HEAD LICE

1. Distribution
2. Nits
3. Itching

Photos: 1 Christian Bart • 2 Shutterstock • 3 Shutterstock
MODE OF TRANSMISSION
From person to person, mostly via head-to-head contact, sometimes also through objects coming into contact with the hair on your head (e.g. headwear, scarves, hair brushes, cuddly toys, etc.)

SYMPTOMS
2–3 mm large parasites on the human scalp. These suck blood from the scalp several times a day, which may lead to severe itching. The oval, 0.8 mm small lice eggs are called "nits" and are attached close to the hairline. You can easily spot the infestation behind the ears and in the temple and neck region.

NOTIFIABLE DISEASE
Community facilities must not be visited when infested with head lice. Infestations with head lice must be reported immediately to the director of the communal facility. In the case of head lice in nurseries, all parents must check their children for head lice. The parents can detect the infestation themselves, apply a suitable treatment and confirm this with a separate written note.

TREATMENT
A medical lotion or similar is applied locally for treatment. These kill off lice and nits. A second treatment is always required 8 to 10 days after the initial treatment. After applying the lotion, thoroughly comb out the damp hair with a nit comb.

FURTHER MEASURES
- Clean combs, brushes, hair clips or hair bands in hot soapy water with a fine brush.
- Wash headwear and bedsheets at 60°C or more in the washing machine without energy-saving programme.
- Place non-washable clothing and cuddly toys in a sealed plastic bag for 3 days or for 24 hours in the freezer at -15°C. All surfaces that come into contact with the hair must be vacuumed.

READMITTANCE
If this is the first infestation, children can be readmitted to the nursery if the parents have carried out the proper treatment and submit a written declaration of treatment. With a second infestation, the child can only be readmitted to community facilities when presenting a doctor's certificate.

FOR FURTHER INFORMATION SEE THE NHS WEBSITE
GLANDULAR FEVER

1. Sore throat
2. Cold
3. Fever
MODE OF TRANSMISSION
Airborne infection: transmitted through coughing, sneezing, speaking. (Also called "kissing disease" because the infection is often spread from mouth to mouth.) Smear or contact infection: caused by dirty objects or hands.

INCUBATION PERIOD
The time from infection to outbreak of the disease is between 5 and 50 days.

PREVENTION
General hygiene measures, especially hand hygiene.

CLINICAL SYMPTOMS
Coughing, sneezing, watery eyes, sore throat, high fever, swelling of the lymph nodes on the neck. In small children, the disease often runs its course without symptoms.

COMPLICATIONS
Pneumonia, hepatitis, meningitis, involvement of kidneys, joints and heart, anaemia.

CONGAGIOUSNESS
The exact period of contagiousness is not known. The virus remains in the body of infected persons for life and is periodically emitted by the saliva.

READMITTANCE
Readmittance is possible once the symptoms have abated.

FOR FURTHER INFORMATION
SEE NHS WEBSITE
HAND, FOOT AND MOUTH DISEASE

1. Skin rash
2. Distribution
3. Canker sores in the mouth

Photos: 1 Ngufra/wikimedia.org • 2 Christian Bart • 3 Florian Brandt/user: Monti89/wikimedia.org
MODE OF TRANSMISSION
Airborne infection: transmitted through coughing, sneezing, speaking. Smear infection: transmitted via dirty objects and hands. The viruses can still be eliminated for weeks via faeces.

PREVENTION
The risk of infection can be contained with good hand hygiene habits.

INCUBATION PERIOD
The time from infection to outbreak of the disease is between 3 and 35 days.

CLINICAL SYMPTOMS
1 to 2 weeks after the infection: an itchy, red rash on the palms 1, soles of the feet, buttocks, knees and elbows 2, later on turning into white-greyish blisters. At the same time, blisters in the mouth and/or small, painful ulcers (cankers) 3, possibly a slight fever. Harmless progression, disease clears up on its own after 3 to 6 days.

CONTAGIOUSNESS
Contagiousness is highest during the first week, especially with blisters that haven't erupted yet. The viruses are discharged for weeks via bowel movements, which is why infected persons can be contagious for a very long time. Many infected adults rarely show clinical symptoms.

READMITTANCE
Your child may not attend nursery until fully healed.

FOR FURTHER INFORMATION SEE THE NHS WEBSITE
STOMACH FLU

1. Fever
2. Stomach ache
3. Vomiting
MODE OF TRANSMISSION
Faecal-oral smear infection: transmission through dirty objects, vomit or eating contaminated foods.

PREVENTION
The most important preventive measure: hand hygiene!

