

APPENDIX A

Signs and Symptoms of Illness Chart (Adapted)

The following chart lists, in alphabetic order, some of the most common signs and symptoms that individuals child care settings may develop when they have an infectious disease. Health professionals can use this chart to discuss with caregivers/teachers what they should look for to recognize diseases and make decisions about when individuals need medical care. Caregivers/teachers/program providers should use this information to be aware of what might cause various signs and symptoms, when it is appropriate to notify a health consultant and/or the parent, and the criteria to determine when individuals should be excluded from and can return to a group setting or program. All caregivers/teachers and direct staff should work with health professionals to ensure an appropriate diagnosis and treatment.

Note that the chart indicates when visits to a health professional are necessary. Not all individuals who are excluded from a child care setting require a visit to a health professional prior to return. However, if you are concerned about the nature of the individual's specific illness or need instructions about how to care for the individual, the child's parent/guardian can make a phone call to the child's health professional to clarify whether further evaluation is necessary. With parent/guardian consent, the child's health professional can give additional instructions in writing or over the phone to caregivers/teachers.

The Signs and Symptoms Chart is adapted from *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*, 2nd Edition a publication of the American Academy of Pediatrics. It is printed with permission to be included in the Vermont Child Care Regulations. Reference: *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*, 2nd Edition, American Academy of Pediatrics, Susan S. Aronson MD FAAP (Editor), Timothy R. Shope MD MPH FAAP (Editor).

Signs and Symptoms Chart						
<i>Symptom</i>	<i>Common Causes</i>	<i>Complaints or What Might Be Seen</i>	<i>Notify Health Consultant</i>	<i>Notify Parent</i>	<i>Temporarily Exclude?</i>	<i>If Excluded, Readmit When</i>
Cold Symptoms	<i>Viruses</i> (early stage of many viruses) <ul style="list-style-type: none"> • Adenovirus • Coxsackievirus • Enterovirus • Parainfluenza virus • Respiratory syncytial virus • Rhinovirus • Coronavirus • Influenza 	<ul style="list-style-type: none"> • Runny or stuffy nose • Scratchy throat • Coughing • Sneezing • Watery eyes • Fever 	Not necessary	Yes	No, unless: <ul style="list-style-type: none"> • Fever accompanied by behavior change. • Individual looks or acts very ill. • Individual has difficulty breathing. • Individual has blood red or purple rash not associated with injury. 	<ul style="list-style-type: none"> • Exclusion criteria are resolved.

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	<i>Bacteria</i> • Mycoplasma				• Individual meets other exclusion criteria	
Cough (May come from congestion anywhere from ears to lungs. Cough is a body response to something that is irritating tissues in the airway.)	<ul style="list-style-type: none"> • Common cold • Lower respiratory infection (eg, pneumonia, bronchiolitis) • Croup • Asthma • Sinus infection • Bronchitis 	<ul style="list-style-type: none"> • Dry or wet cough • Runny nose (clear, white, or yellow-green) • Sore throat • Throat irritation • Hoarse voice, barking cough 	Not necessary	Yes	No, unless: <ul style="list-style-type: none"> • Severe cough • Rapid and/or difficult breathing • Wheezing if not already evaluated and treated • Cyanosis (i.e., blue color of skin and mucous membranes) 	<ul style="list-style-type: none"> • Exclusion criteria are resolved.
Diarrhea	Usually viral, less commonly bacterial or parasitic	<ul style="list-style-type: none"> • Frequent loose or watery stools compared to child's normal pattern. (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools, or may have several days with no stools.) • Abdominal cramps. • Fever. • Generally not feeling well. • Sometimes accompanied by vomiting. 	For one or more cases of bloody diarrhea or 2 or more children with diarrhea in group within a week	Yes	Yes, if <ul style="list-style-type: none"> • Stool is not contained in the diaper for diapered children. • Diarrhea is causing "accidents" for toilet-trained children. • Stool frequency exceeds 2 or more stools above normal for that child, because this may cause too much work for the teacher/caregivers and make it difficult to maintain good sanitation. • Blood/mucus in stool. • Abnormal color of stool for child (eg, all black or very pale). • No urine output in 8 hours. • Jaundice (i.e., yellow skin or eyes). 	<ul style="list-style-type: none"> • Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by <i>Shigella</i>, <i>Salmonella</i>, or <i>Giardia</i>. • Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents. • Able to participate.

