

Five Most Common Childhood Diseases

Hand, foot and mouth disease

What is hand, foot and mouth disease?

Hand, foot and mouth disease is caused by certain types of viruses. It is most common in children under 10 years of age, but older children and adults may also get the disease. Most cases occur in the summer and early fall.

What are the symptoms?

Symptoms start 3 to 5 days after contact with an infected person. The first sign of infection may be a mild fever, sometimes with a runny nose or sore throat, tiredness and loss of appetite. The fever usually lasts 1 to 2 days.

About 2 days after the fever starts, small painful blisters may develop on the inside of the mouth, on the tongue or on the gums. A day or 2 later, small red spots may appear on the palms of the hands, soles of the feet and sometimes on the buttocks. These red spots may turn into blisters. The spots and blisters usually go away after about 7 to 10 days.

Peeling skin and loss of fingernails or toenails have also been reported, mostly in children, within weeks of having hand, foot and mouth disease. However, it is not known if these are the result of the disease. The skin and nail loss is temporary.

Not everyone who has hand, foot and mouth disease will get all of these symptoms. It also is possible to have the infection and have no symptoms.

How is it spread?

Once a person is infected and sick, they can be contagious and spread the virus for about 7 to 10 days. The virus can be spread through close personal contact such as kissing, or sharing drinking cups, forks, or spoons. It can also spread through droplets in the air when an infected person coughs or sneezes. You can be infected by inhaling these droplets or touching objects contaminated with them. You can also be infected by touching surfaces contaminated with fluid from the blisters or fecal matter. The virus can stay for up to several weeks in the bowels of an infected person and can be spread during that time.

Pregnant women who become infected with the virus shortly before they give birth may pass the virus to their baby. Newborn babies infected with the virus usually have a mild illness, but in rare cases the disease can be more severe. There is no clear evidence that infection during pregnancy will cause harm to an unborn baby.

Hand, foot and mouth disease can spread easily in child care settings and other places where children are close together if proper hygiene practices are not used.

How can you prevent the disease?

Good hygiene during and after infection is very important in preventing the spread of hand, foot and mouth disease. It is possible you or your child may be contagious for several weeks after the blisters and sores have healed because the virus may remain in the feces.

To help reduce the spread of hand, foot and mouth disease, wash hands often with soap and warm water. Teach your child to sneeze or cough into a tissue or their inner arm where the elbow flexes. This prevents the spread of airborne droplets. Encourage your child to throw tissues directly in the garbage after use and to wash their hands again.

Your child may continue to attend daycare if they feel well enough to take part in activities. The risk to other children is not great if proper hygiene practices are followed. Take extra care to wash hands and clean surfaces thoroughly after changing diapers and before serving or eating food around children and child care settings.

Common surfaces and shared toys should be cleaned with soap and water and disinfected with a bleach solution. You can make a sanitizing solution for use on surfaces by mixing the following together:

- Mix 15 mL (1 tablespoon) of household bleach into 1 litre (4 cups) of water.

A weaker solution of bleach should be used to disinfect toys:

- Mix 5 mL (1 teaspoon) of household bleach into 1 litre (4 cups) of water.

Continue to carefully practice proper hygiene for several weeks or months after your child feels better.

For more information on hand washing, see [HealthLinkBC File #85 Hand Washing for Parents and Children](#).

How is it treated?

When necessary, the fever from hand, foot and mouth disease can be reduced with acetaminophen (such as Tylenol®). Ask your health care provider the dose to use, or read the instructions on the package or bottle carefully. Antibiotics will not help treat or cure this disease.

Acetaminophen (e.g. Tylenol®) or ibuprofen* (e.g. Advil®) can be given for fever or soreness. ASA (e.g. Aspirin®) should not be given to anyone under 18 years of age due to the risk of Reye Syndrome.

*Ibuprofen should not be given to children under 6 months of age without first speaking to your health care provider.

For more information on Reye Syndrome, see [HealthLinkBC File #84 Reye Syndrome](#).

