FAMILY RESOURCE HUB

HEALTH/MENTAL HEALTH

COMPILED BY
www.educaredc.org

DC | HEALTH Universal Health Certificate

Use this form to report your child's physical health to their school/child care facility. This is required by DC Official Code §38-602. Have a licensed medical professional complete part 2 - 4. Access health insurance programs at https://dchealthlink.com. You may contact the Health Suite Personnel through the main office at your child's school.

Part 1: Child Personal Information | To be completed by parent/guardian.

Child Last Name: | **Child First Name:** | **Date of Birth:**

School or Child Care Facility Name: | **Gender:** ☐ Male ☐ Female ☐ Non-Binary

Home Address: | **Apt:** | **City:** | **State:** | **ZIP:**

Ethnicity: *(check all that apply)* ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Other ☐ Prefer not to answer

Race: *(check all that apply)* ☐ American Indian/ Alaska Native ☐ Asian ☐ Native Hawaiian/ Pacific Islander ☐ Black/African American ☐ White ☐ Prefer not to answer

Parent/Guardian Name: | **Parent/Guardian Phone:**

Emergency Contact Name: | **Emergency Contact Phone:**

Insurance Type: ☐ Medicaid ☐ Private ☐ None | **Insurance Name/ID #:**

Has the child seen a dentist/dental provider within the last year? ☐ Yes ☐ No

I give permission to the signing health examiner/facility to share the health information on this form with my child's school, child care, camp, or appropriate DC Government agency. In addition, I hereby acknowledge and agree that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under DC Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct. I understand that this form should be completed and returned to my child's school every year.

Parent/Guardian Signature: ______________________________ **Date:** ______________

Part 2: Child's Health History, Exam, and Recommendations | To be completed by licensed health care provider.

Date of Health Exam: | **BP:** ____/____ ☐ NML ☐ ABNL | **Weight:** ☐ LB ☐ KG | **Height:** ☐ IN ☐ CM | **BMI:** | **BMI Percentile:**

Vision Screening: Left eye: 20/________ Right eye: 20/________ ☐ Corrected ☐ Uncorrected ☐ Wears glasses ☐ Referred ☐ Not tested

Hearing Screening: *(check all that apply)* ☐ Pass ☐ Fail ☐ Not tested ☐ Uses Device ☐ Referred

Does the child have any of the following health concerns? *(check all that apply and provide details below)*

☐ Asthma ☐ Failure to thrive ☐ Sickle cell
☐ Autism ☐ Heart failure ☐ Significant food/medication/environmental allergies that may require emergency medical care. *Details provided below.*
☐ Behavioral ☐ Kidney failure
☐ Cancer ☐ Language/Speech ☐ Long-term medications, over-the-counter-drugs (OTC) or special care requirements. *Details provided below.*
☐ Cerebral palsy ☐ Obesity
☐ Developmental ☐ Scoliosis ☐ Significant health history, condition, communicable illness, or restrictions. *Details provided below.*
☐ Diabetes ☐ Seizures ☐ **Other:**____________________________________

Provide details. If the child has Rx/treatment, please attach a complete Medication/Medical Treatment Plan form; and if the child was referred, please note. ____

TB Assessment | Positive TST should be referred to Primary Care Physician for evaluation. For questions call T.B. Control at 202-698-4040.

What is the child's risk level for TB?
☐ High → *complete skin test and/or Quantiferon test*
☐ Low

Skin Test Date: | **Quantiferon Test Date:**

Skin Test Results: ☐ Negative ☐ Positive, CXR Negative ☐ Positive, CXR Positive ☐ Positive, Treated

Quantiferon Results: ☐ Negative ☐ Positive ☐ Positive, Treated

Additional notes on TB test:

Lead Exposure Risk Screening | All lead levels must be reported to DC Childhood Lead Poisoning Prevention. Call 202-654-6002 or fax 202-535-2607.

