

Common Childhood Infections



Every child gets sick at some point. While you can't always stop this from happening, you can at least help your child feel better if you know the signs and symptoms of the most common childhood infections. Read on to learn more about common childhood infections—signs and symptoms, treatments, and when to call your pediatrician.

Bronchiolitis

Bronchiolitis is a viral infection that causes the small breathing tubes (bronchioles) of the lungs to swell. This blocks air flow through the lungs, making it hard to breathe. It occurs most often in infants because their airways are smaller and more easily blocked. *Bronchiolitis* is not the same as *bronchitis*, an infection of the larger airways that typically causes severe and chronic problems in adults.

Signs and Symptoms: Bronchiolitis often starts with signs of a cold, such as a runny nose, mild cough, and fever. After a day or two the cough may get worse and your infant will begin to breathe faster.

Treatment: Give your infant acetaminophen if he has a fever. Make sure your infant drinks a lot of fluids.

Call your pediatrician if your child stops taking fluids or has a lot of trouble breathing. He may need to go to the hospital for oxygen, fluids, or medicine to help him breathe.

Colds

Most children have from 8 to 10 colds in their first 2 years of life. Most colds come and go and rarely lead to anything worse. There is no cure for the common cold, but you can try to ease your child's symptoms. Colds are caused by viruses and they are not affected by antibiotics.

Signs and Symptoms: A child with a cold will sneeze and have watery eyes; a cough; and a stuffy, runny nose. Your child may be cranky, especially if she also has a mild fever or a headache. Colds usually last about a week.

Any fever should appear at the start of the cold and then go away.

Treatment: See "How can I make my child feel better?"

Call your pediatrician if any of the following occur:

- Fever lasting for more than 2 to 3 days
- Worsening symptoms after a week of illness

What are the causes of infection?

Most infections in children are caused by viruses. A virus can't be treated with antibiotics. Instead, the body gets rid of the virus on its own. Other times, an infection can be caused by bacteria. While some bacteria can live in the body without causing any harm, they can cause infections when they move to parts of the body where they don't belong. Infections caused by certain bacteria are treated with antibiotics.

Can I prevent my child from getting sick?

Though there is no way to keep your child away from germs, there are some steps you can take to help prevent them from spreading, including

- Make sure everyone washes his or her hands. Regular hand washing helps prevent the spread of germs.
- Keep your child away from anyone who has a cold, fever, or runny nose.
- Avoid sharing eating utensils, drinking cups, toothbrushes, washcloths, or towels with anyone who has a cold, fever, or runny nose.
- Wash dishes and utensils in hot, soapy water.
- Don't smoke around your child.

- A hard time drinking fluids or breathing
- Ear pain
- Blue lips or nails
- Extreme sleepiness or crankiness

Croup

Croup is caused by viruses. A child with croup will have noisy and difficult breathing due to a swelling of the voice box (larynx) and windpipe (trachea).

Signs and Symptoms: Your child may go to bed with a runny nose and mild cough, but wake up during the night with a cough that sounds like a seal's bark. Breathing may become noisy and difficult, a condition called *stridor*. Your child may or may not have a fever.

Treatment: Most cases of croup can be taken care of at home. Often a cool-mist vaporizer may help your child breathe better. If not, fill your bathroom with steam from the tub or shower. Bring your child into the bathroom and let him breathe in the steam for a few minutes. Keep a close eye on your child so that he doesn't get too warm or burn himself with the hot water. Sit with your child on your lap, and read a short story to pass the time. Another thing that might help him breathe better is taking him outside to inhale the cool night air.

Call your pediatrician if your child's breathing doesn't get better. If your child gets irritable or very cranky, these may be signs that he isn't getting enough oxygen. Your child may need medicine to help him breathe. The medicine may be inhaled, taken by mouth, or given by injection. In severe cases, your child may need to stay in the hospital until he can breathe better.

