

Common infections and your child

It may seem like your child is always sick. That's because young children are exposed to many new germs (viruses or bacteria) and haven't yet built up enough defenses against them. Most young children will have 8 to 10 colds a year. The good news is that most of these infections are mild and won't last very long. As children get older, they get sick less often.

How do infections spread?

Germs usually spread in one of the following ways:

- **Direct contact** with a person who has germs in the nose, mouth, eyes, stool or on the skin. Direct contact can include kissing, touching or holding hands with a person who has an illness.
- **Indirect contact** with an infected person, who may spread germs by touching or mouthing an object such as a toy, a doorknob, or a used tissue that is later touched by another person. The germs can cause infection when that person—who now has germs on their hands—touches their eyes, nose or mouth. Some germs can stay on countertops or toys for many hours.
- **Droplets transmission** is very common. Germs in the nose and throat can spread through **droplets** when the infected person coughs or sneezes without a tissue to cover the mouth and nose. Droplets travel through the air and can reach another person who is close by (less than a metre away). These germs don't stay in the air and don't travel over long distances.
- **Airborne spread** is much less common. This happens when germs stay in the air and are carried around on air currents. These germs can infect people who are not close to the infected person and may even be in a different room. Chickenpox and measles viruses spread this way. These germs are hard to control. The best way to protect your child is with vaccines against these infections.

An adult can also spread germs from one child to another by indirect contact without realizing it. For example, if you’re changing a diaper or helping your child use the toilet or wiping your child’s nose, you may come into contact with germs. If you don’t wash your hands well afterward, you can pass these germs to another child.

Common childhood infections

	Symptoms	How it spreads	What parents can do
Respiratory Infections (infections of the airway or lungs)			

Bronchiolitis	<ul style="list-style-type: none"> • Usually in babies under 1 year old • Coughing and trouble breathing • Wheezing • Fever 	<ul style="list-style-type: none"> • Direct contact • Indirect contact • Droplets transmission • Airborne (influenza only) 	<ul style="list-style-type: none"> • Offer extra fluids (especially water or milk) and encourage plenty of rest. • Your child can still eat solids if they are willing. • Give acetaminophen or ibuprofen* for fever if the fever is making your child uncomfortable.
Common cold	<ul style="list-style-type: none"> • Runny nose, nasal congestion, sneezing, coughing and a mild sore throat • Decreased appetite, headache and tiredness, in some children • Sometimes fever 		<ul style="list-style-type: none"> • Gently try to clear nasal congestion with a rubber suction bulb and saline (saltwater) nose drops. • Get medical advice if your child is not drinking well, has a high fever, has trouble breathing, or if symptoms continue or worsen.

Croup	<ul style="list-style-type: none"> • Cold symptoms and fever • Hoarse voice, barking cough • Rapid noisy breathing, difficult breathing 	<ul style="list-style-type: none"> • Croup can be treated at home by taking children into cool night air. Dress your child in warm clothing and go outside for 10 minutes. If your child's symptoms don't improve after 30 minutes, call your child's doctor. • Because attacks often happen in the middle of the night, you may have to go to the emergency department.
Influenza	<ul style="list-style-type: none"> • Fever, chills, cough with or without headache, muscle aches, extreme tiredness, and sore throat • Loss of appetite is common 	<ul style="list-style-type: none"> • Influenza can be prevented by vaccine. An antiviral medication may be prescribed for healthy people with severe influenza or very young children. They should be taken within 48 hours of the first symptoms to be most effective.

Strep throat and scarlet fever	<ul style="list-style-type: none"> • Fever, sore throat, swollen tender neck glands • With scarlet fever, red dry rash (like sandpaper) covering the body 	<ul style="list-style-type: none"> • Direct contact • Droplets transmission 	<ul style="list-style-type: none"> • Most sore throats are not strep throat and do not require an antibiotic. If you think your child has strep throat, see your doctor. • A throat swab is needed to diagnose strep throat.
Ear infection	<ul style="list-style-type: none"> • Earache • Crankiness or fussiness • Sometimes tugging at ears • Rarely, fluid draining from the ear • Child may have fever or cold symptoms 	<ul style="list-style-type: none"> • Almost always starts as a cold, but the ear infection itself is not contagious 	<ul style="list-style-type: none"> • See your doctor, an antibiotic may be needed.
Rashes			

Fifth disease (Parvovirus)	<ul style="list-style-type: none"> • Red rash on the cheeks spreads over the rest of the body after a couple of days • Child not very ill • Not contagious once the rash appears 	<ul style="list-style-type: none"> • Direct contact • Indirect contact with germs in saliva, on hands, tissues 	<ul style="list-style-type: none"> • Goes away on its own. • If you are pregnant and your child has fifth disease, see your doctor as it can harm the fetus.
Impetigo	<ul style="list-style-type: none"> • Fluid-filled blisters usually around the mouth or nose, but may occur elsewhere • Blisters break, ooze, and form a honey-coloured crust 	<ul style="list-style-type: none"> • Direct contact with skin of infected person • Indirect contact with germs on clothing, towels, etc. 	<ul style="list-style-type: none"> • Gently wash the infected skin with clean gauze and soap. • This is a bacterial infection so you must see your doctor for treatment.

