

# BANANAS HANDOUT

## Exposure Notice

The following recommendations are guidelines for providers and parents. Managing infectious diseases may depend on individual circumstances, current medical opinion, and whether a child requires more care than can reasonably be provided without compromising the care of the other children. Please note that this handout does not include every disease and should not be considered a comprehensive guide. Seek medical consultation from your local health department or a medical consultant whenever an outbreak of a communicable disease occurs. Fact sheets on illnesses are available at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org). Consult a health care provider for additional information.

When informed that a child in your care has one of the following illnesses, complete this form and post it on your front door, bulletin board, or near the parent sign-in sheets where parents will see it. Additional illnesses are listed on the other side.

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DEAR PARENTS:

DATE: \_\_\_\_\_

YOUR CHILD MAY HAVE BEEN EXPOSED ON \_\_\_\_\_ TO THE CONDITION THAT IS CHECKED BELOW.  
(date)

- CHICKEN POX** (Varicella) — Onset 2-3 weeks after exposure. Communicable 1-2 days before rash appears. Spread by breathing small particles containing the virus, highly contagious. Begins with fever and irritability and then fine blisters appear—first on the trunk, then on the rest of body. Isolate the child for 6 days after onset of rash or less if all lesions have dried and crusted over. Vaccine-preventable. Exposed pregnant women who have not had chicken pox should consult their doctor.
- GERMAN MEASLES** (Rubella) — Onset 2-3 weeks after exposure to infected individual. Spread by contact with respiratory droplets that form when coughing, sneezing, or talking. Begins with swollen glands, a slight fever, and a red or pink rash that appears first on the face and then spreads downward. Isolate child for 7 days after onset of rash. Vaccine-preventable. Exposed pregnant women should consult their doctor. Report the illness to your local health department.
- MEASLES** (Rubeola) — Onset 1-2 weeks after exposure. Communicable 4 days before rash appears. Spread by contact with respiratory droplets that form when coughing, sneezing, or talking. Begins with a runny nose, watery eyes, fever, and/or cough. A rash appears about the fourth day of illness. Isolate child for 4 days after the appearance of the rash. Vaccine-preventable. Report the illness to your local health department.
- WHOOPING COUGH** (Pertussis) — Spread by contact with respiratory droplets that form when coughing, sneezing, or talking. Begins with cold-like symptoms and coughing. Coughing may be severe and lead to loss of breath and vomiting with a high-pitched “whooping” sound. Symptoms are more severe in infants. Vaccine-preventable, but protection decreases over time. Adults who care for infants and young children should be vaccinated. Exposed individuals who are coughing should get an appropriate evaluation and treatment. Report the illness to your local health department.
- HEPATITIS A** — Onset 15-50 days after exposure. Spread by contact with the feces of an infected individual. Signs are fever, weakness, loss of appetite, nausea, jaundice, and abdominal discomfort. May be more severe in adults than in children. Very young children may not show signs but they can carry the germs and spread them to others. Contagious from 2 weeks before to 1 week after onset of jaundice. Suspected cases should seek medical treatment. Vaccine-preventable. Exposed individuals should seek medical advice. Report the illness to your local health department.
- RINGWORM** — A fungal infection of the body, feet, or scalp. Spread by contact with infected humans, animals (e.g. cats and dogs), or contaminated objects and surfaces. Signs are red circular patches on the skin, scaly patches with or without hair loss on the scalp, and/or cracking and peeling of skin between toes. Individuals with symptoms should seek medical evaluation and treatment. Readmit after treatment begins.
- PIN WORMS** — Small, white, threadlike worms that live in the large intestine. Spread by contact with eggs from the feces of an infected individual to the mouth. Signs include itching of the anal area, especially at night. The worms may be visible in the stool or around the anus. Consult physician for evaluation and treatment. Other members of the family may need to be treated. Follow careful hygiene practices for toileting, diapering, and handwashing.