Blisters will heal better if they are left alone, so do not pop them. Because the mouth sores can be painful, your child may not want to eat or drink.

Give your child cold, bland liquids such as milk or water. Do not give fizzy or tart drinks such as pop or fruit juice. Avoid acidic and spicy foods, as these may sting. Give your child cool and soft foods such as bread, noodles, or a peanut butter and jelly sandwich.

Remember, if you think your child has hand, foot and mouth disease, make sure to follow proper hygiene practices such as frequent hand washing, to prevent it from spreading to others.



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Fifth Disease Parvovirus Infection

What is fifth disease?

Fifth disease is an infection caused by a virus called parvovirus B19. It is an infection of the airway and lungs. It often appears as a bright red rash on the face, especially in children. It is sometimes called "slapped cheek" disease. It is most common in late winter to early spring.

What are the symptoms of fifth disease?

Many of the symptoms, including fever, rash, cough or runny nose, also occur in other illnesses. About a quarter of all people who get fifth disease have no symptoms.

The most common signs of fifth disease that differ from other illnesses are:

- About 2 to 3 weeks after being exposed to the virus, a red rash may appear on the face. This rash looks like the cheeks have been slapped, while the area around the mouth looks pale. These signs are usually seen only in children.
- A red, spotty, lace-like rash may appear on the arms and may spread to the chest, back and thighs. The rash may fade away and then come back or get worse when the person is exposed to heat, such as in a warm bath or direct sunlight. The rash may last for several weeks. For some people, the rash may not appear at all, or it may look different in adults.
- Some people may only have pain in their joints, usually in the hands, feet, or knees, and no other symptoms. This is more common in adults, especially women. The joint pain usually lasts 1 to 3 weeks, but it can last longer. It usually goes away without any long-term problems.

How is fifth disease spread?

A person with fifth disease can spread it to others by coughing or sneezing. Sometimes you can get the disease just by touching the saliva or nasal discharge of a person with the disease and then touching your own eyes or mouth (e.g., from a wet tissue, a child's hands, or a toy). A pregnant woman who gets fifth disease can pass it to her developing baby. The disease can also be spread through blood or blood products.

If you have fifth disease, you will be contagious, which means you can spread the disease to others, for about 7 to 10 days before the rash appears. By the time the rash appears you will no longer be contagious. Therefore, once the rash appears, there is no reason to stay away from work, school, or child care as long as you or your child feels well.

Who can get fifth disease?

Anyone can get fifth disease, but it is more common in young children. Most preschoolers and school-age children have not had it. If the virus spreads, children are more likely than adults to get it.

Once you have had fifth disease, you are protected from getting it again. More than half of all adults have already had fifth disease, and therefore cannot get it again.

Is fifth disease serious?

Fifth disease is usually mild. However, some people are at risk of serious complications if they become infected, including:

- those with chronic hemolytic anemias (such as sickle cell disease) can have life threatening complications;
- those with weakened immune systems due to disease or medical treatment; and
- pregnant women, as they can pass the infection onto their developing baby. This could result in the baby developing anemia or in a miscarriage or still birth, although this is rare.

Babies born to mothers who were infected while pregnant do not have an increased risk of birth defects.

If you are at risk of serious complications from fifth disease there is a blood test that can determine if you have recently been infected with parvovirus B19 or if you are immune.

What should you do if you or your child has been exposed to fifth disease?

If you or your child has been exposed to someone with fifth disease, you should watch for cold-like symptoms over the next 4 to 20 days.

If such symptoms occur, be sure to cough or sneeze into a tissue or your shirt sleeve rather than your hands to prevent droplets from spreading to others. Put used tissues directly into the garbage. Wash your hands often. For more information, see [HealthLinkBC File #85 Hand Washing for Parents and Children](#).

If you are pregnant, have anemia, or a weakened immune system, you should tell your health care provider that you have been in contact with someone who has fifth disease.

What should you do if you think your child has fifth disease?