INCUBATION PERIOD
The time from infection to outbreak of the disease is 6 to 50 hours.

CLINICAL SYMPTOMS
Projectile vomiting 3, watery diarrhoea and stomach cramps 2. Common cold symptoms and moderate fever 1 often present at the beginning of the illness. The symptoms usually abate after 12 to 48 hours.

COMPLICATIONS
With babies and toddlers, risk of drying out through loss of fluid (dehydration)

READMITTANCE
Your child may return to nursery 48 hours after the symptoms have abated. This means: 48 hours after your child has stopped vomiting, no longer suffers from diarrhoea, has a stable circulation and no longer requires a strict diet.

FOR FURTHER INFORMATION
SEE THE NHS WEBSITE
1. Skin rash
2. Raspberry tongue
3. Sore throat

SCARLET FEVER
Airborne infection: transmitted through coughing, sneezing and speaking, but also through contaminated foods or objects.

**MODE OF TRANSMISSION**

**COMPLICATIONS**

Infection of the middle ear/sinuses, pneumonia, abscesses in the tonsil region, sepsis, vomiting, diarrhoea, haemorrhaging.

**CONTAGIOUSNESS**

Without antibiotic therapy, the disease is contagious for at least 3 weeks, with antibiotic therapy up to 24 hours.

**CLINICAL SYMPTOMS**

Nausea, vomiting, shivering, high fever, sore throat, red and swollen tonsils frequently covered with yellowish spots. The roof of the mouth may show red blotching. At the onset, the tongue has a thick, white coating, later on turning raspberry red.

After 1 to 2 days a spotted skin rash appears, starting on the torso and progressing downwards (sparing the areas around the mouth, on the palms and soles of feet). The rash disappears after 6 to 9 days. Scarlet fever can be contracted several times in life. Scarlet fever infections may be mild, hardly discernible, up to severe.

**LATE COMPLICATIONS**

Heart and kidney damage, rheumatic fever, damage to the central nervous system.

A timely treatment with antibiotics reduces the risk of these secondary diseases.

**READMITTANCE**

Persons with scarlet fever may not attend nursery. Children may attend nursery again as of the second day of starting the antibiotic therapy and without showing any symptoms of the disease.

Without treatment, your child may not attend the nursery until the symptoms have subsided (after 14 days at the earliest).

**PREVENTION**

A therapy with antibiotics must be started at the outbreak of the disease to prevent further spreading. General hygienic measures must be observed.

**FOR FURTHER INFORMATION SEE THE NHS WEBSITE**
CONJUNCTIVITIS

1 Pink eye
2 Pussy eye
Airborne infection: coughing, sneezing at another person. Smear infection through hand–eye contact, especially with itchy conjunctivitis.

**PREVENTION**

The most important hygiene measure: hand hygiene! Very important for all persons in the communal facility! Thorough hand washing with soap from a dispenser and drying the hands with disposable towels is required after each contact with the eyes. Sick persons may not attend the communal facility due to the high risk of infection.

**INCUBATION PERIOD**

The time from infection to outbreak of the disease is between 2 and 10 days.

**CLINICAL SYMPTOMS**

Conjunctivitis most often starts in one eye. Symptoms: increased blood circulation and thus reddening of the conjunctiva, swelling of the conjunctiva, increased lacrimation (tearing), itching, a sensation of a foreign body in the eye, burning and partially severe pain. Pus may also develop in the eye. Conjunctivitis may last up to 4 weeks and trigger further eye complications, which in most cases heal up without consequences.

**READMITTANCE**

Cases of conjunctivitis must be reported to the health authorities to discuss the required measures. The treating ophthalmologist will decide whether the child can attend nursery.

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**MODE OF TRANSMISSION**

Airborne infection: coughing, sneezing at another person. Smear infection through hand–eye contact, especially with itchy conjunctivitis.

**FOR FURTHER INFORMATION**

SEE THE NHS WEBSITE
1. Heavy cough
2. Sniffles
3. Fever

PERTUSSIS

Photos: 1 Created by Freepik • 2 Created by Freepik • 3 Created by Freepik
Airborne infection: transmission through coughing, sneezing, speaking. Smear infection: via contaminated hands.

**PREVENTION**
Vaccination at the earliest opportunity! Primary vaccination at 2, 3 and 4 months of age as well as at 11 to 14 months of age. Booster vaccination at 5 to 6 years and between 9 to 17 years of age.