DEAR PARENTS:

DATE: \_\_\_\_\_

YOUR CHILD MAY HAVE BEEN EXPOSED ON \_\_\_\_\_ TO THE CONDITION THAT IS CHECKED BELOW.  
(date)

- STREP THROAT AND SCARLET FEVER** (Streptococcal Group A Infections) — Onset 2-5 days after contact with respiratory secretions. The risk of spread is reduced if the person who is ill is treated with antibiotics. Symptoms include: sore throat, fever, stomachache, and headache. In Scarlet Fever, a fine, red rash develops (the rash is usually more prominent in the groin and armpits). Seek medical evaluation and treatment for symptoms. A throat test for strep is the only way to be certain of strep throat. Readmit after 24 hours of antibiotic treatment.
- PINKEYE** (Bacterial Conjunctivitis) — Spread by direct contact with discharge from an infected eye or by touching contaminated surfaces (towels, bedding, etc.) to the eyes. Symptoms include red, itchy, tearing eyes, swollen eye lids, and more than a tiny amount of yellow or green discharge. Eyelashes may be sticky or crusted shut after sleeping. Consult with a health care provider for evaluation and treatment. To prevent spread practice careful handwashing. The contagious period ends when medication is started or when symptoms are no longer present.
- IMPETIGO** (Streptococcal or Staphylococcal skin infection) — Onset 2-5 days after exposure to an infected individual. Symptoms include honey-crusted sores on skin, often around mouth, nose, diaper area, or extremities. Spread by contact with sores of an infected person or from contaminated surfaces. Sores develop when germs enter an opening on the skin. Seek medical evaluation and treatment for symptoms. Contagious until treated with antibiotics for at least 24 hours or crusted sores are no longer present. Avoid contact with sores and practice careful handwashing. Report outbreaks to your local health department.
- HEAD LICE** (Pediculosis) — Small insects that live on the scalp or neck. Spread by direct contact with infested hair of another human. Shared objects pose less of a risk of spread because the insects like to stay close to their food supply (blood) on the scalp. Lice do not jump or fly. Symptoms include “itchy” head, nits (tiny, pearly white eggs) that stick tightly to the hair shaft, and scratching especially behind the ears and at the nape of the neck. Consult a health care provider or pharmacist for treatment. Check close contacts. Educate child care staff and families on how to recognize lice and nits.
- HAND, FOOT, AND MOUTH DISEASE** (Coxsackie virus) — Onset 3-6 days after exposure. Spread by contact with feces or respiratory secretions from an infected individual. Virus may be shed for weeks to months in the stool. Respiratory shedding of the virus usually lasts 1-3 weeks. Symptoms include cold-like symptoms, fever, sores in mouth and throat, and small blisters on hands and feet. Use careful hygiene and handwashing techniques especially when diapering and toileting.
- GIARDIASIS** — Onset 1-3 weeks after contact with feces of an infected individual and/or eating or drinking contaminated food or water. Communicable as long as individual has an active infection, even though there may be no symptoms. Symptoms include loss of appetite, abdominal cramping, bloating, frequent loose bowel movements that may be pale, greasy, and smelly. Individuals with symptoms should seek medical evaluation and treatment. Report the infection to your local health department.
- SHIGELLA** — Onset 1-7 days after contact with feces of an infected individual, or articles contaminated by the feces of an infected individual. Crowded conditions increase the risk of outbreaks. Symptoms include fever, diarrhea, vomiting, cramps, and convulsions. In severe cases, feces may contain blood, mucus, or pus. Seek immediate medical evaluation and treatment for symptoms. Readmit with medical clearance. Report the disease to your local health department.
- SALMONELLA** — Onset 12-36 hours after exposure. Spread by contact with contaminated food (commonly raw chicken, eggs, milk), the feces of an infected person, or animals that carry salmonella (e.g. reptiles and turtles). Symptoms include sudden abdominal pain, diarrhea, nausea, vomiting, fever, and loss of appetite. Seek immediate medical diagnosis and treatment for symptoms. Readmit with medical clearance. Report the disease to your local health department. Animals that carry salmonella are not appropriate pets for child care programs.
- COLD SORES, FEVER BLISTERS** (Herpes Simplex Virus) — Blister-like sores in the mouth, around the lips, and on skin that is in contact with the mouth, such as a sucked thumb or finger. Blisters may ooze and are slow to crust over. The first infection may be accompanied by fever and irritability. Cold sores may recur from time to time when the virus is reactivated. Spread by direct contact with open soars (kissing) and contact with infected saliva (mouthed toys, utensils). Children with oozing sores and uncontrolled drooling should be excluded.

For more information, or additional free copies of this form, call or write BANANAS, 5232 Claremont Ave., Oakland, CA 94618, 658-7353. This handout can also be downloaded at [www.bananasbunch.org](http://www.bananasbunch.org).

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