ONLY FOR CHILDREN UNDER AGE 6 YEARS *Every child must have 2 lead tests by age 2*	**1st Test Date:**	**1st Result:** ☐ Normal ☐ Abnormal, **Developmental Screening Date:**	**1st Serum/Finger Stick Lead Level:**
	2nd Test Date:	**2nd Result:** ☐ Normal ☐ Abnormal, **Developmental Screening Date:**	**2nd Serum/Finger Stick Lead Level:**

HGB/HCT Test Date: | **HGB/HCT Result:**

Part 3: Immunization Information | To be completed by licensed health care provider.

Child Last Name:	Child First Name:	Date of Birth:

Immunizations	In the boxes below, provide the dates of immunization (MM/DD/YY)						
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5		
DT (<7 yrs.)/ Td (>7 yrs.)	1	2	3	4	5		
Tdap Booster	1						
Haemophilus influenza Type b (Hib)	1	2	3	4			
Hepatitis B (HepB)	1	2	3	4			
Polio (IPV, OPV)	1	2	3	4			
Measles, Mumps, Rubella (MMR)	1	2					
Measles	1	2					
Mumps	1	2					
Rubella	1	2					
Varicella	1	2	Child had Chicken Pox (month & year): Verified by: ____________________ (name & title)				
Pneumococcal Conjugate	1	2	3	4			
Hepatitis A (HepA) (Born on or after 01/01/2005)	1	2					
Meningococcal Vaccine	1	2					
Human Papillomavirus (HPV)	1	2	3				
Influenza (Recommended)	1	2	3	4	5	6	7
Rotavirus (Recommended)	1	2	3				
Other	1	2	3	4	5	6	7

☐ The child is **behind on immunizations** and there is a plan in place to get him/her back on schedule. **Next appointment is:** ____________

Medical Exemption (if applicable)

I certify that the above child has a valid medical contraindication(s) to being immunized at the time against:

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles

☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ Meningococcal ☐ HPV

Is this medical contraindication permanent or temporary? ☐ Permanent ☐ Temporary until: ____________ (date)

Alternative Proof of Immunity (if applicable)

I certify that the above child has laboratory evidence of immunity to the following and I've attached a copy of the titer results.

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles

☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ Meningococcal ☐ HPV

Part 4: Licensed Health Practitioner's Certifications | To be completed by licensed health care provider.

This child has been appropriately examined and health history reviewed and recorded in accordance with the items specified on this form. At the time of the exam, this child is **in satisfactory health** to participate in all school, camp, or child care activities except as noted on page one. ☐ No ☐ Yes

This child is cleared for **competitive sports.** ☐ N/A ☐ No ☐ Yes ☐ Yes, pending additional clearance from: ____________

I hereby certify that I examined this child and the information recorded here was determined as a result of the examination.

Licensed Health Care Provider Office Stamp	**Provider Name:**	
	Provider Phone:	
	Provider Signature:	**Date:**

OFFICE USE ONLY | Universal Health Certificate received by School Official and Health Suite Personnel.

School Official Name:	**Signature:**	**Date:**
Health Suite Personnel Name:	**Signature:**	**Date:**

District of Columbia Oral Health (Dental Provider) Assessment Form

Parent/Guardian Instructions:
Part 1: Please complete all sections including child's race or ethnicity. Please indicate the ward of your home address, list primary care provider, dental provider, and type of dental insurance. If the child has no dental provider and is uninsured, then please write "None" in each box.
Part 2: By signing this section the parent or guardian gives permission to the dentist or facility to share the oral health information on this form with the child's school, childcare, camp, Department of Health, or the entity representing this document. All information will be kept confidential. **This form will not be completed without parent/guardian signature. The parent/guardian must sign, print and date this part.**

Part 1: Child's Personal Information (to be completed by the parent/guardian)

Child's Last Name:	Child's First & Middle Name:	Date of Birth: MM/DD/YYYY	Gender: ❑ M ❑ F	School or Child Care facility: Grade:
Parent/Guardian Name 1:	Telephone 1: ❑ Home ❑ Cell ❑ Work	Home Address:		Ward:
Parent/Guardian Name 2:	Telephone 2: ❑ Home ❑ Cell ❑ Work	Emergency Contact:		Telephone:
Race Ethnicity: ❑ White Non-Hispanic ❑ Black Non-Hispanic ❑ Hispanic ❑ Asia or Pacific Islander ❑ Other				
Primary Care Provider (Medical):	Dentist/Dental Provider:	Type of Dental Insurance: ❑ Medicaid ❑ Private Insurance ❑ None ❑ Other		

Part 2: Required Parent/Guardian Signatures

Parent/Guardian Release of Health Information.
I give permission to the signing health examiner or facility to share the health information on this form with my child's school, childcare, camp, or Department of Health.