**INCUBATION PERIOD**
The time from infection to outbreak of the disease is between 7 and 20 days.

**CLINICAL SYMPTOMS**
Duration: several weeks to months.
1st phase: In the first week, flu symptoms such as slight fever ³, snifflies ², slight cough.
2nd phase: sudden coughing fits ¹, wheezing and vomiting.
3rd phase: coughing subsides in up to 6 weeks.

**MODE OF TRANSMISSION**
Airborne infection: transmission through coughing, sneezing, speaking. Smear infection: via contaminated hands.

**COMPLICATIONS**
Life-threatening for non-vaccinated babies: they do not show the typical pertussis symptoms but suffer from respiratory failure!

**CONTAGIOUSNESS**
Contagiousness starts a few days before the initial symptoms show and may continue until approximately 3 weeks after the onset of the typical cough. A treatment with antibiotics may reduce the contagiousness period to 5 days.

**READMITTANCE**
Without antibiotic treatment, your child may attend the nursery again 3 weeks after the start of the typical cough at the earliest; with antibiotic treatment after 5 days at the earliest.
The nursery must inform the health authorities immediately about all occurrences of this disease.

FOR FURTHER INFORMATION SEE THE NHS WEBSITE
MUMPS

1. Fever

2. Swollen cheeks

Photos: 1 Created by Freepik • 2 wikimedia.org
Airborne infection: transmitted through speaking, sneezing, coughing but also through objects contaminated with saliva.

**PREVENTION**
Vaccination (mostly a combination vaccine against measles, rubella and chicken pox) between 11 and 14 months, a second vaccine can take place after 4 to 6 weeks already.

**INCUBATION PERIOD**
The time from infection to outbreak of the disease is between 12 and 25 days.

**CLINICAL SYMPTOMS**
Duration: 3 to 8 days
Fever, headaches and stomach pain, loss of appetite, vomiting (the pancreas is affected), typical swelling of the parotid gland, often one-sided at first (puffy cheeks, distended earlobe).

**MODE OF TRANSMISSION**

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Infection of all glands in the body possible. In youths and grown men, the mumps virus may affect the testicles and cause infertility.

Highest risk of contagion: 2 days before and up to 4 days after the initial symptoms appear. May last up to 9 days, however.

The child can be readmitted to the nursery at the earliest 9 days after the outbreak of the disease. Persons coming into contact with the child may not visit the nursery for a period of 18 days. This is not the case if these persons already had mumps at an earlier time or have been vaccinated.

**FOR FURTHER INFORMATION**
SEE THE NHS WEBSITE
RUBELLA

1. Fever
2. Headaches
3. Skin rash

Photos: 1 Created by Freepik • 2 Created by Freepik • 3 wikimedia.org
Airborne infection: transmitted through coughing, sneezing, speaking.

**PREVENTION**
Rubella vaccine (very well tolerated). Primary vaccine between 11 and 14 months of age, second vaccine 4 to 6 weeks later.

**INCUBATION PERIOD**
The time from infection to outbreak of the disease is between 14 and 21 days.

**CLINICAL SYMPTOMS**
Fever 1, headaches 2, a fleeting rash starting on the face 3, swelling of lymph nodes on the neck, joint ache. The disease most often progresses like a common cold, but is highly contagious.

**MODE OF TRANSMISSION**
Poses a high risk to unborn babies! Unborn babies are at risk of rubella embryopathy with various impairments and often permanent severe disabilities, such as congenital heart defects, eye diseases, deafness and damage to the nervous system.

This disease is already contagious one week prior to the outbreak of the rash for up to two weeks after the outbreak of the rash.

Once the symptoms have abated, a child suffering from rubella may attend the nursery again.

FOR FURTHER INFORMATION SEE THE NHS WEBSITE
MEASLES

1. Fever/cold

2. Initial distribution

3. Skin rash

Photos: 1 Created by Freepik • 2 Christian Bart • 3 wikimedia.org
Airborne infection: transmitted through coughing, sneezing, speaking and via contact with throat and nose secretions. The measles virus is highly contagious so that it is possible to contract the disease even after just a short exposure.

**PREVENTION**

A vaccine offers the greatest protection. Primary vaccine between 11 and 14 months of age, second vaccination up to the end of the second year of life. This vaccine can also be administered to youths, young adults and adults and even within 3 days after contact with the sick person. Once you have had measles, you are protected for life.

**INCUBATION PERIOD**

The time from infection to outbreak of the disease is between 8 and 14 days.

**CLINICAL SYMPTOMS**

1st phase: 8 to 12 days after the infection: fever 🍜, coughing, sniffles, eye infections and reddening of the throat and roof of the mouth as well as frequent diarrhoea. Chalky spots in the mouth (Koplik’s spots).

