

# Rashes at a Glance



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Almost every parent knows the feeling of finding an unusual looking rash on their young child and rushing off to the doctor in a panic. After all, rashes are one of the most common reasons children are taken to their local doctor. Most often, the rash is not an indication of anything serious. But it can be.  
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## Nappy Rash

Nappy rash is one of the most common rashes affecting babies, causing the skin on the bottom, genitals or thighs to become red and inflamed. It is usually the result of wearing wet or soiled nappies for extended periods of time; the ammonia present in urine often triggers an attack. But nappy rash can sometimes be due to an irritation to certain wipes or perfumed soaps.

Some babies develop the rash upon starting solids, in reaction to certain foods (especially citrus fruits). It is also more likely if there is a family history of dermatitis, and tends to be made worse by: diarrhoea, infrequent nappy changes, and plastic pants (which do not allow baby's skin to breathe).

The most effective ways to deal with nappy rash are: to change nappies often (approx 5 - 7 times per day); use a high-quality nappy which keeps moisture away from baby's skin; use soap-free products; avoid the use of baby wipes during the rash, and switch to cotton wool dipped in warm water

It is also a good idea to use some form of barrier cream, such as zinc or natural creams - such as chamomile, calendula (soothing and healing) or evening primrose oil (which is a natural anti-inflammatory). Avoid the use of talcum powder. If nappy rash is unresponsive to the usual creams and treatments, your baby may have contracted a fungal infection, such as thrush. Ask your doctor or pharmacist for advice.

## Impetigo

Impetigo (commonly called 'school sores') is a highly contagious skin infection, caused by bacteria (staphylococcus or streptococcus). The rash begins as small bacteria-filled blisters which burst and turn into honey-coloured scabs. It is a commonly-transmitted childhood infection and is not a sign of poor parenting. If you suspect impetigo, your child should be checked by a doctor immediately.

Although impetigo is rarely dangerous, it is an extremely tenacious condition that is most effectively treated and controlled with the use of antibiotic creams and medicine.

Impetigo often begins near the mouth and nose, but easily spreads to other parts of the body as the child scratches the itchy sores. Infection often lodges beneath the child's fingernails and may spread to different areas.

Keep newborns away from the infection as much as possible, as their immature immune systems put them at increased risk of catching impetigo. In general, your child should be able to return to day-care or pre-school within 24 hours of treatment, ensuring that the sores remain completely covered until healed.

The incubation period is roughly 1 - 3 days, with sores remaining infectious as long as they are weeping. In general, impetigo ceases to be infectious about 24 hours after antibiotic treatment has begun. Continue medical treatment until all sores are healed.

Treatment involves meticulous hygiene, bathing and wiping away the crusts with disposable wipes and swabs. Removal of the crusts is extremely important. Try to prevent your child from scratching the affected areas, cover the sores with watertight dressings and cut your child's fingernails. Wash your hands before and after changing dressings.

Wash your child's clothes, towels, toys and linen separately from the rest of the family. A soothing natural wash for impetigo can be made by placing 10 drops of Tea Tree oil and 10 drops of Lavender oil into a bowl of warm water.

## Roseola Infantum

Roseola Infantum (rose rash of infants) is a common, mild viral infection which tends to occur in babies and children under the age of 2. It is caused by the human herpes virus type 6 (HHV-6), but does not lead to other herpes conditions. It is believed to be contracted through airborne droplets (sneezing/coughing) and direct contact with infected children. Current research indicates that most babies infected with the HHV-6 virus had the virus integrated into their chromosomes during fetal development.

Typically, the condition begins suddenly with high temperatures of 39 - 40 degrees Celsius, and lasts approx 4 days. Then, as the child appears to be recovering and the temperatures normalise, a bright red, spotted rash appears on the trunk and arms.

The rash is not itchy and lasts anywhere from a few hours to 4 days. It is important to note however, that this is the most infectious period, so children should be kept at home to restrict the spread of infection.

Although roseola is generally a mild condition, complications can occur as result of rapid and high temperatures, which may bring on febrile convulsions. These are seizures that result from high fevers, and although they are rarely serious, a doctor should be consulted immediately. In rare cases, children with suppressed immune systems may be susceptible to Hepatitis or Pneumonia.

No formal treatment is necessary, and roseola does not require antibiotics. Sometimes, doctors will do blood or urine tests to rule out other infections. In most cases, recovery from roseola is quick and spontaneous, usually occurring within one week.

Home treatment includes adequate rest, plenty of healthy fluids. It is healthy to allow some degree of mild fevers to take place since this is the body's natural way of activating its defence system.

## Ringworm

Despite its name, ringworm has nothing to do with worms. Like tinea and athlete's foot, ringworm is a fungal infection which affects the face and scalp, and the skin on the body (including the groin area).

Ringworm most commonly affects children between the ages of 2 and 10 years, with outbreaks often occurring in pre-schools and day care. It is reasonably contagious, and is contracted by coming into contact with the fungus in a number of ways; directly, by skin-to-skin contact with infected people, animals and (rarely) soil; alternately, it can be caught indirectly from contact with infected objects and surfaces (hats, clothing, rugs).

