

Ear infections

Description

Ear infections (otitis) are common health problems for young children. They cause pain and distress to children, may affect their hearing and can wake them up at night. Ear infections can be caused by bacteria or viruses, and often appear after a cold. This is because the tubes between the ear and the throat are much smaller in young children, which makes it easier for germs to travel from the throat or nose to the ear. The most common age for middle ear infections is between 6 months and 2 years.

Most ear infections in children involve the middle ear or the outer ear. Middle ear infections (also known as otitis media) occur on the inside of the eardrum. Because this is a small space, infection puts pressure on the eardrum, causing pain. Outer ear infections occur on the outside of the eardrum or ear canal and are often associated with swimming.

A young child may not be able to tell you they have a sore ear. However, they may be pulling or rubbing their ear, have a fever or vomit. The child may be distressed; crying that stops suddenly may mean that the eardrum has burst.

Most children will have occasional ear infections that will get better quickly and are not usually serious. Children who have recurrent ear infections may develop 'glue ear'—when the middle ear is filled with a sticky fluid that looks similar to honey. This may last for many weeks or months. It often follows one or more ear infections, but sometimes happens when there does not seem to have been any infection. The fluid in the middle ear makes it harder for the child to hear. Glue ear becomes less likely as the child gets older.

Rarely, a middle ear infection may spread, and the child may develop mastoiditis (an infection in the skull). The area behind the ear will be red, and the ear lobe will stick out and down. A child with these symptoms should see a doctor as soon as possible.

How does it spread?

Ear infections rarely spread from person to person. However, the causes of some ear infections (e.g. the common cold) are very infectious.

Incubation period

The incubation period is usually a few days.

Infectious period

Ear infections are not infectious, but the cold or other infection that caused them is infectious. Germs from ear infections can only be passed from one child to another if there is infectious fluid draining out of the ear.

Exclusion period

A child should not attend the education and care service if there is any fluid coming out of the ear.

Responsibilities of educators and other staff

- Advise the parent to keep the child home until they are feeling well.
- Make sure staff and children practise cough and sneeze etiquette and hand hygiene.
- Ensure that appropriate cleaning practices are being followed in the education and care service.

Responsibilities of parents

- The child should stay at home until they are feeling well.
- Encourage cough and sneeze etiquette and hand hygiene at home.

Controlling the spread of infection

- Any discharge from an ear should be treated as infectious—wash hands thoroughly if they come in contact with ear discharge.
- Teach children about cough and sneeze etiquette.
 - Cough or sneeze into your inner elbow rather than your hand.
 - If you used a tissue to cover your nose or mouth when sneezing or coughing, put the tissue in the bin straight away.
 - Clean your hands.
- Ensure that staff practise cough and sneeze etiquette and hand hygiene.

Treatment

Antibiotics are usually prescribed for children with middle ear or outer ear infections. Antibiotics probably help the infection to get better more quickly, and they prevent some of the severe infections that can develop from a middle ear infection. Most children will have healthy ears by about 2 weeks from when the infection started, even if they do not have antibiotics. Consider giving paracetamol to relieve pain.