yo podré necesitar antibióticos.
- Si es gripe, yo podré necesitar una solución salina nasal, un refrescante o un rociador húmedo en mi cuarto.
- Si son alergias, el doctor nos puede ayudar a tratar mis los síntomas.

Yo puedo ir al colegio cuando tengo alergias o infecciones, pero ustedes pueden hacerme sentir mejor dándome el tratamiento correcto. Contarle a mi profesor las recomendaciones del doctor puede ayudar también. Cuando me siento bien, aprendo bien.

Gracias,
Su Hijo