

<p>Transmission: Direct contact with or droplet spread from an infected person</p> <p>Incubation period: 14 to 21 days</p> <p>Period of communicability: Most communicable immediately before and after swelling begins</p>	<p>“earache” that is aggravated by chewing</p> <p>Parotitis: By third day, parotid gland(s) (either unilateral or bilateral) enlarges and reaches maximum size in 1 to 3 days; accompanied by pain and tenderness; other exocrine glands (submandibular) may also be swollen</p>	<p>supportive: Analgesics for pain and antipyretics for fever</p> <p>Intravenous (IV) fluid if needed for child who refuses to drink or vomits because of meningoencephalitis</p> <p>Complications: Sensorineural deafness</p> <p>Postinfectious encephalitis</p> <p>Myocarditis</p> <p>Arthritis</p> <p>Hepatitis</p> <p>Epididymo-orchitis</p> <p>Oophoritis</p> <p>Pancreatitis</p> <p>Sterility (extremely rare in adult men)</p> <p>Meningitis</p>	<p>and Contact Precautions during hospitalization.</p> <p>Encourage rest and decreased activity during prodromal phase until swelling subsides.</p> <p>Give analgesics for pain; if child is unwilling to swallow pills or tablet medication, use elixir form.</p> <p>Encourage fluids and soft, bland foods; avoid foods requiring chewing.</p> <p>Apply hot or cold compresses to neck, whichever is more comforting.</p> <p>To relieve orchitis, provide warmth and local support with tight-fitting underpants.</p>
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#### Measles (Rubeola) (Fig. 6-5)

<p>Agent: Virus</p> <p>Source: Respiratory tract secretions, blood, and urine of infected person</p> <p>Transmission: Usually by direct contact with droplets of infected person; primarily in the winter</p> <p>Incubation period: 10 to 20 days</p> <p>Period of communicability: From 4 days before to 5 days after rash appears, but mainly during prodromal (catarrhal) stage</p>	<p>Prodromal (catarrhal) stage: Fever and malaise, followed in 24 hours by coryza, cough, conjunctivitis, Koplik spots (small, irregular red spots with a minute, bluish-white center first seen on buccal mucosa opposite molars 2 days before rash); symptoms gradually increasing in severity until second day after rash appears, when they begin to subside</p> <p>Rash: Appears 3 to 4 days after onset of prodromal stage; begins as erythematous maculopapular eruption on face and gradually spreads downward; more severe in earlier sites (appears confluent) and less intense in later sites (appears discrete); after 3 to 4</p>	<p>Preventive: Childhood immunization.</p> <p>Supportive: Bed rest during febrile period; antipyretics</p> <p>Antibiotics to prevent secondary bacterial infection in high-risk children</p> <p>Complications: Otitis media</p> <p>Pneumonia (bacterial)</p> <p>Obstructive laryngitis and laryngotracheitis</p> <p>Encephalitis (rare but has high mortality)</p> <p>Vitamin A supplementation</p> <p>Administer Vitamin A (World Health Organization recommendation) for children with acute illness: 200,000 International units for children 12 months old and older; 100,000 International units</p>	<p>Maintain isolation until fifth day of rash; if child is hospitalized, institute Airborne Precautions.</p> <p>Encourage rest during prodromal stage; provide quiet activity.</p> <p>Fever: Instruct parents to administer antipyretics; avoid chilling; if child is prone to seizures, institute appropriate precautions.</p> <p>Eye care: Dim lights if photophobia present; clean eyelids with warm saline solution to remove secretions or crusts; keep child from rubbing eyes.</p> <p>Coryza, cough: Use cool-mist vaporizer; protect skin around nares with layer of petrolatum;</p>
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