2nd phase: After 14 to 15 days: typical measles rash (brownish-pink spots on the skin 🍝, starting on the face and behind the ears 🍝). The rash may persist approximately 4 to 7 days.

**MODE OF TRANSMISSION**

**COMPLICATIONS**

Pneumonia, middle ear infection and encephalitis are possible. Measles are life-threatening for persons with weakened immune system!

**CONTAGIOUSNESS**

5 days before and up to 4 days after occurrence of the typical measles rash. The risk of infection is highest right before the outbreak of the rash.

**READMITTANCE**

Measles must be reported immediately to the nursery management! They, in turn, inform the health authorities. Your child may not attend nursery until the symptoms have abated, at the earliest 5 days after the onset of the typical measles rash. Persons living in the same household as a person suffering from measles may not visit the nursery for 14 days. Exception: persons vaccinated twice, persons who have previously had measles (verified by a doctor’s certificate).

**FOR FURTHER INFORMATION SEE THE NHS WEBSITE**
CHICKEN POX

1. Fever
2. Itching
3. Skin rash

Photos: 1 Created by Freepik • 2 Shutterstock • 3 Mad Max/wikimedia.org
A so-called "airborne infection". These highly contagious viruses can be transmitted through drafts of air across a distance of several metres.

PREVENTION
Chickenpox vaccination. Primary vaccination between 11 and 14 months of life. Second vaccination at least 4–6 weeks later.

INCUBATION PERIOD
The time from infection to outbreak of the disease is 8 to 28 days, in most cases 14 to 16 days.

CLINICAL SYMPTOMS
Slight fever 1 and common cold symptoms. Phases of blisters filled with fluid on the entire body 2. Various levels of severity.

COMPLICATIONS
General: relatively rare complications with pneumonia, haemorrhaging or involvement of the central nervous system. Serious complications in persons with weakened immune systems or severe skin diseases (e.g. neurodermatitis).

PREGNANCY
Pregnancy: dangerous complications if the pregnant woman has not been vaccinated or had chickenpox herself. Malformation of the unborn baby or miscarriages may occur in the early stages of pregnancy. With an outbreak of the disease right before or shortly after giving birth, the newborn child may develop a life-threatening chickenpox infection.

CONTAGIOUSNESS
The period of contagiousness starts 1 to 2 days after occurrence of the blisters and ends after approximately 7 days.

READMITTANCE
The doctor decides about readmittance. Non-vaccinated persons or contact persons who have only been vaccinated once may not visit the nursery for 16 days.

FOR FURTHER INFORMATION
SEE THE NHS WEBSITE
SCABIES

1. Itching
2. Mites living in the skin
3. Distribution

Photos: 1 Shutterstock • 2 MichaelBeckHGW/wikimedia.org • 3 Christian Bart
Infection through close physical contact (cuddling, sleeping in the same bed, joint use of towels).

An infectious skin disease caused by scabies mites. The female mites lay their eggs in the skin’s horny layer and bite approximately 2.5 cm long furrows into the skin. Separated from the host, the mites can stay alive for 1 to 2 days at a temperature of 21 degrees.

**PATHOGEN**

An infectious skin disease caused by scabies mites. The female mites lay their eggs in the skin’s horny layer and bite approximately 2.5 cm long furrows into the skin. Separated from the host, the mites can stay alive for 1 to 2 days at a temperature of 21 degrees.

**MODE OF TRANSMISSION**

Infection through close physical contact (cuddling, sleeping in the same bed, joint use of towels).

**INCUBATION PERIOD**

The time from infection to outbreak of the disease is between 4 and 5 weeks.

**CLINICAL SYMPTOMS**

Slight burning of the skin and itching to various degrees, made worse by warm bedsheets. Mosquito bite-like small red dots that may become infected through scratching. Mostly affects skin regions between the toes and fingers, the elbow and wrist bends, the ankle region, the inner edges of the feet, the armpits and/or all skin regions covered by underwear.

**CONTAGIOUSNESS**

Contagious until treated. Mites are killed off by washing laundry at 60°C, dry-cleaning or packing it into plastic bags for 1 week. Thoroughly vacuum upholstery, furniture and carpets and dispose of vacuum bags immediately.

**READMITTANCE**

Readmittance after medical treatment and abating of the symptoms. The disease must be reported immediately to the management of the nursery. They, in turn, must inform the health authorities. To prevent further spreading and relapses, contact persons should also visit the treating physician. A medical certificate is required!

**FOR FURTHER INFORMATION SEE THE NHS WEBSITE**