You should contact your health care provider if you think that your child has fifth disease and you or your child is in one of the groups at risk of complications. Other illnesses caused by viruses, such as rubella or measles, can have similar symptoms. Sometimes a blood test is needed.

What is the treatment?

For generally healthy people, home treatment is usually the only care needed for fifth disease. Antibiotics are not used to treat fifth disease because it is caused by a virus. Antibiotics only work against infections caused by bacteria.

The following home treatment tips may help you to be more comfortable while you rest and recover:

- Drink plenty of liquids to prevent dehydration.
- Reduce fever and relieve headache and joint pain with acetaminophen or ibuprofen.

Acetaminophen (e.g. Tylenol®) or ibuprofen* (e.g. Advil®) can be given for fever or soreness. ASA (e.g. Aspirin®) should not be given to anyone under 18 years of age due to the risk of Reye Syndrome.

*Ibuprofen should not be given to children under 6 months of age without first speaking to your health care provider.

For more information on Reye Syndrome, see [HealthLinkBC File #84 Reye Syndrome](#).

- Prevent scratching by trimming fingernails and wear gloves at night to help prevent scratching during sleep.
- Reduce itchiness by applying a lotion or cream to the rash, and wear loose-fitting cotton clothing. Ask your health care provider about lotions and other remedies for the itching. Taking a non-prescription antihistamine may help if the itching is very bothersome. These are not recommended for children under 6 years of age. These medications can make children and adults sleepy.



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Pinkeye (Conjunctivitis)

What is pinkeye?

Pinkeye, or conjunctivitis, is a common childhood illness. Pinkeye is an inflammation of the covering of the eyeball and the inside of the eyelid. It is usually caused by a virus or bacteria, and can spread easily to other people.

Pinkeye may also be caused by an allergy, air pollution or other physical or chemical irritants; however the information provided in this HealthLinkBC File is about pinkeye from an infection.

What are the symptoms?

Pinkeye usually makes the whites of the eyes turn pink or red. It can cause teary, red, itchy eyes, and the eyelids may be swollen. Pus or thick discharge can make the eyelids sticky, especially when you sleep. A cloth dipped in warm water and applied gently to the affected area will help remove any crusty discharge.

Is pinkeye serious?

Pinkeye is usually a mild infection that is not a serious threat to health. It will often clear up by itself in 7 to 10 days.

Sometimes pinkeye can be a more serious infection. Visit your health care provider if symptoms of pinkeye get worse. Your health care provider will know if anything is wrong and may prescribe antibiotic eye drops or ointment.

When your child has pinkeye, your health care provider can tell you if your child can return to school or daycare, or should stay home. If your child has been prescribed antibiotics they should stay home for at least 24 hours after starting their treatment. It is important that your child takes all (completes the full course) of the antibiotics and that they are taken on time.

How is it spread?

Pinkeye caused by a bacterial or viral infection spreads very easily. A person with pinkeye can easily infect several family members within a few days. It is often passed on when an infected person touches the pus or discharge from their eye and then touches someone else. It is also spread by touching the discharge from an infected eye and then touching your own eye.

You can also be infected through contact with objects such as a tissue, facecloth, towel or eye dropper that have been contaminated with discharge from the eye of an infected person. The bacteria or virus causing pinkeye may also be spread to others through contact with droplets from an infected person's cough or sneeze.

What can I do to limit the spread of pinkeye?

It is important for your child and everyone else in your family to follow strict hygiene practices. These practices should be followed for up to 10 days after pinkeye has been diagnosed or as long as the eye is red.

Here are some good rules to follow:

- Wash your hands with soap and warm water several times daily. For more information on hand washing, see [HealthLinkBC File #85 Hand Washing for Parents and Children](#).
- Don't rub or touch the infected eye. If only 1 eye is infected, be extra careful not to touch the other eye. Wash your hands right away after touching an infected person's eyes or face.
- Any discharge from an infected eye should be washed out twice a day. Using a damp facial tissue wipe outward with a single stroke, starting at the side near the nose. Blot dry with a new tissue. Be careful not to touch the uninfected eye.
- Use paper towels instead of washcloths and towels for washing and drying the hands and face. If you can't do this, make sure others do not use the infected person's towels and face cloths.
- Towels, face cloths and bed linens used by the infected person should be washed separately from the family's other laundry. Use detergent, the hottest water setting, and dry in a hot dryer.