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					<ul style="list-style-type: none"> • Fever with behavior change. • Looks or acts very ill. 	
Difficult or Noisy Breathing	<ol style="list-style-type: none"> 1. Common cold 2. Croup 3. Epiglottitis 4. Bronchiolitis 5. Asthma 6. Pneumonia 7. Object stuck in airway 	<ol style="list-style-type: none"> 1. Common cold: Stuffy nose, sore throat, cough, and/or mild fever. 2. Croup: Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in. 3. Epiglottitis: Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/or bluish (cyanotic) nails and skin; drooling, unwilling to lie down. 4. (and 5.) Bronchiolitis and Asthma: Individual is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/cough; irritable 	Not necessary	Yes	Yes, if <ol style="list-style-type: none"> 1. Fever accompanied by behavior change. 2. Individual looks or acts very ill. 3. Individual has difficulty breathing. 4. Individual has blood red or purple rash not associated with injury. 5. The individual meets other exclusion criteria. 	<ul style="list-style-type: none"> • Exclusion criteria are resolved.

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		<p>and unwell. Takes longer to breathe out than to breathe in.</p> <p>5. See above.</p> <p>6. Pneumonia: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions).</p> <p>7. Object stuck in airway: Symptoms similar to croup (2 above)</p>				
Earache	<ol style="list-style-type: none"> 1. Bacteria or viruses 2. Often occurs in context of common cold 	<ol style="list-style-type: none"> 1. Fever 2. Pain or irritability 3. Difficulty hearing 4. "Blocked ears" 5. Drainage 6. Swelling around ear 	Not necessary	Yes	<p>No, unless:</p> <ul style="list-style-type: none"> • Unable to participate. • Care would compromise staff's ability to care for other children. • Fever with behavior change. 	<ul style="list-style-type: none"> • Exclusion criteria are resolved.
Eye Irritation, Pinkeye	<ol style="list-style-type: none"> 1. Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis) 2. Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis) 3. Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis) 	<ol style="list-style-type: none"> 1. Bacterial infection: Pink color instead of whites of eyes <i>and</i> thick yellow/green discharge. May be irritated, swollen, or crusted in the morning. 2. Viral infection: Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection. 3. (and 4.) Allergic and chemical irritation: red, 	Yes, if 2 or more children have red eyes with watery discharge	Yes	<p><i>For bacterial conjunctivitis</i> No. Exclusion is no longer required for this condition. Health professionals may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most individuals with pinkeye get better after 5 or 6 days without antibiotics.</p> <p><i>For other forms</i> No, unless:</p>	<ul style="list-style-type: none"> • <i>For bacterial conjunctiviti,</i> once parent has discussed with health professional. Antibiotics may or may not be prescribed. • Exclusion criteria are resolved.

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	4. Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution)	tearing, itchy eyes; runny nose, sneezing; watery discharge.			<ul style="list-style-type: none"> The individual meets other exclusion criteria. <p>Note: One type of viral conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified.</p>	
Fever	<ul style="list-style-type: none"> Any viral, bacterial, or parasitic infection Overheating Reaction to medication (e.g., vaccine, oral) Other noninfectious illnesses (e.g., rheumatoid arthritis, malignancy) 	<p>Flushing, tired, irritable, decreased activity</p> <p>Notes</p> <ul style="list-style-type: none"> Fever alone is not harmful. When a individual has an infection, raising the body temperature is part of the body's normal defense against outside attacks. Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first 	Not necessary	Yes	<p>No unless:</p> <ul style="list-style-type: none"> Behavior change. Unable to participate. Care would compromise staff's ability to care for other children. <p>Note: Temperatures considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for individuals older than 4 months are</p> <ul style="list-style-type: none"> 100°F (37.8°C) axillary (armpit) 101°F (38.3°C) orally 	<ul style="list-style-type: none"> Able to participate Exclusion criteria are resolved.

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		<p>time a febrile seizure happens, the child requires evaluation. These seizures are frightening, but do not cause the child any long-term harm. Parents should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures.</p> <p>Warning: Do not give aspirin. It has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver).</p>			<ul style="list-style-type: none"> • 102°F (38.9°C) rectally • Aural (ear) temperature equal to oral or rectal temperature <p>Get immediate medical attention when infant younger than 4 months has unexplained temperature of 101°F (38.3°C) rectally or 100°F (37.8°C) axillary. Any infant younger than 2 months with fever should get medical attention within an hour.</p>	
Headache	<ul style="list-style-type: none"> • Any bacterial/viral infection • Other noninfectious causes 	<ul style="list-style-type: none"> • Tired and irritable • Can occur with or without other symptoms 	Not necessary	Yes	<p>No, unless:</p> <ul style="list-style-type: none"> • Individual is unable to participate <p>Note: Notify health professional in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at his or her</p>	<ul style="list-style-type: none"> • Able to participate