PRINT NAME of parent/guardian:	SIGNATURE of parent/guardian:	Date:

Dental Provider Instructions:
Part 3: Circle Yes or No in findings column. For Yes, please explain in Comments Section.
Part 4 Indicate whether the child has been appropriately examined and if treatment is complete. If treatment is incomplete, refer patient for follow up care. Dentist must sign, date, and provide required information.

Part 3: Child's Findings and Parent Recommendations (please indicate in findings column)

CONFIDENTIAL FORM

	Findings	Comments
Gingival inflammation	Y N	
Plaque and/or calculus	Y N	
Abnormal gingival attachments	Y N	
Malocclusion	Y N	
Treated Dental Caries	Y N	
Untreated dental caries	Y N	❑ Check box if Urgent
Sealants on permanent molars	Y N	
Cleft lip and palate	Y N	
Preventative services completed	Y N	What kinds of preventative services were completed? ❑ Prophy ❑ Fluoride ❑ Oral Hygiene

Part 4: Final Evaluation/Required Dental Provider Signatures

This child has been appropriately examined. Treatment ❑ is completed ❑ is not completed ❑ under treatment ❑ refused treatment ❑ not necessary.
The child has ongoing ❑ urgent ❑ non-urgent treatment needs and is under treatment ❑ by me or ❑ has been referred to:

DDS/DMD Signature:	Print Name:		
Address:	Fax:	Phone:	Date:

District of Columbia Health Certificate:
This Form replaces the previous version of the District of Columbia Oral Health (Dental Provider) Assessment Form used for entry into DC Schools, all Head Start programs, Childcare providers, camps, all school programs, sports or athletic participation, or any other District of Columbia activity requiring a physical examination. The form was approved by the DC Department of Health and follows the American Academy of Pediatric Dentistry (AAPD) Guidelines on Mandatory School-Entrance Oral Health Examination. AAPD recommends that a child be given an oral health exam within 6 months of eruption of the child's first tooth and no later than his or her first birthday. The DC Department of Health recommends that children 3 years of age and older have an oral health examination performed by a licensed dentist and have the DC Oral Health Assessment Form completed. This form is a confidential document. Confidentiality is adherent to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for the health providers, and the Family Education Rights and Privacy Act (FERPA) for the DC Schools and other providers.

Well Child Checks Are the Foundation of Your Child's Health

Ask our center staff for any help scheduling or attending your child's next appointment.

My child isn't sick, why should I take them?

- At your visit, your provider can screen for conditions you may not know about.
- Each visit helps build a team between your healthcare provider and your child.

- Well child checks ensure your child stays healthy by tracking growth and development, as well as checking vision and hearing.
- Check-ups are the perfect opportunity to talk to your child's healthcare provider about any concerns or questions like:
  - Potty Training
  - Nutrition
  - Sleep
  - School Readiness
  - Social Skills
  - Developmental Milestones

Well Child Check Schedule

- 2-5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- 2 ½ years
- 3 years
- then yearly to 18 years

2019 Recommended Immunizations for Children from Birth Through 6 Years Old

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB	HepB		HepB	HepB	HepB	HepB			
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP	DTaP			DTaP
		Hib	Hib	Hib	Hib	Hib				
		PCV13	PCV13	PCV13	PCV13	PCV13				
		IPV	IPV	IPV	IPV	IPV	IPV			IPV
				Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*
					MMR	MMR				MMR
					Varicella	Varicella				Varicella
					HepA§	HepA§	HepA§	HepA§		

Shaded boxes indicate the vaccine can be given during shown age range.

Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

NOTE:
If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free **1-800-CDC-INFO** (1-800-232-4636) or visit **www.cdc.gov/vaccines/parents**

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

<table>
<tr><th>AGE</th><th>ROUTINE VACCINES/TESTING</th></tr>
<tr><td colspan="2">Influenza vaccine is recommended every year for all children over 6 months of age. The first year the flu vaccine is given two doses are needed, spaced out 1 month apart</td></tr>
<tr><td>Newborn</td><td>Hepatitis B #1 (at hospital)</td></tr>
<tr><td>1 month</td><td>Hepatitis B #2</td></tr>
<tr><td>2 months</td><td>Pentacel (DTaP, polio, Hib) #1, PCV13 #1, rotavirus #1</td></tr>
<tr><td>4 months</td><td>Pentacel (DTaP, polio, Hib) #2, PCV13 #2, rotavirus #2</td></tr>
<tr><td>6 months</td><td>Pentacel (DTaP, polio, Hib) #3, PCV13 #3, rotavirus #3</td></tr>
<tr><td>9 months</td><td>Hepatitis B #3, hemoglobin, lead</td></tr>
<tr><td>12 months</td><td>MMR #1, varicella #1, PCV13 #4</td></tr>
<tr><td>15 months</td><td>DTaP #4, hepatitis A #1, Hib #4, hemoglobin, lead</td></tr>
<tr><td>18 months</td><td></td></tr>
<tr><td>24 months</td><td>Hepatitis A #2, hemoglobin, lead</td></tr>
<tr><td>30 months</td><td></td></tr>
<tr><td>3 years</td><td>Hemoglobin, lead</td></tr>
<tr><td>4 years</td><td rowspan="2">MMR #2, polio #4, DTaP #5, varicella #2
(typically two of these are done each year)</td></tr>
<tr><td>5 years</td></tr>
<tr><td>6 years</td><td></td></tr>
<tr><td>7 years</td><td></td></tr>
<tr><td>8 years</td><td></td></tr>
<tr><td>9 years</td><td></td></tr>
<tr><td>10 years</td><td>Cholesterol (not fasting)</td></tr>
<tr><td>11 years</td><td>TDaP, Menactra #1, HPV #1</td></tr>
<tr><td>12 years</td><td>HPV #2</td></tr>
<tr><td>13 years</td><td></td></tr>
<tr><td>14 years</td><td></td></tr>
<tr><td>15 years</td><td></td></tr>
<tr><td>16 years</td><td>Menactra #2</td></tr>
<tr><td>17 years</td><td rowspan="2">Discuss Trumemba</td></tr>
<tr><td>18 years</td></tr>
</table>

United States Department of Agriculture

Serve Tasty and Healthy Foods in the Child and Adult Care Food Program (CACFP)

Sample Meals for Children Ages 3-5

What is in a Breakfast?

Milk (**6** fl. oz. or ¾ cup)
Vegetables, Fruits, or Both (½ cup)
Grains (½ oz. eq.)

Optional: Meats/meat alternates may be served in place of the entire grains component up to 3 times per week at breakfast.

½ oz. eq. Whole Grain-Rich Mini Pancakes

½ cup Sliced Strawberries

¾ cup Unflavored Low-Fat (1%) or Fat-Free (Skim) Milk

Sample Breakfast

¾ cup Unflavored Low-Fat (1%) or Fat-Free (Skim) milk

1 Taco Made with **1½ oz.** Lean Ground Beef, **¼ cup** Lettuce*, and **⅛ cup** Chopped Tomatoes

½ oz. eq. Enriched Flour Tortilla

A second, different vegetable may be served in place of fruit at lunch and supper. In this meal, the ¼ cup of lettuce and ⅛ cup of tomatoes in the taco meets the vegetables component, and the ¼ cup of sweet potatoes is used to meet the fruits component.

**Raw leafy greens, such as lettuce, credit for half the amount served. The ¼ cup of lettuce in the taco counts as ⅛ cup of vegetables in this meal.*

¼ cup Roasted Sweet Potatoes

Sample Lunch/Supper

What is in a Lunch or Supper?

Milk (**6** fl. oz. or ¾ cup)
Meats/Meat Alternates (**1½** oz. eq.)
Vegetables (¼ cup)
Fruits (¼ cup)
Grains (½ oz. eq.)

