

Is Your Child Well Enough To Go To School?



We are in the midst of cold/flu season and we'd like to remind everyone how important it is to keep your children home when they are sick. Unfortunately, kids don't always remember to cover their mouths or not wipe their noses on their own shirts...germs spread like wildfire in a closed in space!

I know it is an inconvenience to have to make arrangements or miss work, but it is just a part of parenting and prioritizing. **A fever the night before that comes down with Tylenol doesn't mean they are better...it just means the Tylenol did it's job. Kids are resilient, but sometimes they just need the rest.**

Also...the weather is getting cooler and we will still try to get outside when we can. However, please remember to send something along to keep them warm especially the younger students.

It is not always easy to decide if your child is sick enough to stay home or well enough to be in school. Children who come to school are expected, with few exceptions, to participate fully in school activities.

Here are some guidelines that might help in a parent's decision-making:

1. **Fever:** A fever of 100 degrees or more signals an illness that is probably going to make a student uncomfortable and unable to function well in class. Your child should stay home until his or her temperature is less than 100 degrees for a day and he/she is feeling better.
2. **Vomiting, Diarrhea or Severe Nausea:** These are symptoms that require a student to remain at home until a normal diet is tolerated the night before and the morning of school.
3. **Infectious Diseases:** Diseases such as impetigo, pink eye with thick drainage, and strep throat require a health care provider's visits and prescription for medication. Contacting the health care provider and using the medicine as directed for the full recommended length of time are necessary. A student may return to school 24 hours after the first dose of an antibiotic and if he/she is feeling well.

Students with chicken pox may return to school when all the scabs are completely dried and no new lesions are developing (usually 5-7 days).

4. **Rashes:** Rashes or patches of broken, itchy skin need to be examined by a health care provider if they appear to be spreading or not improving.
5. **Injuries:** If a student has an injury that causes continuous discomfort, the student should not attend school until the condition is checked by a health care provider or it improves. Injuries that interfere with class participation need a medical evaluation. If participation in physical education classes is not recommended, a health care provider's excuse is required.

Seasonal Influenza (Flu): Is it a Cold, Flu, or Pertussis?

The Myth of the "Stomach" Flu

Many people use the term "stomach flu" to describe illnesses with nausea, vomiting, or diarrhea. These symptoms can be caused by many different viruses, bacteria, or even parasites. The "flu" is a term that generally refers to influenza. While vomiting, diarrhea, and being nauseous or "sick to your stomach" can sometimes be related to the flu,—particularly in children,—these problems are rarely the main symptoms of influenza. The flu is a respiratory disease and not a stomach or intestinal disease.

Is it a Cold, Flu or Pertussis?

Colds, flu and pertussis are highly contagious and, in the initial stages, might seem alike. Check the following table for a comparison of the symptoms for each illness.

Symptom	Influenza ("Flu")	Cold (Viral upper respiratory infection)	Pertussis
Fever	Usually present and high (102-104°F or 39-40°C); typically lasts 3-4 days	Uncommon	Uncommon If present, typically low-grade
Headache	Very common	Uncommon	Uncommon
Aches and pains, muscle aches, chest discomfort	Common, Often severe	Slight to Moderate	Uncommon
Fatigue and weakness	Moderate - severe; can last up to 14-21 days	Mild	Mild to moderate
Extreme exhaustion	Very common early in illness	Extremely Rare	Rare
Stuffy or runny nose	Sometimes	Common	Common, early in the disease

Symptom		Influenza ("Flu")	Cold (Viral upper respiratory infection)	Pertussis
Sneezing		Sometimes	Common	Common, early in the disease
Sore throat		Sometimes	Common	Uncommon
C O U G H	Character	Non-productive ("dry") cough is typical; nocturnal cough rare	Hacking cough, often productive; nocturnal cough rare; usually responds to cough medications	Variable character; fits / paroxysms and nocturnal cough are common; generally not responsive to cough medications
	Severity	Moderate	Mild to Moderate	Variable; can be mild in adults and very severe in infants and young children
	Duration	Typically 3-7 days; occasionally to 14 days	Typically 3-7 days	Persistent cough, almost always >1 week, usually 2-6 weeks, sometimes 10+ weeks
	Paroxysms	Uncommon	Rare	Common
Infectious Period		1-2 days before symptom onset to 5-10 days after	Variable; typically 4-7 days after symptom onset; can be longer	From start of catarrhal phase (before cough) to 21 days after cough onset*

*or until taking 5 days of appropriate anti-pertussis antibiotics. **Contacts** [Thomas Haupt\(link sends e-mail\)](#), Influenza Surveillance Coordinator
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STOP THE GERMS AND STAY HEALTHY WASH YOUR HANDS