A person with pinkeye should not wear contact lenses or eye make-up until their eye is free of redness, irritation and any discharge. Throw away all eye make-up that was used when the symptoms first started. Once the infection has gone, make sure the contact lenses and lens case have been carefully cleaned as recommended by your eye care professional before using them again.

How is it treated?

Pinkeye will often clear up by itself. However, your health care provider might prescribe antibiotic drops or ointment for pinkeye caused by bacteria.

Remember to always wash your hands before and after applying drops or ointment.

Applying eye drops

Follow these tips when applying eye drops:

- Before applying eyedrops make sure that the dropper is clean.
- Make sure to avoid touching the dropper to the eye, eyelids or any other surface when applying the eye drops.
- Always return the dropper directly to the bottle.
- Gently pull down on the lower eyelid to form a pocket and look up, or have your child look up. This will help catch the drops and prevent any being wasted.

- Another way is to apply the drops right onto the white of the eye. This part of the eye is less sensitive than the pupil and the coloured portion.
- If you need to steady the hand holding the eye drops, rest it on the forehead.
- You should only need 1 drop at a time.
- Keep your eye drops in the fridge, so the coolness will let the person know right away if the drop is reaching the eyeball.
- After the drop has been put in, keep the eyelid closed for 1 to 2 minutes without blinking. This helps the medicine work.

Applying ointment

Ointment is harder to put directly onto the eyeball. Instead, put the ointment on the eyelashes. It will eventually melt and reach the eye. This works best if you are trying to put ointment into the eyes of children when they are being fussy.



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Pinworms

What are pinworms?

Pinworms are a type of parasite that lives in the digestive system of humans. They are common throughout the world. Adult pinworms are about 13 mm (0.5 in.) long and look like little white threads. Pinworm eggs are so tiny, you'd need a microscope to see them.

What causes pinworm infection?

Most people get infected by accidentally swallowing pinworm eggs. Anyone can get pinworms, but they are most common in school-aged children. They are usually spread like this:

- A child swallows pinworm eggs, and they travel to the child's intestines. In about a month, the eggs hatch into worms. At night the female worms crawl out the rectum and lay eggs around the child's anus.
- When the worms lay eggs, it can cause itching. If the child scratches, the eggs can cling to the child's fingers and get stuck under the fingernails.
- The eggs then stick to things the child touches, such as clothing, dishes, toys, and furniture. The eggs can live 2 to 3 weeks outside the body.
- When you touch something the child has touched, the eggs get on your hands. Then if you touch food or your mouth, you can swallow the eggs. This starts the cycle over again.

Pinworms spread easily in homes, daycare centres, schools, and other places where groups of people spend time together. So, if one person in your family has pinworms, others probably do too. It's possible to get pinworms by inhaling airborne eggs, but this is rare. It's also rare to get pinworms from a swimming pool. Pinworms are spread from person to person. Pets don't get pinworms and can't spread them to humans

What are the symptoms?

Many people with pinworms don't have symptoms and don't know that they're infected. When symptoms occur, the most common ones are:

- Itching around the anus.
- Restless sleep, because itching is often worse at night.

Pinworms can be annoying. But they don't carry disease, and they rarely cause serious health problems. Sometimes people get a skin infection from scratching.

How are pinworms diagnosed?

To find out if you have pinworms, your doctor will ask about your past health and check the skin around your anus.

The doctor may ask you to do a transparent tape test at home. To do the test, you press a piece of clear, sticky tape on the skin around your anus in the morning before you get up. The doctor will put the tape under a microscope to look for pinworm eggs. You might need to repeat this test a few times.

How are they treated?

