

<p>the United States)</p> <p>Incubation period: Usually 7 to 14 days, with range of 5 to 35 days</p> <p>Period of communicability: Not exactly known; virus present in throat and feces shortly after infection and persists for about 1 week in throat and 4 to 6 weeks in feces</p>			<p>protein diet and bowel management for prolonged immobility.</p> <p>Observe for respiratory paralysis (difficulty talking, ineffective cough, inability to hold breath, shallow and rapid respirations); report such signs and symptoms to practitioner.</p>
<b>Rubella (German Measles) (Fig. 6-6)</b>			
<p>Agent: Rubella virus</p> <p>Source: Primarily nasopharyngeal secretions of person with apparent or inapparent infection; virus also present in blood, stool, and urine</p> <p>Incubation period: 14 to 21 days</p> <p>Period of communicability: 7 days before to about 5 days after appearance of rash</p> <p>Constitutional signs and symptoms: Occasionally low-grade fever, headache, malaise, and lymphadenopathy</p>	<p>Prodromal stage: Absent in children, present in adults and adolescents; consists of low-grade fever, headache, malaise, anorexia, mild conjunctivitis, coryza, sore throat, cough, and lymphadenopathy; lasts 1 to 5 days, subsides 1 day after appearance of rash</p> <p>Rash: First appears on face and rapidly spreads downward to neck, arms, trunk, and legs; by end of first day, body is covered with discrete, pinkish-red maculopapular exanthema; disappears in same order as it began and is usually gone by third day</p>	<p>Preventive: Childhood immunization</p> <p>No treatment necessary other than antipyretics for low-grade fever and analgesics for discomfort</p> <p>Complications: Rare (arthritis, encephalitis, or purpura); most benign of all childhood communicable diseases; greatest danger is teratogenic effect on fetus</p>	<p>Institute Droplet Precautions.</p> <p>Reassure parents of benign nature of illness in affected child.</p> <p>Use comfort measures as necessary.</p> <p>Avoid contact with pregnant woman.</p> <p>Monitor rubella titer in pregnant adolescent.</p>
<b>Scarlet Fever (Fig. 6-7)</b>			
<p>Agent: Group A <math>\beta</math>-hemolytic streptococci</p> <p>Source: Usually from nasopharyngeal secretions of infected persons and carriers</p> <p>Transmission: Direct contact with infected person or droplet spread; indirectly</p>	<p>Prodromal stage: Abrupt high fever, pulse increased out of proportion to fever, vomiting, headache, chills, malaise, abdominal pain, halitosis</p> <p>Enanthema: Tonsils enlarged, edematous, reddened, and covered with patches of exudates; in severe cases appearance</p>	<p>Full course of penicillin (or erythromycin in penicillin-sensitive children) or oral cephalosporin</p> <p>Antibiotic therapy for newly diagnosed carriers (nose or throat cultures positive for streptococci)</p> <p>Supportive: Rest during febrile phase,</p>	<p>Institute Standard and Droplet Precautions until 24 hours after initiation of treatment.</p> <p>Ensure compliance with oral antibiotic therapy; intramuscular benzathine penicillin G (Bicillin) may be given.</p> <p>Encourage rest during febrile phase;</p>