

# FLAIR family



Dogs understand us better than we think • I

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University of Virginia researchers have concluded something most working parents probably already know: Day-care center policies on excluding sick children vary widely and don't always mesh with how sick children really are.

It's not debatable that when children have high fever, diarrhea, a bad cough or feel bad that they are better off at home. The gray area comes when children are only mildly sick, maybe with just a slight fever, and appear fine.

State and federal guidelines say a child with a fever of 100 degrees should be sent home. The idea is to prevent illness from spreading. U.Va. researchers surveyed day-care centers in the state and found those guidelines aren't always followed. The uncertainty adds to the stress of parents, especially single working parents without backup baby sitters.

"Sometimes the day care will put the child in a secluded place until the end of the day, but the majority of the time they call Mom or Dad right away," said Dr. Richard H. Schwartz, a pediatrician and co-leader of the survey reported in the June issue of Southern Medical Journal.

Schwartz thinks the rules can be too strict.

"What is the difference, if a child does not appear ill, if they stay in school with a temperature of 99.8 or 100.8? ... What we are trying to do is say unless there is a really good reason for excluding children from day care — things such as early chicken pox, bacterial diarrhea, something communicable and potentially dangerous — there is no problem with them staying."

Dr. Diane Pappas led the research project, which analyzed the responses of 183 day-care centers. Guidelines spell out temperature thresholds if measured from the mouth, ear, skin, armpit or rectum, but they were not necessarily followed.

"Some child-care centers may be more or less stringent in application of the same regulation," said Pappas, an assistant professor of pediatrics at U.Va.

Federal guidelines, for instance, say a fever of 100 degrees or higher from the armpit is a problem. If taken orally, the cutoff is 101 degrees.



Christy Cravens, a nurse at the Get Well Place, holds an ailing Paul Board. The center offers day care for sick children.

# 100° of separation

## Day-care policies leave parents in dilemma

By rectum, 102 degrees is the threshold unless the child is 4 months old or younger (in that case, 101 degrees is the cutoff). But the survey found many centers use a 100-degree cutoff no matter how the fever is measured.

"Fever is probably the number one reason a child is excluded from day care," said Gail Johnson, a pediatric nurse and former president

of the National Association for Sick Children.

Johnson, owner of Rainbow Station preschool and child-care centers in the Richmond area, started the Get Well Place, a day care for sick children, to help parents deal with the incongruity between the rules and reality. Parents, she said, keep their children home if they are really sick, but mild illnesses throw

many for a loop.

"Physicians are saying, 'What's the big deal?' Parents are screaming, 'What are you doing? I'm trying to keep my job,'" Johnson said. "There's a lot of conversation out there."

Lorna Parkins, a working mother of four children, ages 3, 5, 6 and 8,

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# Demand for quick fix has consequence

BY ALAN BAVLEY  
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Hollie Mullin had her first taste of amoxicillin when she was less than a month old, for an ear infection that was making her fussy and disturbing her sleep.

Her parents insisted on an antibiotic, even though her doctor advised against it.

Hollie's second prescription for antibiotics came just a month later. And then she got another, and another. Seventeen prescriptions all by her first birthday.

But Hollie's symptoms persisted, and her infection worsened.

Exposed to so many antibiotics, pneumococcal bacteria in Hollie's ears adapted to the drugs designed to destroy them. They evolved into superbugs that none of the drugs could kill.

Only one antibiotic was left in the arsenal: vancomycin, one of the few drugs that could successfully attack such antibiotic-resistant bacteria. Three times a day for 14 days, the

Olathe, Mo., child received intravenous doses.

Luckily that worked. Cases like Hollie's are becoming all too common, experts say. Antibiotic resistance, the scourge of hospitals and nursing homes, worldwide, is now a serious threat to child as well.

Cases among children are "a major contributor to the prevalence of [antibiotic] resistance as a whole."

Matthew Moore, Centers for Disease Control and Prevention

an infectious-disease expert who monitors antibiotic resistance at the federal Centers for Disease Control and Prevention.

Routine childhood problems such as ear sinus infections are becoming tougher and more costly to treat. The usual dose of amoxicillin for ear infections now is three or four times what it used to be to ensure that the bacteria are killed, doctors say.

And more threatening infections such as meningitis are yielding less willingly to antibiotics.

Drug-resistant infections are more likely to require hospitalization. Hospital stays are longer. And the chances of death are greater.

"I'm seeing two, three antibiotic-resistant cases a week in my clinic," said Lloyd Olson, the infectious disease expert at Children's Mercy Hospital who finally cured Hollie with vancomycin. "Ten years ago I never saw one."

Doctors and parents are to blame, expert say.

Parents insist that their children get antibiotics for colds and other viral infections antibiotics cannot treat. And doctors are far too young to prescribe the drugs, even when they know they will not be effective.

"We've really painted ourselves into a corner with antibiotic-resistant bacteria," Olson said.

The CDC has a campaign under way involving drug companies, health departments and managed-care organizations to get doctors to

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