You can treat pinworms with over-the-counter or prescription medicine that kills the worms. Treatment can help keep you from getting infected again and from spreading the infection to other people.

You will probably need two doses, 2 weeks apart. That's because the medicine kills the worms but not the eggs. The second dose will kill any worms that hatch after the first treatment.

Pinworm medicine may not be safe for children younger than 2 and women who are pregnant or breastfeeding. So to reduce their risk of infection, a doctor may recommend that all other household members be treated with medicine.

Call your doctor if:

- Medicine hasn't cleared up the infection.
- The medicine is causing side effects.
- You have new or worse symptoms.

How can you keep from spreading pinworms or getting them again?

Pinworms spread easily and often come back. To reduce your chances of spreading the infection or getting infected again:

- Wash your hands carefully and often. Teach your children to do the same, especially after they use the toilet and before they handle food.
- Keep your fingernails short, and don't scratch the itch. Wearing gloves at night may help prevent scratching.
- Bathe or shower every day.
- Don't share or reuse towels or face cloths.
- Change your underwear and bedding each morning.
- Wash clothes, bedding, and towels regularly. Dry them in a hot dryer.

If anyone in your household gets pinworms again, the whole family may need to take medicine.

[Frequently Asked Questions](#)

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Head Lice

What are head lice?

Head lice are tiny, greyish brown, wingless insects that live on the scalp, feeding on human blood. They lay eggs which stick to strands of hair very close to the scalp. Once the egg hatches the empty case left behind is called a nit.

Head lice are hard to see because they are tiny and move around on the head. Eggs are very small, about one-third (1/3) the size of a sesame seed and take 6 to 12 days to hatch. The nits are easier to see and are found further down the hair shaft. Both eggs and nits may look like dandruff, but they cannot be easily removed because they are sticky.

Do head lice cause illness or spread disease?

No, head lice do not cause illness or spread disease. However, they can be irritating because of the discomfort they cause and how easily they are spread from person to person.

How are head lice spread?

Anyone can get head lice. Having head lice does not mean a person has poor personal hygiene or lives in an unclean environment. Anyone who has hair can get head lice.

Head lice are commonly spread among children and adults who have close head-to-head contact. Head lice cannot jump or fly from 1 person to another. They are most commonly spread through head-to-head contact by crawling from one hair to another. There is a very small chance of head lice spreading indirectly through shared pillowcases, hair accessories, brushes, and combs.

How do I prevent the spread of head lice?

Head lice can best be controlled through the cooperation of parents, children, daycares, schools, and health care providers. Checking the hair of all family members weekly using the wet combing method is the best way to prevent the spread. Children should be encouraged not to share hats, combs, hair accessories, or hairbrushes. If your child has long hair, tie it up or put it in a braid.

What are the symptoms of head lice?

Often people who have head lice will have no symptoms for 4 to 6 weeks with their first case. Symptoms of head lice may include:

- crawling or tickling sensation on the scalp;
- itchy scalp due to an allergic reaction caused by the bites; and
- scratch marks or small red bumps like a rash.

How can I tell if my child has head lice?

The most accurate way to check for head lice is the wet combing method:

- Wash and rinse the hair. Apply enough conditioner to cover the whole scalp (usually 2 handfuls). The conditioner stops the lice from moving, making them easy to find.
- Use a wide tooth comb to get the tangles out. At any time if the comb tugs, add more conditioner.
- Begin combing the entire head with a lice comb. Pull the comb through the hair in one stroke from the front to the back of the head. Keep the teeth in contact with the scalp for the entire stroke.
- After each stroke, wipe the comb on a paper towel and check for lice.

If no lice are found, repeat the above process weekly as part of your family's hygiene routine. Having head lice once does not prevent someone from getting them again.

What are safe options for treating head lice?

Treatment should be considered only if live lice are found. Head lice will not go away without treatment.

If one person in the household has head lice, there is a good chance other household members do as well. All members of the household should be checked on the same day and those with lice should be treated.

There are many different products and ways to treat head lice. Some health experts recommend wet combing and others recommend chemical treatments.

