PLAYGROUND SCOURGES

Print off this article to complete the activities.

Lice, school sores, worms and scabies. They sound particularly nasty and often carry connotations of poor hygiene or a lack of parental care. Many adults remember catching them as children – and it’s highly likely their own children now occasionally come home from school scratching their heads or complaining about a funny rash on their body or sores on their face.

Despite the enormous advances of medical science, it seems that some infections (or infestations such as lice) just won’t go away. They are picked up in places where children congregate and play. Pre-school and primary school aged children tend to be most vulnerable, partly because their immune systems are not as strong as those of adults.

While the bad news is that scabies, school sores, worms, lice, chicken pox, viral meningitis and scarlet fever are still around – and can spread quickly – the good news is that they are generally not dangerous and are easily treated. Some, in fact, do not require any treatment.

Older people may remember mother rubbing methylated spirits into their heads to get rid of lice in the 1930s; now it’s a simple matter of buying a treatment from the chemist without prescription, although it is recommended that the whole family be treated. (Nits are the lice eggs.)

But while they are easy to treat, even common childhood illnesses can be a headache for parents, with some finding it difficult to take time off work if they are told to keep a child at home for a certain period.

What are other common, but mild, medical complaints of the schoolyard? (We are not discussing illnesses such as measles, mumps and rubella. They are more serious although, since the introduction of vaccines, the number of cases has dropped.) According to the State Department of Human Services, common complaints include:

- Hand, foot and mouth disease (symptoms include fever, sore throat and blisters inside mouths and blisters on fingers, palms and soles of the feet).
- Slapped cheek disease (strikingly red cheeks, a lacy pink rash on the trunk and limbs, headache and itch).
- Molluscum contagiosum (a skin infection which often affects children on the thighs, buttocks or sometimes eyelids).

Some problems, such as lice and school sores, still carry unpleasant social stigmas but doctors say that even the cleanest and best-cared-for child can catch them. They spread regardless of a child’s sex, socio-economic status or address. Dr Kath Taylor, a medical officer with the Department of Human Services’ infectious diseases unit, takes many anxious calls from principals, child-care centres and parents. Often they want advice about the seriousness of an infection, how it should be treated and whether a child should be kept at home, and for how long. Dr Taylor says there is no explanation for the sudden outbreak of a certain infection. During the past 12 months, for example, there has been a lot of slapped cheek disease (sometimes known as “rosy
cheek” disease). One day recently, Dr Taylor sent out about 30 information pamphlets on it. And at one school she visited, a large group of non-contagious children with it proudly showed her their bright red cheeks and pink rashes. (However, while slapped cheek disease is harmless in children it can be dangerous to pregnant women.)

Head lice and ringworms always seem to be around, she adds, although the cases of head lice have slowed down a bit recently. A few years ago there were also many cases of viral meningitis. She says parents should not blame themselves if their child catches one of these minor infections, adding that it’s part of growing up.

Apart from underdeveloped immune systems, pre-school and primary school children also tend to be more vulnerable than adults because they may not be as strict about hygiene, such as washing their hands after going to the toilet.

Dr Martin Wright, a senior lecturer at the Royal Children’s Hospital centre for community child health and ambulatory paediatrics, says, “One factor is the contact with lots of people. Another is that, at this stage of their development, children tend to be more susceptible to these infections than adults.”

Doctors and pathologists are required to notify the infectious diseases unit about a range of serious infections and diseases, including measles, mumps, bacterial meningitis and hepatitis. While notification is not required for the infections covered here, it is important that they are quickly treated, partly to stop them spreading.

Some infections carry minimum exclusion periods from child-care centres and schools – in other words, parents are obliged to keep contagious children at home for a period of time to protect their classmates. For example, a child with ringworms, head lice or scabies should be kept away until treatment has begun, according to the Department of Human Services. Generally, a child with school sores should stay at home until the sores have fully healed. They can return to school or childcare before this as long as treatment has begun and the sores are covered with moisture-proof dressings. However, these policies are not always easy to enforce, and some parents are more prepared to comply than others.

Jeanne Chippett, the president of the Victorian Federation of State School Parents’ Clubs, says parents sometimes telephone the federation with concerns about a child who has returned to school too early and risks infecting others. In other cases, a child with, say, lice, has been treated and kept out of school until he is clear. But not all parents have been as careful and the child gets it again when he returns to school, she says. While Mrs Chippett says parents should “do the right thing,” she points out this is not always easy. Some parents may not know there has been an outbreak of say, chicken pox, at their school because they have not received or read the school newsletter. Or they don’t realise their children are ill because they only have very mild symptoms, or even none. Even if, children have a rash, parents may not pick it up because they are old enough to dress and bathe themselves. In other cases the child may be contagious – and have infected others – before the symptoms have appeared. “There are also a range of problems today that didn’t exist in the same degree in the past,” say Mrs Chippett. “There are many more two-parent working families and they have to get time off work or find relatives or family to look after a sick child. Some
parents could be looking at a few weeks off work because one child gets it first and then the next one a week later.”

Sometimes parents have to lie to their employer and say they are sick, rather than their child. There can be extra problems when they have used up all their sick leave. At other times, children still have a few symptoms but otherwise appear to be perfectly well and parents give in to the temptation to send them back to school early. Mrs Chippett says one idea might be for working parents to take it in turns to look after several children who are all sick.

Dr Wright says it is important to be realistic about the limitations of exclusion policies. No matter how vigilant parents are, there will always be contagious children at school or in childcare, even if they only have a cold. “Some conditions are less contagious than others,” he says. “For example, we don’t usually tell children with a cold to stay at home. In some ways, it (an exclusion policy) is artificial because some illnesses are more contagious than others. With chicken pox, you’re contagious before the spots come out. Schools must have a reasonably sensible practice but, to my mind, if children are well enough to learn, they should be at school.”

The Department of Human Services runs a free school nursing program for government and non-government schools. The nurses test prep children each year for vision problems and see students with other health problems if requested by parents and teachers. The nurses also work with teachers on health projects such as injury prevention, positive parenting and asthma.

*By Margaret Cook, The Age, 13/05/1997*