

Immunisation calendar

3 months	WHOOPING COUGH DIPHTHERIA— TETANUS	Triple vaccine
	POLIOMYELITIS	Oral vaccine
5 months	WHOOPING COUGH DIPHTHERIA TETANUS	Triple vaccine
	POLIOMYELITIS	Oral vaccine
12 months	MEASLES	Measles vaccine
18 months	DIPHTHERIA— TETANUS	Double vaccine
	POLIOMYELITIS	Oral vaccine
5 years	DIPHTHERIA— TETANUS (if not given at 18 months)	Double vaccine
	POLIOMYELITIS	Oral vaccine
11 years (girls only)	RUBELLA	Rubella vaccine
15 years	TETANUS	Tetanus vaccine



When it's a fever trust Panadol Elixir

That feverish brow calls for a little extra loving. A kiss, a cuddle and Panadol Elixir. This pure liquid brings comfort from feverishness because it lowers high temperatures. Children like Panadol Elixir in a little cooled, boiled water or milk. And you're all the happier, knowing you can rely on Panadol Elixir like so many mothers do.

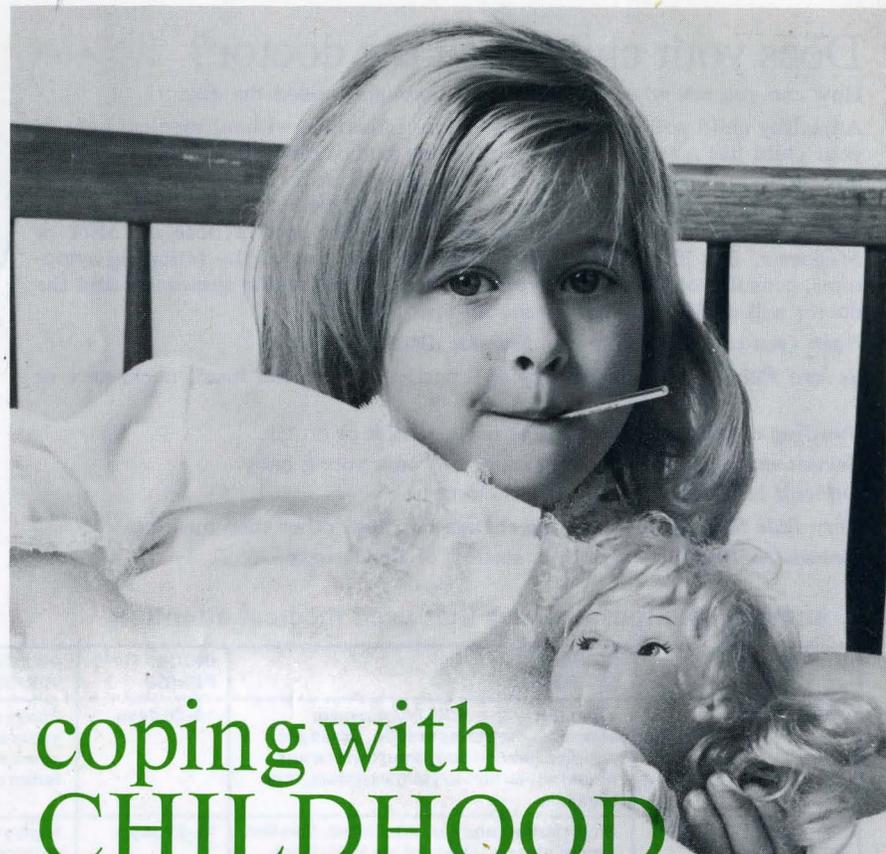
Published as a service to parents by

Winthrop

WINTHROP LABORATORIES
Division of Sterling Pharmaceuticals (N.Z.) Ltd.
Auckland.

*The words 'Panadol' and 'Delrosa' are registered trade marks.

W401.9.80



coping with CHILDHOOD INFECTIONS

Today, most of the 'infections' children get are over in a few days if promptly treated, and rarely make them seriously ill. The more serious ones like polio, diphtheria or whooping cough are rare now, thanks to widespread immunisation. Even pneumonia usually yields to antibiotics. Nowadays we are losing our familiarity with serious diseases in the home, and mothers are often uncertain how to deal with mild infections when they do strike.

Young children are always catching some infection or other, but they will build up immunity in time. Having chickenpox or measles is really part of the process of building up resistance. There's usually no need to worry about these childhood episodes, but you need to be ready to deal with them. The chart inside this leaflet will help you.

Meanwhile — are you *sure* your children have been immunised against the more serious infectious diseases? Check with the immunisation calendar on the back of this leaflet. If you are not sure, ask your doctor or clinic.

Does your child need the doctor?

How can you tell whether a child is ill enough to need the doctor?