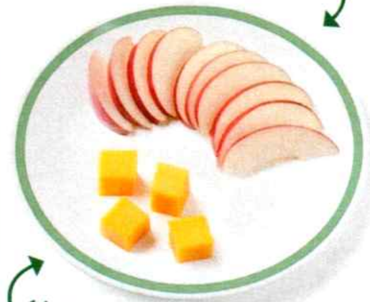
All grains served must be whole grain-rich or enriched. Breakfast cereals may also be fortified. At least one grain served each day must be whole grain-rich.

Offer and make water available all day.

What is in a Snack?

Pick 2:
Milk (**4** fl. oz. or ½ cup)
Meats/Meat Alternates (½ oz. eq.)
Vegetables (½ cup)
Fruits (½ cup)
Grains (½ oz. eq.)

½ cup Apple Slices



½ oz. Cheddar Cheese

Sample Snack

Note: Serving sizes are minimums.

Learn more about the CACFP meal patterns at **https://teamnutrition.usda.gov**.

Food and Nutrition Service
FNS-668
Slightly Revised October 2019
USDA is an equal opportunity provider, employer, and lender.

Why You Should Serve Family Style

Family style dining encourages learning and development not only at the table but away from mealtime as well. Children learn independence, social skills, and other important habits that will last them through adulthood.

There are many benefits to serving your meals family style and it is not hard to implement. It may be as easy as putting the minimum serving of food required in serving dishes, placing it on the table and allowing children to serve themselves.

There is a learning curve to this method. However, this approach to mealtime creates a number of healthy habits that are important to the growth and development of children at any age. Children tend to eat more healthy foods if they see their friends try it. They learn skills such as taking turns, sharing and teamwork.

Family style dining opens up opportunities for conversation, which increases vocabulary, promotes proper use of language and interaction with friends.

There are even more benefits that support healthy growth. Children learn:

- portion sizes for each food group,
- to recognize when they are hungry or satisfied,
- how to identify healthy foods and where they come from, and
- to improve fine motor skills.

Children are not the only ones who benefit. Providers get a better grasp of food costs, get help with mealtime service and, with less food being wasted, they save money.

There's nothing more exciting for children than being able to say, "I did it all by myself!"

- Jennifer from Mechanicsville, VA

Tips for Family Style Dining

START WITH THE RIGHT EQUIPMENT When purchasing serving dishes, utensils and other place settings, keep in mind that they need to be kid-friendly and sized for little hands to maneuver.

REMEMBER EACH CHILD'S SKILL LEVEL when choosing your menu. Finger foods and foods that are easy to navigate with a child-size fork or spoon are easiest to self-serve for younger children.

HAVE MULTIPLE SETS OF UTENSILS and serving spoons in case someone drops one on the floor.

GIVE EACH CHILD A TASK to help set the table. One child can set the plates, one can place the cups and so on. Children have a sense of pride and belonging when they have a contributing role.

OFFER A VARIETY OF FAMILIAR FOODS and don't forget to introduce new foods. Children are more willing to try something new when they serve themselves.

RESERVE EXTRA SERVINGS for second helpings or in case the bowl of food gets contaminated.

PROVIDE A TRASH CAN for children in which to dispose napkins and uneaten food. Provide a tub for them to place dirty dishes after they scrape them off.

KEEP CLEANING SUPPLIES NEARBY Spills will happen. Be patient and use this opportunity as a teaching moment on how to clean-up.

Most importantly, **EAT WITH YOUR CHILDREN.** Children learn from good role models. Sitting with them while everyone eats also allows you to start positive mealtime conversations.

Handwashing
at Home, at Play, and Out and About

Germs are everywhere! They can get onto your hands and items you touch throughout the day. Washing hands at key times with soap and water is one of the most important steps you can take to get rid of germs and avoid spreading germs to those around you.

How can washing your hands keep you healthy?

Germs can get into the body through our eyes, nose, and mouth and make us sick. Handwashing with soap removes germs from hands and helps prevent sickness. Studies have shown that handwashing can prevent 1 in 3 diarrhea-related sicknesses and 1 in 5 respiratory infections, such as a cold or the flu.

Handwashing helps prevent infections for these reasons:

People often touch their eyes, nose, and mouth without realizing it, introducing germs into their bodies.

