What should I LOOK OUT FOR?

38°C

All parents worry when their children are sick, whether they are

vaccinated or not. Most of the diseases that can become serious for babies and children start out like a common cold, so it can be really hard to work out when it's more serious than usual. If your baby has any of these symptoms, they may have an infectious disease that can be serious, especially if they haven't had the recommended vaccines. If your baby has any of these symptoms, or you're worried, please call your doctor or Health Direct on 1800 022 222.

Fever (high temperature, or hot skin and shivering), *pale or mottled skin* and *very sleepy* (lethargic, drowsy). Babies often don't have specific symptoms; they just seem to be very sick.

Long coughing fits. These may be followed by a big gasping breath (a whooping sound), vomiting, a choking sound or difficulty breathing. *Very young babies can turn blue.* These symptoms of lung infections (pneumonia) might be caused by pertussis (whooping cough), Hib or pneumococcus.

Blue lips while they're coughing, or just after, or a pause in their breathing after a coughing fit. These symptoms of lung infections can be caused by pertussis, Hib or pneumococcus.

Not drinking or eating, vomiting or diarrhoea and very sleepy or lethargic, or difficult to wake up. These symptoms might be rotavirus gastroenteritis or severe "gastro".

A fever and won't stop crying, or the crying has an unusually piercing or highpitched sound. These symptoms may be meningitis caused by Hib, meningococcus or pneumococcus infections.

A fever, light hurting your baby's eyes, a stiff neck (they won't turn to look at you), *bulging soft spot (fontanelle) at the top of their head.* These symptoms of meningitis might be caused by Hib, meningococcus or pneumococcus infection.

A rash that doesn't fade or blanch when you push on it (push a clear glass on the rash to see if it fades when you push on it). This rash may be caused by meningococcus or pneumococcus infection but not usually until someone is already very sick.

A seizure or fit for the first time. This may be a symptom of meningitis caused by Hib, meningococcus or pneumococcus infection.

A rash that starts with or soon after your child gets a fever, runny nose, sore throat, swollen or tender neck, or headache. Many infectious childhood diseases cause rashes.

A penetrating injury (like you'd get from a nail or a thorn), or a bite from an animal, a cut or scratch from something that has been in contact with soil (like a rose bush). Wounds like these can become infected with tetanus and need to be seen by a doctor straight away. If you notice your child **clenching their jaws**, especially if they have been injured recently, take them to hospital straight away. This is often the first symptom of tetanus and it is the reason tetanus used to be called lockjaw.



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Not all children who are seriously ill have one of the symptoms listed. If your child seems unusually sick, please call an ambulance on 000, go to your local emergency department or see your doctor as soon as you can. If you're not sure what to do, call Health Direct on 1800 022 222 and ask the nurse.

It is not too late to vaccinate.

- It is never too late to vaccinate. If there is a disease outbreak, or you just want to rethink your decision, please call your doctor or clinic nurse and make an appointment.
- Preventative medicines (like antibiotics or immunoglobulins) are available for some of these diseases. They must be given as soon as possible after your child has had contact with a person who is known to have an infectious disease. In some cases, vaccines can still be given to children who have been exposed to one of the diseases vaccination can protect them against.

What else do I need to know?

- Children who haven't had all the recommended vaccines are not allowed to go to childcare at all in some states. In others, an exemption form, signed by your doctor, must be given to your childcare provider.
- Children who haven't had all the recommended vaccines will be asked to stay away from childcare or school if there's a disease outbreak. These outbreaks can last for some weeks and unvaccinated children must stay away until the outbreak is over.
- Parents of children who haven't had all the recommended vaccines may not be eligible for certain government payments, such as child care fee assistance and Family Tax Benefit Part A payments.
- Some of the diseases children are vaccinated against in Australia are more common in other countries. If you are planning to travel or are having visitors from overseas (or who have travelled recently), the risk of your child getting measles, rubella, chickenpox, diphtheria, pneumococcal pneumonia or meningitis, hepatitis B, polio or rotavirus increases.
- In some states, if your child wants a career in health care or the military, they will have to be fully vaccinated while they are training for these jobs. Adults who need vaccinations to qualify for employment usually have to pay for them. (They can cost hundreds of dollars.)
- Some of these diseases can have serious or life-long effects for children who catch them, even if they get treatment, and sometimes the treatments available can't prevent a child from dying. In 2017, two Australian children got tetanus and had to spend several days in intensive care. Tetanus can cause life-threatening muscle spasms in only a few hours.

If your child has a fever and you suspect your child has an infectious disease, please call ahead to tell the staff at your doctor's office or let the staff at the hospital know when you arrive. The staff will support you, help your child, and tell you how you can protect people who might be in the waiting room from catching an infection.

Make notes below if there is anything else you need to remember.

Would you like to make another appointment to discuss any of this information, or to check you're still happy with your vaccination choices?

You can write your appointment time here:_____

Further reading:

talkingaboutimmunisation.org.au

About Us

This information sheet was developed by a group of researchers called the SKAI Collaboration. It was written by Nina Chad PhD and Julie Leask PhD (University of Sydney), Margie Danchin PhD (University of Melbourne), Tom Snelling PhD from the Telethon Kids Institute, and Kristine Macartney MD and Melina Georgousakis PhD from NCIRS. The project is funded by the Australian Government Department of Health.







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