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					“belly button” (putting chin to chest) – different from soreness in the side of the neck.	
Itching	<ol style="list-style-type: none"> 1. Ringworm 2. Chickenpox 3. Pinworm 4. Head lice 5. Scabies 6. Allergic or irritant reaction (eg, poison ivy) 7. Dry skin or eczema 8. Impetigo 	<ol style="list-style-type: none"> 1. Ringworm: Itchy ring-shaped patches on skin or bald patches on scalp. 2. Chickenpox: Blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable. 3. Pinworm: Anal itching. 4. Head lice: Small insects or white egg sheaths (nits) in hair. 5. Scabies: Severely itchy red bumps on warm areas of body, especially between fingers or toes. 6. Allergic or irritant reaction: Raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). 7. Dry skin or eczema: Dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on fronts of legs and anywhere else on body, 	For infestations such as lice and scabies; if more than one child in group has impetigo or ringworm; for chickenpox	Yes	<p><i>For chickenpox, scabies, and impetigo</i> Yes</p> <p><i>For ringworm and head lice</i> Yes, at the end of the day</p> <ul style="list-style-type: none"> • Individual should be referred to a health professional at the end of the day for treatment. <p><i>For pinworm, allergic or irritant reactions, and eczema</i> No, unless:</p> <ul style="list-style-type: none"> • Appears infected as a weeping or crusty sore <p>Note: Exclusion for hives is only necessary to obtain medical advice for care, if there is no previously made assessment and care plan for the hives.</p>	<ul style="list-style-type: none"> • Exclusion criteria are resolved. • On medication or treated as recommended by a health professional if indicated for the condition and for the time required to be readmitted. For conditions that require application of antibiotics to lesions or taking of antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours. For most individuals with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable.

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		but not usually in diaper area. If swollen, red, or oozing, think about infection. 8. Impetigo: Areas of crusted yellow, oozing sores. Often around mouth or nasal openings.				
Mouth Sores	1. Oral thrush (yeast infection) 2. Herpes or coxsackie virus infection 3. Canker sores	1. Oral thrush: White patches on tongue and along cheeks 2. Herpes or coxsackie virus infection: Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips 3. Canker sores: Painful ulcers on cheeks or gums	Not necessary	Yes	No, unless: <ul style="list-style-type: none"> • Drooling steadily related to mouth sores. • Unable to participate. • Care would compromise staff's ability to care for other children. 	<ul style="list-style-type: none"> • Able to participate • Exclusion criteria are resolved
Rash	Many causes 1. Viral: roseola infantum, fifth disease, chickenpox, herpes virus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others 2. Skin infections and infestations; ringworm (fungus),	Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks. 1. Viral: Usually signs of general illness such as runny nose, cough, and fever (except for warts or	For outbreaks	Yes	No, unless: <ul style="list-style-type: none"> • Rash with behavior change or fever • Has oozing/open wound • Has bruising not associated with injury • Has joint pain and rash • Unable to participate • Tender, red area of skin, especially if it is increasing in size or tenderness 	<ul style="list-style-type: none"> • Able to participate in daily activities. • On antibiotic medication at least 24 hours (if indicated). • Exclusion criteria are resolved.

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	<p>scabies (parasite), impetigo, abscesses, and cellulitis (bacteria)</p> <p>3. Severe bacterial infections: meningococcus, pneumococcus, <i>Staphylococcus aureus</i> (MSSA, MRSA)</p>	<p>molluscum). Each viral rash may have a distinctive appearance.</p> <p>2. Minor skin infections and infestations: See "Itching." More serious skin infections: redness, pain, fever, pus.</p> <p>3. Severe bacterial infections: Rare. These children have fever with rash and may be very ill.</p>				
Sore Throat (pharyngitis)	<p>1. Viral – common cold viruses that cause upper respiratory infections</p> <p>2. Strep throat</p>	<p>1. Viral: Verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion.</p> <p>2. Strep throat: Strep infection usually does not result in cough or runny nose. Signs of the body's fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Tonsils</p>	Not necessary	Yes	<p>No, unless:</p> <ul style="list-style-type: none"> • Inability to swallow. • Excessive drooling with breathing difficulty. • Fever with behavior change. • The individual meets other exclusion criteria. 	<ul style="list-style-type: none"> • Able to swallow. • Able to participate. • On medication at least 24 hours (if strep) • Exclusion criteria are resolved.

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		<p>may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called “swollen glands”) occur as body fights off the infection.</p>				
Stomachache	<ol style="list-style-type: none"> 1. Viral gastroenteritis or strep throat 2. Problems with internal organs of the abdomen such as intestine, colon, liver, bladder 	<ol style="list-style-type: none"> 1. Viral gastroenteritis or strep throat: Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach and/or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever. If cough or runny nose is present, strep is very unlikely. 2. Problems with internal organs of the abdomen: Persistent severe pain in abdomen. 	Not unless multiple cases in same group within 1 week.	Yes	<p>No, unless:</p> <ul style="list-style-type: none"> • Severe pain causing child to double over or scream • Abdominal pain after injury • Bloody/black stools • No urine output for 8 hours • Diarrhea • Vomiting • Yellow skin/eyes • Fever with behavior change • Looks or acts very ill 	<ul style="list-style-type: none"> • Pain resolves. • Able to participate. • Exclusion criteria are resolved.