Germs from unwashed hands may get into foods and drinks when people prepare or consume them. Germs can grow in some types of foods or drinks and make people sick.

Germs from unwashed hands can be transferred to other objects, such as door knobs, tables, or toys, and then transferred to another person's hands.

What is the right way to wash your hands?

1. Wet your hands with clean running water (warm or cold) and apply soap.
2. Lather your hands by rubbing them together with the soap.
3. Scrub all surfaces of your hands, including the palms, backs, fingers, between your fingers, and under your nails. Keep scrubbing for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song twice.
4. Rinse your hands under clean, running water.
5. Dry your hands using a clean towel or air dry them.

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

CS 280522A

When should you wash your hands?

Handwashing at any time of the day can help get rid of germs, but there are key times when it's most important to wash your hands.

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the bathroom, changing diapers, or cleaning up a child who has used the bathroom
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal food or treats, animal cages, or animal feces (poop)
- After touching garbage
- If your hands are visibly dirty or greasy

What type of soap should you use?

You can use bar soap or liquid soap to wash your hands. Many public places provide liquid soap because it's easier and cleaner to share with others. Studies have not found any added health benefit from using soaps containing antibacterial ingredients when compared with plain soap. Both are equally effective in getting rid of germs. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

How does handwashing help fight antibiotic resistance?

Antibiotic resistance occurs when bacteria resist the effects of an antibiotic – that is, germs are not killed and they continue to grow. Sicknesses caused by antibiotic-resistant bacteria can be harder to treat. Simply using antibiotics creates resistance, so avoiding infections in the first place reduces the amount of antibiotics that have to be used and reduces the likelihood that resistance will develop during treatment. Handwashing helps prevent many sicknesses, meaning less use of antibiotics.

Studies have shown that handwashing can prevent

1 in 3

diarrhea-related sicknesses and

1 in 5

respiratory infections, such as a cold or the flu.

For more information and a video demonstration of how to wash your hands, visit the CDC handwashing website:

www.cdc.gov/handwashing

HAND, FOOT, & MOUTH DISEASE FACT SHEET

What is Hand Foot Mouth Disease?

Hand, Foot, and Mouth Disease (HFMD) is an illness caused by different viruses. It is more common for people to get HFMD during the spring, summer and fall months. Coxsackievirus A16 is the most common cause of HFMD.

Who can get HFMD?

Anyone. However, infants and children younger than 5 years old are most often affected. When someone gets HFMD they develop protection against the specific virus that caused their infection. Because HFMD is caused by several different viruses, people can get the disease more than once.

What are the signs and symptoms of HFMD?

Early symptoms of HFMD include fever, sore throat, reduced appetite, and a feeling of being unwell. One to two days after the fever starts, painful sores may develop in the mouth. A skin rash with red spots and sometimes with blisters may develop on the palms of hands, soles of the feet, knees, elbows, buttocks or genital area. Not everyone will get all of these symptoms. Some people, especially adults, may show no symptoms at all.

How soon do symptoms appear?

Symptoms usually begin 3–7 days after becoming infected.

How does HFMD spread?

Viruses that cause HFMD can be found in an infected person's nose and throat secretions (such as saliva, sputum, or nasal mucus), blister fluid, and stool. HFMD is spread from an infected person to others through the following ways:

- Close personal contact (such as kissing)
- The air (through coughing and sneezing),
- Contact with feces, including swallowing recreational water contaminated with feces
- Contact with contaminated objects and surfaces

A person is most contagious during the first week of the illness, but can be contagious for weeks after symptoms go away. People without symptoms can still spread the virus. HFMD is not transmitted to or from pets or other animals.

How is HFMD diagnosed?

A health care provider can diagnose HFMD by considering the age of the patient, the symptoms, and the appearance of the rash and mouth sores during examination. Depending on symptom severity, samples from the throat or stool may be collected for laboratory testing.

How is HFMD and treated?

There is no specific treatment for HFMD. A health care provider may suggest medications to relieve symptoms Most people recover within 7–10 days.

How can people protect themselves against HFMD?