Ear infection

Most children have at least one ear infection by the time they are 3 years old. Most of the time, ear infections clear up without causing any lasting problems. Occasionally, a cold or flu causes a build-up of fluid in the ear. If bacteria or a virus infects this fluid, it can cause swelling and pain in the ear. This type of

ear infection is called *acute otitis media*. Often after the symptoms of acute otitis media clear up, fluid remains in the ear. It then develops into another ear condition called *otitis media with effusion (middle ear fluid)*.

Signs and Symptoms: The most common symptom is ear pain. Your child may have less appetite, trouble sleeping, fever, or ear drainage that is yellow or white, possibly blood-tinged. Pain often decreases after this drainage, but your child still will need to see the pediatrician.

Treatment: To treat your child's ear pain, the first symptom of an ear infection, give your child acetaminophen or ibuprofen. Ask your pediatrician for the right dosage for your child's age and size. There are also ear drops that may help ease the pain for a short time. There's no need to use over-the-counter cold medicines (decongestants and antihistamines). If the ear pain or fever doesn't go away after 2 to 3 days, call your pediatrician. Your pediatrician may wish to see your child and prescribe an antibiotic. If so, be sure to give your child the full dose for the whole time it's prescribed so the infection doesn't return. It's common for fluid to remain, even after the pain and fever have gone.

Call your pediatrician if your child is younger than 2 years, has drainage from the ear that looks like blood or pus, has a fever higher than 102.5°F, seems to be in a lot of pain, is unable to sleep, isn't eating, or is acting ill.

Flu (Influenza)

The flu is caused by a virus and usually occurs between January and March. Unlike a cold, the flu can last a week or longer and children usually feel much sicker. Stomach upsets and vomiting are also common with the flu. Your child usually will feel the worst during the first 2 or 3 days.

Signs and Symptoms: Flu symptoms include the following:

- A sudden fever (temperature usually above 101°F)
- Chills and shakes with the fever
- Extreme tiredness
- Headache and body aches
- Dry, hacking cough
- Sore throat
- Vomiting and stomach pain (stomach flu)
- Stuffy, runny nose

There usually are no serious problems from the flu. However, sometimes an ear infection, a sinus infection, or even pneumonia may develop. Talk with your pediatrician if your child's ear hurts, her cough persists, or her fever lasts beyond 3 to 4 days.

Signs of infection in an infant

Infections can be especially dangerous in a child younger than 2 months.

Call your pediatrician right away if your infant develops any of the following symptoms:

- Not eating well
- Poor color
- Lack of energy
- Weak cry
- Rectal temperature of 100.4°F or higher
- Trouble breathing
- Unusual fussiness
- Sleeping more than usual
- Vomiting or diarrhea

How will my pediatrician help?

When your child is sick, your pediatrician will let you know what the best treatment is for your child. In some cases, all you may need to do is make sure your child gets plenty of rest and eats a balanced diet. (See "How can I make my child feel better?") Other times, your child may need medicine. Most infections can be treated at home. However, if an infection becomes severe, your child may need to see the pediatrician and, rarely, go to the hospital.

Treatment: See "How can I make my child feel better?" In children older than 1 year, type A flu can be treated with antiviral drugs. If these medicines are given in the first day or two of the illness they can help your child get better faster. In some cases, these medicines can be taken before exposure to the flu to prevent illness. Extra rest and a lot of fluids also can make your child feel better.

There are safe and effective **vaccines** to protect against the flu. Healthy children 6–23 months of age should get a flu shot each fall, as should everyone in the household of a child this age. Children with health problems that make it risky for them to get the flu also should get flu vaccine each fall. When flu vaccine is in short supply, children 6–23 months of age and children with chronic health problems will get it first.

Call your pediatrician if your child experiences any of the following:

- Hard time breathing
- Blue lips or nails
- A cough that just will not go away (for more than 1 week)
- Pain in the ear
- Continued or new onset of fever after 3 to 4 days of illness

Impetigo

Impetigo is a skin infection that can spread on the skin quickly. It also can spread to other people if they touch the infected skin. This infection is caused by strep or staph bacteria. It's most common in warm weather and often appears on the face, but may be found anywhere on the body.