Wet Combing treatment

This method removes live head lice. Wet combing is less expensive and non-chemical. Combing treatments are done following the same steps used to check for lice. Any young lice, that hatch from eggs after the first session are removed at the second, third and fourth sessions. This is why it is important to do the full series of sessions. Use generous amounts of hair conditioner and a special lice comb, every 4 days for at least 2 weeks. If lice are found on the final combing, add one more combing in 4 days until no live lice are found.

Wet combing is safe for infants, young children, as well as pregnant and nursing mothers. Contact your public health unit at www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/regional-health-authorities for complete instructions on the wet combing method.

Chemical treatments

Non-prescription products – Shampoos, creams, rinses and sprays that contain an ingredient that kills lice are available at most pharmacies without a prescription. Some examples are permethrin, pyrethrins, isopropyl myristate, and dimethicone.

These products may not be appropriate for children or adults of all ages, so speak to your health care provider or pharmacist to find out which is best for you or your child. Always carefully follow the directions for use on the label.

After treatment, the hair should be checked and eggs and lice should be removed. The nits may also be removed, although you don't have to remove them, as nits are empty eggshells.

Most treatments are repeated in 7 to 10 days to make sure that any head lice that have hatched after the first treatment are killed before they have a chance to lay any eggs. It is also important to check the head for any eggs and remove them after the second treatment. Itching may last for 7 to 10 days, even after successful treatment.

Head lice have started to develop resistance to many of the chemical products. If you think the product is not working after 24 to 48 hours, use the wet combing method to check for lice. If lice are found, use a different treatment method. Head lice cannot develop resistance to non-chemical treatments.

The medications should be kept out of the reach of young children. Some medications cannot be used for infants, young children, pregnant or nursing mothers and should only be used following advice from a health care provider.

Children should receive their first treatment, whether wet combing or chemical, at home the first day that they are found to have head lice. Children should not be sent home or kept home from school or daycare because of head lice. The child should be encouraged to avoid head-to-head contact with other students until after their first wet combing or chemical treatment. Parents should check their child weekly for head lice using the wet combing method.

Confidentiality should be maintained in order not to embarrass a child or family who has head lice.

When should I call my health care provider?

Call your health care provider if the treatments are not successful. Chemical treatment of pregnant or nursing mothers and of children less than 4 years of age should be given only under the direction of a health care provider.

What options are not recommended for treating head lice?

Methods and products that should not be used because they are either not safe or do not work include: insect sprays, motor oil, gasoline, alcohol, flea soap, dyes, bleaches, heat applied to the scalp, garlic, tea tree and other essential oils, electric lice combs, and shaving the head.

What should be cleaned?

Healthy head lice rarely leave the scalp and if they do they may only survive for 24 to 55 hours. Head lice are not shared through contact with furniture, pets or carpets. There is no evidence that a major cleaning of the house or car is necessary. Hats, pillowcases, combs, and hairbrushes that have had contact with the head of the person with head lice in the previous 3 days, could be considered for cleaning in hot soapy water. Also clean supplies that you used for wet combing in hot soapy water.

Want More Information?

HealthLink BC, your provincial health line, is as close as your phone or the web any time of the day or night, every day of the year.

Call **8-1-1** toll-free in B.C., or for the deaf and hard of hearing, call **7-1-1**.

You can speak with a health service navigator, who can also connect you with a:

- registered nurse any time, every day of the year;
- registered dietitian from 9am to 5pm PT, Monday to Friday;
- qualified exercise professional from 9am to 5pm PT, Monday to Friday;
- pharmacist from 5pm to 9am PT, every day of the year.

Translation services are available in more than 130 languages.

8-1-1 in 130 Languages

When you dial **8-1-1** (or **7-1-1** for the deaf and hard of hearing), you can request health information services in languages other than English.

Translation services are available in over 130 languages.

After dialing **8-1-1**, you will be connected with an English speaking health service navigator. To get service in another language, simply state the language you are looking for (example say “Punjabi”), and an interpreter will