Fortunately, ringworm is highly treatable and must be treated, as the condition will not disappear on its own.

The main symptoms on the body are circular, flaky patches with inflamed edges. You can also help prevent the spread of ringworm by keeping affected areas clean and dry (use mild soaps); discourage scratching; and have pets checked by vets (although studies show that only about 40 of all cases are due to cats and dogs). Avoid the sharing of personal items and if possible, discard affected brushes in favour of new ones.

The main symptoms on the scalp are flaky, dandruff-like skin; occasional bald patches, due to brittle hair which can break off close to the scalp; and sometimes a pus-filled area called a kerion can occur. As with ringworm on the body, affected areas tend to be extremely itchy.

Conventional treatments include anti-fungal creams and are available over-the-counter at your pharmacy for mild cases of ringworm. In the infection is widespread, your doctor may prescribe an anti-fungal medication.

It is advisable to limit or eliminate sugars from the diet as much as possible (including dried fruits), as well as avoiding foods which either contain yeast (such as vegemite), or mould-prone foods (such as breads, cakes, cheese, melons and peanuts). Increasing your child's fibre is also helpful. Additionally, garlic fights fungus and boosts immune function, as does vitamin C and a good multivitamin supplement.





## Ringworm cont....

Ringworm spores can remain in the environment for 1 - 2 years so reinfection may occur. Spores may collect in baths, clothes baskets and drawers, and can be treated by disinfecting surfaces (or using a 50 bleach solution for several weeks).

A natural method consists of mixing tea-tree, thyme and rosemary oils (10 - 20 drops per bucket). Clean vacuum bags out regularly and place any suspected items (like rugs) in sunlight, as high temperatures kills fungus.

## Chickenpox

Chickenpox is a highly contagious, though relatively mild, viral infection, which commonly occurs in children under the age of 10. The onset of symptoms generally begins about 10 -21 days after exposure to the infection.

Chickenpox is spread by airborne droplets from coughs and sneezes from, or direct contact with, someone who is infected. Children remain contagious for about 10 - 14 days, or until the scabs and blisters are dry. Newborns, and those with reduced immunity, are most at risk of developing complications from contracting chickenpox.

The first symptoms are often a headache and fever, followed by a red, itchy rash on the chest. Fresh crops of blistery-sores can appear every 1 - 6 days, which weep a straw-coloured fluid and are easily spread. Approx. 5 out of every 100 children may have chickenpox without spots.

Chickenpox may also occur in the mouth, which can cause discomfort and affect your child's willingness to eat. Cold-ice blocks and jelly can help soothe the mouth and help your child stay hydrated.

Try to minimise scratching as much as possible, so as to prevent further spreading or the development of secondary (bacterial) infections. Some families have their child wear mittens or socks on their hands to help them remember not to scratch! If the itching becomes unbearable, your doctor may prescribe an antihistamine.

Treatment is mainly symptomatic, consisting of rest, good hydration, calamine lotion or other natural anti-itch lotions, daily baths with a handful of bicarbonate of soda, and paracetamol (for fever). Once your child has had chickenpox, they will have lifelong immunity to it (although some may have a propensity towards Shingles later in life).

## Common rashes

Below is a list of other common baby rashes to keep an eye out for:

- **Meningococcal Meningitis:**

Can appear anywhere on the body. The best check for meningitis is to press a glass to the rash. If the rash stays visible, consult your doctor immediately. Meningitis is accompanied by flu-like symptoms; fever, excessive drowsiness, severe headaches and a stiff neck.

- **Measles**

Symptoms appear 10 -14 days after infection, accompanied by fever, watery eyes, runny nose and dry cough. White spots (Koplik's spots) in the mouth are often the first visible sign of measles. Flat, blotchy brown-red spots form behind the ears and spread rapidly to the rest of the body.

- **Scarlet Fever**

Rash appears within 12 hours of the main symptoms, which include: extremely high temperature (up to 40 C), abdominal pains, vomiting, enlarged tonsils, sore throat, and a tongue covered by furry, red patches. Other spots appear behind the ears and spread and merge throughout the body.

### Want more information?

#### Raising Children Network

For information on raising children  
[www.raisingchildren.net.au](http://www.raisingchildren.net.au)

**Royal Melbourne Childrens hospital** - online resources [www.rch.org.au](http://www.rch.org.au)

**The Sydney Childrens hospital** - online resources  
<https://www.schn.health.nsw.gov.au/>

#### Healthdirect

Phone 1800 022 222, 24 hours To speak to a registered nurse

#### Parentline NSW

Phone 1300 1300 52  
9am - 9pm weekdays and 4pm - 9pm weekends for advice on child health and parenting

#### Goonellabah Child and Family Health Centre:

Phone 02 6625 0111

9am – 4:30pm, Monday to Friday to make an appointment.