Molluscum contagiosum

- Tiny “pinpoints” on the skin 1 to 6 months after exposure to the virus
- Pinpoints turn into pinkish-white bumps that are smooth and shiny, have a dip in the middle and have a milky-white cheesy material inside
- Bumps can appear anywhere on your child’s body
- Most children get 1 to 20 bumps, but some can have hundreds
- Not very contagious
- Direct contact with bumps, or indirect contact (e.g., bedding contaminated with material from the bumps).
- Scratching can spread the infection from one part of the body to another.
- See doctor to confirm that it is molluscum contagiosum.
- Wash hands often.
- Make sure your child doesn’t share towels with others.
- Your child can continue to attend child care and/or school.

Roseola	<ul style="list-style-type: none"> • Usually in babies under 1 year old, but can in seen in children up to 2 years old • High fever and crankiness for 3 to 5 days • After fever, a rash of small red spots appears on the face and body, lasting a few hours to 2 days 	<ul style="list-style-type: none"> • Direct contact with saliva of infected person • Not very contagious 	<ul style="list-style-type: none"> • Give acetaminophen or ibuprofen* for fever if the child is uncomfortable. • Offer extra fluids (especially milk or water) and encourage plenty of rest. • Will clear up on its own.
----------------	--	--	---

Other infections

Pinkeye (conjunctivitis)	<ul style="list-style-type: none"> • Scratchy, painful or itchy red eyes • Watery or pus discharge from the eyes • Light sensitivity 	<ul style="list-style-type: none"> • Very contagious • Direct contact • Indirect contact with germs on hands, tissues, washcloths, or other objects 	<ul style="list-style-type: none"> • Keep eyes clean, wipe from inside out. Use a clean cloth each time. • See your doctor for treatment.
---------------------------------	---	--	---

**Stomach flu
("gastro")**

- Diarrhea and/or vomiting
- Fever
- Loss of appetite
- Stomach cramps

- Direct contact
- Indirect contact with germs on hands, toys or other objects

- If vomiting, give clear fluids only until your child has gone 6 hours without vomiting. An oral rehydration solution is the best clear fluid if your child will take it. You can also try diluted apple juice.
- If your child is having diarrhea only or once vomiting stops, try milk and frequent small feeds with foods your child enjoys.
- Seek medical help if there is blood in your child's stool, your child is vomiting for more than 4 to 6 hours, is not drinking well or shows any signs of dehydration.
- Give acetaminophen or ibuprofen for fever

*When giving ibuprofen, be sure that your child drinks lots of fluid. Do not give ibuprofen if you are worried about dehydration. **Do not give ibuprofen to babies under 6 months without first talking to your doctor.**

How can I protect my child?

- Washing your hands and your child's hands is the best thing that you can do to stop the spread of germs. Wash your hands after:
 - Coughing or sneezing into your hands or wiping your nose.
 - Using the toilet or helping your child to use the toilet
 - Caring for someone with any kind of infection.
 - Cleaning up vomit or diarrhea.
 - Wiping your child's nose.
 - Changing a diaper.
 - Handling raw meat.
 - Handling pets or animals.
- When your child is old enough, teach them to wash their hands after wiping their nose or using the toilet.
- Wash your hands before preparing or serving food and before eating, and teach your child to do the same.
- If your child has a cough or cold, cover their mouth and nose with tissues when they cough or sneeze. When they are old enough, teach them to cover their nose and mouth with a tissue when they sneeze or cough, to put the used tissue in a wastebasket right away, and to wash their hands after. Teach them to cough or sneeze into the curve of their elbow if they don't have a tissue.
- If your child attends child care, tell the caregiver about any symptoms and ask if your child should stay home that day. When both parents work outside the home, plan ahead by making other arrangements for someone to care for your child when they are sick.

- Make sure your child has received all of the recommended vaccines.

What can I do if my child is sick?

Do not give OTC medications to babies and children under 6 years old without first talking to your doctor.

When your child is sick, you want them to feel better. Many parents turn to over-the-counter (OTC) cough and cold medicines for help. There is no proof that these medications work. In fact, some of the side effects can make your child feel even worse. The only exceptions are drugs used to treat fever (such as ibuprofen and acetaminophen).

However, medication is not always needed to reduce a child's temperature. Talk to your doctor if your baby (under 6 months) has a fever.

There is also a risk of giving your child too much medication. For example, giving acetaminophen for a fever on top of a cough syrup that already contains acetaminophen may result in an overdose of acetaminophen. Never use more than one product at the same time unless advised by your doctor.

When should I call my doctor?

If your child shows any of the following signs:

- Fever and is less than 6 months old.
- Fever for more than 72 hours.
- Coughing that won't go away (lasts more than a week) or is severe and causes choking or vomiting.
- Earache.
- Excessive sleepiness.
- Won't stop crying or is very irritable all the time.
- Rapid or difficulty breathing.
- Diarrhea and is younger than 6 months old.
- Bloody or black stools.

- Vomiting for more than 4–6 hours.
- Dehydration (dry sticky mouth, no tears, no urine or fewer than 4 wet diapers in 24 hours in infants and fewer than 3 wet diapers in 24 hours in older children).

Reviewed by the following CPS committees

- Infectious Diseases and Immunization Committee
- Public Education Advisory Committee

Last updated: August 2018



© 2024 – Canadian Paediatric Society
cps.ca/en/ – info@cps.ca

Available at www.caringforkids.cps.ca