Signs and Symptoms: Impetigo looks like a rash with yellow, oozing, or crusty blisters.

Treatment: Most cases of impetigo can be treated with an antibiotic. The antibiotic is taken by mouth or put on the skin in ointment form.

Call your pediatrician if the skin around the sores becomes red or has red streaks, or if your child develops a fever or has urine that looks red or brown.

Pinkeye (Conjunctivitis)

Pinkeye is an inflammation of the thin tissue covering the white part of the eye and the inside of the eyelids. It can affect one or both eyes. There are different kinds, including bacterial, viral, allergic, or chemical (for example, chlorine in a swimming pool). Bacterial or viral infections are contagious and can spread easily in school or child care.

Signs and Symptoms: When a child has pinkeye, one or both eyes are watery, itchy, and red. The undersides of the eyelids may be irritated, and there may be a white discharge coming from one or both eyes.

Treatment: Your pediatrician may prescribe antibiotic drops or ointment if it's a bacterial infection. Be sure to use all of the medicine to keep the infection from coming back. A warm cloth placed on the eyes may also help your child's eyes feel better.

Call your pediatrician if your child has eye irritation or eye pain with a high fever, sluggishness, or more severe swelling and redness around the eye. These could be signs of a more serious infection. Because not all pinkeye infections are contagious, your pediatrician will let you know if your child can still go to school or child care.

Pneumonia

Pneumonia is an infection of the lungs. It often occurs a few days after the start of a cold. Most cases of pneumonia are mild. Pneumonia is caused by viruses or bacteria.

Signs and Symptoms: The symptoms vary based on the cause and severity of the illness. A child may have a cough, mild fever, loss of an appetite, and less energy. If one of the more severe types of pneumonia develops, your child suddenly may have shaking chills; a high fever (102.5°F); chest pain; and difficult, rapid breathing. A cough may not develop until later. Your pediatrician may need an x-ray to make sure that pneumonia is the cause of the symptoms.

Treatment: Most cases of pneumonia can be treated safely at home. The fever that occurs with pneumonia caused by a virus may be treated with acetaminophen or ibuprofen. Bronchodilators may help if there is wheezing. Pneumonia caused by bacteria tends to have more severe symptoms and is treated with antibiotics.

Call your pediatrician if your child's symptoms are severe or if your child is very young. He may need to go to the hospital for treatment.

Sinusitis

When a child has a cold, the sinuses around the nose often get stuffy and swollen. The sinuses may also fill with fluid. Sometimes this fluid gets infected with bacteria. When this happens, your child has a sinus infection. Sinusitis usually develops after your child has had a cold for at least 10 to 14 days.

Signs and Symptoms

- Nasal discharge for more than 10 days after a cold
- Fever
- A cough that lasts more than 14 days after a cold
- Tenderness in the face
- Headaches

Treatment: Sinusitis that goes with a cold usually resolves by itself. Antibiotics may be prescribed to clear up your child's sinusitis. Home treatments, such as taking a steamy shower, placing a humidifier in your child's room, and using a saline nasal spray, may help to drain the blocked sinuses.

Call your pediatrician if your child's symptoms don't get better after 3 to 4 days of treatment, your child has severe head or face pain, or your child has a sudden high fever.

Strep throat

Strep usually develops in children older than 3 years. It's caused by streptococcal bacteria.

Signs and Symptoms: Strep causes a sore throat, fever, and swollen glands in the neck. (If there is also a sandpaper-like skin rash on the body, the condition is called *scarlet fever*.) Because many viruses can cause the same symptoms as strep, your pediatrician will need to test for strep. To do this, he will do a rapid strep test and may obtain a culture.

Treatment: Because strep throat may lead to rheumatic fever, it's treated with antibiotics. After 24 to 36 hours of antibiotic treatment, your child is no longer contagious and should start to feel better. Remember to have your

How can I make my child feel better?