The following steps can help prevent the spread of HFMD:

- Washing your hands frequently with soap and water, scrubbing your hands for at least 20 seconds
- Cleaning and disinfecting frequently touched surfaces and soiled items, including toys
- Avoiding close contact such as kissing, hugging, or sharing eating utensils with infected people

Should a person with HFMD stay at home from school/daycare?

A child who is sick with HFMD should stay at home if they have certain types of symptoms (such as open sores that cannot be covered).

Where can I get more information?

Information about HFMD and other related health topics can be found at www.cdc.gov. The DC Department of Health promotes the health and safety of the District residents. For additional information, please visit www.doh.dc.gov or call (202) 442-9371.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
Center for Policy, Planning and Evaluation
Division of Epidemiology—Disease Surveillance and Investigation
899 N. Capitol Street, NE, Suite 580, Washington, D.C. 20002
www.doh.dc.gov

WE ARE WASHINGTON DC

FACT SHEET: RSV

September 2023

WHAT IS RSV?

Respiratory Syncytial Virus (RSV) is a viral infection that can affect both the upper and lower respiratory tract. It is the most serious lower respiratory tract infections in infants and young children. Reinfection occurs throughout life, with the disease generally limited to the upper respiratory tract in people older than 3 years.

WHO GETS RSV?

This is such a common virus that almost all children in the United States have been infected with RSV by the age of three. It is the most frequent cause of lower respiratory infections, including pneumonia and bronchiolitis, in infants and children less than two years of age. Almost all children in child-care settings get RSV in the first year of their life. Most cases of RSV occur between the months of October to April. It can be particularly serious in pre-term infants. RSV causes repeated infections throughout life, usually associated with moderate to severe cold-like symptoms. Severe lower respiratory tract infections may occur at any age, especially among the elderly or among those with compromised cardiac, pulmonary, or immune systems.

WHAT ARE THE SYMPTOMS OF RSV?

In most children, the symptoms of RSV appear similar to a mild cold with fever, runny nose, congestion, decreased appetite, and cough. This may be accompanied by wheezing. The symptoms of pneumonia may develop including difficulty in breathing. Otitis media, or ear infection, may also develop. Symptoms typically occur 2–8 days after exposure to an infected people.

HOW IS RSV SPREAD?

RSV is spread from person to person through the respiratory secretions of an infected person. This most frequently occurs by touching a surface or object that is contaminated with infected secretions and then touching your mouth or nose before washing your hands. It can also be spread from respiratory secretions through close contact with the infected person.

HOW SOON DO SYMPTOMS APPEAR?

Symptoms usually occur one to ten days after being infected with the virus.

IS A PERSON WITH RSV CONTAGIOUS?

Yes, a person with RSV is contagious during the length of the illness. A young child may be infectious for one to three weeks after the illness subsides.

HOW IS RSV TREATED?

Treatment for RSV depends on the severity of the illness. For children with mild illness, no specific treatment is necessary other than treatment of symptoms. Children with severe illness require hospitalization and may require oxygen therapy or even the use of a breathing machine (ventilator). Since this is a viral infection, antibiotics are not indicated. Children who are very ill should not be treated with aspirin for a fever due to an associated risk of Reye Syndrome.

SHOULD A PERSON WITH RSV BE EXCLUDED FROM WORK OR SCHOOL?

No, a person with RSV does not need to be excluded from work or school as long as they feel well enough to participate in their usual activities.

HOW CAN RSV BE PREVENTED?

The most effective way to prevent RSV and other respiratory viral infections is thorough and frequent hand washing. In a child-care center the following can be done to help prevent the spread of RSV:

- Frequent hand-washing with soap and running water. If soap and water are not available, use an alcohol- based hand sanitizer.
- Appropriate disposal of facial tissues used to clean nasal secretions.
- Cleaning of toys between use by each child
- Wash doorknobs and telephones frequently with a sanitizing solution or wipe.
- Avoid sharing cups, glasses and eating utensils.
- All children may be grouped together and kept separate from well or recovered children.

WHERE CAN I GET MORE INFORMATION?

Information about RSV and other related health topics can be found at cdc.gov. The DC Department of Health promotes the health and safety of the District residents. For additional information, please visit dchealth.dc.gov or call (202) 442-9371.

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