A healthy child will throw off most minor infections without medical help. If your child has a temperature (part of the body's defence against infection) but seems to have nothing else wrong, he will probably be all right in the morning. If he also has a runny nose and a slight cough, it's probably just another cold. Or a slight tummy pain may just need a dose of 'Milk of Magnesia.' But if a child has a temperature *and* any of the following symptoms, consult your doctor (if you telephone, describe the symptoms and the doctor will decide whether he should visit or not).

Rash (see chart of common infectious diseases).

Severe Pain (with panicky crying) particularly in the head, neck, ears or stomach.

Swelling of the face, or glands of neck, armpit or crutch.

Severe sickness and diarrhoea especially in a young baby.

Difficult breathing—panting or choking.

Very Pale Skin or any startling change in colour other than flushing.

Unusual behaviour—agitation, staring, or listlessness.

Common infectious diseases that need medical attention

	SIGNS AND SYMPTOMS	INCUBATION PERIOD	INFECTIOUS PERIOD	NURSING AND TREATMENT	SPECIAL POINTS
CHICKENPOX	May start with a cold, headache or sickness. High temperature. Small red pimples (first on body then on face and limbs) which turn to yellow blisters, then break.	10–20 days.	2 days after last spots appear, or when scabs have fallen off.	Bed rest. Relieve itching with calamine lotion. Try to stop child scratching (little ones may need cotton mittens) to prevent further infection and scars (pockmarks). Keep child's nails short and clean.	One attack usually gives immunity for life. <u>As harmful complications are rare, no vaccination is necessary.</u>
GERMAN MEASLES (RUBELLA)	Slight temperature or sore throat. Swollen tender glands at back of neck. Flat pink spots spreading into blotches.	12–21 days.	Highly communicable for 1 week before rash appears, and at least 4 days after.	Rest in bed or on sofa in warm room for 2 or 3 days.	Avoid contact with pregnant women, because it can harm the unborn baby. Vaccination is available.
MEASLES	Loss of appetite. High temperature. Sneezing, running nose, dry cough. Watery, pink eyes. Blotchy pink spots on neck, forehead and cheeks, spreading to body later.	10–15 days.	From the beginning of symptoms until 7 days after the rash appears.	Bed until 3 days after temperature falls (about 7 days altogether). Sleep and plenty to drink. Shield eyes from strong light.	Although not serious, measles can sometimes have complications affecting the ears, lungs, joints or nervous system.
MUMPS	Swelling below ear spreading to face or neck. Pain when chewing or swallowing. Rising temperature. No rash.	17–21 days.	Until 7 days after swelling subsides.	Rest in bed. Relieve pain with Panadol (paracetamol) Elixir or whatever doctor prescribes. Bland food and drinks (eg 'Delrosa RoseHipSyrup') avoiding sharp tasting fruit drinks like orange and lemon.	Avoid contact with older boys or men, who may develop infection of testicles (can — though rarely — cause sterility). Other more serious infections often mimic mumps, so CALL DOCTOR EARLY.
SCARLET FEVER	Sore, reddened throat and tongue. High temperature, vomiting. Head and stomach pains. Small red spots, flushed skin, usually starting on back, armpits or groin.	2–5 days.	7–10 days.	Rest in bed. The doctor will probably prescribe an antibiotic and pain reliever.	Report any new symptoms to the doctor in case there are complications.
WHOOPIING COUGH	Starts as an ordinary cold. Dry repeated cough with 'whooping' sound as breath is drawn in. Vomiting. No rash.	1–3 weeks.	Very infectious in early stages and up to 3 weeks but not after this even if whoop is still present.	Leave treatment to the doctor who may prescribe an antibiotic, cough medicine or drops.	Can be serious in young children if they have not been immunised. Included in Triple Vaccine.

Nursing a sick child

Today doctors don't usually insist on separating an infected child from the family. Isolation rarely stops the spread of infection, which has probably taken place before symptoms start. In fact a feverish child is often happier and more likely to get better quickly on a sofa in the living-room with the family around him. But obviously if he is tired or worried by noise, he should be made comfy in bed.

Don't pile blankets on a child with a temperature to 'sweat it out.' Light, cool bedclothes in a room at 18–21°C are best. High fever and sweating are best dealt with by cool sponging. Only put warm blankets on if the patient feels cold.

Infections deprive the body of water — doctors call this 'dehydration'— so you must give plenty to drink (unless the child is vomiting when he can be given sips of glucose and water). The appetite will need tempting with fruit and meat flavours. Try hot meat extracts *and* cool fruity drinks first. Infectious illness increases the body's need for vitamin C, and drinks like 'Delrosa' (Rose Hip Syrup) not only tempt the palate but supply the vitamin in abundance.