There is no "cure" for infections caused by a virus, but there are things you can do to help your child feel better until the virus runs its course. The following are ways you can try to ease your child's symptoms:

To relieve stuffy nose

- **Thin the mucus** using saline nose drops. Ask your pediatrician which ones to use. *Never use nonprescription nose drops that contain any medicine.*
- **Clear your baby's nose** with a suction bulb. Squeeze the bulb first, then gently put the rubber tip into one nostril and slowly release the bulb. This suction will draw the clogged mucus out of the nose. This works best for babies younger than 6 months.
- **Use a cool-mist humidifier** in your child's room. This helps to moisten the air and clear your child's nasal passages. Be sure to clean the humidifier often.

To relieve fever

- **Give your child acetaminophen or ibuprofen.** Ask your pediatrician for the right dosage for your child's age and size. Don't give aspirin to your child because it has been associated with Reye syndrome, a disease that affects the liver and the brain. Check with your pediatrician first before giving any other cold medicines.

To prevent dehydration

- **Make sure your child drinks a lot of fluids.** He may want clear liquids rather than milk or formula. He may eat more slowly or not feel like eating because he is having a hard time breathing.

child finish all the medicine. If you stop treatment too early, the infection may come back and problems may develop.

Call your pediatrician if your child's fever returns or she has a hard time breathing.

Sty

A sty is an infection in a gland of the eyelid. Sties are not very contagious. Once your child has had a sty, he is more likely to get one again.

Signs and Symptoms: Tenderness, swelling, and redness on the eyelid are the most common signs of a sty.

Treatment: To ease the pain and discomfort of a sty, place a warm cloth on the eyelid 3 to 4 times a day until signs of the infection are gone.

Call your pediatrician if the warm cloth treatments don't work. An antibiotic ointment may be prescribed. In some cases, your pediatrician may refer your child to an eye doctor who can drain the sty surgically.

Urinary tract infection

Urinary tract infections (UTIs) are found in children from infancy through the teen years. A UTI occurs in the kidney or bladder and is caused by bacteria. X-rays and other tests, including urine tests, are often needed to help find the cause of the UTI.

Signs and Symptoms: A child with a UTI will have painful and frequent urination, and sometimes fever, vomiting, stomach pain, and back pain. In young children, fever or irritability may be the only clues.

Treatment: UTIs are treated with antibiotics. Be sure to use all of the medicine to keep the infection from coming back.

Call your pediatrician if your child's urine looks pink, red, or brown, or if your child has a fever or severe back pain.

Vomiting and diarrhea

Vomiting and diarrhea are the reasons many parents call the pediatrician. These illnesses usually are caused by viruses that infect the intestines, but sometimes they are caused by bacteria. They usually last only about a day or two but can last up to a week in some cases.

Signs and Symptoms

- Frequent and uncontrollable loose, watery stools
- Vomiting
- Stomach pain, cramping

Treatment: If your child is throwing up, your pediatrician may tell you to not give food and fluid for a few hours. You then can give your child small sips of clear fluids, later followed by easy-to-digest foods. This will help prevent more vomiting, which can lead to dehydration. Children younger than 2 years should not be given medicine for diarrhea unless your pediatrician tells you it's OK.

Call your pediatrician if your child has any of the following signs of dehydration:

- No tears
- Dry diaper or no urination for 6 hours
- Dry mouth, skin, or lips
- Sunken eyes
- Less energy or activity
- Less alert
- Sunken soft spot on head (for infants)

Most cases of dehydration can be treated by giving your child fluids. However, if dehydration is severe, your child may need special solutions by mouth or an intravenous (IV) tube inserted to get fluids into her veins. To reduce the chance of dehydration, call your pediatrician early if your child has vomiting or diarrhea that won't go away.

Remember

If any of these illnesses or infections develop, call your pediatrician. Most important, if the illness or infection doesn't seem to go away, or seems to get worse, call your pediatrician.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

